

**The influence of initiation schools on adolescent knowledge and attitudes
towards HIV/AIDS and gender related issues in the Maluti Area,
Eastern Cape.**

By

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DECLARATION

I, ...Nomhle Sitole..... declare that:

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- (ii) This thesis has not been submitted for any degree or examination at any other university.
- (iii) This thesis does not contain other persons' data, pictures, graphs or other information, unless specifically acknowledged as being sourced from those persons.
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ABSTRACT

Although many cultures attach great value to young males attending traditional initiation schools, there are a number of questions that remain unanswered. Because of the secrecy that surrounds these schools, there may be many opportunities for addressing vital social issues that may not be made use of or are not known.

The purpose of this study was to explore the role played by the initiation schools in educating the young men about HIV/AIDS and gender related issues in the Maluti area in the Eastern Cape from the leader's and from the initiates' perspectives. A comparison with non-initiates was also conducted. The researcher also aimed to explore the programs offered at the initiation schools; whether initiation schools serve as a source of knowledge pertaining to HIV/AIDS and gender related issues to the young men. The researcher conducted interviews with leaders of two different initiation schools, focus group discussions with two groups of young males that had attended two different initiation schools, and also with one group of young males that had not yet attended initiation school in the Maluti area. The study was qualitative and data was analysed using content analysis.

The results reflect that both initiated and uninitiated young males had attended same workshops on gender issues offered through their schools, the only difference in knowledge and attitude is therefore based on what the initiated youth learnt from the initiation school. This knowledge reflected an understanding of equity principles in treating women. In addition, the initiated young males reflected some understanding of the equal rights and treatment of women. However there was little difference between the two groups of young males, perhaps because there was apparently not much included at initiation school. Another reason could have been because the initiates did not perceive it as one of the important issues discussed since there was little emphasis coming from the initiation school, the leaders or from the visiting speakers.

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CHAPTER 1: BACKGROUND TO THE STUDY

1.0 Introduction

The purpose of the study was to explore the influence of the initiation schools on adolescent knowledge and attitude towards HIV/AIDS and gender issues in Maluti area in the Eastern Cape. The motivation to conduct the study came from the persistent risky behaviour among adolescents despite the ongoing education about Human Immuno Virus and Acquired Immuno Deficiency (HIV/AIDS) transmission and prevention. Research for an example (Whiteside, 1990) reports the escalating numbers of adolescents in the 15-19 year of age range who are infected with HIV/AIDS in South Africa. The persistent increase in HIV/AIDS presents both a serious health dilemma, and challenging research problems for the scientists and the universe at large.

1.1 Background and motivation to the study

Today there is a growing concern about the impact of Human Immuno Virus (HIV) and Acquired Immuno Deficiency (AIDS) on communities'. According to Noble *et al*, (2005) in the year 2001, the epidemic caused deaths of about 53,185 people in South Africa. It was also estimated that 5.6 million South Africans were already infected by the virus at the end of 2003. The statistics calls for solidarity of reinforcement worldwide; everybody should be involved in the struggle against AIDS. AIDS must be everybody's business.

So far AIDS has claimed the lives of more than 7.3 million men in South Africa since the start of the epidemic. This deadly toll combined with the poor sexual and reproductive health of men and boys are enough to justify action (UNAIDS, 2001). In his campaign against AIDS, at the 46664 jazz festival in Cape Town (2004), Nelson Mandela issued a statement that 'AIDS in Africa today is claiming more lives than the sum total of all wars, families and floods, and the averages of such deadly diseases as malaria, it is devastating families and communities, overwhelming and depleting health care services, and robbing schools of both students and teachers.' This statement makes it more than a demand to involve everybody in AIDS activities and programmes. The community and other stakeholders have to intensify the participation of men and boys in sexual and

reproductive health policies and programmes. To date, the accent has been on protecting women in the drive to lower HIV infections (UNAIDS, 2001).

Attending initiation school for young males could be accompanied by HIV education, counselling and behaviour change interventions as well as intensive promotion of condom use. Some observers also point out that variation in male initiation practices may help explain why HIV rates in countries or regions differ. In areas where the tradition of young males attending initiation schools is common, HIV infection rates tend to be low (Best, 2001). Given this background it is important that the scientists carry on further studies on how attending initiation schools could help in the struggle to reduce the risk of HIV/AIDS infection.

One of the recommended practices by scientists and traditional leaders that could be adopted as a means of fighting against the spread of HIV and AIDS is male circumcision. Male circumcision forms an integral part of attending Xhosa initiation schools. Circumcision is highly recommended by those regions that are still practising it, especially the regions in Africa. There is a considerable amount of evidence in the literature suggesting a protective effect of male circumcision on HIV acquisition by men. Investigators found significant differences in HIV seronegative populations that practice male initiation compared to populations that do not (Moses *et al*, 1990 cited by Anastasie *et al*, 2000:4).

Anastasie (2000:4) argues that although male circumcision may offer a direct and immediate benefit for seronegative men, particularly those at high risk of HIV infection, its usefulness as HIV prevention for women is less clear; therefore she suggests a cautious approach to introducing male circumcision as a prevention strategy. Other sources suggest that circumcision as an HIV prevention strategy may be effective only when performed on pubescent boys or infants. Yet, such circumcision would not be one of immediate benefit in terms of HIV prevention and would have to be done without informed consent, raising ethical concerns that are far from being resolved (Health Bulletin Network, 2001).

