# A phenomenological explication of the constructs of male circumcision among Sesotho speaking males in the contemporary South Africa.

by

Thembelani F. Lephoto

Department of Psychology

**University of Zululand**

In partial fulfillment of the requirements for the degree of

**Master's in Clinical Psychology**

Supervisor: Prof. J.D. Thwala

# DECLARATION

I, Thembelani F Lephoto, hereby declare that the work contained in this dissertation entitled "**A phenomenological explication of the constructs of male circumcision among Sesotho speaking males in the contemporary South Africa.**" is my own original work and that I have not previously, in its entirety or in part submitted it at any University for a degree. All the sources I have used have been acknowledge by means of complete references.

Signature: …………………………………….

Date: ……………………………………

# DEDICATION

First and foremost, I dedicate this dissertation to the Lord God Almighty, whose divine and unconditional love, and enduring mercies have sustained me thus far. His powerful presence in my life that has given me hope to persevere against all odds. To the most precious women in my life, the musketeers that bring meaning to my existence, my mother Noli and my lil sis Diile, you guys are such a blessing to me. Your unconditional love has truly sustained me through the years. May the Almighty God keep on blessing you. Love you so much momz and sis. Lastly, to my beautiful unborn princess…Omphile Lephoto, you’re the best thing that has ever happened to me in life. I had to change this dedication section just for you. I don’t know if god had orchestrated this process to turn out the way it did or what. I don’t know if the delay to the completion of this document had to be aligned with the time of you coming in my life or the delay of having you in my life had to be aligned with the completion time of this document. Whichever way it is, “THE COMBOS ARE COMMUNICATING MY BABY. DADDY LOVES YOU DEARLY, HE SURELY LOVED YOU WHILE YOU WERE JUST A THOUGHT”

**ACKNOWLEDGEMENTS**

From the bottom of my heart, I would like to express my gratitude and thank the following people for their support:

Professor J. D Thwala, my supervisor. Thank you very much Prof for believing in me and granting me the chance to be what I aspired to be when I first set my foot on Zululand grounds. Your input is highly acknowledged.

This project would not have been a success without the participants who voluntarily sacrificed and dedicated their time to take part in this project, and share the narratives. Thank you very much for your dedication.

Professor Gillian Eagle from Wits, thanks a lot for the knowledge and input you contributed to structuring the proposal for this project.

To my family and loved ones, thanks for being there for me, believing in me, and your endless support throughout my life journey. Thanks a lot for your unconditional love that has sustained me, you were still there during the busy days of writing up this document. Thanks you a million times.

To the lecturers at the psychology department of the University of Zululand, thank you a lot for your inputs in my life, the enormous knowledge that you have imparted to making me one

of your own products. I am grateful for the support and all the roles you played in my life in terms of helping me be what I am today.

**ABSTRACT**

This study focused on exploring the different meanings that young South African Sesotho speaking males have about male circumcision. The believe is that due to the differences in the experiences, this should instigate for different constructs about the phenomenon. Trying to narrow the study, two groups of young Sesotho speaking males where established to work with comparatively; these are males which are medically circumcised and those that are traditionally circumcised. This study aimed at understanding the different social constructs which young circumcised Sesotho speaking males have to the phenomenon.

The researcher followed a qualitative research method trying to unravel the topic. The researcher used snowball sampling to source his participant. The researcher gathered his data via personal interviews with participants and later analyzed it using IPA.

It appeared that the meaning towards this phenomenon is really socially constructed rather than being universal. It varies according to ones beliefs, which are dictated by an individuals' cultural, religious, and ethnic background. For some it is still highly considered a rite of passage to manhood. However, a controversial debate which forms part of the meaning of the phenomenon for others is that it plays a significant role of reducing chances of contracting HIV and other STI's. Another interesting issue related to this phenomenon is the subject of the psychological and physical risks and benefits linked to the procedure. The findings of this study suggested that, even though medical circumcision may be highly recommended, it still leaves a room for doubt whether it is really safer than traditional circumcision. The study discovered that medically circumcised males suffered from both physical and psychological complications. With the repelling forces between the two dimensions of the phenomenon (medical and traditional), considering the health and safety of these young males, the question

at hand is that how will our nation strike a balance between the two and yet posses their different meanings attached to the phenomenon.

# Table of contents

**Declaration** i

**Dedications** ii

**Acknowledgements** iii

**Abstract** iv

## Chapter One

**Introduction** 1

**1.1 General introduction** 1

**1.2 Statement of the problem** 2

**1.3 Aims** 2

**1.4 Research questions** 3

**1.5 Rationale** 3

**1.6 Summary of the chapter** 4

## Chapter Two

**Literature Review** 5

**2.1 Introduction** 5

**2.2 Basotho Culture** 5

**2.3 The history of male circumcision** 6

**2.4 Different procedures of circumcision** 7

**2.4.1 Modern circumcision procedures** 8

**2.5 Statistics** 9

**2.6 What does male Circumcision mean to young South African Men?** 10

**2.6.1 Traditional circumcision** 10

**2.6.2 Rite of passage: Masculinity** 11

2.6.3 Medical circumcision 14
2.6.4 Circumcision: a potential HIV intervention? 15
2.7 Social Constructionism 16
2.8 Non-HIV-related benefits to women of male circumcision 17
2.9 Hygiene as an alternative intervention 18
2.10 Protecting partners: perceptions of risk 18
2.11 Complications 19
2.11.1 Types of complications 19
2.11.2 Complications after circumcision
by traditional versus medical providers 20
2.12 Psychological and emotional consequences 23
2.12.1 Circumcision trauma 24
2.13 Age and reasons for circumcision 25
2.14 Circumcision and sexuality 26
2.15 Conclusion 28

## Chapter Three

Methodology 29
3.1 Introduction 29
3.2 Methodological orientation 30
3.2.1 Qualitative research 30
3.3 Research design 31
3.3.1 Phenomenology defined 33
3.4 Interpretative Phenomenological Analysis 36
3.5 Sampling and selection of participants 38
3.6 Data collection 40
3.7 Data analysis 41
3.8 Summary of chapter 3 43

## Chapter Four


**Results and Analysis** 44

**4.1 Introduction** 44

**4.2 Circumcision as a rite of passage in the Basotho culture** 44

**4.3 Health and surgical concerns** 47

**4.4 Reasons of circumcising** 49

**4.5 Psychological concerns** 50

**4.6 Conclusion** 53


## Chapter five


**Discussion and Recommendations** 54

**5.1 Introduction** 54

**5.2 Reflection on the research process** 54

**5.3 Discussion of themes** 55

**5.3.1 Circumcision as a rite of passage** 55

**5.3.1.1 The meaning of circumcision** 55

**5.3.1.2 Cultural and societal influences linked to reasons for circumcision** 56

**5.3.2 Health and surgical reasons** 57

**5.3.2.1 Circumcision reduces the chances of contracting HIV linked to reasons of circumcising** 57

**5.3.2.2 Fear contracting infections and diseases (complications) linked to unhygienic conditions** 58

**5.3.2.3 Surgical complications** **59**

**5.3.3 Reasons for circumcising** **60**

**5.3.3.1 Psycho-sexuality reasons/**

**involvement in sexual relations** **60**

**5.3.4 Psychological concerns** **61**

**5.3.4.1 Traumatic reactions as a result of the**

**lived experience while undergoing the process.** **61**

**5.3.4.2 Fear and anxiety feelings** **62**

**5.4 Limitations of the study** **63**

**5.5 Recommendations** **64**

**References** **65**

APPENDIX 1 75

APPENDIX 2 77

APPENDIX 3 78

# Chapter One

## Introduction

### 1.1 General Introduction

Even though it is known that South Africa has a fairly ancient history of circumcision, various societies have opposing views of the phenomenon. The Jewish and Moslem people practise it. The so-called Cape Coloureds are intensely fervently in support of it. Of the diverse Black societies, the Zulu nation is contemptuous of it. The Xhosas are mostly in favour, together with two or three other cultures. In these black cultures, the practice is still very much an initiation rite. An enormous number of younger men are against it, but the researcher believes this is only because of the recurrent injuries and infections suffered, such as mutilation of the penis, tetanus, septicaemia, etc. According to Wilcken, Keil, and Dick (2010), literature shows in their study that 11 of the 12 boys who were medically circumcised and 10 of the 12 boys who were traditionally circumcised experienced complications ranging from loss of erectile functioning, persistent swelling, and extensive swelling. As a result, it was noted how this left some boys with apprehensive feelings towards circumcision.

Although studies of masculinity have been frequent in the West, there has been very little inquiry into African masculinity. This study explores what it means for an African to be masculine, and how male identity is shaped by cultural forces. The researcher believes that to tackle the imperative questions in Africa – the numerous forms of violence (wars, genocides, familial violence and crime) and the AIDS pandemic – it is essential to comprehend how a blend of a colonial past, patriarchal cultural constructions and a range of religious and knowledge systems fashion masculine characters and sexuality. African masculinity has contributed substantially to the

globalizing of serious studies on males. It has advanced the removal of white Western males from their unmerited advantage in the universal discourse about manliness. This interdisciplinary achievement uses postcolonial, native and development studies to engage in a cross-cultural dialogue with Western feminist and men's masculinity studies.

## 1.2 Statement of the problem

The University of Zululand had a circumcision campaign in 2010. The project was established for promoting the health of the community. As with any other project, there were challenges and achievements to be experienced. Through this medical circumcision procedure, some of the young men experienced certain complications that led them to being hospitalized. It has always been assumed that the medical procedure for circumcision is safer than the traditional procedure, but of late even trained medical professionals have bungled it. One may well be puzzled as to why individuals choose to be circumcised whether medically or traditionally, when they know what the chances of experiencing a complication are, which may leave them with a severe problem for the rest of their lives.

## 1.3 Aims

The aim of this research study was to clearly understand the different social constructions or meanings which individuals attribute to male circumcision. Because the study will be focusing on two groups who underwent the process of circumcision medically, and another group which took the traditional route, it's objective is to search for the risks and benefits of having to go through the circumcision process through the different routes. Lastly, it's objective is answering the questions of the researcher about circumcision.

## 1.4 Research questions

The researcher's main question asked the following:

- What does circumcision mean to young African men in contemporary South Africa?

Working from this primary question, some of the research questions which the researcher would like the study to answer are:

- How their lives changed since they were circumcised?
- What are the benefits and risks of being circumcised?
- How does circumcision reduce the chances of contracting HIV?
- What is/are the difference(s) between being circumcised medically and traditionally?
- How did the experience influence their sense of masculine identity?

## 1.5 Rationale

There has been quite a lot of research done on circumcision. It has been primarily focused on quantitative data, which is limited to some extent. Quantitative methods may amount to a "quick fix", meaning that they do not go very deeply into detail, and they lack a lot of contact with the participants in the particular field. With this study, the researcher took the qualitative route. This granted him close contact with the participants in the form of face-to-face interviews.

Most current studies seem to be based on medical circumcision. The researcher has not neglected the medical process, but since the study focuses more on the traditional side of circumcision, he has looked at the social constructs which are brought about by the experiences of the initiates. This means that he wanted to know more about how individuals made meaning of their circumcision. The literature shows that too much has been made of medical complications that also occur in the

traditional sphere. The researcher chose this topic to explore what makes individuals opt for the different procedures when they know what the odds against are.

There have been some studies on this subject from the traditional side, but most of them have focused on the Xhosa culture. The researcher initially hoped to learn how initiates from different cultural groups experience the procedure, and to this end he concluded to conduct his research with young Sesotho speaking men who were both traditionally and medically circumcised. The reason for this change was to try and explore whether there are any cultural dynamics which are significant enough to play a pivotal role in influencing the experiences of the individual initiates.

## 1.6 Summary of the chapter

Considering the annual prevalence of young men who go through circumcision and end up either dead or mutilated, it is becoming increasingly clear that this is a very serious matter. Whether the initiates take the medical or the traditional route, they face potentially perilous consequences. In the very limited research that has been done, the focus has been on quantitative data rather than the essentials within the phenomenon, in particular, the young men's lived experiences. Theories in the literature which seek to explain the meaning behind this phenomenon of circumcision end up having little meaning if they are quantified rather than being contextualised. This study aims at gaining insight into why intending initiates go for one route to circumcision rather than the other. The achievement of this aim is predetermined by the research questions that have been presented.

# Chapter Two

## Literature Review

## 2.1 Introduction

Male circumcision is defined as removing or cutting off some or all of the foreskin (prepuce) from the penis. This word "circumcision" derives from the Latin words "*circum*", which means around, and "*cædere*", which means cutting off. Some very old illustrations of circumcision are still found in cave paintings and ancient Egyptian tombs. In the past, male circumcision was recognised in Judaism as a commandment from God. It appears that in Islam, even though it is not openly referred to in the Qur'an, circumcision is still widely practised. It is also a custom with some Christian churches in Africa, and some oriental Orthodox churches. Statistics indicate that 30% of males are circumcised, of whom about 68% are Muslim. It seems the prevalence of male circumcision differs worldwide, and is most likely to be precipitated by the differences in religious affiliation, and sometimes culture. Usually, this process is performed during adolescence or for cultural and religious reasons.

## 2.2 Basotho Culture

South Africa has been called the rainbow nation for quite some time now. This is based on the idea that it comprises a vast number of individuals from different societies, in which there are a number of ethnic groups. In these ethnic groups one finds numerous cultural groups with various cultural practices, religious, traditional and social. Male circumcision is one of the traditional practices of a number of cultural groups in South Africa, two of them being the Sothos and Xhosas.

According to Tonsing-Carter (1988), the Sotho people are an ethnic group that generally resides in Lesotho and South Africa. It is suggested that this group comprises two main clusters, the Southern Sotho and the Northern Sotho (also called the Pedi). It is also suggested that the Southern Sotho constitute approximately 99% of the inhabitants of Lesotho. Together, the two clusters comprise the second largest cultural group in South Africa.

The Basotho people believe in initiation as a rite of passage into adulthood for young males and females. As far as male initiation is concerned, young men must go and stay in a secluded place away from the community, such as at the mountain. This stay is usually as long as a month or so. Before initiation the initiates are considered to be boys (*bashemane*). After the procedure, they are then considered as to be men (*banna/makolwane*). While they are at the mountain, certain procedures take place. These include the circumcision of the young males, teaching appropriate behaviour of men when they are married, special initiation traditions, code words and signs, and praise songs. At the end of the initiation period, the initiates (*makolwane*) come back to the community or village where there will be celebrations carried out at every initiate's home. This includes their singing some praise songs they have composed that tells a narrative about them. The cultural belief is that no matter how old a man may be, if he has not yet undergone the rite of passage of initiation he is not considered a "real man" (Hofmeyer, 1994).

## 2.3 The history of male circumcision

The history of circumcision suggests that the procedure was initially performed for religious purposes, for warranting potency, as a rite of passage, a way of accentuating manhood, and shaming rivals and slaves (Darby, 2003). Darby states that these beliefs do not complement each other entirely, but are based on not having anything that suggests promoting good health. Wilson

(2008) considers this procedure signifies one's commitment to a particular culture, and may possibly function to reduce adulterous sexual conduct. It is believed that the early writings about the existence of circumcision originated from prehistoric Egyptian drawings. It was also considered to be a collective practice, even though it was not a worldwide practice amongst prehistoric Semitic societies. After the defeat of the great Alexander, the practice was never favoured within the Greek societies (they regarded a man as truly "naked" only if his prepuce was retracted), which lead to a decrease in circumcision even amongst individuals who believed in it. The practice has prehistoric origins amongst numerous cultural clusters within sub-equatorial Africa, and is still customary among young males as a rite of passage to manhood (Marck, 1997).

## 2.4 Different procedures of circumcision

The literature depicts that circumcision is not practised in a similar way worldwide. In the more developed countries, the procedure is generally considered as the complete surgical removal of the prepuce. In some of the Thai population, the prepuce is cut, but it is not entirely removed (Nelson, Dunn, Wan & Wei, 2005). Amongst the Solomon Islands, circumcision comprises simply an insincere cut, without the actual removal of the foreskin. Amongst the Bantu- speaking peoples in subequatorial Africa, findings revealed that: circumcision is performed differently amongst different cultural groups. Some leave a small distinctive flap of the foreskin hanging from below the glans (Immerman & Mackey, 1997). Some Asian males are said to be 'naturally circumcised' because their foreskin is shorter than usual, and thus looks circumcised.

### 2.4.1 Modern circumcision procedures

Holman, Lewis and Ringler (1995) state that when circumcision is to be performed medically and if the use of anesthesia is to be considered, there are several options that could be followed, such as **a** anaesthetic cream (EMLA cream) that can be smeared onto the end of the penis. This should be done 60 to 90 minutes before the procedure is performed. Alternatively, a liquid local anaesthetic can be injected into the lower part of the penis to block the dorsal penile nerve. This can also be applied to the middle area of the penis through the subcutaneous ring block. When it comes to newborn circumcision, the suggestion is that instruments such as the Gomco clamp, Plastibell, and Mogen clamp may be the preferred ones to be used, as well as a restraining device.

The same basic procedure should be followed when using any of the above devices. Firstly, it is important to estimate the correct amount of foreskin to be removed. Using the preputial orifice, the foreskin is then opened to expose the glans beneath and ensure it is intact. The third step is to bluntly detach the inner lining of the foreskin (preputial epithelium) from its attachment to the glans. The device is then clipped on (this sometimes requires a dorsal slit) and left to remain there until there is no more flow of blood to the foreskin. Finally, the foreskin is amputated. Sometimes, for the glans to be exposed freely and completely, the frenulum band may need to be crushed and broken and cut from the corona near the urethra. Usually, clamps are not utilized when performing adult male circumcisions. After circumcision, a period of about four to six weeks of abstinence from masturbation or intercourse after the operation is required to allow the wound to heal. In some African countries, this procedure may often be executed by individuals with no medical training in unsterile conditions. The foreskin can be used in various ways after circumcision at a hospital: for biomedical research, consumer skin-care products, skin grafts, or β-interferon-based

drugs (Hovatta, Mikkola & Gertow, 2003). In some of the regions in Africa, the foreskin may be plunged in brandy and consumed by the patient, or by the circumciser, or fed to animals. According to Jewish law, after a Bris Melah the foreskin should be buried (Somerville, 2000).