1.2 Research problems and objectives

The study aimed at exploring the role played by the initiation schools in influencing young men's attitudes and knowledge towards HIV/AIDS and gender related issues in the Maluti area. The study looked at the programs offered at the initiation schools and the sources of information pertaining to such issues. The study also conducted interviews among the young men that have attended initiation schools and the young men that had not yet attended initiation school to assess whether there were differences in knowledge and attitudes present.

1.3 Research questions

Are initiation schools in Maluti used as an opportunity for discussing HIV/AIDS and gender related issues? Which programs are offered at initiation schools that may influence the young men's attitude and knowledge towards the issues pertaining to HIV/AIDS and gender?

1.4 Sub-problems

In order to investigate the sub-problems, the following questions needed to be answered:

1. Which programs are offered at the initiation schools in the Maluti area from leader's perspective?
2. Which programs are offered at the initiation schools from the initiate's point of view?
3. Is there any difference in attitude of male youth towards HIV/AIDS and gender related issues between those who have attended and those not attending the initiation schools?
4. What are the main sources of information for leaders of initiation schools on HIV/AIDS and gender related issues?
5. Which are the sources of information for these male youth on HIV/AIDS and gender related issues?

1.5 Methodology

The study was based on the following framework in the figure below:

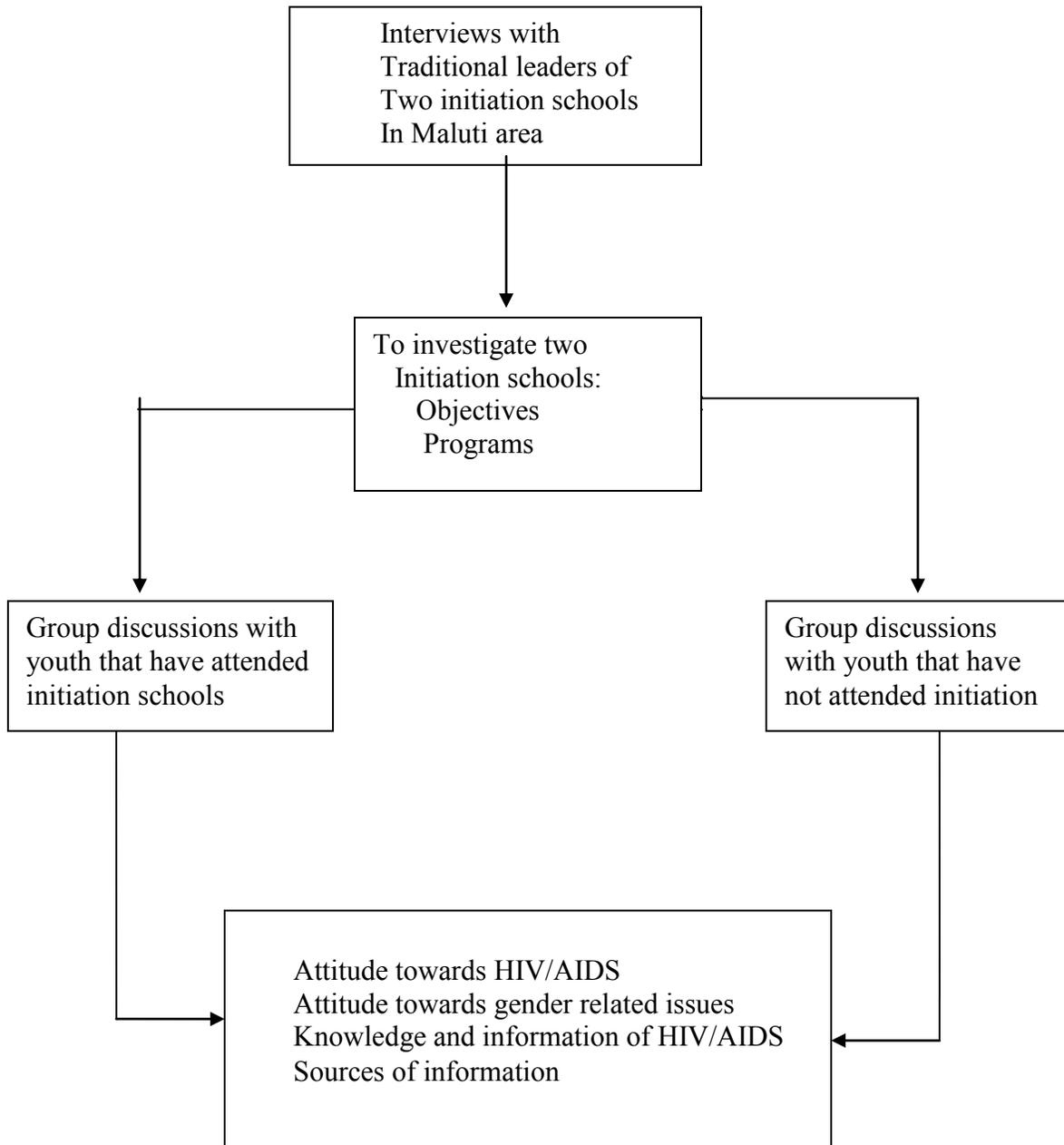


Figure 1: Conceptual framework of the methodology of the study.

On the basis of recommendations of the local medical doctor, leaders of two initiation schools in Maluti area were interviewed about the organisation and content of the initiation process. Focus group discussions were held with groups of boys who had attended initiation school and those who were yet to go. This highlighted the differences in knowledge and attitude that initiation schools should have produced relating to HIV/AIDS and gender issues.