## 2.5 Statistics

The literature indicates that 30% of men are circumcised, most of them for religious reasons (Richters, 2006). This procedure is generally done for cultural reasons in most African societies, particularly as an initiation ritual and a rite of passage into manhood. The procedure herein referred to as traditional male circumcision is usually performed in a non-clinical setting by a traditional provider with no formal medical training. When the procedure is performed as a rite of passage for young men into manhood, traditional male circumcision is mainly performed on adolescents or young men. Self-reported statistics on the prevalence of traditional male circumcision differ impressively between eastern and southern Africa. The literature shows that about 20% of men in Uganda and southern African countries, and more than 80% in Kenya are circumcised (Wilcken, Keil & Dick, 2010).

Randomized controlled studies have shown an extensive protective effect of male circumcision with respect to female to male transmission of human immunodeficiency virus (HIV). In most of these studies, the findings suggested a rate of about 1.7% to 7.6% of complications after male circumcision, which were mostly of minor clinical significance. However, more serious complications and even deaths have been reported from traditional male circumcision carried out on adolescents (Walton, Ostbye & Campbell, 1997). One could look at both the routes of male circumcision and draw a hypothetic conclusion that traditional male circumcision is more fatal than the medical route to male circumcision. While medical male circumcision is increasingly

being used in inclusive strategies for the prevention of HIV infection, it seems as if traditional providers will still continue to play a significant role in the circumcision of many males in South Africa, and their role will not easily be taken over by medical male circumcision personnel for reasons that are cultural.

## 2.6 What does male circumcision mean to young South African men?

### 2.6.1 Traditional circumcision

Male circumcision has been and still is an old tradition within the Xhosa and Sotho cultures, and is still extensively practised in these population groups throughout South Africa even today. The process is still widely considered as a rite of passage that prepares the young men for the shift from boyhood to manhood. But it may be difficult for Western societies to comprehend the sociocultural value of this ritual. For the Western mind, it can only be identified as a public health hazard, as replicated in health care statistics in the Eastern Cape (Magoha, 1999). Usually, traditional male circumcision takes place during summer and winter. The procedure involves various individuals. These include the traditional surgeons, traditional nurses, the parents of the initiates and the initiates themselves. It is usually performed in initiation schools by knowledgeable traditional practitioners (Smith & Osborn, 2007). Unfortunately, in the past few years young and inexperienced traditional surgeons have been conducting the ritual, either openly or clandestinely.

According to Meissner and Buso (2007), traditional circumcision tends to be associated with an increased occurrence of young men injured or dying because of procedural bungling. Even with the promulgation of the health standards for the execution of this surgical procedure according to

the Circumcision Act, passed in 2001 by the Eastern Cape legislature, it seems that the effectiveness of the Act in correcting most of the issues has not yet been established.

### 2.6.2 Rite of passage: masculinity

According to Bennett (1991), male initiation is still an extensively performed practice, and is probably the most pristine example of a traditional institution. Till today, even in some of the South African metropolitan areas initiation rites are still extensively practised. Traditionally, only initiated men could marry among most societies in Southern Africa. Initiation meant one was socially approved to acquire adult status, and with it came suitability to marry and be considered a man. In contrast, a man who was uncircumcised could not be considered an adult, nor acknowledged as a man who was ready to start a family. As a result, his treatment would be different to the circumcised man's: he would still be treated as a boy. Till today, Xhosa and Sotho tradition, as far as initiation is concerned, still remains a ritual transition from boyhood to manhood signifying the young men's amalgamation into full membership in the community (Myburgh & Prinsloo, 1985). After the process of initiation, the young men then acquire more privileges and responsibilities. This is considered as obtaining advanced standing within the culture. Once the men are circumcised and they have taken part in the initiation ceremony, it is then that they can make sacrifices to the ancestral spirits. The fundamental belief is that these can only be performed by men, who are the ones believed to be able to communicate with their ancestors. Uninitiated men are generally looked down on, both by other initiated men and by women.

According to Myburgh (1980), during the initiation period the initiates are educated by the seniors on cultural and health matters such as taking great care of their genitals, sex teaching, and given information on the hazards of promiscuity. A very critical matter throughout initiation is that of

secrecy. Even though most people still wonder what it is that the initiates get taught, it is considered taboo to enquire about male initiation process. They are not expected to converse about these in open spaces, or nor to divulge the mysteries of men's initiation to those who are non-initiates. For women and uninitiated males, access into men's initiation cottages is forbidden. Professional conduct is expected among those accountable for performing the procedure and for providing the herbs used after circumcision as bandages in order to reduce the possibility of complications for the initiates, and to avoid lethal accidents. For example, it is considered to be unethical and hazardous to use non-sterile apparatus, to use the same blade when cutting more than one person, to be drunk during surgery, and to cut without having the necessary experience. Unfortunately, however, lack of this competence has affected the repute of the initiation institutions, and has often led to catastrophic incidents.

The Eastern Cape Department of Health made an application to increase health standards in traditional circumcision, and the relevant Act was amended by the legislature in 2001 to upgrade the standard of hygiene in circumcision, and to regulate the conduct of all those involved. It is also required that as part of the practise practice, traditional practitioners need to apply for written authorisation to execute circumcisions, or even to facilitate initiation schools, and care for initiates. This authorisation may be approved by the medical officer chosen to be responsible for the region. One of the fundamental prerequisites to grant authorisation is the assurance of sterilized apparatus and hygienic conditions. Potential initiates are required to undertake a precircumcision medical check-up by a medical practitioner to confirm their health suitability to undergo the practice. For initiates under the age of 21, the requirement is that a written agreement from the initiates' parents or legal custodian is compulsory. A dispute that has been prominent against the Act is that of non-

compliance by traditional doctors and nurses, parents and the initiates themselves. Unfortunately, this ends up precipitating complications and loss of lives. Reports by the Department of Health have shown how extensively the law is contravened. These contraventions include, among others, the running of illegitimate initiation schools by unqualified doctors, careless traditional nurses and negligent parents with disastrous consequences in a number of cases. Despite the fact that some concerned parents may help in having their children released, others would rather hide aggrieved initiates to prevent them from being removed by representatives from the Department of Health and admitted to health care institutions. The worst cases are those where the initiates refuse external medical help, decline to drink liquids even when they are highly dehydrated, and refuse hospitalisation even though their lives may be in danger. Usually this could be because there is usually a stigma attached to non-completion of the ritual. Similarly, botched circumcision may time and again lead to isolation from initiates whose initiation was a success. This may lead some to becoming gangsters, and attacking the more privileged initiates. Medilife (2006) notes that the Provincial House of Traditional Leaders have commented on these problematic situations. The proposition is that, even though the significance of the Department of Health's operation against illegitimate initiation sites and illegitimate doctors is recognised, the feeling is that these schools and other problems concerning them should be assigned and overseen by indigenous leaders. One of the leaders condemned the Department for intruding in the matter of initiation rituals (*Daily Dispatch*, 11 January 2006). He argued that the on going losses show that the ancestors condemned what health representatives were doing in terminating illegitimate schools and taking legal action against illegitimate doctors.

### 2.6.3 Medical circumcision

As discussed above, the Western scientific mind may have a different construction about circumcision. From a Western perspective, the scientific argument about circumcision is primarily based on health and well-being. The incidence of HIV-AIDS in South Africa having increased within the past decade, a great deal of medical research has been devoted to trying to alleviate the problem. Until now it has been argued that circumcision reduces the chance of contracting HIV.

Most of the work done, as far as circumcision and HIV is concerned, reveals good epidemiological evidence, but few causal mechanisms. There are a number of ‘plausible’ biological models, but they are all assumptions; none of them has been proven (Gray, Kigozi, & Serwadda, 2007).

Bailey, Egesah and Rosenberg (2008) postulated that keratinisation of the exposed glans occurs in circumcised men. This means that a 0.0005 mm thick protective keratin surface layer develops on the exposed glans when the penis has been circumcised. For some, this has been seen as a form of ‘natural condom’. For uncircumcised men, the inner surface of the foreskin remains thin and mucosal, and is not keratinised, which makes it more susceptible to infection, and thus a locus for viral transmission. Vincent (2008) argues that if the mucosal skin of the prepuce exposes men to STI, we should anticipate seeing a distinctly higher occurrence of STI in women, whose genital mucosal surface is much more extensive than that of men. Since this is not generally the case, he feels that the notion lacks credibility. However, the belief is that women are more vulnerable than men to HIV infection during heterosexual intercourse. The possibility of increased vulnerability to HIV infection in uncircumcised men could be biologically different from exposure to other STIs.

### 2.6.4 Circumcision: a potential HIV intervention?

It is alleged that the high degree of heterosexual transmission of HIV in sub-Saharan Africa, usually through high-risk sexual activity with little condomizing, are increasing the likelihood of economical and effective HIV control interventions not being found. Usually male circumcision is done for traditional, customary, religious and health motives. Current epidemiological research has revealed fairly compellingly that in high-risk individuals in Southern Africa, male circumcision is linked with chances of reducing the possibility of being infected with HIV (Bloemenkamp, Farley, 2000; Weiss, Quigley, & Hayes, 2000). It has been suggested that circumcision is considered by some as a 'natural condom', and various documents have suggested a circumcision-based intervention. Following a World Health Organisation-led conference at the XIII International AIDS Conference, 9-14 July 2000, in Durban, South Africa, there was increasing interest in the practice of such an intervention. Overall, globally, about 25 per cent of males are circumcised for various reasons (Schenker & Farley, 2000). Proportions differ among nations, but this procedure is believed to be rarely practised in Asia, South America, Central America and most of Europe. Literature suggests it is quite commonly practised in the Near East, Polynesia, North America, and many African countries, countries with many Muslim or Jewish inhabitants (including Israel, Indonesia, Middle Eastern countries and parts of North Africa), and on native individuals in Australia and North and South America (Holman et al., 1995).

In a number of locations, circumcision is currently being considered an acceptable HIV prevention plan. It has been reported that in more than a few countries males have started to believe in and resort to circumcision for protection against contracting HIV or any STIs (Green, 1993; Donovan, 2000). Donovan suggests that the suitability of an intervention does not necessarily mean that it is

totally efficient. Bailey, Muga, and Poulusse (2000) suggest that it is imperative to keep in mind the traditional and religious meaning devoted to circumcision position in various countries. It must not merely be perceived from a medico-scientific perspective. Nyanza, Kenya, and some countries which do not believe in circumcision have embraced the notion of circumcision as a protection against HIV/AIDS. In 1992, traditional doctors at a conference in South Africa broadcast the significance of male circumcision in STI prevention, and this was founded on their own clinical observations (Green, 1993). When asked about the opposition to circumcision in non-circumcising cultures, one of the healers said: 'When our customs and the well-being of our societies are counteracting each other, it is the custom that should be sacrificed.' Nevertheless, there was no declaration whether the healer was from a circumcising or non-circumcising society. It is somehow considered that some cultural groups find it easy to sacrifice their customs.

Literature on circumcision continues to show the increasing belief that this procedure plays a protective role against STI, even though reports on the effect of circumcision on STI stats indicate diverse outcomes. Various STIs may have very diverse associations with circumcision status, and the epidemiological representation may vary in evolving nations where STI occurrence is higher. A methodical evaluation of the evidence in both evolving and advanced countries could assist in resolving this query.

## 2.7 Social constructionism

Social constructionism is a theory of knowledge in sociology and communication theory that examines the development of jointly constructed understandings of the world that form the basis for shared assumptions about reality. The theory centers on the notion that meanings are developed in coordination with others rather than separately within each individual (Wendy, 2009). Social

constructionism questions what is defined by humans and society to be reality. Therefore, social constructs can be different based on the society and the events surrounding the time period in which they exist. Charles Cooley (2009) stated based on his Looking-Glass-Self theory: "I am not who you think I am; I am not who I think I am; I am who I think you think I am. This demonstrates how people in society construct ideas or concepts that may not exist without the existence of people or language to validate those concepts.

Social constructionism can be seen as a source of the postmodern movement, and has been influential in the field of cultural studies. Some have gone so far as to attribute the rise of cultural studies to social constructionism. Within the social constructionist strand of postmodernism, the concept of socially constructed reality stresses the ongoing mass-building of worldviews by individuals in dialectical interaction with society at a time. The numerous realities so formed comprise, according to this view, the imagined worlds of human social existence and activity, gradually crystallized by habit into institutions propped up by language conventions, given ongoing legitimacy by mythology, religion and philosophy, maintained by therapies and socialization, and subjectively internalized by upbringing and education to become part of the identity of social citizens (Dave, 2012).

## 2.8 Non-HIV-related benefits to women of male circumcision

According to Weiss, Thomas, Munabi and Hayes (2006), females are advantaged as sexual companions if males have fewer penile infections. Methodical evaluations suggest that males who are circumcised are in less danger of syphilis and cancroid. However, Gray, Kigozi and Serwadda (2007) report that males who are circumcised have less possibility of being diagnosed with penile cancer, as do females with cervical cancer, if their sexual companions are circumcised.

## 2.9 Hygiene as an alternative intervention

It has been suggested that optimum asepticism could lead to similar protecting results as circumcision (Donovan, 2000). Donovan's argument is based on the impression that rigorous hygiene practised by uncircumcised males might offer the same benefits as circumcision without the hazards of a surgical procedure. Soap and water prophylaxis was effectively used in the pre-antibiotic era. It was found to be an operational prophylactic counter to cancroid and syphilis, even with the existence of skin abrasions. It has been recommended that pre- and post-exposure sanitation might substantiate an economical and operational intervention in Africa and other evolving countries today, playing a protective agent counter to GUD and penile abrasions (Farrell, 1993).

## 2.10 Protecting partners: perceptions of risk

Farrell (1993) stated that interventions that limited the possibility of male-to-female infection could have a pivotal influence in decelerating the frequency of contamination in sub-Saharan Africa. He sustains his argument by stating that, even though circumcision might lessen the pervasiveness of HIV in circumcised men, there is no indication that it has any bearing on male-to-female transmission. The outcome of circumcision status on risky conduct could therefore be essential. Insight into the possibility of lessened danger in circumcised males could also have an antagonistic impact on additional HIV risk-lessening approaches. Unprotected sexual activities by males who misinterpreted their personal vulnerability to contamination could cause an increased prevalence of the virus in them and their companions. Even though it might reduce the possibility of being infected, male circumcision is evidently not a 'natural condom'.

## 2.11 Complications

Based on the two studies conducted by Lagarde, Dirk, Puren, Reathe and Bertran (2003), Bailey, Egesah and Rosenberg (2008) reported on the global complication rates resulting from traditional male circumcision in Kenya and South Africa. The results exposed that the rates were 35% in Kenya and 48% in South Africa.

### 2.11.1 Types of complication

In one of the studies, Rosenberg (2008) used direct observation to assess complications in traditional male circumcision. The most identified complications, which were the primary focus in his study, were infection and delayed wound healing. The results of both the studies conducted in Kenya and South Africa show that there was no extreme blood loss. Disproportionate circumcision was reported as a main problem after traditional male circumcision in the South African studies, and as a secondary consequence of incomplete initial circumcision in the Kenyan studies. Bailey, Egesah and Rosenberg (2008) reflected that recircumcision caused disproportionate abstraction of the foreskin and an expanded wound with lengthy wound recovery, unnecessary blemishing and forfeiture of penile sensitivity. As a result, complications such as delayed wound recovery and keloid blemishing were similarly associated with the use of a powder comprising penicillin and talc that is used for wound care by traditional providers in Kenya.

Hospital admission records suggested that in South Africa, Kenya and Nigeria infection was by far the major reason for admission to hospital. In the South African studies, two-thirds of the cases presented with systemic infection needing management by means of antibiotics. Of the 45 initiates who were admitted, four of them were reported to have lost the glans of the penis, and two patients lost the entire penis. Furthermore, from the same presentation of the two studies, it was revealed

that 93% of the 45 participants presented with several forms of penile wound ensuing not from the circumcision practice itself but from inappropriate post-operative wound care. Such care involved tight dressings (traditionally assumed to advance healing), which restricted the blood stream to the penile skin, in selected cases leading to the blockage of the deep dorsal arteries and to gangrene (Kanta, 2004). One of the studies completed by Magoha (1999) in Kenya and Nigeria reported that about 6% of all the hospitalised initiates sustained injury to the penis. He further argued that for most of the initiates, dehydration was a common cause of death owing to their being deprived of liquids after circumcision as an additional trial of their endurance.

In a study done in 2005, Meissner and Buso (2007) investigated circumcision-related complications from statistics for 10 609 young males circumcised in the Eastern Cape province, South Africa. Their results suggested that of these, 3% were hospitalised for circumcision-related complications. It was also revealed that amputations or mutilations ensued in 0.1% of the men, and 0.2% of them died. Septicaemia, pneumonia and dehydration were the most frequent causes of death. This one way or another replicates the outcomes which Magoha (1999) discovered. Although the cause of death might not at all times be similar, it is crucial that we consider the environment these young males endure for their initiation period. Bearing in mind that they undergo the procedure in June, during the cold winter season, they may easily contract pneumonia, and even die of it.

### 2.11.2 Complications after circumcision by traditional versus medical providers

Taking care of the initiates' health is, of course, crucial during the circumcision period. Hence one of the fundamental questions which the researcher seeks to answer is which of the two methods of

circumcision is safer than the other, which has the fewest complications. To gain more insight into this question, three studies have been used to compare complications after circumcision by traditional and medical providers. In all three studies, medical providers comprised surgeons, general practitioners, and clinical officers, although "medical" circumcisions in the study by Bailey et al. (2008) also included circumcisions by uncertified practitioners with little or no recognized training in health care. In the study conducted by Bailey et al. (2008), directly observed complications occurred in 11 of 12 males circumcised by a medical surgeon, and in 10 of 12 males circumcised traditionally. Nevertheless, more severe enduring antagonistic sequelae, such as forfeiture of erectile function, tenacious swelling and extensive mutilating occurred in the traditionally circumcised group, while in the medical group, antagonistic sequelae were commonly cosmetic (a distinct twisting, rough cut mark with enormous foreskin left behind). Established on self-reporting by 445 medically circumcised males, the global occurrence of complications after circumcision by medical providers was 18%, with infections and ruptured sutures being the most commonly severe complications. Moreover, they learned that among the 1007 study participants, infection was similarly common amongst those circumcised traditionally and medically (statistics for 709 subjects from self-report). Traditionally circumcised young men were not as likely to access post-operative care. Direct observations of 298 subjects on day 62 after circumcision showed substantial inconsistencies between the traditionally and medically circumcised clusters. In the study of hospitals in Nigeria and Kenya, complete or incomplete amputation of the penis had occurred in 14% of the 50 hospital admissions after traditional circumcision, but not once after medical circumcision by surgeons (n = 249). The forms of complications before admission after traditional circumcision were not common with those of medical circumcision, with statistics of 3% for severe wound contamination, 1% for excessive blood loss and 0% for partial circumcision.