1.6. Limits of the study

The initiation schools selected for this study were based upon convenience, in that they were open to participating in the study and that contact with the leaders was made based upon prior contact through the local medical doctor. Therefore the results of this study cannot be generalised to any other initiation schools in the Eastern Cape, as there is no evidence that the two initiation schools selected were representative. The study was not assessing the impacts initiation school but the influence of initiation school.

Focus group discussions with the boys were time consuming. Only two initiation schools were interviewed with one group of uninitiated boys from the same area. Each session lasted about one and half hours. The small samples were used for an in-depth study and little quantitative data was collected. Assembling the respondents limited the type of information that could be collected because of certain traditional and cultural taboos: (women are not allowed to discuss issues pertaining to initiation and also that boys who have not yet attended initiation schools are not supposed to give any information about initiation schools; even those that have been initiated are not allowed to talk about the process of initiation, it is regarded as a “man’s business”). This influenced the type and amount of information collected. The researcher did not use a man to collect data because the male would need training or a workshop to do that because he would not be familiar with the study; even though he may understand the process of initiation. Another reason was that the researcher was granted permission to carry out the interviews on her own.

1.7 Assumptions

Initiation schools could be used as beneficially as an opportunity for HIV/AIDS and gender related issues' education for the benefit of all participants.

1.8 Definition of terms

For the purpose of the study the following definitions of terms were adopted and utilised:

General: Definitions

Attitude – can be described as a learned predisposition to respond in a consistently favourable or unfavourable manner with respect to a given object. Attitudes cannot be observed but have to be inferred from observed consistency behaviour. Attitude determines how we code information and respond to it; it becomes prejudice when it becomes fixed. Attitude influences behaviour (Middlebrook, 1980:87)

Behaviour – refers to how one conducts oneself or how one treats others (Chambers twentieth century dictionary)

Knowledge - involves knowing, understanding and is a direct mental recall of information (Oxford Dictionary RSA).

Adolescent- Adolescent in this study refers to young men aged from 19-25 because of the entrance requirement which is 19 years for initiation schools.

HIV/Aids related terms:

AIDS- Acquired Immuno Deficiency Syndrome is a medical condition whereby the body's immune system is weakened by HIV to the extent that it is no longer able to defend itself against attacks by ordinary ailments (UNAIDS, 1998:14)

HIV- Human Immuno Virus that attacks the immune system of the body that leads to the development of AIDS (UNAIDS, 1998:14)

HIV – infection- refers to the presence of HIV virus in a person's immune system.

Syndrome - AIDS is not just one disease but it presents itself as a number of diseases that come about as the immune system fails and thus it is regarded as a syndrome (Whiteside, 2000:1).

Traditional initiation activities:

Activities-refer to services and functions carried out by a program (i.e. what the program does).

Circumcision is the removal of some or the entire **foreskin** (prepuce) from the penis. The frenulum may also be removed at the same time. (Nqeketho, 2004).

Culture, from the Latin *colo, -ere*, with its root meaning "to cultivate", generally refers to patterns of human activity and the symbolic structures that give such activity significance (Nqeketho, 2004)

Initiation –Is the process by which young males are formally transformed from boyhood to manhood among some African cultural groups (Nqeketho, 2004).

Rituals - A ritual is a set of actions, performed mainly for their symbolic value, which is prescribed by a religion or by the traditions of a community (Cowie, 1998).

Tradition- Tradition is originally derived from the Latin word **traditus**, which means to deliver. In other words tradition can be referred to as a two way process, whereby one party in charge hands over or transfers an expected custom to the receiver who in turn will hold it in trust for the coming generations (Nqeketho, 2004).

1.9. Dissemination of information

The findings will be published in the researcher's thesis; and the African Journal of AIDS Research from Rhodes University; and the results will be reported to the people who contributed to the study. Findings will also be communicated to other post-graduate students at the University of KwaZulu-Natal.

1.10 Layout of the research report.

The report of the study is divided into six chapters. This chapter has provided the introduction, background to the study, problems and objectives of the study, research questions the study intends to answer, conceptual framework, as well as limitations to the study. Working terms and definitions of some terms are also provided. In Chapter two literature review is provided on HIV/AIDS problems in society, gender related issues, initiation schools and rituals, rites of passage as well as cross-cultural meaning of initiation in other countries. Chapter three presents the research methodology adopted for

the study. Chapter four presents the description of the area, samples, leaders and general description of the initiation school activities. Findings are discussed in Chapter five. While Chapter six gives the summary, conclusions and recommendations based on study and further study in the light of HIV/AIDS.

CHAPTER 2: LITERATURE REVIEW

2.Introduction

This chapter presents the review of literature relevant to the study. It begins by explaining the understanding of initiation. The literature also include topics related to initiation such as rituals, culture and tradition and also the background and history of circumcision as part of initiation process; and then goes on to the studies that have been done on initiation and circumcision. Most define initiation as a symbolic beginning when joining an order. Initiation is also defined as a life-changing event, not merely a symbolic ritual. Initiation also includes circumcision as part of the process where boys learn to cope with pain and adversity (Stinson, undated).

2.1 Initiation schools.

2.1.1 Objectives

One of the objectives of traditional initiation schools is to place a rite of passage in the life of a male adolescent, to bring them into formal and explicit relations with their kindred. It also enables them to deal with some of their basic social ties, reaffirming them, and thus making clear to them their future status as adult men. Traditional initiation schools have been acknowledged as playing a positive role as cultural teaching institutions, and furthermore, they are considered as a means of passing belief systems from one generation to the next through articulated ritual, language and symbols (Nqeketho, 2004).