Research done in a community in Gauteng province in South Africa, with a self-reported healing interval averaging three weeks, showed no variation amongst individuals who underwent the procedure either traditionally or medically. Conversely, the occurrence of self-reported agony varied considerably amongst the two clusters: 86% after traditional circumcision and 61% after medical circumcision (Lagarde, Dirk, Puren, Reathe, & Bertran, 2003).

According to Bailey, Neema and Othieno (1999), reported findings which are secondary to the circumcision complications after traditional male circumcision, such as diabetes or coagulopathies. The frequently declared complications of neonatal circumcision are injury or amputation of the glans, meatal ulceration, meatal stenosis, wound separation, skin bridges, urinary retention, recurrent phimosis and unsatisfactory appearance owing to removal of too much or too little skin. Less frequently, injuries to the urethra, concealed penis, gangrene of the penis owing to surgical inaccuracy have also been reported. According to Vincent (2008), the most frequently reported complications, by means of any surgical procedure, are contamination of the wound and internal bleeding. One of the limited studies to have scientifically observed circumcision hazards in developing countries involved an inquiry into 249 circumcisions executed between 1981 and 1998 in Kenyan and Nigerian hospitals.

152, i.e. 61% of the patients were circumcised between the ages of 13 and 24, primarily as a rite of passage into manhood; 6% were children aged between 2 months and 12 years; and 32% of the patients were neonates. The percentage for complications was 11.2%. Approximately 3% of patients sustained wound septicity; the subsequent most mutual complications were severe haemorrhage (1.2%), retention of urine (1.2%). and penile oedema (1.2%). The study also revealed that of 50 patients who were referred with difficulties after circumcision by other practitioners, 8% had been circumcised by unqualified traditional doctors. 16% of the males had severe enduring or

serious wounds: one patient died from septicaemia, two lost their penises from gangrene, and five others had permanent whole or fractional amputation of the penis or glans (Bailey et al., 2008).

In January 2000 four deaths due to haemorrhage and contamination and around 100 hospital admissions were reported in South Africa owing to "botched circumcision rituals" (Vincent, 2008). The same article also stated the deaths of 10 boys in the course of circumcision rituals in the previous year.

## 2.12 Psychological and emotional consequences

The British Medical Association (2006) states that "it has at the moment extensively acknowledged that this surgical process has both health and psychological dangers". Milos and Macris (1992) argue that at times violent behaviour could be encrypted in the brain of a neonate that immediately undergoes the surgical procedure, and may even adversely affect a healthy infant-maternal attachment and trust process. Goldman (1999) discussed the potential emotional shock of circumcision on male teenagers and parents, apprehensions over the circumcised state, and a tendency to recurrence of the initial emotional shock, and recommended that it be requisite for circumcised surgeons to discover a medical rationale for the practice. Additionally, literature advocates that there are reports of men trying to correct the impact of the procedure through surgical procedures such as skin grafting. Boyle, Svoboda, Goldman and Fernandez (2002) state that circumcision might cause psychological impairment, including post-traumatic stress disorder (PTSD), quoting a study comment. Increased statistics occurrence of PTSD has been noted amongst Filipino males after undergoing the process through either the traditional or the medical route. Hirji, Charlton and Sarmah (2005) state that reports of psychological impairments such as trauma are not borne out in studies, but remain as an anecdotal cause for concern.

### 2.12.1 Circumcision trauma

A traumatic experience is defined in DSM-IV as the direct result of facing or observing severe harm or danger to bodily integrity that results in intense anxiety, vulnerability, or (in the case of children) agitation (American Psychiatric Association, 2000). Furthermore, the disruption (e.g., physical stimulation, avoidant behaviour) qualifies for a diagnosis of acute stress disorder if it persists for a minimum of two days, or even a diagnosis of post-traumatic stress disorder (PTSD) if it persists for more than a month. Circumcision deprived of anaesthesia may constitute a severely harrowing incident in a person's life.

According to Goldman (1997), sometimes psychopathology may not necessarily be easily noticeable even to qualified clinicians. Sometimes the emotional shock caused by this surgical procedure may be so severe and intensely entrenched that it may even be so obvious to differentiate the symptomatology from personality traits or impact caused by a comorbid condition. Additionally, it is believed that wherever circumcision is practiced similarly, usually the consequences are likely to be similar and may eventually be construed as normal. At times, the presentations of emotional shock states as per the psychopathological result may differ, but primary reports seem to suggest that there is a consistency based on the symptomatology presentation of PTSD.

Part of the PTSD symptoms includes persistent thoughts and nightmares about, and avoiding possibilities of discussing, subjects related to circumcision. Emotional numbing and inappropriate anger are reported to be the most shared enduring effects of circumcision that permit enquiry. Reduced capacity for emotional expression or numbing response is a more likely PTSD symptom with increasing time after the traumatic event. Those who have been violated generally have a

problem with anger, and direct it either inward or outward towards others (Van der Kolk, 1989). Adult symptoms could be considered delayed or chronic psychological effects of circumcision.

## 2.13 Age and reasons for circumcision

According to Magoha (1999), till today, different individuals may have different motives for undergoing the procedure. For some this may include sexual reasons. In some cultures, such as the Thai 'Benz', it is believed that circumcision plays a critical role in terms of increasing sensual sensitivity for women. In both Kenya and Nigeria, it is also believed that circumcision also plays a pivotal role for most men when it comes to penile sensitivity during sexual intercourse. Literature from one South Korean project suggested that some males who stated 'medical benefits' as their primary motivation to get circumcised in fact meant 'enhancement of sexuality'. The purpose for males to undergo this procedure, and the appropriate age at which it may be executed, differ according to culture, and religious conviction (Kim, Lee & Pang, 1999). In the USA, Canada and Australia, it has been standard to circumcise newly-born boys as young as possible. In regions such as South Korea, circumcision is done regularly at the commencement of adolescence. For Jews, the recommendation is that new-borns should be circumcised eight days after birth; whereas in Islamic culture, age is not a primary factor to determine when to circumcise, but it is commonly performed before sexual maturity (Magoha, 1999). For a number of cultures in Africa and in the Solomon Islands circumcision is considered as a rite of passage, leading to public acknowledgement of manhood. In Africa, although a lot of the young boys undergo circumcision around their early teenage years, certain societies defer the process till they are 18 years old, or even later (American Academy of Paediatrics, 1999).

## 2.14 Circumcision and sexuality

One of the biggest questions to be considered in regard to the desirability of circumcision is: how do males feel about their genitals? Secondly, does the foreskin play any pivotal role, and how does its absence affect a man? Is there a modification in sensitivity during sexual intercourse after undergoing the procedure? What is the effect on one's sexual partner? Does using a condom reduce or increase sensitivity during sex? Usually, this list of questions is not of primary significance to males who were circumcised as young children or neonates, and have only been exposed to the experience of a circumcised male. They are more likely to be significant to males who have undergone the procedure during their teenage years or as young adults. One of the essential questions could be whether most males' sexual conduct changes after circumcision in the long run?

It appears that there is still much argument about the sensual effects of circumcision. Boyle et al. (2002) mention the argument of uncircumcised men, that they have multiple sensation receptors together with extremely erogenous nerve endings, which may be absent in most men who are circumcised, leading to unavoidable decrease in erotic responsiveness. Their conclusion suggested that sexual interaction may not be as gratifying to both partners if the male has been circumcised. Contrary to this, in January 2007, The American Academy of Family Physicians (AAFP) indicated that it is still difficult to estimate accurately the impact of circumcision on genital responsiveness and sexual gratification. Mostly it is believed that the genitalia of circumcised males are not sensitive. The explanation is that since the epithelium of a circumcised penis becomes cornified. As a result a number of sensation nerves become over-stimulated, resulting to desensitization. Some writers argue that although there is still no effective confirmation of this condition they

accept that being circumcised does affect sexual response and gratification (Gray, Kigoza & Serwadda, 2007). Payne, cited by Ko, Liu, Lee, Jeng, Chiang and Li (2007), reported that there is no undeviating measurement of genital responsiveness to in the penis in the course of sexual excitement, and do not support the assumed sensual variances related to the circumcision status. Literature collected in 2007 by Sorrells cited by Krieger, Mehta, Bailey, Agot, Ndinya-Achola, Parker, and Moses (2008), revealed that with the aid of monofilament touch-test mapping, revealed that the foreskin comprises the most sensitive parts of the penis. This means that these parts get detached during the surgical procedure. Furthermore, their reports also suggested that there is more sensitivity in the uncircumcised penis than in the glans of a circumcised penis. Krieger et al. found that about 64% of the circumcised males reported that they experienced more sexual sensitivity before their circumcision. About 54% reported increased incidence of attaining orgasm more quickly two years after circumcision.

Reports that circumcision may lead to erectile dysfunction have been diverse. Some researchers have indicated that there may be a statistically substantial escalation, or decline, in the occurrence of erectile dysfunction amongst circumcised males, although some investigations have revealed minimal to no consequences (Lehr, Cepeda, Frattarelli, Thomas & LaMothe, 2005; Lawler, Bisonni, & Holtgrave, 1991).

Naturally, the glans of the unstimulated penis is expected to stay as an inner tissue (just like a female's clitoris secured by its covering), using a self-lubricating sheath as its external surface as opposed to being the outer skin surface. In the course of the stimulation period, the foreskin progressively pulls back, thus permitting increased sensation to the glans till it is entirely uncovered for the duration of full penile excitement. When the glans is permanently exposed it

produces a dry skin, with a tissue coating of reduced sensitivity termed the corneum. This is the result of a bodily reaction suggesting a need for a sheath to replace the absent foreskin. Therefore, when discussing the effect of circumcision to on the sexual nature of males, one may conclude that the foreskin is not an anachronistic relic of nature, but plays a pivotal role of in the constitution of male sexuality.

## 2.15 Summary of the chapter

This chapter focused on exploring and discussing the existing literature. The discussion was introduced by explaining what male circumcision is, and elaborating on the history of the phenomenon. Since this phenomenon operation has been and is still being practised in a range of cultural, ethnic and religious groups. The researcher discussed how the procedure is performed. The cited literature is based on issues which give rise to the greater part of today's arguments related to circumcision and HIV. Part of the discussion focused on complications linked to circumcision. The researcher also explored some psychological effects of circumcision. The following chapter will discuss the methodology of the research project.

# Chapter Three

## Methodology

### 3.1 Introduction

This chapter describes the applicability of qualitative research methodology, articulates the phenomenological research approach, the research question, data gathering procedures, data analysis, and issues associated with participant confidentiality. The chapter addresses information related to research design appropriateness, the study population and selection, sampling identification, data collection approaches, factors affecting internal and external validity, and data analysis techniques. The chapter also addresses specific research instrumentation.

A research project is better noted and understood by the researcher as an academic mode of inquiry. Research is a process of investigation, an examination of a subject from different points of view. It's not just a trip to the library to pick up a stack of materials, or picking the first five hits from a computer search. Research is a hunt for the truth. It is getting to know a subject by reading up on it, reflecting, playing with the ideas, choosing the areas that interest you and following up on them. Research is the way you educate yourself.

Research can further be defined as "the systematic investigation, including research development, testing and evaluation, designed to develop or contribute to generalizable knowledge".

## 3.2 Methodological orientation

### 3.2.1 Qualitative research

This study was qualitative in approach and it focused on issues around the different constructions held towards circumcision amongst South African men, particularly within the Sesotho-speaking young men. This study was located within an interpretive paradigm which regards knowledge as socially constructed by people who are active in research.

Bless and Highson-Smith (1995:65) alluded that qualitative research methodology refers to the kind of research which produces descriptive data, generally reflects people's personal written or spoken words; no numbers or counts are assigned to observation. This indispensable condition for qualitative methodology is a commitment to seeing the world from the perspective of the participants. Qualitative research entails discovering unanticipated findings which can lead to the possibility of altering research plans in response to accidental discoveries. One (the researcher) must be cognisant of the core of qualitative research, which is better understood to be phenomenological; one where the participant's perspective is the crucial and empirical point of departure and its focus is sited on the personal real-life experiences of people.

Creswell (1998) thought metaphorically of qualitative research as an intricate fabric composed of minute threads, many colours, different textures, and various blends of material. The fabric is not easily or simplistically explained. Like the loom on which fabric is woven, general frameworks hold qualitative research together, whereas critical discourse analysis is interdisciplinary and ethnomethodology becomes the strange cousin within the large and heterogenous family of qualitative social science approaches.

Language play a pivotal role in our every day lives. It becomes a mediator in terms of the articulation skills which transpires within a conversation. Critical discourse analysis sees language as a social practice and considers the context of language use to be crucial (Benke, 2000; Wodak, 2000). Therefore, language usage can never be overemphasized, it is the very element of which separates human beings from animals. The flexibility within qualitative approaches allows the researcher to plan generally for emerging issues that might transpire within the process of working in the particular field of study. As to how one deal with these issues shapes and directs the form of qualitative narrative. Creswell (1998) attested that knowledge is better understood and explained in terms of the meaning people make of it, and that knowledge is gained trough people talking about their meanings.

Qualitative research involves the studied, use and collection of a variety of qualitative data such as personal experiences, interviews, case study, introspective, life stories, observational, historical, interactional, documents or visual texts to understand, explain or describe routine and problematic moments and meaning to people's lives.

## 3.3Research design

Miller (1997:79) defines research design as the plan and structure used for the investigation to gather empirical data which will answer the study's initial questions. In addition, research design is consideration and creation of means of obtaining reliable, honest, transferable and valid data by means of which pronouncement about the phenomenon of education may be confirmed or rejected.

This study has adopted an interpretive approach which makes use of a qualitative research method. It is concerned with how the social world is viewed, understood and interpreted. The interpretive approach is, in addition, the systematic analysis of socially meaningful action through the direct

understanding of people in their natural setting, in other words, the researcher strives to understand and interpret how people create and maintain their social world.

Phenomenology, unlike conventional research methods, does not stipulate a set of standard steps to be followed when conducting a research. As a result, methodology is rather the strategy designed by the current researcher within the realm of phenomenology to best investigate a particular phenomenon. A significant and fundamental factor in phenomenology is to access the worldview of the experiencer just as they experience it.

In this current study, the experiences of South African men who have undergone the process of circumcision will be studied according to the principles of phenomenology. Solomon (1980) acknowledged phenomenology and described it as a uniform and systematically developed philosophical method that found its most persuasive momentum in the work of the German philosopher Edmund Husserl (1859-1938). Phenomenology is becoming more widely recognized in modern literature such that it had been felt that providing reasons and justification for doing so in research is no longer considered necessary. It will therefore provide rich and complete description of men being circumcised and the meanings they attribute to their experiences; such strength in describing and not interpreting data does not necessarily lead to subjectivity which could be thought of as influencing the findings of the study negatively. Minimal researcher influence on the findings of the study will be taken care of by the bracketing technique.

In this current study, the researcher included the following aspects in terms of working towards answering the research questions:

i. Sampling and selection of participants.
ii. Conducting semi-structured interviews with the participants.

iii. Transcription of the naïve language by participants/narrators.

iv. Identifying common emerging themes from the overall sample.

v. Description of the themes in a quest for meaning.

### 3.3.1 Phenomenology defined

Giorgi (1997, p. 236) stated "Phenomenology, in the most comprehensive sense, refers to the lived experiences that belong to a single person". Patton (1990) identified three steps to phenomenological study that includes epoché, phenomenological reduction, and structural synthesis. "Epoché refers to the period of examination when a researcher identifies bias and removes all traces of personal involvement in the phenomena being studied to achieve clarity of perception" (Marshall & Rossman, 1995, p. 82). Epoché is the elimination of bias associated with common knowledge as the basis for truth and reality (Moustakas, 1994).

Phenomenology explores the structures of experience and consciousness from an individual perspective (Brunzina, 2000; Karlsson, 1993). "Originally in the 18th century, phenomenology meant the theory of appearances fundamental to empirical knowledge; especially sensory appearance" (Smith, 2003, p. 26). Various scholars credit Edmund Husserl with advancing the philosophical movement of phenomenology as an applied methodology for the study of human understanding through the structure of personal experiences (Colaizzi, 1978; Davidson, 1988; Edie, 1987; Elliston, 1977; Kockelmans, 1967; Natanson, 1962). Husserl provided the emergent discipline of psychology with the logical framework to study conscious human experience (Husserl, 1913/1972; Husserl, 1925/1977; Husserl, 1929/1960; Husserl, 1937/1970.). "For Husserl, as for Kant and Descartes, knowledge based on intuition and essence precedes empirical knowledge" (Moustakas, 1994, p. 26).

Phenomenology has four dominant stages characterized as Realistic, Constitutive, Existential, and Hermeneutical (Embree et al., 1997). “The aim is to construct an animating, evocative description of human actions, behaviours, intentions, and experiences as we meet them in the life world” (van Manen, 1990, p. 19). Despite different stages and approaches to Phenomenology, phenomenologists accept some common features of the discipline. First, cognition is justified by evidence. Second, natural, cultural, and ideal objects are evident. Third, inquiry focuses upon encountering objects. Fourth, “the role of description is prior to explanation by means of causes, purposes, or grounds” (1997, p. 2). Fifth, a continuing debate exists on whether epoché and reduction as phenomenological concepts is possible (Fouche, 1984; Gilstrap, 2007; Kleiman, 2004; Klein & Westcott, 1994; Spiegelberg, 1973; Scanlon, 1972). In this present study, the researcher followed the constructive phenomenology approach. The researcher’s approach was to allow the participants to construct their own experiences and meanings of the procedure as opposed to the researcher having any influence regarding the narratives they would tell.

As defined by Barker, Pistrang and Elliot (2002), phenomenology is “*A systematic study of people’s experiences and ways of viewing the world*”. Phenomenology therefor elucidates the reality of an individual’s perceptions as experienced by the particular individual. This statement declares to the natural trends whereby different people may have different experiences, views or even expectations about a similar observed situation, in the same environment.

Smith (2009) alluded that phenomenology is the study of consciousness as experienced by the first person, who is observed in this context as the experiencer. He further stated that the structure of an experience is its intentionality, which is the motive behind the experience. Every experience

constantly pure; its motive is derived from the exclusive meaning with which the experiencer attaches to it.

Edmund Husserl as cited by Moran (2000) views phenomenology as “Experiences intuitively sizable and analysable in the pure generality of their essence, not experiences empirically perceived and treated as real facts”. Phenomenology concerns itself with what is known and not how it is known. The essential element of phenomenology is the conscious state of mind. Consciousness allows people to be receptive to experiences. Perception further allows the experience to be scrutinized depending on the subject’s comprehension of what they know.

Edwards (1995) defines phenomenology as the “Intentional attitude or approach off allowing reality to reveal itself and thereby understanding and changing it”. These thinkers are in concord on the following: (1). Reality manifests itself in pure form (2). Reality can be manipulated [only] when described and comprehended. Phenomenology can, therefore, be understood as the logical study of how we experience with strict supervision on self awareness. In research, it is a conscious and intentional attitude that the researcher adopts in order to make sense of research data without being biased and judgmental. The researcher provisionally adopts the “I do not know attitude” in order to gain insight into the phenomenon as experienced by the first person [experiencer]. Phenomenology aligns itself more as a practice than a system or discipline. Systems and disciplines have a particular way of operating and fixed set of doctrines. Phenomenology distances itself from dogmas as in the words of Martin Heidegger, as cited by Moran (2000), “there is no such thing as the one phenomenology, its ways are diverse as the matters themselves”.

### 3.4 Interpretative Phenomenological Analysis

According to Smith and Osborn (2003) Interpretative Phenomenological Analysis (IPA) follows its phenomenological roots in trying to understand and make sense from the participant's perspective, while concurrently asking questions of a more interpretative nature, such as: what is really being said here? Do I perceive something which the participants themselves are not consciously aware of?

Interpretative phenomenological analysis (IPA) is an experiential qualitative approach to research in psychology and the human and social sciences. IPA takes a middle position between a phenomenological perspective and a symbolic interactionist perspective. IPA is concerned with trying to understand lived experiences and with how participants themselves make sense of their experiences. Therefore, it is centrally concerned with the meanings which those experiences hold for the participants.

IPA is phenomenological in that it wishes to explore an individual's personal perception or account of an event or state as opposed to attempting to produce an objective record of the event or state itself. Thus, one important theoretical touchstone for IPA is phenomenology, which originated with Husserl's attempts to construct a philosophical science of consciousness. At the same time, while trying to get close to the participant's personal world, IPA considers that one cannot do this directly or completely. Access is dependant on the researcher's own conceptions which are required to make sense of that other personal world through a process of interpretative activity. A second important theoretical current for IPA is, therefore, hermeneutics- the theory of interpretation (Conory, 2003; Hayes, 2000; Human, 2006; Huysamen, 1997; Osborn & Smith, 2006; 2008).

Smith defined the structure of IPA as using semi-structured interviews consisting of open-ended, non-directive questions that guide participants into an opportunity to share their personal, lived experiences of a phenomenon with the researcher (Willig, 2008). The transcribed texts of these interviews are first analysed individually for themes arising from the collected data. Clusters of themes are generated for individuals and thereafter integrated among participants. The researcher then interprets the data (emerging themes) from his or her own perspective and understanding of the personal phenomenon, puts the findings in psychological terms and writes a report (Osborn & Smith, 2006; 2008; Smith & Osborn, 2003; 2007, Willig, 2008).

> *…IPA is an approach to psychological qualitative research with an idiographic focus, which means that it aims to offer insights into how a given person, in a given context, makes sense of a given phenomenon. Usually these phenomena relate to experiences of some personal significance - such as a major life event, or the development of an important relationship. It has its theoretical origins in phenomenology and hermeneutics, and key ideas from Husserl, Heidegger, and Merleau-Ponty are often cited. IPA is one of several approaches to qualitative, phenomenological psychology Phenomenology (psychology). It is distinct from other approaches because of its combination of psychological, interpretative and idiographic components.*

IPA has a theoretical commitment to the person as a cognitive, linguistic, affective and physical being and assumes a chain of connection between people's talk and their thinking and emotional state. At the same time, IPA researchers realize this chain of connection is complicated people struggle to express what they are thinking and feeling, there may be reasons why they do not wish to self-disclose, and the researcher has to interpret people's mental and emotional state from what they say. IPA's emphasis on sense-making by both participant and researcher; meaning that it can

be described as having cognition as a central analytic concern, and this suggests an interesting theoretical alliance with the cognitive paradigm that is dominant in contemporary psychology (Smith, Flowers, & Larkin, 2009).

## 3.5 Sampling and selection of participants

Phenomenological research does not lend itself to large randomised sampling methods (Cresswell, 1998; Flick, 2002, Huysamen, 1997). Rich descriptions are typically generated through non-probability sampling with small samples (Giorgi, 1997; Huysamen, 1997). Giorgi (1997) suggests that there should be at least 5 participants within a study as part of the selected population. Smith and Osborn (2003) on the other hand propose that there should be at least 6 to 10 participants, while Cresswell (1998) alluded to the fact that there should be a maximum number of 10 participants. In this present study, the researcher decided to execute the research project with a number of 6 participants, which 3 were traditionally circumcised and 3 were medically circumcised. The rational for this conclusion was for the researcher to explore if there are different constructs of male circumcision in the two groups.

According to Hycner (1999) "the phenomenon dictates the method (not vice-versa) including even the type of participants." The researcher chose purposive sampling, considered by Welman and Kruger (1999) as the most important kind of non-probability sampling, to identify the primary participants. The researcher then selected the sample based on his judgement and the purpose of the current research (Babbie, 1995; Greig & Taylor, 1999; Schwandt, 1997), looking for individuals who have had experiences relating to the phenomenon to be researched" (Kruger, 1988 p. 150). Finding the individual co-researchers who have personally experienced the phenomenon of being circumcised was not an easy task as it had been comprehended by the researcher. The fact that statistics reveal that quite a number of young South African men undergo circumcision every

year provided a much distorted perception to the researcher. After having found two participants which have undergone this procedure in different ways (medically and traditionally), with their informed consent Bless and Higson-Smith (2000), they helped to identify the other potential participants.

In order to trace additional participants or informants, the researcher used snowball sampling. Snowballing is a method of expanding the sample by asking one informant or participant to recommend others for interviewing (Babbie, 1995; Crabtree & Miller, 1992). Bailey (1996), Holloway (1997), and Greig and Taylor (1999) called those participants through whom entry is gained *gatekeepers* and those participants who volunteer assistance *key actors* or *key insiders*. Historically, the common term was informants, a term which is losing popularity owing to negative connotations. Neuman (2000) qualifies a gatekeeper as "someone with the formal or informal authority to control access to a site", a person from whom permission is required.

An informed consent form was explained to subjects at the beginning of each interview. Most potential subjects signed the agreement and those who did not were not pressured to participate in the study. All who ended up being participants were in agreement with its content and signed. Because Boyd (2001) regards 2 to 10 participants or research subjects as sufficient to reach saturation and Creswell (1998) recommends "long interviews with up to 10 people" for a phenomenological study, a sample size of 6 young men were selected. In addition to the 6 participants, 3 were surgically circumcised and the other traditionally circumcised. The purpose of collecting data from two different kinds of participants was to sort of compare the data, to contrast the data and validate the data if it yields similar findings.

In summary, the inclusion criteria for the study were that:

- Participants had to be South Africa Sesotho-speaking young males
- Participants had to be young Sesotho speaking men who have been circumcised either medically/surgically or traditionally.

**The final sample:**

| Participant: | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| Age(yrs): | 21 | 22 | 26 | 27 | 27 | 21 |
| Duration(yrs): | 1 | 1 | 1 | 3 | 3 | 1 |
| Place: | Uni. Zulu | Uni. Zulu | Maphumulo Hos. | Free State | Free State | Free State |
| Sex r/ship: | Yes | Yes | Yes | Yes | Yes | Yes |

## 3.6 Data collection

Data collection in IPA involves personal interviews with participants and obtaining verbalised experiences of the phenomenon under study. This necessitates interaction with the researcher and thus the personal contribution of the researcher to the research. Such interviewing is a skill developed and honed through experience and keen observation by the researcher (Kvale, 1996). The interviewer needs to maintain an objective stance and refrain from influencing the results, while acknowledging his or her own contributions through the interactive process. Intentionality during interviewing requires the congruent interaction of the interviewer by being himself while concurrently being flexible to different responses from the participant (Ivey & Ivey, 2003).

The empirical phenomenological gathering data method entails guiding questions in individual interviews (Von Eckartsberg, 1998). This distinguishes it from the hermeneutical phenomenological approach which entails a completely spontaneous expression without any guiding questions for a starting point. For this study, data was obtained through asking participants specific questions about how the individuals perceived and felt about their circumcision. This

constitutes an empirical phenomenological approach. Kvale (1996) warns that to increase reliability, the interviewer should refrain from asking leading questions not pertinent to the interviewing technique. Such questions may generate answers that are designed to confirm to expected outcomes. The researcher conducted the interviews at the Psychology clinic at the University of Zululand for the 3 participants which were medically circumcised. This was due to the convenience of space for both the participants and the researcher. For the other 3 participants which were traditionally circumcised, the researcher conducted the interviews at a local library in a secluded place for confidentiality purposes and for the participant to feel safe. The duration of the interviews varied from one participant to the other as per their response.

The guiding questions during the interviews were:

1. What does circumcision mean to you as a young South African man?
2. How has your life changed ever since you were circumcised?
3. What do you think are the benefits of being circumcised?
4. How does circumcision reduce the chances of contracting HIV?
5. What is/are the difference(s) between being circumcised medically and traditionally?
6. Culturally how did the experience influence them in their masculinity identity?

## 3.7 Data analysis

Bogdon and Taylor (1975) defined data analysis as “a process which entailed an effort to formally identify themes and to construct hypothesis (ideas) as they are suggested by data and an attempt to demonstrate support to those themes and hypothesis”. Polkinghorne (1989) defined data analysis as the ‘general structural description’ or ‘meaning unit’. The researcher will then have to analyse

themes or meaning unit in order to arrive at common themes or common units that would enhance the reader's understanding of the participant's experiences of being circumcised.

The analysis of the interview material constitutes the researcher's main contribution to the research through personal interaction with the transcribed dialogue (Kvale, 1996; Smith & Osborn, 2003). The aim of this study is to gain insight into the constructs young Sesotho-speaking men have of circumcision. The interviewer interacts with individuals and tries to understand how they experience their world.

For this study data was analysed using IPA, supplemented by proposals by Kvale (1996). The IPA four-stage process described by Smith and Osborn (2003; 2007) was followed in the analysis to arrive at clusters of themes. The researcher followed the following stages for analysing his data: First stage consists of the researcher's initial encounter with the participants' narratives. Second stage involves the identification of themes. Third stage entails the clustering of themes. The fourth stage produces a report which leads to the meaning units that are integrated amongst the different cases as outlined by (Smith & Osborn, 2003; 2007; Willig, 2008). Further interpretation produced connections between the themes. This process was replicated for each participant. Themes were then found across six transcribed narratives and combined together to form common themes. The results are presented in a report form

## 3.8 Summary of the chapter

This study followed a qualitative research approach of an interpretative phenomenological analysis. Chapter three describes the background and motivation for choosing this methodology. The methodology of IPA is explained and the analysis of data described. Methods to enhance quality of the study are elucidated. The research process is described. Criteria for participation were determined and the sample characteristics. All were explained to that they are not forced to participate in the study, and that should they feel uncomfortable at any given point, they are free to drop out of the study. For trustworthiness, the purpose of the study was thoroughly explained to the participants and it was also explained that the process will be confidential as possible and that they will be kept as anonymous as possible too. The researcher then gave the participants signed letters of consent containing relevant information on the research, information concerning participants' voluntary participation and rights, and ensuring confidentiality. Individual interviews were conducted with six participants. These narratives were tape recorded and transcribed. The material was analysed according to IPA principles. Quality of the research was ensured and ethical standards were upheld.

# CHAPTER FOUR

## RESULTS AND ANALYSIS

### 4.1 Introduction

This chapter presents literal transcription of each participant's oral discourses drawn from the original interviews. The narratives are transcribed as per participant's recorded interview. The grammatical mistakes were not corrected. The emerging themes are captured at the end of all the transcripts. The transcripts are found in appendix 3. At the end of the chapter the common themes that emerged from the different narratives are outlined.

### 4.2 Circumcision perceived as a rite of passage in the Basotho culture

#### Meaning of circumcision in the postmodern South Africa

Three of the participants who were surgically circumcised reported that they do not believe that circumcision has any culturally significant meaning in their lives. Even though they are individuals from the Basotho culture, none of them reported on believing that it has anything to do with their masculinity identity or manhood. One of these participants acknowledged that to some individuals it does have a cultural meaning. He related that he does not generally see any difference between someone who is surgically circumcised and one that is traditionally circumcised.

Contrary to this, three participants who are traditionally circumcised related that the process of initiation does have a culturally significant meaning. Participants A and C alluded that circumcision has nothing to do with being a real man. Participants E and F suggested that initiation is culturally received as a rite of passage to manhood. What differed between the two participants'

beliefs is that participant B beliefs that circumcision do grant one respect and dignity as a real man. Participant F related that he does not believe that being a man is merely based on being circumcised: *"Ja hei, so much. The guys that circumcise medically do it under luxurious conditions and they are not exposed to the wild life and diseases that one could pick up while being in the mountain. I guess that's what makes us men when we come back. It is not just about being circumcised."* It appears as though initiation is the cultural ritual which has a significant meaning to the Basotho people, while being circumcised is a sign that you are an initiate rather than being a man.

**Cultural and societal influences linked with the reasons for circumcision**

Although every individual has their own experiences and beliefs about the phenomenon, the validation of the different constructs the participants may have could be subject to the influence of their up bringing and the environment they are brought up in. All six participants are different individuals with different backgrounds. From the participants who were medically circumcised, they originated from semi-urban to urban communities. All three participants are from societies which majority of the people do not believe in initiation, some do not even believe in most of the cultural rituals.

Both participants A and C come from Christian families that do not embrace circumcision as having any significant cultural meaning or as a rite of passage to manhood. The report from them was that none of the males in his family have been to an initiation school. Both reported that the communities they come from also do not take pride in circumcision nor initiation. Participant B originates from a family that do believe in culture and do practice some of their traditional rituals. Just like participant A, he is also from a society that predominantly does not believe in and practice

rituals related to initiation/circumcision. He related that two of his cousins have been to an initiation school.

This gives a picture of the meaning of this phenomenon to be deeply influenced by the individuals' subjective beliefs just like participant B suggested: *"I just do not know how circumcision makes you a man. I believe that you only become a real man once you are grown up and have your own family. It has been something that a lot of people believed in. I think it depends on you as a person if you believe in it or not."* Clearly the beliefs follow on the construction theory that suggests that our beliefs, and cognitions about reality are influenced by and constructed based on what people around us believe in.

Interestingly enough for the three participants that went for initiation is that they are also from different communities which some are too culturally grounded and others described as not being to cultural. All three participants are from families that believe in their cultural rituals and do practice them. All three participants have family members who have been to an initiation school. However, from their experiences with their community members, not all of them consider them as real men. Participant D alluded that the society perceives initiates as men because they are from an initiation school. To him he does not consider himself as being a real man because he is an initiate. Even though participant E and F agreed that not everyone in their societies considered them as being men, participant D and F shared a common understanding that being an initiate or not, one will always be a child to those elder than you. This constitutes more arguments with regards to some of the cultural beliefs towards the meanings of certain cultural rituals. Some may go for initiation as a result of the influences they get from either their family members (cultural) or merely as per the influences of the society.

## 4.3 Health and surgical concerns

**Circumcision reduces the chances of contracting HIV linked to the reasons for circumcising**

Despite the different constructions and meanings given to this phenomenon, one can clearly say that at the end of it all it is highly associated with health and hygienic reasons. For all the participants it comes across as though as part of their reasons to be circumcised was linked to concerns centred on health. All six participants acknowledged that circumcision contributes enormously in the reduction of males contracting sexual infections and HIV. Since the beginning of the 20$^{th}$ century, South Africa has experience rapid increases in the number of people who get infected by HIV. As a result studies on male circumcision were developed to somehow fight and alleviate the spread of HIV. It seems as though since the conception of this notion numbers of males who have circumcised have escalated. All three participants who are medically circumcised related that their primary reason to circumcise was based on the fact that circumcision reduces chances of contracting HIV. Participant B described how he was convinced by the health personnel to decide on being circumcised: *"firstly they said; if you are circumcised, it is never easy for you to contract diseases such as STDs and STIs. And then they mentioned the issue of HIV. They said statistically, if you are a guy you have about 70% chances of not contracting the virus if you are circumcised and then the other 30% is that you might be infected."*

**Participants have limited knowledge about how does circumcision reduces the chances of contracting HIV**

Even though the participants did have a reason to be circumcised which mostly was linked to acknowledging the health matters of circumcision, most of these participants reported not having adequate knowledge about how does the notion works. It is very significant form every male to

understand why and how is it that circumcision reduces the chances on contracting sexual infections or HIV.

Obtaining a perception about something that you do not comprehend the processes of is just in vain. One would believe and expect that as the numbers of males who get circumcised annually increases, the number is those who get infected would be inversely proportional. For most people without this knowledge circumcision could be perceived as a ‘natural condom’, which might relatively increase the rate of HIV infections.