2.1.2 Programs and topics offered at traditional initiation schools

A profound aspect of the traditional initiation school is the acquisition of cultural knowledge. It is where young men receive instructions in courtship and marriage practices. Cultural expectations regarding social responsibilities and their conduct as men in the community are transmitted and following initiation; men are afforded numerous privileges associated with their status. “Men who have been through initiation are distinguishable by their behaviour and a particular vocabulary they learnt during the time they spent in the bush” (Stinson, undated).

2.1.3 The role of traditional leaders

Traditional leaders saw the importance of remaining as the principal guardians of language and culture. They consider the two components as national treasure for all South Africans. Traditional leaders are therefore willing and are able to advise the Department of Education, Arts and Culture on issues that are related to the norms and values of their culture. If the two components can be treasured and valued; traditional leaders will ensure the continual enjoyment and pride of any tribe, which seeks to sustain their language (Hugh 2004: 5).

In the past, young men and women were taken to traditional initiation schools for upgrading and grooming of morals in particular as a traditional practice. It is really a man's responsibility to groom young boys into great men in the community; and traditional initiation school was the only institution to carry out such training. Though the choice is limited, traditional leaders still claim to be the best in organising and managing such schools. Their role in this regard has been appreciated and they still claim that they have the trust of their communities on this type of initiation (Mabutla, 2001).

2.2. Meaning and need for initiation for different cultures

2.2.1. Initiation and rituals

Ritual is a set of actions performed mainly for their symbolic value which is prescribed by religion or by the tradition of a community (Hill, undated). A ritual may be performed at regular intervals, or on specific occasions, or at discretion of individuals or communities. It may be performed by single individuals, by a group, or by the entire community, in arbitrary places, or in places especially reserved for it either in public, in private, or before specific people. The purpose of rituals varies; it may include compliance with religious obligations or ideals, satisfaction of spirituals or emotional needs of the practitioners, strengthening of acceptance or approval for some event or sometimes just for pleasure of the ritual itself (Hill, Undated).

Ritual initiation is practiced across many cultures in the world and is one of the "most resistant of all traditional African practices within (the) urban industrialized

environment” (Hugh, 2004). Rituals are a means of society members to communicate values and ways of living through psychological, social and symbolic interactions and teaching. A review of literature suggests that ritual circumcision is not exclusively practiced by one cultural group (in South Africa). The Sotho speaking people have both boys and girls taken to initiation schools once they reach a certain age. But boys have their own traditional leaders which are different from those of the girls. Other groups are the Pedis, Xhosas and the Tswana speaking people. All these groups have fundamentally the same ways of performing the initiation and circumcision but different ways of celebrating the ritual at the end of the process according to their cultures and traditions (Hugh, 2004).

2.2.2 Rite of passage to manhood

Rite of passage as developmental and transformational processes is culturally-specific, not universal. It is based on the multi-cultural principle that a group must recognize and affirm itself before it is able to share and appreciate the differences of others. This process also recognizes that entry into adult life involves the realization of social obligations and the assumption of responsibility (Hill, Undated). Nothing is stated about what happens if young men do not participate in the process.

Hill (Undated) argues that rite of passage will not only provide self-development and cultural awareness, but will foster a sense of belonging; adolescents and adults become part of community life, not persons alone, lacking support, sanction, and purpose. Rite of passage involves stages of separation, transition and incorporation. Although ceremonies differ across groups, there are certain commonalities that exist; these include ritual sacrifice, seclusion, circumcision, and painting of the skin with white clay. After all that has been done, then the burning of the lodge and belongings at the close of the seclusion follows. Celebration of the change of status accompanies the incorporation of these men into the community (Stinson, undated).

In the Eastern Cape it is traditional for Xhosa and Hlubi speaking males to undergo the rite of passage of circumcision during their adolescent years. This process is overseen by

the traditional surgeon and attendants. Other than the actual ritualized circumcision, this rite of passage also encompasses the attendance of initiation school where manhood, sexuality and adult responsibility are the chief focus (Nelson Mandela Metropolitan University, 2005). This context can provide a unique opportunity in which to address the issue of HIV/AIDS

“Traditional circumcision is part of our culture and tradition (and) it is part of what defines a man, even if you are a Christian” (Nqeketho, 2004). A man is someone who looks to add value to the community, who makes a positive contribution to the people around him, who is a good role model to the next generation; someone who fears, respects and does the will of God.

The initiation of male adolescents is still a very important and respected practice in Xhosa culture. It marks the rite of passage into manhood and the appropriation of the roles and responsibilities of an adult. It is a practice that ensures the continuation of cherished Xhosa values, of which the respect of ancestors is central and valuable. (Nqeketho, 2004)

2.2.3 Suitable age groups for circumcision

Circumcision may be done in clinical settings by trained health professionals, or by religious or traditional practitioners whose methods and experiences vary. There is a wide degree of variation in the age at which circumcision is performed. In Kenya, the median age is 18 years (range 12-22 years), and it appears to be slowly rising (Bailey, 2000:8). In societies and in communities following Islam, Judaism and some Christian sects, circumcisions are done at ages 10-20 years (Bailey, 2000:8).

Among the Xhosa-speaking initiation illustrates transition from boyhood to manhood. Other studies found out that those men who were circumcised before puberty had a much reduced risk of HIV infection compared to men who were uncircumcised. Reduced risk of HIV is found largely among men circumcised between the ages 13-20 years (Bailey, 2000:8). The recommended age of male circumcision has consequences for the process of

obtaining informed consent for the procedure. Depending on age and maturity, a very young boy may not fully understand the implications of initiation.