**Fear contracting infections and diseases linked to the unhygienic conditions**

Health is one of the fundamental aspects to all human kind according Maslow’s theory. Irrespective of which ever way the participants were circumcised, they all recognised that they experienced feelings of fear related to their health throughout the process. Two of the participants who are traditionally circumcised reported fearing being infected or contracting certain diseases while being at the mountain. They reported that they had their genitals exposed and not bandaged after being circumcised.

**Surgical complications**

Three of the participants who are medically circumcised reported experiencing severe surgical complications. These ranged from excessive foreskin removal, secondary surgical procedures, and secondary wounds and scars. According to their narratives some of these complications seem to have been as a result of mistreatment of the patients by the medical personnel. Participant A reported that: *“Doctor G cut all the penis skin up to the scrotum area. So, he…he washed my penis and then he bandaged me. Then he said I should wait for the skin to recover for itself, because I am still young he cannot do anything. Then I went back. Then they called another doctor here at*

*the clinic so I went to see him. So he stitched me. He took this skin from the scrotum and put it back, and then stitched me. Ummm, two days….and then after two days the stitches went out when I got erected."* Competence in performing any particular surgical procedure is very important. Some of the participants feel that had they been circumcised by well qualified doctors none of this could have transpired. To others it seems as their experiences changed their perspective towards the safety in both medical and traditional circumcision and regret why they got circumcised. It seems as the participants' feelings of regret are closely linked to their experiences and the complications they encountered. Participant B suggested even though he is medically circumcised, he feels that the traditional passage is better. This was based on his experience after he received indigenous treatment for healing his wounds. Clearly it is not only what has been scientifically tested in science laboratories that works, traditional medicine and knowledge still needs to be embraced as much as science is being embraced.

## 4.4 Reasons for circumcision

**Psycho-sexuality reasons/ involvement in sexual relations.**

According to Maslow's theory, every individual has five levels of needs. The most fundamental and basic four layers of the pyramid contain what he called the deficiency needs. Among those there is what he coined physiological needs, which include sex. Freud's theory of human development was also centred on sexual factors. This shows how pivotal sex is in the lives of human kind. Most of the participants reported how circumcision has had a positive or a negative impact to their sexual lives. This somehow impacted them at a psychosocial level. Both Participants A and B reported how it inconvenienced their sexual life. Participant A related how he no longer enjoys having sex with his partner anymore because he experiences pains on his penis.

Participant C reported that even though it inconvenienced their relationship, it has increased his sexual performance. Participant D also reported that being circumcised has helped his sexual life because he used to experience pains prior to circumcising. Now that he has circumcised, he recognised that circumcision has *"helped him perform better sexually."*

Since sexual intercourse takes place between two individuals, some of the participants reported on a very interesting perception which seems to have also had an influence in terms of the decisions for circumcising. Participants B and E advocated that women prefer circumcised men over those who are not. It is not clear if it is for hygiene purposes or better sensation. Participant E reported: *"Women also love guys who have circumcised, it make things to be different when it comes to sex."* Participant B related that: *".... I had no problem at first. But later it got to me because even when girls talk, I would pick it up from them that a circumcised guy is good in bed."* Clearly for most men sex plays a significant role in terms of their masculinity identity. This is a concept that is cognitively constructed by both males and females in a relationship.

## 4.5 Psychological concerns

**Traumatic reactions as a result of the lived experience while undergoing the process**

Trauma is experience as a result of a heightened state of shock due to a particular encounter. Four of the participants reported some for of trauma during their experience of the phenomenon. Three of the participants that are surgically circumcised reported incidents of trauma due to physical complications of their circumcision process. It is evident from their narratives that as a result of secondary wounds and surgical operations, they were affected to some degree emotionally. Clearly it is very important for people to obtain some form of counselling prior and post a surgical operation for emotional containment.

One of the participants that are traditionally circumcised reported that he experienced some form of trauma as well which was due unfavourable environment conditions. It seems that at a psychological level, our surroundings and those close to us provide an emotional cushion to us. Just like the attachment theory would explain how a child would experience emotional discomfort when exposed to an unfamiliar environment, this give a clear sense that the sudden radical change of environment does expose one to emotional trauma.

**Fear and Anxiety feelings as a result of the complications**

Fear is an unpleasant emotional state in response to a real external threat. Whether the fear-inducing agent is real or imaginary is insignificant. Anxiety arises in response to apparently innocuous situations or is the product of subjective internal emotional conflicts. Participants reported experiencing feelings of fear and anxiety. Three of the participants which are medically circumcised reported experiencing feelings of fear in their narratives. These were construed as a result of the complications they experienced. Safety and security needs are considered by Maslow as the second important needs of the hierarchy. Naturally, inconsideration of these needs exposes one to feelings of discomfort such as fear and anxiety. Based on the reports from the participants, it appears as though these needs for the participants were not considered by medical practitioners who were involved during these processes. Participant B reported: *"So, on the third day that's when things started to complicate. The way it was so complicated, I could not even see what was happening to my penis because the Tara clamp covered my entire penis. I first notice this when I went to the loo because I wanted to pee. I could feel that my bladder was fool, but just could not push the urine out. I then went to my doctor for help and he advised me to go back to the doctor who circumcised me because he did not perform the circumcision. When I got there for the check-up, he said everything is fine. I then asked him why am I experiencing difficulties with urinating.*

*His response was that it is because there is something holding my penis. They had said they were going to take the clamp off after five days. They removed it from the first five guys and they saw that there were complications and that the guys were bleeding."*

A man's penis means a lot to them. It is one of the bodily organs to men that describe their masculinity. Just like Freud's theory of castration anxiety, metaphorically one could say the participants experienced this phenomenon at a psychological level.

Two of the participants who are traditionally circumcised reported feelings of anxiety that was caused by fear for the safety and health as well. Most interestingly was what was related by the participants about their fears of going to an initiation school. This seems to be a result of what one could term as the fear of the unknown; not knowing what to expect, if they will make it back alive.

**Feelings of apprehension and regret which are linked with complications**

Feelings of regret were interwoven with both feelings of shame and insecurity. Three of the participants which are medically circumcised experienced some form of shame and insecurities which lead them to regretting why they underwent this process. They reported delayed wound healing as a result of secondary surgical procedures to cover up for the complications. Considering that these participants are involve in sexual relationships, with certain sexual responsibilities to live up to and maintain; the question is how does one do this when the same body organ responsible for the execution of these responsibilities is affected. As discussed above, the male genitalia are a very significant organ to a male's masculinity identity.

All three participants reported how this process inconvenienced their relationships and the feelings associated with the failure to live up to their partners' expectations. Participant A reported: *"So, I am left with a scar here and I have to stay for …for almost a year without having sex. Even now I*

*am not eeer good because under my penis there is this…this thing….there is this swelling under my penis. So, even when I am with my girlfriend when we have to do sex, I don't feel comfortable because I am not ok. I…I…I think I am like disabled in other way because I am not normal……………… when I am with my girlfriend, I don't feel the way that I used to feel. I… I am more a little bit shy because ummm, it is not normal for me to have this feeling each and every time. And when I have sex, I always have this question in my mind; that that, if she asks me what happened here."* Clearly sexuality issues play an empirical role in terms of the identity to males. Deformities may cause insecurity feelings to some men. It seems as the participants' ability to sexually perform to the expectations of their partners and how their genitals looked has a significant meaning attached to their manhood. For some it created feelings of fear to being left by their partners. These could be addressed as seeing themselves as no longer being competent enough to meet their partner's physiological needs.

## 4.6 Summary of the chapter

The narratives by the participants are suggestive of the fact that the themes are clustered. There are those themes that affected participants at a psychological level as individuals. There are those which affected them as a result of the process and which the communities impose on them, which are cultural. Because the procedure is medical in nature, there are themes that are related to health and well-being of the participants. Some of the themes are linked to each other and were discussed under one heading with of course acknowledging how they are linked. The conglomeration of this tri-relational causality factors has a psychosocial-medical impact on individuals who may undergo this procedure. The subsequent chapter will engage in detailed discussion of the common emergent themes as identified in this chapter.

# Chapter five

## Discussion and Recommendations

### 5.1 Introduction

The aim of this chapter is to integrate the findings of the analysed data with the findings from the other relevant studies as discussed in the literature review. This study undertook to explore the experiences of young South African Sesotho speaking men who have been circumcised both medically and traditionally. It also explored the meanings attached to this procedure.

### 5.2 Reflection on the research process

This research created an opportunity for six participants to narrate their own personal experiences of circumcision. They gave themselves with enthusiasm, ardently attempting to be as transparent as possible as they related their narrations. The results of the study present a picture of the connection between the experiences and the meaning, and how the differences in the experiences influence the meanings. While the participants dedicated time, they also felt that they gained from having an opportunity to focus on this phenomenon without distraction. The participants reported finding a summary of their stories enjoyable and found that it enhanced aspects of their own exploration of themselves.

## 5.3 Discussion of themes

## 5.3.1 Circumcision as a rite of passage

### 5.3.1.1 The meaning of circumcision

Meissner and Buso (2007) reported on a study that they conducted in 2005 and highlighted how this procedure is still being significantly regarded in some of the South African societies as a rite of passage into manhood. Bennett (1991) also wrote about how male circumcision still has so much meaning in the Xhosa and Basotho culture. Contrary to this, all the participants who were medically circumcised reported that circumcision had no significant cultural meaning attached to it. They maintained that it had nothing to do with ones manhood. One could then conclude by saying that; the notion of circumcision being related to manhood is not universal but rather socially constructed among certain social groups within the population.

Male circumcision has been and still is an old tradition within the Xhosa and Basotho cultures, which is still widely practised in these population groups throughout South Africa even today. It is a rite of passage that prepares the initiate for the transition to manhood, while it may be difficult for the Western scientific mind to appreciate the socio-cultural value of the ritual; it is definitely a public health hazard, as reflected in health care statistics in the Eastern Cape (Magoha, 1999).

In many African societies, male circumcision is carried out for cultural reasons, particularly as an initiation ritual and a rite of passage into manhood. The procedure herein referred to as traditional male circumcision is usually performed in a non-clinical setting by a traditional provider with no formal medical training. When carried out as a rite of passage into manhood, traditional male circumcision is mainly performed on adolescents or young men. The self-reported prevalence of

traditional male circumcision varies greatly between eastern and southern Africa, from 20% in Uganda and southern African countries to more than 80% in Kenya (Wilcken, Keil & Dick, 2010).

Two of the participants who are traditionally circumcised still consider the value and the significance in the cultural meaning of MC. They reported that they had to circumcise because it is part of their culture and had to honour the traditional customs and what their ancestors believed in. they still believe that it still has its significant meaning of being a rite of passage to manhood. However one of the participants had a different view to this notion. He stated that traditional MC has nothing to do with being a real man. He suggested that being a real man comes with being responsible. His argument is based on the fact that; for most of these youngsters who may perceive themselves as being man enough post initiation, the latter behavioural presentation that could be expected from them is more troublesome. Likewise, Medilife (2006) presented literature that botched circumcision often leads to alienation from successful initiates, which in turn may result in gangsterism and crime, with avenging bands attacking the more fortunate initiates.

**5.3.1.2 Cultural and societal influences linked to reasons for circumcision**

According to Wilson (2008) this procedure signify one's commitment with a particular culture, and may possibly function as a reduction factor to the occurrence of adulterous sexual conduct. It is believed that the early writings about the existence of circumcision originated from prehistoric Egyptian drawings. It was also considered to be a collective practice, even though it was not a worldwide practice amongst prehistoric Semitic societies.

As stipulated above that the significance and the meaning of circumcision may not be considered to be universal, this supports the findings from the participants' reports. All six participants recognised how their societies played a role in terms of the socio-cultural definition of the

phenomenon. Culture does not necessarily refer to being Xhosa or Zulu, but belonging to a particular group with certain beliefs. For some of the participants, their religious affiliations contributed towards their perception of the world and surroundings.

## 5.3.2 Health and surgical concerns

### 5.3.2.1 Circumcision reduces the chances of contracting HIV linked to the reasons for circumcising

Recent epidemiological studies have shown fairly convincingly that in high-risk populations in sub-Saharan Africa, male circumcision is associated with a reduced risk of HIV infection (Bloemenkamp, Farley, 2000; Weiss, Quigley, & Hayes, 2000). It has been suggested that circumcision acts as a 'natural condom', and some papers have called for the implementation of a circumcision-based intervention.

All the participants alluded that the primary reason that pushed them to get circumcised is based on the notion that MC reduced the chances of contracting STI's and HIV, even though they were not well informed about how is that possible. Despite the argument that was posited by Taylor and his associates, two of the participants reported that another reason that lead them to circumcise is that they have been told that women preferred circumcised men more than the uncircumcised ones for sexual purposes.

The participants who are traditionally circumcised do acknowledge the western medical belief that circumcision does reduce the chances of contracting sexual diseases and viruses. However, the also acknowledged the fact that they have limited knowledge with regards to this, which somehow could mislead the naïve and carefree.

#### 5.3.2.2 Fear contracting infections and diseases (complications) linked to the unhygienic conditions

It would not be surprising why some of the initiates would suffer from trauma post the initiation process if the living conditions are not hygienic and favourable. This is considered as on of the basic needs to any human kind. Some of the participants described the conditions as not being favourable for living and exposes them to so much danger and infections. Nonetheless, they still believe that it is part of transcending to a high rank (from being a boy to being a man), and only the brave hearted can survive the process. One of the participants advised that one should never think that they are at home and expect special treatment when they are still undergoing the training. He further highlighted that as a result of some of their basic needs and necessities for day-to-day living are never met or provided for. For example, he reported that that at times they went for days without drinking water or any liquids. In a study done in 2005, Meissner and Buso (2007) analysed circumcision-related complications from register data for 10 609 young men circumcised in the Eastern Cape province, South Africa. Their findings revealed that of these, 3% were admitted for circumcision-related complications. It was also discovered that among others, amputations or mutilations occurred in 0.1% of the cases and 0.2% of the 10 609 young men, died. Septicaemia, pneumonia, dehydration, and infections were the most frequent causes of death. This somehow reflects on the findings which Magoha (1999) found. Despite the fact that the causes of the deaths may not always be the same, it is crucial that we should consider the conditions in which these young men endure for their initiation. Bearing in mind that at time they undergo the process in June, during the cold winter season, and hazardous environmental conditions, this would definitely result in exposing them to pneumonia or contracting certain infections and diseases leading to bad health and even worse, death.

#### 5.3.2.3 Surgical complications

Two of the participants reported that; based on the information that they were given before they decided to take part in the circumcision campaign, they were informed that medical male circumcision was more safe than traditional male circumcision and that chances are very slim that one could experience complications through medical circumcision. Bailey et al. (2008), directly observed complications occurred in 11 of 12 boys circumcised by a medical provider and in 10 of 12 boys circumcised traditionally. The findings in this report suggests that even though one would like to consider medical circumcision to be more safe than traditional circumcision, it is still more likely that individuals who circumcise medically could experience complications more than what individual who circumcised traditionally could be going through. This instigates for questioning what could be the issue that seems to contribute to the increasing number of complications.

Trying to answer this question, one of the participants reported that during the circumcision campaign, he was not circumcised by the practitioner who was supposed to perform the procedure on him. He reported that he was rather circumcised by an individual who was later declared to be an intern, someone who was not yet fully qualified to perform the procedure on their own. Bailey et al. (2008) argued that one of the factors that contribute to the multiple complications after performing this procedure in a medical setting is due to the operation being performed by individuals with little training and speciality as far as the procedure is concerned. Surprisingly, one of the participants suggested that post his medical circumcision and experiencing complication, he eventually found help from a traditional healer when medical practitioners failed to provide him with the necessary service. He latter suggested that traditional circumcision might be safer than medical circumcision.

Despite the positives of the procedure, two of the participants reported that ever since the complications that they experienced, they are currently suffering with issues of low self esteem and still struggle to get naked in front of their sexual partners due to the fear and shame that they experience. They reported that what they struggle with is more than letting their partners see the deformations and the scars on their penises, but rather having to explain to them what happened which ultimately brings back the emotions that are attached to their experiences. As a result, they reported that they even regret having volunteered to do the operation. A hypothesis that one may have, is one that validated that after the experiences these participants had, they were bound to be left with feelings of regret.

### 5.3.3 Reasons for circumcising

#### 5.3.3.1 Psycho-sexuality reasons/ involvement in sexual relations.

For some of the participants, because of the complications that they experienced due to the operation(s) they had, they reported that their sexual lives were inconvenienced and compromised to some level. Taylor et al. (1996) maintained in their research findings that the foreskin has a high concentration of nerve endings that actually enhance the sensory function of the glans and shaft. For some of the participant, their report was against the point that Taylor and his associates presented. They reported experiencing more pleasure during sexual intercourse, which somehow had a positive impact on their sexual lives. This is supported a study conducted by Magoha (1999) that revealed how circumcision played a significant role in terms of both male and female sexual sensitivity.

According to some of the participants, they reported that one of their reasons to circumcise was influenced by beliefs that women prefer circumcised men more than none circumcised men. This

was not really clear if it is on the basis of sexual sensation or rather health reasons. According to Weiss, Thomas, Munabi and Hayes (2006) females are advantaged as sexual companions if males have less penile infections. Methodical evaluations suggest how males who are circumcised are at lesser danger of syphilis and cancroid. However, Gray, Kigozi and Serwadda (2007) reported that males who are circumcised have a lesser possibility of being diagnosed with penile cancer; similarly relates to females with cervical cancer, if their sexual companions are circumcised.

## 5.3.4 Psychological concerns

### 5.3.4.1 Traumatic reactions as a result of the lived experience while undergoing the process.

A traumatic experience is defined in DSM-IV as the direct result of facing or observing of severe harm or danger to bodily integrity that results to intense anxiety, vulnerability, or (in the case of children) agitation (American Psychiatric Association, 1994). Furthermore, the disruption (e.g., physical stimulation, avoidant behaviour) qualifies for a diagnosis of acute stress disorder if it persists for a minimum of two days or even a diagnosis of post-traumatic stress disorder (PTSD) if it persists for more than a month. Circumcision deprived of anaesthesia may constitute for a severe harrowing incident in a person's life. Ronald Goldman (1997) has shown that deep and lasting psychological damage is likely to occur after the procedure (MC), and is directly contributory to certain emotional problems of men. Boyle, et al (2002) also stated that circumcision may result in psychological harm, ranging from severe anxiety symptoms and post-traumatic stress disorder (PTSD).

This definition and literature supports what the participants related. Three of the participants who are medically circumcised reported that post the operation, they experienced some form of

psychological trauma. These participants reported that what they had anticipated about their operation never turned out to be their reality. As a result, some of them had to undergo several secondary operations that inflicted pains, physical and emotional scaring to them. The participants also reported a dire need of emotional support during and after the procedure. However, one would think that since this is a medical procedure, it would be significant that the individuals that undergo this operation should get pre and post counselling. One of the participants who is traditionally circumcised related how he experienced trauma due to the unfavourable conditions at the initiation school which corroborated with the findings in a study done by (Meissner & Buso, 2007).

#### 5.3.4.2 Fear and anxiety feelings

The British Medical Association (2006) states that it is now widely accepted, including the BMA, that this surgical procedure has medical and psychological risks. Boyle, Svoboda, and Goldman (2002) also stated that circumcision may result in psychological harm, ranging from severe anxiety symptoms and post-traumatic stress disorder (PTSD), citing a study reporting high rates of PTSD among Filipino boys after either ritual or medical circumcision.

Two of the participants that were circumcised traditionally reported that they recall their experience at the mountain being traumatic. Even though they advised that it was better for them not to elaborate more on the matter. It appeared though as if the source of the trauma is related to circumcision process its self. All the reports from the participants coincided with the literature suggesting that they recall being preoccupied by thoughts about what could possibly happen to them, which precipitated to the development of fear and anxiety.

## 5.4 Limitations of the study

The qualitative approach used allowed a wealth of detail or information to emerge, although the limited number of participants used would be a concern when it comes to generalizing the findings to other males who have been circumcised either medically or traditionally broadly in different cultures, ethnic or racial background. The small number becomes a drawback in that there is no absolute certainty as to what extent the results can be generalized to the broad population of young circumcised males.

According to the goal of this study combined with the research sample, the study was successful in achieving its main goal. The biggest challenge was with interviewing the males who are traditionally circumcised, since some of the processes that take place at the initiation school still are considered secrecy, and are not supposed to be revealed to anyone who has never been a known initiate to them.

Themes are extracted in an IPA through the researcher's subjective interpretations. This implies that results could potentially be dissimilar if interpreted by different researchers (Smith & Osborn, 2003; Willig, 2008).

## 5.5 Recommendations

The following recommendations are drawn from the synthesis of the common emerging themes and the available literature regarding the phenomenon under study.

- Develop more qualitative research studies based on this phenomenon.
- Research more on what is it that really differentiates initiates from the other males who are medically circumcised.
- More investigations on how can the complications post the operation can be alleviated.
- More investigations on what other possible psychological effects does circumcision have, and how best can these be avoided.
- Strategic plans of how to ‘build a health related bridge’ between traditional and medical circumcision should be established.

## References


American Academy of Paediatrics. (1999). Task Force on Circumcision. Circumcision policy statement. *Pediatrics*, 103(3), 686-693.

American Psychiatric Association. (2000). *Diagnostic and statistical manual of mental disorders* (4th ed., text revised). Washington, DC: American Psychiatric Association.

Babbie, E. (1995). *The practice of social research* (7th ed.). Belmont, CA: Wadsworth.

Bailey, C.A. (1996). *A guide to field research*. Thousand Oaks, CA: Pine Forge.

Bailey, R. C., Egesah. O., & Rosenberg, S. (2008). Male circumcision for HIV prevention: a prospective study of complications in clinical and traditional settings in Bungoma, Kenya. *Bulletin of World Health Organization*, 86, 669-677.

Bailey, R. C., Neema. S., & Othieno, R. (1999). Sexual behaviours and other HIV risk factors in circumcised and uncircumcised men in Uganda. *Journal of Acquired Immune Deficiency Syndrome*, 22, 294-330.

Bailey, R., Muga, R., & Poulusse, R. (2000). Trial intervention introducing male circumcision to reduce HIV/STD infections in Nyanza province, Kenya: baseline results. International Conference of AIDS (Abstract No. MoOrC196).

Barker, C., Pistrang, N., & Elliot, R. (2002). *Research methods in clinical psychology: An introduction for students and practitioners* (2nd ed.). West Sussex: John Willey

Bennett, T. W. (1991). *A source book of African customary law for Southern Africa*. Cape Town: Juta.

Bless, C., & Higson-Smith, C. (2000). *Fundamentals of social research methods: An African perspective* (3rd ed.). Cape Town: Juta.

Bloemenkamp, K., & Farley, T. M. M. (2000). HIV and male circumcision. World Health Organization, International Document.

Bogdon, R., & Taylor, S. (1975). *Introduction to qualitative research methods: A phenomenological approach to the social sciences*. New York: Wiley.

Boyd, C.O. (2001). Phenomenology the method. In P. L. Munhall (Ed.), *Nursing research: A qualitative perspective* (3rd. ed.). Sudbury, MA: Jones & Bartlett.

Boyle, G., Goldman, R., Svoboda, J. S., & Fernandez, E. (2002). Male circumcision: pain, trauma and psychosexual sequelae. *Journal of Health Psychology*, **7**(3), 329-343.

Coffey, A., & Atkinson, P. (1996). *Making sense of qualitative data: Complementary research strategies*. Thousand Oaks, CA: Sage.

Conroy, S. (2003). A pathway for interpretative phenomenology. *International Journal of Qualitative Methods*, 2, 3-10.

Cooley, C.H. (2009). Reflections upon the sociology of Herbert Spencer. *Journal of Sociology*, 26(2), 129-145.

Crabtree, B. F., & Miller, W. L. (Eds.). (1992). *Doing qualitative research: Research methods for primary care* (Vol. 3). Newbury Park, CA: Sage.

Creswell, J. W. (1998). *Qualitative inquiry and research design: Choosing among five traditions.* Thousand Oaks, London: Sage.

Darby, R. (2003). Medical history and medical practice: persistent myths about the foreskin. *Medical Journal of Australia*, 178(4), 178-179.

Dave, E. (2012). *Reality of Social Construction.* Cambridge: Univeristy Press.

Donovan, B. (2000). The repertoire of human efforts to avoid sexually transmissible diseases: past and present. *Sexually Transmitted Infections*, 76(1), 7-12.

Edwards, S. D. (1999). *Community psychology: A Zululand perspective*. Unpublished paper: KwaDlangezwa: University of Zululand.

Farrell, N. (1993). Soap and water prophylaxis for limiting genital ulcer disease and HIV- 1 infection in men in sub-Saharan Africa. *Genitourinary Medicine*, 69, 297-300.

Flick, U. (2002). *An introduction to qualitative research* (2nd ed.). London: Sage.

Fouche, F. (1993). Phenomenological theory of human science. In J. Snyman (Ed.), *Conceptions of social inquiry*. Pretoria: Human Science Research Council, 87-112.

Giorgi, A. (1997). The theory, practice, and evaluation of phenomenological methods as a qualitative research procedure. *Journal of Phenomenological Psychology*, 28, 235-261.

Goldman, R. (1997). *Circumcision: the hidden trauma.* Boston: Vanguard.

Goldman, R. (1999). The psychological impact of circumcision. *BJU International*, 83(1), 93-102.

Gray, R. H., Kigozi, G., & Serwadda, D. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *Lancet*, 369, 657-666.

Green, E. C. (1993). Indigenous African healers promote male circumcision for prevention of sexually transmitted diseases. *Tropical Doctors*, 23(4), 182-183.

Greig, A., & Taylor, J. (1999). *Doing research with children*. London: Sage.

Hayes, N. (2000). *Doing psychological research*. Philadelphia, NJ: Open University.

Hirji, H., Charlton, R., & Sarmah, S. (2005). Male circumcision: a review of the evidence. *Journal of Men's Health*, 2(1), 21-30.

Holloway, I. (1997). *Basic concepts for qualitative research*. Oxford: Blackwell Science.

Holman, J. R., Lewis, E. L., & Ringler, R. L. (1995). Neonatal circumcision techniques. *American Family Physician*, 52(2), 511-518.

Hovatta, O., Mikkola, M., & Gertow, K. (2003). A culture system using human foreskin fibroblasts as feeder cells allows production of human embryonic stem cells. *Human Reproduction*, 18(7), 1404-1409.

Human, L. (2006). Adventure-based experiences during professional training in psychology. *South African Journal of Psychology*, 36(1), 215-231.

Huysamen, G. (1997). *Methodology for the social and behavioural sciences*. Pretoria: Thomson International.

Hycner, R. H. (1999). Some guidelines for the phenomenological analysis of interview data. In A. Bryman & R. G. Burgess (Eds.), *Qualitative research*. London: Sage, 143-164.

Immerman, R. S., & Mackey, W. C. (1997). A biocultural analysis of circumcision. *Social Biology*, 44(3-4), 265-275.

Ivey, A. E., & Ivey, M. B. (2003). *Intentional interviewing and counselling. Facilitating client development in a multicultural society* (5th ed.). Pacific Grove, CA: Brooks/Cole Thompson.

Kanta, X. G. M. (2004). *Traditional male circumcision and initiation into manhood: Legal, health and environmental perspectives.* Gonubie: Impilo Ya Bantu Health and Development Projects.

Kelle, U. (1995). Introduction: An overview of computer-aided methods in qualitative research. In U. Kelle (Ed.). *Computer-aided qualitative data analysis: Theory, methods and practices*. London: Sage.

Kim, D. S., Lee, J. Y., & Pang, M. G. (1999). Male circumcision: a South Korean perspective. *British Journal of Urology International*, 83, 28-33.

King, N. (1994). The qualitative research interview. In C. Cassell & G. Symon (Eds.), *Qualitative methods in organisational research: A practical guide*. London: Sage.

Ko, M. C., Liu, C. K., Lee, W. K., Jeng, H. S., Chiang, H. S., & Li, C. Y. (2007). Age-specific prevalence rates of phimosis and circumcision in Taiwanese boys. *Journal of the Formosan Medical* Association, 106(4), 302-307.

Krieger, J. N., Mehta, S. D., Bailey, R. C., Agot, K., Ndinya-Achola, J. O., Parker, C., & Moses, S. (2008). Adult male circumcision: Effects on sexual function and sexual satisfaction in Kisumu, Kenya. *The Journal of Sexual Medicine*, 11, 2610-2622.

Kruger, D. (1988). *An introduction to phenomenological psychology* (2nd ed.). Cape Town: Juta.

Kvale, S. (1996). *Interviews: An introduction to qualitative research interviewing*. London: Sage.

Lagarde, E., Dirk, T., Puren, A., Reathe, R. T., & Bertran, A. (2003). Acceptability of male circumcision as a tool for preventing HIV infection in a highly infected community in South Africa. *AIDS*, 17, 89-95.

Lawler, F. H., Bisonni, R. S., & Holtgrave, D. R. (1991). Circumcision: a decision analysis of its medical value. *Journal of Family Medicine*, 23(8), 587-593.

Lehr, V.T. E., Cepeda, D. A., Frattarelli, R., Thomas, J., & LaMothe, J.V. (2005). Lidocaine 4% cream compared with lidocaine 2.5% and prilocaine 2.5% or dorsal penile block for circumcision. *American Journal of Perinatal*, 22(5), 231-237.

Magoha, G. A. O. (1999). Circumcision in various Nigerian and Kenyan hospitals. *East African Medical Journal*, 76(10), 583-586.

Marck, J. (1997). Aspects of male circumcision in sub-equatorial African culture history. *Health Transit Review*, **7**, 337-360.

Marx, D. (2006). Male circumcision – a ‘vaccine’ against HIV infection? *CME*, 24, 465-466.

Meissner, O., & Buso, D. L. (2007). Traditional male circumcision in the Eastern Cape – scourge or blessing? *South African Journal of Medicine*, 97, 371-373.

Miller, A. (1997). *The drama of the gifted child. The search of the true self*. New York: Basic Books.

Milos, M. F., & Macris, D. (1992). Circumcision: A medical or a human rights issue? *Journal of Nurse-Midwifery*, 37, 87-96.

Moran, D. (2000). *Phenomenology*. London: Routledge.

Moustakas, C. (1994). *Phenomenological research methods*. Thousand Oaks, CA: Sage.

Myburgh, A. C., & Prinsloo, M. W. (1985). *Indigenous public law in KwaNdebele*. Pretoria: Van Schaik.

Myburgh, A. C. (1980). *Indigenous criminal law in Bophuthatswana*. Pretoria: Van Schaik.

Nelson, C. P., Dunn, R., Wan, J., & Wei, J. T. (2005). The increasing incidence of newborn circumcision: data from the nationwide inpatient sample. *Journal of Urology*, 173(3), 978-981.

Neuman, W. L. (2000). *Social research methods: Qualitative and quantitative approaches* (4th ed.). Boston: Allyn and Bacon.

Osborn, M., & Smith, J.A. (2006). Living with a body separate from the self. The experience of the body in chronic benign low back pain: an interpretative phenomenological analysis. *Scandinavian Journal of Caring Sciences*, 20, 216-222.

Osborn, M., & Smith, J.A. (2008). The fearfulness of chronic pain and the centrality of the therapeutic relationship in containing it: An interpretative phenomenological analysis. *Qualitative Research in Psychology*, 5, 276-288.

Polkinghorne, D. (1989). Phenomenological research methods. In R. V. Halling (Ed.), *Existential phenomenological perspectives in psychology.* New York: Plenum.

Richters, J. (2006). Circumcision in Australia: prevalence and effects on sexual health. *International Journal of STD & AIDS*, 17(8), 547-554.

Sadala, M. L. A., & Adorno, R .C. F. (2001). Phenomenology as a method to investigate the experiences lived: A perspective from Husserl and Merleau-Ponty's thought. *Journal of Advanced Nursing*, 37(3), 282-293.

Schenker, I., & Farley, T. M. M. (2000). Male circumcision and HIV/AIDS: informal WHO consultation. WHO internal document, 14 July 2000.

Schwandt, T. A. (1997). *Qualitative inquiry: A dictionary of terms*. Thousand Oaks, CA: Sage.

Smith, D. W. (2009). *The Stanford Encyclopaedia of Philosophy*. Stanford University,

Smith, J. A., & Osborn, M. (2007). Pain as an assault to self: An interpretative phenomenological analysis. *Psychology and Health*, 22, 517-534.

Smith, J. A., & Osborn, M. (2003). Interpretative phenomenological analysis. In J. Smith (Ed.). *Qualitative psychology: a practical guide to research methods*. London: Sage, 51- 80.

Smith, J.A., Flowers, P., & Larkin, M. (2009). *Interpretative phenomenological analysis: Theory, method and research.* London: Sage.

Solomon, R. C. (1980). *Phenomenology and existentialism*. New York: University Press of America.

Somerville, M. (2000*). Altering baby boys' bodies: The ethics of infant male circumcision*. *The ethical canary, science, society, and the human spirit*. New York: Viking.

Van der Kolk, B. (1989). The compulsion to repeat the trauma: re-enactment, revictimization, and masochism. *Psychology Clinic North America*, 12, 389-411.

Vincent, L. (2008). Boys will be boys: traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Journal of Health Sex*, 10, 431-446.

Von Echartsberg, R. (1998). Existential-phenomenological research. In R. Valle, & R. Halling (Eds.). *Phenomenological inquiry in psychology. Existential and transpersonal dimensions*. New York: Plenum, 253- 269.

Walton, R. E, Ostbye T., & Campbell, M. K. (1997). Neonatal male circumcision after delisting in Ontario. Survey of new parents. *Can Family Physician* 43, 1241-1247.

Weiss, H. A., Quigley, M. A., & Hayes, R. J. (2000). Male circumcision and risk of HIV infection in sub-Saharan Africa: a systematic review and meta-analysis. *AIDS*, 14 (15), 2361-2370.

Weiss, H. A., Thomas, S. L., Munabi, S. K., & Hayes, R. J. (2006). Male circumcision and risk of syphilis, chancroid, and genital herpes: a systematic review and meta-analysis. *Sexually Transmitted Infections*, 82, 101-109.

Welman, J. C., & Kruger, S. J. (1999). *Research methodology for the business and administrative sciences*. Johannesburg: International Thompson.

Wendy, L. (2009). *Social Construction of Reality*. California: Sage.

Wilcken, A.,Keil,T., & Dick, B. (2010).Traditional male circumcision in eastern and southern Africa: a systematic review of prevalence and complications, 88, 907-914.

Willig, C. (2008). *Introducing qualitative research in psychology* (2nd ed.). Berkshire: McGraw -Hill.

Wilson, C. G. (2008). Male genital mutilation: An adaptation to sexual conflict. *Evolution and Human Behavior*, 29, 149-164.

Zinker, J. (1978). *Creative process in gestalt therapy*. New York: Vintage.

## APPENDIX 1

## INFORMED CONSENT

The following are important aspects regarding participation in this study:

The purpose of this study is to understand the experiences and constructions held towards male circumcision in contemporary South Africa.

This study is conducted in partial fulfilment of the requirements for a Master's degree in Clinical Psychology.

Participation is voluntary, and participants are at liberty to disengage at any point during the study without consequences.

Participants will be informally interviewed, and with their permission the interview will be recorded.

All possible means will be in place to ensure confidentiality and anonymity.

No incentives will be given to participants.

Participants' rights will be respected and acknowledged during the study.

Debriefing will be offered to participants who may need it after the study.

I ………...........…………………………… hereby declare that I have read and understood the conditions, and therefore give my informed consent to participate in this study.

Signed at ………………………………….., …………. day of……………………….2011.

……………………………

Participant’s signature

……………………………

Researcher

…………………………..

Supervisor

**APPENDIX 2**

The standard research questions that will be asked as means of gathering data from the participants are:

1. What does circumcision mean to you as a young South African man?

2. How has your life changed ever since you were circumcised?

3. What do you think are the benefits of being circumcised?

4. How does circumcision reduce the chances of contracting HIV?

5. What is/are the difference(s) between being circumcised medically and traditionally?

6. How did the experience influence you in your masculine identity?

Depending on how the participants answer the guiding questions, follow-up questions may be asked to clarify certain points.