2.3. Types of circumcision

2.3.1 Why is circumcision seen as part of an introduction to adulthood?

Circumcision is defined as the removal of some or the entire foreskin of the penis (Mabutla, 2001). The word circumcision is derived from the Latin word *circum*, which means ‘around’ and *caedere*, which means ‘to cut’. Historically, circumcision is part of ritual practiced for thousands of years by Jews and Muslims. Circumcision began as a religious sacrifice and as a rite of passage, marking a boy’s entrance in to adulthood, as a form of sympathetic magic to ensure virility, as a means of suppressing sexual pleasure, as an aid to hygiene where regular bathing was impractical, as a means of distinguishing those of lower (or higher) social status, and as a means of differentiating a circumcised group from their non-circumcising neighbours (Hill, Undated). Funani (1990) argues that circumcision as part of the initiation school marks an entrance into ‘manhood’ because the boys receive formal teaching by men of the group during their seclusion period. The teachings may prepare the boy for many of his adult roles such as military, political, religious, legal, marital or sexual and social responsibilities.

According to Funani (1990), the stage of circumcision is a difficult one; it is accompanied by various physical hardships which the young males have to experience during their stay in the bush. The hardships form the ritual part of the initiation process. The physical hardships include unsavoury foods, to go without water for a few days, sometimes being beaten up for contravention of certain bush laws. The hardships are reported as indicators of endurance which reaffirm manhood and give the young males a new status of adulthood. The physical hardships endured by the initiates strengthen them so as to be able to resist evil influences in their lives ahead. Miller (2002) argues that this new status affords the young men with numerous privileges which motivate the desire to attend initiation school. Furthermore, the new status rewards the young male with access to men’s meetings, to officiate in ritual ceremonies, to inherit their father’s possessions and to establish their own families. The circumcision procedure may be necessary in

order to marry. It cements mutual respect among men; it wards off evil or appeases supernatural forces.

Some cultures viewed the male circumcision as a preventative measure against masturbation. Miller (2002) further argues that it is possible that circumcision arose independently in different cultures for different reasons. Circumcision also came, over time, to be considered a remedy for a different but equally polluting set of conditions, venereal diseases such as syphilis and gonorrhoea. Many physicians believe that the foreskin was a risk factor for these diseases.

2.3.2 Traditional circumcision

Circumcision is a ritual, which serves as transition from boyhood to manhood among African cultural groups. Traditionally, an assegai was the only instrument used for circumcising the boys, and one was used to circumcise more than one boy. The ritual was performed by traditional surgeon (ingcibi) at initiation school. Initiation school was traditionally regarded as an educational institution where initiates were taught about courtship negotiating marriage, social responsibilities and conduct (Nqeketho, 2004). Among Xhosa-speaking people, ritual initiation is practiced as cultural tradition; initiation is seen as the “formal incorporation of religious and tribal life”.

Traditionally, circumcision is not linked to physical development and maturity, but is a socially significant act, resulting in the integration into the community and assurance of acceptance and respect from other community members (Stinson, undated). According to Xhosa, Hlubi, Sotho, Pedi and Tswana traditions, before attending initiation school, a male cannot marry or start a family or inherit possessions, nor officiate in any ritual ceremonies.

2.3.3 Religious circumcision

Circumcision is performed for religious, cultural and medical reasons. Among the Jews, the tradition is to circumcise the boy eight days after birth. Christians and Jews attitudes towards circumcision differed markedly along the polarity of self and other (Miller,

2002). For Jews circumcision was by far the most salient mark of identity, it was the feature that distinguished a Jew from other peoples, a covenant demanded by God for all. For Jews circumcision was highly esteemed within Jewish culture because it was painful (Miller, 2002). Judaism usually performed a ceremony called a Brit milah “covenant of circumcision”. This was performed eight days after the child’s birth by a trained professional called a “mohel”.

Historically for Christians circumcision was foreign and alien. Being uncircumcised was an indication of Christian, as opposed to the Jewish identity. Christian’s pride was that of not losing the mark of identity that circumcision provided (Miller,2002). In Jews ten men constitute a minyah to conduct worship services. The mother hands over the child to the godmother who holds the child during the milah (cutting). The ritual expert performs the operation and recites the prayers prescribed (Miller, 2002).

Muslims also circumcise boys as a matter of religious obligation. There is no set time for circumcision in Islamic cultures as long as the procedure occurs by the time the boy reaches adulthood. The operation was preceded by eight days of feasting by the entire community. Everyone dressed up and engaged in merry-making and rejoicing. Islam stresses cleanliness and considers circumcision a form of natural hygiene (Miller, 2002).

In some parts of the world it is customary or obligatory for minors to be circumcised for religious or cultural reasons. Many believe that this practice is protected by the principle of freedom of religion. Others disagree arguing that no right has precedence over the rights of a child (Miller, 2002).

2.3.4 Clinical circumcision

Medical circumcisions are performed by health care professionals, who substitute traditional equipment and dressings for medical ones (Stinson, undated). Circumcision advocates also addressed polarity between health and disease. They argued that lack of

circumcision was, if not itself a disease, at least a precursor and fertile condition for the development of a disease.

Miller (2002) argues that some cultures regarded lack of circumcision as not only conducive to masturbation and spermatorrhoea, but it also caused all sorts of other serious conditions such as cancer, nervous conditions, joint problems and much else. A Kenyan study published in *The Lancet*, a British medical journal showed that uncircumcised men were much more likely than circumcised men to contract HIV at the same time as acquiring other sexually transmitted diseases in high risk settings of commercial sex (Miller, 2002).