**APPENDIX 3**

## Medically circumcised participants

## Participant A

Participant one is a 21 year old male from Free State, location know as QwaQwa which is predominantly occupied by Sesotho-speaking people. He is a Sesotho-speaking young man who is currently studying at one of the South African Universities. He is involved in a heterosexual relationship. None of the males in his family have been to an initiation school. He described the community that he stays in as semi-urban. He described his family as born again Christians who do not practice cultural rituals.

**Are you circumcised?**

Yes.

**When were you circumcised?**

Eeer….. It was Nov… November. Eeer no it was 28 October last year, 2010.

**What does circumcision mean to you as a young South African man?**

Before I did the circumcision, I think the circumcision the way they explained it to me, it was something that is good. It reduces the …, to get eeer HIV. But after the circumcision eeer, I wouldn't advice a person to go for the circumcision because it has damaged me in many ways, that I didn't write my exams, for the first time I… I slept in the hospital for almost two weeks and it doesn't make….my family was not proud of it. Those people who…who circumcised me didn't

come to me for apology…to apologise, they didn't do anything. They just left me like that. So, I wouldn't advice a person to go for it.

**When you say that it has damaged you, can you give clear details as to how has it damaged you?**

Ja…eeer. The time they did it, they cut all my penis skin. They took it all away. So I had to go for…..eeer…. what's this thing?........... skin….skin skin graft?

Ja. Skin graft. So, I am left with a scar here and I have to stay for …for almost a year without having sex. Even now I am not eeer good because under my penis there is this…this not eeer good because under my penis there is this…this thing….there is this swelling under my penis. So, even when I am with my girlfriend when we have to do sex, I don't feel comfortable because I am not ok. I…I…I think I am like disabled in other way because I am not normal.

**So, do you experience any erections when you are with your girlfriend? And if so, do you experience any pains?**

Ja, I experience pains when we have sex. Because…and….because, during the skin graft, they… there is this little thing that touch here and there is a scar, so when there is that friction…so…I experience the pain.

**So, were you ordered not to have sex during this period or what?**

Yes, when I did the skin graft, they said I shouldn't have sex for six weeks. Then, that six weeks passed and then I had sex and then I experienced that pain eeer… I went to… until I went to Maritzburg on the May 28, 27 this year. Then the doctor especially said I must wait for another six months, so that's almost like a year or… like a year and two months if I am not mistaken.

**How has your life changed ever since you were circumcised?**

[cough] My life has changed because when I am with my girlfriend, I don't feel the way that I used to feel. I… I am more a little bit shy because ummm, it is not normal for me to have this feeling each and every time. And when I have sex, I always have this question in my mind; that that, if she asks me what happened here, how I have to explain here, everything that I went through. So, it comes back, so errr errr it has changed because I don't feel comfortable anymore. Oh, even when I am here at school, I have to hide when I am going to shower, I have to hide here. So, all of those things, errr when I am at the soccer field to play, when we have to change I have to hide. So, it has changed. I don't feel comfortable about myself to begin nje.

**So has your girlfriend seen how your penis looks like?**

Yes, she has seen it and she asked me and so I explained it to her. And then I told her that the specialist told me that it is going to go to normal when it go down. But I think she believed me, but the way it is right now, eish, it is not good and I think she will run away from me because errr… we can't make love. Ja, we can't make love. I think she will go to another person because it has been ummm… seven months, I don't think she will wait for me for a year. Eish, even myself I can't wait for that long.

**So, now that you are circumcised; culturally does it make you any different from a none circumcised male of your age group?**

Eeer…. No it does not. I know that some people in our culture believe that if you are circumcised eeer… you become a man. From where I live, most people do not believe in that. I am still considered as a child to my parents and even people in my community. This thing about guys thinking that they are real men when they come back from initiation school is nonsense. My family

does not believe too much in traditional things. [laughs]…Imagine what would the other people in the community say if we do all those things they do when the initiates come from initiation, and we slaughter goats. If you are circumcised it is for your own sake. Most of the guys I know in our community who are circumcised do not behave like those rural guys who think that they are real men because they have been to an initiation school.

**What do you think are the benefits for circumcision?**

Errr.. I don't think there are any benefits if I can't make love, when you have to wait for a year. So, I don't think there are any benefits. But the way they put it they said; the benefit is it reduces the risk of getting STI's. So, what's the use of reducing getting STI's when you can't have sex? So, there's…. there is no benefit from it. And I advised my younger brother that he must not do it because he won't benefit, instead he will have to wait for long. Even, even when I have to wait for that long, as I go back to the specialist, what if he tells me that I have to go for another operation that will take another year? Right now I don't think there is any benefit.

**How do you feel about the whole experience that you have been through?**

Eish, it makes me feel….I become so depressed. It makes me think about last year when I was in pains, I saw a lot of blood, I saw my penis without the skin. That's a… that's a bad picture on my mind, and I can't get rid of it. So, eish…it's bad because I….I had to go from…from the east to..to…to the clinic. I had pains, a lot of pains where I had to cry. It is a bad experience for me I won't lie. Ja, it was a bad experience for me. At least if I was at home where they can take care, errr…take good care of me, I could understand maybe it would be better. I had to postpone my exams to January where I did not enjoy my festive season. Just think about that, people are

enjoying outside and I am in the house doing nothing, watching TV in pains when I take some pills I would fall asleep. So nje, my life was miserable this time.

**Tell me about the entire procedure, what is it that they did to you?**

It was Sunday, we came there and they take our size of the penis. They told us to come back again on Monday for the day of circumcision. We came there and we had to go the counsellor for HIV test. And then we had to go down to King BhekuZulu hall because the HIV counselling was at the clinic. Then when I go down to BZ, it was Dr. G that did it to me. They firstly washed my penis, and then take the Tara clamp and put it on my penis, and they cut all my skin. It was Monday; he told me I should come back on Friday to remove the Tara clamp. When I come back on Friday, he told me no… oh, it was…he was not there when I had to remove the Tara clamp, it was the team from Ngwelezane hospital. They told us that it is still early to remove the Tara clamp and we must come back on Monday, but they did some check-up and they said ok on Monday it will be removed, the Tara clamp. I had to go back to the res. Then on Sunday, eish…. I, we started to experience a lot of pains, we were crying. Then Monday they removed it. When they remove it, the Doctor…. It was Doctor…. Doctor O from Ngwelezane. He saw that errrr the…the penis was from, the skin, it was no longer there in the penis. She….she, Doctor G cut all the penis skin up to the scrotum area. So, he…he washed my penis and then he bandaged me. Then he said I should wait for the skin to recover for itself, because I am still young he cannot do anything. Then I went back. Then they called another doctor here at the clinic so I went to see him. So he stitched me. He took this skin from the scrotum and put it back, and then stitched me. Ummm, two days….and then after two days the stitches went out when I got erected. So, errr…doctor…. They called doctor T from Pietermaritzburg and he referred us that we must go to Pietermaritzburg. Then doctor T stitched me again. Then when we come back, we…..we…..in Pietermaritzburg, no…I complained that I

am feeling a lot of pain and that I don't think I will be able to travel all the way here. So, we returned back to him and then he injected me twice. Then we had to go back. When we were in Durban, the pains come back again and I told the driver that no…. I am in a lot of pains. The driver said I should hang in there because the distance from Durban to Pietermaritzburg was the same as from Durban to Empangeni. Doctor T wrote in my card that I must sleep at the hospital for three days and then they took me there. When I arrived there, I experienced a lot of pain and they injected me. Ummm… it was around seven o clock when I have to wait for the doctor who was in theatre, and he came to me around two to three. And then he said to me he is going to remove all the stitches and he is going to do a skin graft. Because I was in a lot of pain, I needed…I just wanted anything that would help me. And I agreed that he must do it, I don't have a problem, so long as I would get help. So he took me to theatre at that time. They removed the stitches and I had to stay at the hospital for two days. After that they booked for my operation and they did the skin graft. I then stayed there for nine or ten days after the operation. So I was there for about 13 days. Then they took me out and they said I must come back after a week to check up. I came back and they said ja…. The operation is coming well and then I went home. Oh, uhhh…. No, during there I fainted and they referred me to another doctor and he gave me new pills that I have to use. So those pills will make me sleep more so that my mind will relax. When I felt the pain again, I fainted and I had to sleep at the hospital again. I had to write my exams in January. Everything was a mess because of the circumcision.

**You mentioned that circumcision reduces the chances of contracting HIV or STIs, do you have any idea as to how does that happen?**

Someone who explained it to me said that… the foreskin takes all the diseases from your girlfriend if she has it, and it becomes attached to the foreskin and then you get it as time goes on. But when you are circumcised, you can't get it because all the skin is outside; it is like this here [pointing at his hand]. You only get the disease when you have a scar or something or maybe you have like a wound. That's how you get it.

**Do you think there are any differences between the medical and traditional routes of circumcision?**

I think so. During the medical, when you do it they inject you for pain. But when you do it the traditional way, I heard that you just do it without being injected for the pain. They just cut your foreskin. So eish…, that pain. I think that is bad. Even though mine was bad, I still think the medical is better than the traditional. Even within the medical, I think doing it at a private hospital is better than a public hospital.

**What were your reasons for getting circumcised? Where there any dynamics which lead you to circumcise?**

Errrr… my reasons for getting circumcised, I think it is because of the increasing number of people who become infected by HIV. So I thought why don't I do it to prevent being infected. Now I see I was wrong I have to use condoms all the time.

**What does circumcision mean to you as a young man?**

Right now it is a horrible thing, but before I did it I…I…I saw it as something good because it protects us from diseases. So after all I think it is a bad thing. Maybe if you do it at a private hospital it is better there, in a public hospital, ai… it is not good and you have to think twice when you go there because it might happen that you might not come back with your penis. Just imagine a life without a penis. You won't have a family, eish… it is not good.

**What would your advice be to someone who has not been circumcised, and why would it be so?**

According to my experience, I would advice them not to go to a public hospital because they are not 100% sure that you might come back normal or a little bit disabled on your penis. This is because you have to sign a consent form that says you are aware of everything, which they did not explain to us, most of it. I would advise them to go to a private hospital because a lot people who did it there come back ok with nothing. They wait for the exact time they told them that it would heal, but in a public hospital it will take a year. The other thing is that in public hospitals they do not use qualified people. Just like in my case I was not done by a qualified person. I was done by a doctor who was supposed to be supervised by a senior doctor who was not there.

**Would you say that you regret having being circumcised?**

Yes. I do regret my decision for the circumcision because it didn't go well. If I could get another chance to change things and not be circumcised I would be happy because it has destroyed me.

## Identified themes

No cultural significant meaning behind circumcision

Influences from the community

Complications

Trauma

Circumcision reduces chances of contracting HIV

Regrets

Inconvenienced his life

Interfered with his sexual life

Feelings of fear and discomfort

Anxiety

Only people from the rural believe in circumcision as a rite of passage

Negligence from medical practitioners

It is better to get circumcised in a private hospital than in a public hospital

Pains when having sex

Family does not believe in circumcision as a rite of passage (Christianity)

## Participant B

Participant B is a 22 year old male. He is Sesotho-speaking and is originally from Johannesburg. He described the society that he comes from as being urban and westernized. He is from a family that believes in traditions and do practice cultural rituals. He is currently in a heterosexual

relationship from the University he is studying at. Two of his cousins have been to an initiation school; they are from a rural area in Matatiele.

**Are you circumcised?**

Yes, I am.

**When were you circumcised?**

Uhhh.. last year. 26th of October I think.

**What does circumcision mean to you as a young South African man?**

Well, circumcision to me meant nothing, except that I was convinced to do it because it is hygienic, so they say. So I had to do it.

**Who said it is hygienic? And hygienic in what sense?**

We were told by Doctor X from the department of Health, in his presentation. So all males were invited for that campaign they hosted, and he presented his speech about circumcision. He mentioned all the advantages of being circumcised. And then he suggested that all males should sign their names at student centre if they want to be circumcised. Then, uhhh… even the minister came on the 25th and he mentioned some of the things which were mentioned by Doctor X. So that convinced me. Ok, firstly they said; if you are circumcised, it is never easy for you to contract diseases such as STDs and STIs. And then they mentioned the issue of HIV. They said statistically, if you are a guy you have about 70% chances of not contracting the virus if you are circumcised and then the other 30% is that you might be infected.

**How was your circumcision experience?**

Ok, my story is a bit long. What happened was that, even at home they had agreed that I could go to our family doctor for circumcision. So there was this campaign and then I thought that it would be better if I did it with the other guys who were going to be circumcised. Then, before I did it I went for a premedical check-up. I was supposed to be circumcised by doctor Z. So, what happened is that doctor Z could not make it on the day of circumcision, and he asked his friend to be there on his behalf, who is doctor Y. I didn't even know this doctor Y nor have I had seen doctor Z. All I knew was that I was supposed to be circumcised by doctor Z. When doctor Y came, he acted as doctor Z. He followed the procedure, he first injected me with six injections on my penis to prevent experiencing pains. I definitely did not feel them. Then he put the Tara clamp on. This Tara clamp device, eish… it covers the entire penis and you don't see anything. Then they cut the foreskin off. They make sure you do not even see what happened because I did not even experience any pains. So, on the third day that's when things started to complicate. The way it was so complicated, I could not even see what was happening to my penis because the Tara clamp covered my entire penis. I first notice this when I went to the loo because I wanted to pee. I could feel that my bladder was fool, but just could not push the urine out. I then went to my doctor for help and he advised me to go back to the doctor who circumcised me because he did not perform the circumcision. When I got there for the check-up, he said everything is fine. I then asked him why am I experiencing difficulties with urinating. His response was that it is because there is something holding my penis. They had said they were going to take the clamp off after five days. They removed it from the first five guys and they saw that there were complications and that the guys were bleeding. So they decided that we should come back on Monday to remove the clamps. The way it was painful, I had to go to the same doctors who were there to explain my problem to them.

Uhhh…. They checked me and they said they cannot see any problem, everything was fine. Monday came; I went there to remove the Tara clamp. When they removed it, they discovered that there was complication. Instead of just cutting off my foreskin, doctor Y went too deep and removed the skin covering my penis. Because of the Tara clamp covering my penis no one could identify the damage that had be done to me. They told me that it will heal and be fine. They gave me this other cream to apply on the wound to speed up the recovery. Later on, I realised that the wound was opening wider and wider. Around four o'clock the next morning when I woke up to go to the loo, I noticed that there was no more skin covering my penis. I was bleeding and there was this white exposed tissue covered with blood. Then I called the paramedics and my doctor and they suggested that I should go to the hospital where I then was attended by seven doctors. I got a drip and six injections. This time it was very painful because my penis had no skin covering it. They stitched me and I left the hospital the same day. After a day the stiches busted. They took me back and performed the same process. When I came back I was very angry and wanted to write to the minister and sue them. They called Doctor X and he said that no, I shouldn't do that yet, they will organise a specialist to attend to me. Their specialist was not even around at that time and I had to wait for him to arrive because he was overseas at that time. I met with him and told him that at the hospital that I went to they wanted to do skin graft which I did not even know what it was and I had refused that. He told me that skin graft is the last option he has, and there are about 15 other options to choose from. He then explained all the options he has and I said that he can do anything that he thinks will work. Then he said he will reduce the size of my penis and that we will then meet after two months so that he can pull the skin and stitch it properly. He did it but yet the stitches busted. I then met with my doctor because the people who were responsible for the damage said they won't be able to afford the specialist any more. I was then referred to see a

psychologist because this whole thing was affecting me at a psychological level as well. I then met with another doctor again at home who also suggested skin graft and I still refused the procedure. I then met with a friend of mine whom I told the entire story and voluntarily showed him the damage and he suggested that I should attend a traditional healer and ask for a cream made of a snake's fat. He told me that a friend of his also had a similar problem and did that and now he is healed. I did exactly that, got the cream and started applying it. That's how I got healed.

**So, what you are saying is that at this moment you are healed, with no complications?**

Yes, I am healed. My penis is right now.

**How did the whole experience affect your life?**

You see…. I had started regretting why I got circumcised. Every time when I heard the word, it brought all the memories and emotions back and I would feel bad. It was like a nightmare which I wanted to wake up from. It traumatised me a lot.

**How did it affect your sexual life?**

Well…. When the presentation was made, they said it would take only two weeks for the operation to heal. Well, it took quite some time for me to heal, so that means there was no sex for me and my girlfriend which really frustrated her a lot. The idea of her being frustrated made me feel bad and sad.

**So, now that you are circumcised; culturally does it make you any different from any none circumcised male of your age group?**

To be honest with you, this idea of people thinking that you become a real man because you are from an initiation school is really puzzling. I know that at home they believe in cultural things. Some of them I do them because my parents do them. Most of them just don't make sense to me, I do not believe in them. I have cousins who have been to the mountain; they are still children just like me and the others who are not circumcised. Yes they have their own things that they do separately at times, especially during the traditional rituals. Generally, they are treated just like us who have not been to the mountain. I just do not know how circumcision makes you a man. I believe that you only become a real man once you are grown up and have your own family. It has been something that a lot of people believed in. I think it depends on you as a person if you believe in it or not.

**What do you think are the advantages and disadvantages of circumcision?**

The advantages are that it reduces your chances for contracting STIs and STDs or HIV, and that it is hygienic like they said. The disadvantage is that it is not assured that everything will go they way it is planned. You might experience complications or even loose your penis.

**Between the traditional and the medical route of circumcision, which one do you think is better and safer?**

I had always thought the medical route is the best and safest until I had to go through what I went through. Surprising enough, I got help from a traditional healer. I think the traditional route is better because if there are complications they can get help from their healers like I did, unlike the medical route where no one was able to help me.

**You mentioned that circumcision reduces the chances of contracting HIV or STIs, do you have any idea as to how does that happen?**

According to some research that I did, they say that when you are circumcised, your penis gland becomes hard like the skin on your knee. So…uhhh…the virgina on the other hand is very soft inside. So by the time there is friction, they say the way the gland is so hard, it is not easy for it to have any scars or tares. So, in that way you cannot be infected.

**What were your reasons for getting circumcised? Where there any dynamics which led you to circumcise?**

Ok firstly, the influence that I got was from my friends because they are all circumcised. So, I had that feeling that I should also do it. And then it was from my parents. Well, my aunt is a nurse, so she also encouraged me to circumcise and I felt that I might as well do it.

**What did it mean to you that you were the only one within your friends who was not circumcised?**

Errrr…. I had no problem at first. But later it got to me because even when girls talk, I would pick it up from them that a circumcised guy is good in bed. So I thought about it in terms of performance ja…

**So would you say that you attribute your circumcision to you being man enough?**

Uhhh…. Not exactly. I think it is for hygiene reasons more than anything. I don't think that one simply becomes man because they have been circumcised. I think the initiation rather is what most people consider as a way to become a man.

## Identified themes

Circumcision means nothing

Convinced to circumcised

Not easy to contract HIV when you are circumcised

Negligence from medical practitioners

Complications

Regret

Negative feelings of fear, anxiety, and anger

Strained his sexual relationship

No cultural significant meaning

It is a subjective belief

Females prefer a circumcised male than a none circumcised one

Same treatment

Traditional circumcision is better than medical circumcision

## Participant C

Participant C is a 26 year old male who is Sesotho-speaking who was raised in KwaZulu Natal. He comes from a family and community that do not practice circumcision as a rite of passage to

manhood. None of his family members have been to an initiation school. He described himself as a very cultural person. He is currently involved in a heterosexual relationship.

**Are you circumcised?**

Yes. I am circumcised.

**When were you circumcised?**

Eeerr.. I did it last year in June at Maphumolo hospital.

**What does circumcision mean to you as a young South African man?**

Uuhhm….what I can say is that, because of the high rate of this thing uuhhm, HIV and AIDS, I was advised that it is going to reduce chances of me contracting the virus. Ja, I also noticed that it is a right thing to do.

**So, basically circumcision means nothing to you other than being a protective measure to reduce the chances of you contracting HIV?**

Ja, It means nothing more to me. It is just for my health. It has nothing to do with me being a man.

**How was your circumcision experience?**

Ja hei, eeerr. The process did not go exactly the way the doctor had said it would. There were some complications during my circumcision procedure. Eeerr…first of all, I was told that I was not going to feel anything when they circumcise me. Well, they had to inject me five times around my penis and when they had to cut my foreskin, I could still feel the pain which I was told that I would not experience. It was so painful as if I was not even injected before they circumcised me. So they suggested that I should sleep at the hospital for that night just to be sure that there won't be any

complications later on or so. Eeerr…so, eeerr…later on I had those pains again and started bleeding. So apparently the reason why I was bleeding and having these pains was because the stitches that they had on my thing were very tight. So, I had to be taken back to the theatre so that they can cut off more of my foreskin and be stitched again. So that meant I had to re-experience those pains again.

I had told the first doctor that circumcised me that no man, these stitches are very tight. He kept asking if I felt any pains while he was stitching me, and I said ja, I do. So now the biggest problem is that, when I compare myself with other guys who are circumcised my penis looks different from theirs. Mine has these scars and a different shape.

**So, how does that make you feel; seeing your penis as different from the other peers' who are circumcised?**

Eish, it is just so difficult for me. I feel sad and depressed, because I cannot take a shower in front of the other guys or change in front of them when we are playing soccer. I always have to hide. I feel so embarrassed and don't want people asking me questions like eerrr.. what happened to my penis.

**So how long did it take you to heal?**

Eeerr…I think it took me about three weeks or so to heal. Ja, it took three weeks for the stitches to get off and for the pain to stop. Even though the wound was still there, the pains were starting to get much better.

**Did your circumcision experience affect your sexual relationship in any way?**

Eeerrr..ja. What I can say is that; before I got circumcised I used to get tired so fast while having sex. So I was told that the reason why I get tired quickly is because I was not circumcised. Ever since I got circumcised, I perform more than before in terms of sex. I think it is because of the sensation. On the other hand though there were also some negative impacts which were caused by this circumcision procedure. Because of how my penis looked after the procedure, I felt uncomfortable to undress in front of my partner because I was ashamed of the scars and how it looked. My self-esteem in our relationship was affected somehow. There was a time when I could see that she was not comfortable as well. I was not sure what was going to happen to our relationship since we had to spend some time without having sex. She would ask me questions and I would feel very uncomfortable to talk about what was happening to me.

**Has your life changed in any way ever since you were circumcised?**

Eeerr…ja. There have been some changes ever since I got circumcised. Before I got circumcised, I would usually have this rash on my penis. Now that I am circumcised, I don't get that rash anymore. I remember that I once went to the clinic before I got circumcised to get it checked if it wasn't STI's, and they said it is just a bacterial infection.

**Do you know how it is so that circumcision reduces the chances of contracting HIV?**

Eerr.. eerr…ei, no. no I don't know how but I was told that it does reduce the chances of having HIV.

**So, now that you are circumcised; culturally does it make you any different from any none circumcised male of your age group?**

Eeerr….here in KZN we do not believe in that young males who go for initiation become men because of that. In some cultures they do believe in that. I was born in a Basotho family that believes in their culture and rituals. None of my family members have been to an initiation school. I believe in culture and we do practice some of the rituals at home. I know that both Basotho and Xhosa people do believe in it. It depends on your culture and what you believe in. I am not against it. I believe in culture and its rituals. It is just that we do not believe in initiation for one to become a man. I do not see any difference between me and someone who has circumcised the traditional way. Well, I do not know what is it that they do at the mountain which could justify why they believe they are real men afterwards, but consider them as no different from any one who got circumcised by a doctor.

**What are the benefits of being circumcised?**

Eeerr… I only know that it is good because it can help to reduce the chances of having HIV.

## Identified themes

Circumcision has no significant cultural meaning

It has nothing to do with being a real man

Complications

Increased sexual performance

Inconvenience to the relationship

Regrets

Feelings of sadness

Pains

Reduces the chances of contracting HIV

Had infections prior to being circumcised

## Traditional circumcision

## Participant D

Participant D is 27 years old. He is from a rural community from Free State in Qwaqwa. He is from a family that is culturally grounded. He described the community that he is from as one that believes in, and practices this rite of passage. His father and brothers have been to an initiation school before. He is currently employed, but his highest level of education is grade 10. He is currently in a heterosexual relationship.

**Are you circumcised?**

Yes, I am circumcised.

**What does circumcision mean to you as a young South African man?**

I see it as a good thing. Being circumcised at an initiation school is way different from being circumcised by a medical doctor because there are a number of things which are done at an initiation school as opposed to the doctor, even the rules are different. Well, at the initiation school they remove your foreskin, but at the doctor they only cut the tissue which is attached to the foreskin and the gland. So, if your foreskin is removed, you have greater chances on not contracting

viruses like HIV. Initiation meant a lot to our elders as opposed to how people view it now. It really means a lot to me because you are taught culture related things. It is just like being at school, you listen to what you are taught and told and you will be able to complete the entire ritual. It has nothing to do with being a man enough. Uhhhm… it is a school that helps you to be someone in life. It is a cultural thing.

**How has initiation/circumcision changed your life?**

Initially, I did not want to go there and uhhh…. I was never forced to go to an initiation school, but I chose to go there because I was sick, I was unable to sleep at night. Errrr…. When I came back I was fine and everything was different. The thing is I was instructed by my ancestors that I should go for initiation. Like I said, I was sick for a period of about a year until I went for initiation as part of my family's culture. So I learned quite a lot of things there such as if you are instructed by your ancestors to go for initiation as part of your culture and you refuse to do so, you will definitely be sick. It was not what I wanted but I was helped and protected by my ancestors to do the ritual and complete it. Maybe if I had continued to disobey my ancestors' commands I would have died, because of the way I was so sick. So I believe that my ancestors protected me hence I came back feeling good. I could say I was healed because I did what my ancestors wanted me to do. I was scared though because of the things that have been reported such as people dying there or being hurt or even experience some complications.

**What does circumcision mean to you as a young man?**

Going to an initiation school is very important. It really helps. Errrr….it is just like when you go to school to be educated. The same applies with the initiation school. You go there to be taught a number of things. What they teach you is important and you should always remember and consider

what they teach you there. It has nothing to do with being a man. It puts you in touch with your cultural norms and values.

**So, what do you think the differences are between someone who is circumcised medically and the one who is circumcised traditionally?**

The difference is…..some people start by being circumcised by a medical doctor and then go to an initiation school, but you will never find someone from an initiation school going to a medical doctor afterwards. Like I said, the traditional procedure requires you to be removed the entire foreskin but through the medial route they only remove the vain attached to your foreskin and gland. That leads to a great difference because, for us, it is not that simple to be infected. It might be simple for someone who circumcised medically to be infected because we do not get the same treatment. The healing process as well is different. It takes more time for someone who is medically circumcised to heal as compared to someone who is traditionally circumcised. Errr….this is due to the bandages they used to cover the penis with which does not allow the penis more air to heal quicker.

**So what do you think causes complications for people who are circumcised traditionally?**

Errrr…..I think it is because of not listing to the instructions which one is being given. What needs to happen is that; for the first two days of being circumcised you should not wear anything at all. Your penis should be exposed to direct sunlight and some air for it to dry up. When you sleep, you should open your legs so that it does not becomes moist and to avoid hurting yourself. If you do not follow these instructions, you are surely going to experience some complications.

**Culturally it is believed that initiation school is a passage from being a "boy" to being a "man". Do you think that it has changed you from being a "boy" to being a "man"?**

You can never be a real “man” simply because you are from an initiation school. You become a man, if you obey the rules and instructions form the initiation school. For example, I can only become a “man” at home because of the struggles I went through. Errrr…. Like if there is no food at home, I can be man enough about the situation and handle it like a man because I have learned that from my experiences of not eating or drinking water for about two weeks. Initiation school has nothing to do with people considering themselves as real men and thus end up being disrespectful. According to my understanding of culture, so long as you are staying with your parents you are not yet a man. You will only be considered a man once you have your own family and be independent.

**So how does the society perceive you as a young man who comes from an initiation school?**

Well, the society that I come from definitely perceives me as a man because I have been to an initiation school.

**Do you think that your initiation experience has brought some changes in your life?**

Errr…. There are some changes. Like I said, I was sick and now I am fine. I had problems even at school. I was unable to cope with my school work. I was then told that my ancestors want me to go to an initiation school. I was really scared. I did not even want to go there. After all has happened and I came back, I was then able to continue with my studies and pass my grades.

**Has your sexual life change in any way ever since you have been circumcised?**

Ja. I used to experience some pains. This was because of the vein that connects the foreskin to the glad. Ever since I have circumcised I do not experience those pains any more. The other thing is that I perform sexually better that before.

## Identified themes

Initiation has lost its cultural meaning

Circumcision reduces chances of contracting HIV

It has nothing to do with being a real man

Cultural heritage

You have to be chosen by your ancestors for you to go for initiation

He went because he was ill

Feared for his well-being

Initiation means a lot because you get to be taught a lot of cultural things

It is easy to contract HIV if you are medically circumcised

Initiation is usually misinterpreted

Initiates become disrespectful

The concept of being a real man is socially constructed

Perform better sexually post circumcision

Used to experience pains prior to circumcision

## Participant E

Participant E is 27 years old. He is from Free State, and he is Sesotho-speaking. He described the community that he comes from as being predominantly Sesotho-speaking. Not all people from his community practice this rite of passage. His family believes in the practice. Both his father and brothers have been through this process. He describes community as not being too cultural. He is not in a relationship. His highest level of education is Grade 12, and he is currently unemployed.

**Are you circumcised?**

Yes I am circumcised.

**When were you circumcised?**

Eerr.. I got circumcised in 2007

**What does circumcision mean to you as a young South African man?**

Ja neh. Circumcision means a lot me. As we all know that, according to our Sesotho culture it means a lot to go for initiation. Before we were even born, our grandfathers went through this process. For them and even for us it still means that it is the rite of passage for us to transcend from being boys to being men. One can only be considered a real man after he has been through this process. It just separates men from boys.

**How has your life change ever since you were circumcised?**

Eeerr… it has changed, even though it is not exactly how it was supposed to change.

**What do you mean?**

If it was still back then when our tradition was still considered serious, most people would consider me as a man regardless of my age and my marital status. I had to change from some of the things

I used to do, such as change friends. Most of my old friends did not go for initiation, as a man things had to change. I had to befriend some of the guys we went with for initiation because there are things I cannot discussion with the “boys”.

**What do you think are the benefits of initiation/circumcision?**

Firstly, it helps you to gain the respect and dignity as a man. One thing that I can tell you is that it also helps you to learn a lot in terms of your character as a man. Women also love guys who have circumcised, it make things to be different when it comes to sex. On the other side, it also helps you not to contract HIV.

**How do you feel about the experience that you went through for circumcision?**

Eeerr… ja neh! I don’t want to lie; I was very scared when I went there.

**Why were you scared?**

It was because of all the stories that people have been saying out there in the communities about initiation schools. People have this wrong perception about it. I was also judgemental before going there. I only discovered when I got there that it is not what people say it is. I cannot disclose everything that happens there, but what I can say is the experience was not as easy and relaxed as your everyday life. It was hard and not nice for the first few days, but I got used to it later on as time went.

**Do you think there are any differences between being medically or traditionally circumcised?**

Ja, there are. The difference is that when you are traditionally circumcised, it is not just the circumcision that matters. When we are there at the mountain, we are taught a lot of things.

**Did you have any reasons why you wanted to get circumcised?**

Ja I did. Like I said, it has always been part of our culture. It is something our ancestors have always been involved in and believed in. As a cultural person who respects his tradition, I had to go for initiation. My dad and brothers have been to the mountain, I also had to go for me to be considered a real man. On the other hand, I had to do it because it is believed that it prevents you from contracting HIV.

**So do you believe that it prevents you from contracting HIV, and do you know how does circumcision prevent you from contracting HIV?**

I don't know. But everyone says it does. Some of my friends who have been circumcised at the hospital say they did it because it prevents from contracting HIV.

**What would your advice be to someone who has not been circumcised yet and why would it be so?**

I would advise them to do it. Eerr… it is up to them though to decide if they want to do it the traditional or medical way (laughs).

**Why do you laugh after giving your response?**

(laughs again). Only real man can stand going for initiation.

## Identified themes

Initiation is a rite of passage to manhood

It has always been culturally practiced by our ancestors

It separates boy from men

Not everyone in the community believes in the meaning

Had to change friends

Gain respect and dignity

Women like circumcised men

Circumcision helps not to contract HIV

No knowledge about how circumcision reduces chances of contracting HIV

Feared for his well-being

Wrong perceptions about initiation schools and what happens there

Culturally, what happens there is sacred

Unfavourable living conditions

Influence from the family

## Participant F

Participant F is 21 years old. He comes from a community that is semi-urban. His family believes in traditional rituals. He described the community as not being too cultural. Most people in the

community do not practice cultural rituals. He is currently a University student and is in a relationship.

**Are you circumcised?**

Yes I am circumcised

**When were you circumcised?**

Last year (2010).

**What does circumcision mean to you as a young South African man?**

Eeerrr.. I think it means respecting our culture. But again it means being safe from all these sexually transmitted diseases. When you get circumcised you become a man. This is why I had to do it.

**How has your life change ever since you were circumcised?**

Ja neh. My life has change in a number of ways. Even though some of the people from where I come from do not believe in initiation that much and what it means, I still get the respect from my family and girlfriend. The treatment is different from before. Yes I am still a child to my parents, but traditionally, I am regarded as a man.

**What do you think are the benefits of circumcision?**

Eeer… I think it all depends on what your reasons were that made you to circumcise. Traditionally, the benefit is that it is regarded as a transition from being a boy to being a man. Medically, the belief is that it can help you to reduce the chances of being infected by HIV.

**How do you feel about the experience that you went through for circumcision?**

Uhhhm.. you know that I cannot discuss what happens at the mountain.

**Ja I do understand that. Please do not discuss anything that you are not comfortable with. I just want to know about how did you experience it?**

Ok. To be honest with you, it is not an easy process to go through. That does not mean that I regret going there. I am proud that I did. Eeerr.. I think the process was traumatic for me to think about it a few months after I came back. Some of the things that happen there need one to be brave to complete the process. I guess what kept on running through my mind during that time was "when am I going home, and will I get home being alive or what". Ja hei, it's a process that needs the brave hearted.

**Do you think there are any differences between being medically or traditionally circumcised?**

Ja hei, so much. The guys that circumcise medically do it under luxurious conditions and they are not exposed to the wild life and diseases that one could pick up while being in the mountain. I guess that's what makes us men when we come back. It is not just about being circumcised.

**So, do you think that someone who has been circumcised medically and then later go to the mountain for the training will be considered a man after that?**

Eeeerr.. that's a difficult one. I am really not sure, but if I have to answer that I would say…maybe yes!

**Did you have any reasons why you wanted to get circumcised?**

Ja I did. Firstly, it is part of my culture and tradition to go to the mountain. I had to obey and respect my ancestors' rules and wishes.

**What would your advice be to someone who has not been circumcised yet and why would it be so?**

Ok. I think what is important is to know first if you are allowed to go to the mountain or not. If yes, I would say that it is better that you go as soon as possible, preferably just after writing your final exams. It is very important to respect your tradition.

## Identified themes

Initiation means respecting your culture and is a rite of passage to manhood

Not everyone perceives him as a man

He is still a child to his parents, but is a man according to his culture

Circumcision reduces chances of contracting HIV

What happens at an initiation school is sacred

Trauma

Unfavourable living conditions at the school

Being a real man is not just about being circumcised

He does not have the knowledge of how does circumcision reduce chances of contracting HIV

## Themes

The following themes were found in the participants' narratives, with many being prominent among several narratives. Others themes emerged in only a few narratives, but were linked to the themes previously identified. The themes have been categorized into four clusters; themes pertaining to circumcision as a rite of passage, health and surgical concerns, reasons for circumcising, and psychological concerns.

### 4.4.1 Common themes

**Circumcision as a rite of passage**

Meaning of circumcision

Cultural and societal influences

**Health and surgical concerns**

Circumcision reduces the chances of contracting HIV

Participants have limited knowledge about how does circumcision reduces the chances of contracting a sexually transmitted infection

Fear contracting infections and diseases

Surgical complications

**Reasons of circumcising**

Psycho-sexuality

Women prefer a circumcised man in bed more than an uncircumcised one

Cultural and health influences

**Psychological concerns**

Trauma

Fear and anxiety

Regret