2.4. Gender related issues

2.4.1. Gender and ascribed roles

Gender is defined as the widely shared expectations and norms, within a society, about appropriate male and female behaviour, characteristics and roles, which ascribe to men and women differential access to power, including productive resources and decision-making authority (UNAIDS, 1999:5). Societies have sets of opinions about male and female “gender belief systems”. These systems include attitudes about appropriate roles and behaviour for women and men, they also perpetuate some negative stereotypes such as women cannot be effective leaders and men are incapable of preparing meals or caring for children (Duberman, 1977).

Previously women were identified as homemakers, keepers of the family, responsible for the well being of their children and husbands. Women find themselves in subordinate positions to their men and in most societies women are socially, culturally and economically dependent on men (World Bank, Undated: 136). According to the stereotypes women are and should be passive, unthinking, emotional, subjective, and helpless and dependent. Men on the other hand are and should be brave, strong, unemotional, dependable, coherent and intelligent (Duberman, 1977: 32). Such gender-stereotypes undermine women’s intelligence and importance in societies more especially in rural areas where such stereotypes still exist.

2.4.2. Gender and violence

Age differences can play a role in violence and abuse of women by men and which have serious consequences of power dynamics. The bride is often socially conditioned that women are inferior to men, they are expected to serve their husbands, obey their orders, satisfy their sexual needs and that men have the right to beat them if they fail to perform these expected duties properly (Khan, 2000 cited by Sweetman, 2003:47). If the young Indian wife voices her discontent about sexual activities, she may face further violence. This exposes women to sexual coercion and sexual violence in their marriages, where their consent is not sought for sexual encounters. This is common in traditional marriages (Khan, 2000 cited by Sweetman, 2003:47). This may be linked to socio-economic dependence whereby women are regarded as homemakers and men as breadwinners.

The unequal power balance in gender relations that favours men, translates into unequal heterosexual interactions in which male sexual pleasures supersede female pleasures, thus making men be in control of who he has sex with, where and when sex takes place (AIDS BULLETIN, 2000:15). This power makes women's position in society very risky, vulnerable in relation with contraction of diseases such as HIV/AIDS and STI'S. This attitude puts women directly under male dominance and it portrays women as subordinates in marriage contracts. The male dominance results in women's exposure to violence and sexual abuse because women lack the power to negotiate for more conducive marriage relations. Therefore violence is regarded as a barrier to women for negotiating safer sex, fidelity and to leave the relationship which they perceive as risky (AIDS BULLETIN, 2000:16). This then exacerbates the vulnerability of women towards HIV/AIDS, which means something needs to be done about this situation. Studies in Africa have shown that many married women have been infected by their one partner-their husbands (UNAIDS, 1999).

World Bank News (Undated: 138) states that women are associated with social responsibilities for stable livelihoods of their families and men are associated with productive activities for providing economic support to their families. This social,

political and economic dependence of women on men provides a structure wherein men can perpetuate sexual violence against women. Women's "inferiority" is used to justify discrimination and abuse in the household and in society at large and power inequality is reflected by traditional and modern laws and institutional practises (World Bank News, Undated :138).

2.4.3 Equal rights

Gender differences in education and economic roles contribute to women's increased low social status in their societies which make them more dependent on men. This is also perpetuated by cultural beliefs in patriarchal societies that women are men's subordinates because of the payment of lobola by their husbands (Mills, Undated; 112). Women who are less educated than their partners experience a high level of male dominance. This is because of their financial dependence on their men since they are not economically self-sufficient; they cannot afford to provide for themselves and their children and their options are limited. Mills (Undated) argues that this aggravates male dominance and limits women's autonomy with regards to divorce, property ownership and the guardianship and custody of children. They tend to have fewer options and a limited platform for negotiating for more equitable relations (Mills, Undated).

Women also fear that their husbands will refuse condom use and may become violent when safer sex is required (Mills, Undated: 5). This preconceived ideology that women should be men's subordinates, puts a serious stress on women who are unable to defend themselves from their controlling husbands. In patriarchal marriages, the father was undisputed head of the family, in whom all the authority and power were vested (Duberman, 1977:102). In South Africa black women have tended to get married from their parent's home rather than moving away while working before marriage and so carry their dependence with them.

The difference in social status is more common in male dominated marriages and societies where there is unequal sharing of power between the spouses, where one spouse tends to disregard the other partner's feelings. This is usually common where women are

being disempowered by their partners in the sense that women are excluded from decision-making (AIDS BULLETIN, 2000:15). Unequal power that exists between the young wife and the relatively more experienced husband means that such men often have total control over sexual encounters. This means that women have less power control over condom usage (Sweetman, 2003:47). Heterosexual encounters are bounded by gendered power relations that define and limit negotiation between partners; whereas sexual negotiations and communication assume an equal position across gender that remains unrealised (Lear, 1997:109).

Traditionally women have been regarded as a commodity to be exchanged (Brown, 2000: 7). Payment of lobola by men in many African countries grants husbands' absolute and exclusive powers over their wives. This practice is still common in most African marriages where woman's value depends on the amount of lobola paid towards her. A person for whose mother no lobola has been paid is not a full member of the community. Children become illegitimate if lobola was not paid (Nilsson, 1998:133). By African law and custom, once lobola has been paid to the wife's family, guardianship and the custody of any issue rests absolutely in husband's family, the father has absolute rights in control of his children (Peyton,1996:5) This also perpetuates repression and domination of women throughout their lifetime, first by their fathers and then by their husbands (Peyton, 1996:5). Mills (Undated: 8) argues that lobola gives men exclusive sexual rights where women cannot have extra-marital relationships while husband is still alive. Peyton (1996:7) argues that lobola does not benefit women but is the sale of service; but does provide security though contrary to the assertion that women are not bought, but through lobola, the payment tends to breed feelings of ownership on the part of husbands. Women's value is also interpreted in relation to the amount of lobola paid towards her rather than for her expected qualities.

2.5 HIV/AIDS related problems and prevention

2.5.1. HIV/AIDS problems in society

The power that men have over their female partners promotes the attitude of having the right to do whatever they want. This jeopardises the chances of women negotiating for a

balanced relationship with regards to power (Hayes, 2000:6). Socio-cultural norms condone multiple sexual partnerships for men and place emphasis on male pleasure and control in sexual interactions, both which have been shown to influence men's and women's individual risk of HIV (UNAIDS, 1999:15). This exacerbates the spread of HIV/AIDS because some partners may have had previous relationships with HIV positive partners who may in turn infect their partners and may accelerate the spread of HIV transmission. In this relationship, women are socialised to please men and succumb to male dominance and power. This is a behaviour that emphasises male power in heterosexual relationships (UNAIDS, 1999:15).

In most African societies women have been culturally socialised to tolerate men's promiscuous behaviour because it is culturally accepted that a man is permitted to have multiple sexual partners as a proof of his manhood and masculinity (Hayes, 2000). Gender norms often determine what men and women are supposed to know about sex and sexuality. Thus limiting them an access to accurate information and means to protect themselves against AIDS; the lack of knowledge by women on HIV/AIDS is influenced by cultural norms. If women challenge this kind of behaviour and negotiate for condom use, they are perceived as promiscuous and that they do not trust their partners. This puts women's fidelity under scrutiny (Hayes, 2000:7). He further argues that women's strength in the household does not necessarily translate into or equate power in relation to their men.

2.5.2 Violence, Rape and HIV/AIDS

Rape is sexual intercourse or other sexual contact forced by one person upon another using physical force, threat or coercion (Engender Health, 2005). Some men do practise sexual violence with their partners, threat and actual violence when their partners attempt to negotiate for safer sex practice like condom use (WHO, 2003). Research conducted in Jamaica and Papua New Guinea found out that women avoided bringing up the subject of condom use for fear of triggering violent male response. Violence in the form of coerced sex or rape may result in the acquisition of HIV, more especially as coerced sex or rape

may lead to the tearing of sensitive tissues and increase the risk of contracting the HIV virus or STI's (WHO, 2003).

Studies in Africa reveal that women are more than men at risk of rape and sexual assault in conflict situations, and consequently of HIV infection through men's dangerous and illicit sexual practices. As men are rarely victims of sexual assault and rape, they may not perceive their behaviour from the victim's perspective (Wyatt, 2003:3). Some studies reveal that girls are coerced by obligation into dependent and exploitive sexual relationships; this therefore can be a factor to the spread of HIV/AIDS because protected sex is not an option in such relationship (Bourne, 2005:7).

2.5.3. HIV/AIDS prevention strategies

There are a number of approaches available which could limit the spread of HIV/AIDS. These include condom use, social marketing, voluntary counselling and testing and peer education. These approaches could be included during initiation process as part of the programmes

2.5.3.1 Condom use and Social Marketing

Most HIV prevention programs attempt to persuade people to change their sexual behaviour. They assume that men and women can be given information which will lead them to make rational decisions. However, often they fail to recognise the difficulties facing women who attempt to do this. Since women do not use condoms, they must persuade men to do so, which can be extremely difficult (WHO, 1994 cited by Hope 1999:16). Use of condoms is not a complete solution to preventing the spread of HIV, but it is a necessary tool to combat the spread.

According to United Nations Population Fund (UNPF) (2002:29), only 950 million of the estimated 8 billion condoms needed to achieve a "significant" reduction in HIV infection in developing countries were donated in 2000. Studies carried out in Zimbabwe have revealed that in Mutorashanga area, education programmes including free condom distribution have been carried out for some time now with positive results in condom use.

Because they are now widely available, the incidence of STD's reported at the local clinic has declined (Dossier, 1992:136).

Studies in the USA revealed that the incidence of HIV infection had decreased significantly since the 1980's as a result of the promotion of condom use (Dossier, 1992:122). In Thailand, the government adopted a 100 percent condom policy. In Dominican Republic, a similar policy made condom use in commercial sex a nationwide practice, contributing to reductions in STD rates and decreased HIV incidences among military conscripts (Black, 2005:3). On the other hand, Stanton (2003:32) found that in Mumbai, truck drivers were not using condoms with their wives or long-term partners; they only used condoms with sex workers. In that case, condoms cannot be deemed as most effective; what if the wife is not faithful and has been practising unprotected sex?

Stanton (2000:34) found that in Bombay, Dost and Udaan, use of condoms was very uncommon with gay men. They were educated but their primary source of information about AIDS was their community rather than the media. Stanton (2000:34) also found out that in India, some HIV positive sex workers continued to serving their clients with or without condoms. In Zaire promotion of condom use, through a social marketing program, resulted in an increase in condom sales from 20,000 in 1987 to 18.3 million in 1991. As a result, the program averted an estimated 25,000 HIV infection in 2001 (Berkley, Piot and Schopper, cited by Hope, 1999:16).

Social marketing is described as proactive approach to non commercial public education on health issues designed to match public needs with products and services. In Moscow, a social marketing campaign involved leaflets, television commercials, and adverts in newspapers and magazines and revealed an increase in the percentage of people using condoms (Rogers, 1983 cited by Olusoji, 2003:101). Similar programmes have been and are being developed in other African countries. In Zambia, for instance, 440,000 condoms were sold in the first nineteen days of the social marketing program while in Burkina Faso, 2,7 million were sold in just four months (WHO, 1994 cited by Hope, 1999:16).

According to Hope (1999:53) it has been found that giving women more information about HIV transmission and about the use of condoms resulted in an increase in condom use. In Gaborone (Botswana), an intervention was planned in 12 workplaces, and reached about 600 women. The program was evaluated 3 years later. The evaluation revealed that proportion of women insisting on the use of condoms increased substantially, although married women still found it difficult to introduce condom use (WHO, 1994 cited by Hope 1999:54).

According to the Stats RSA, (2005: July 12) the number of people infected with HIV is still escalating (between 6.29 and 6.7 million). In spite of all efforts to limit infection by different stake holders in trying to combat the spread of HIV/AIDS, condom use is not helping that much because it is subject to individual choice and not a matter of must. Condom use promotion in SOWETO (South Africa) was evaluated to be more successful through participatory development and radio advertisements. T-shirts and posters which supported condom use and other HIV/AIDS activities proved to be more effective in promoting condom use. Schools, university campuses, residences and well as toilets served as centres for distribution of condoms which indicated an increase in condom use (Dalrymple, 1998:57).

2.5.3.2 Voluntary Counselling and Testing

Voluntary testing and counselling (VCT) is a gateway to prevention and treatment, it is an essential tool in the control of HIV/AIDS epidemic, a personalised and person-centred intervention, tailored to prevent transmission and obtain referral to medical care, preventive, psychosocial and other needed services in order to remain healthy (Mariano, 2005:2). Counselling was designed to help people interpret the meaning of negative or positive antibody results, to initiate and sustain behavioural changes that reduce risk of becoming infected and to assist HIV positive individuals in avoiding infecting others. VCT is also a critical component of preventive strategies to reduce transmission of HIV/AIDS from mother to child (Mariano, 2005:2).

VCT has been recognised in Sub-Saharan Africa and in South East Asia. The Bill of Rights (section 14) in South Africa provides for the right to privacy and implies the right to confidentiality regarding medical information (including HIV/AIDS counselling) on risk behaviour. The process is anonymous. VCT seems an effective secondary prevention strategy for the HIV-infected person and incompatible couples (Gow & Desmond, 2002: 200/201). VCT process involves pre-test counselling, post-test counselling, and biological testing for the presence of HIV antibodies, usually in blood or saliva (Olusoji, 2003:89). The counselling helps to identify the risk behaviours that should be changed to prevent further transmission, encourages both partners to be tested, provides information about services for people infected with HIV/AIDS (Olusoji, 2003:89).

Clinical studies in Kenya, Tanzania and Trinidad demonstrated that VCT is a cost-effective strategy in reducing the spread of AIDS and HIV risk behaviour. Results from Uganda highlight the link between VCT and changes in risk behaviour. Findings in USA revealed that the widespread VCT in 1990, condom use rose 10 percent to 89 percent, and with steady partners from 28 percent to 100 percent (Olusoji, 2003:89). In view of the above mentioned behavioural changes in the different countries, it indicates that VCT as an impact in curbing the spread of HIV/AIDS. A few studies that have been conducted in Mozambique, revealed VCT is effective in reducing the spread of AIDS, the intervention with youth revealed that a high level of attendance, mainly counselling by 51 percent versus the use of contraceptives which was 310 percent (Mariano, 2005:3).

On the other hand, most of the youth reported a fear of using these services due to the stigma associated to VCT. Lack of a culturally appropriate approach to testing, and the general public's limited knowledge about HIV are still barriers to VCT in many African countries (Olusoji, 2003:89). VCT services are known worldwide to be important and effective in HIV/AIDS prevention because they enable partners to make informed choices after being tested for HIV/AIDS (Mariano, 2005:3). VCT evaluation by Futterman et al. (2001:2) revealed that the project ACCESS campaign, had demonstrated its potential as an effective tool for reaching adolescents about HIV risk behaviours, preventing and testing. According to the evaluation done by UNICEF (2001:2),

willingness of participants to use VCT services were rated at 80 percent; and 94 percent of the young people confirmed the importance of the service.

2.5.3.3 Peer Education Programs

Education systems can reach young people before most are sexually active, to the extent that they are accessible. Schools reach further into the communities than any other institution, but this does not mean that prevention education can be left to schools alone. Schools do not reach all, and they reach fewer in the groups most at risk. Peer education tends to be used mostly with youth who cannot be reached through the school system. It has been found to be an active method reaching groups who might not listen to a teacher or someone from a different background to themselves (UNICEF, 2000). In the light of this, Love life project was set in South Africa. This project targeted all youth in and outside the schools. It has been very successful in setting up youth centres and facilities in townships where young people can meet socialise and get involved in activities like netball, soccer, tennis and many other sporting activities including arts (drama and music). The Love life centres are also places where people can talk openly about sexual issues and can get counselling and advice (UNESCO, 2004:10).

Evaluation of Love Life showed to support of a positive attitude in youth towards living a positive life, de-stigmatisation towards people living with HIV/AIDS, more involvement in sporting activities, positive attitude towards using condoms and in practising the common slogans: (A B C) Abstain, Be Faithful and Condomise. Abstinence is understood as means from sexual intercourse and from sexual activities until the right time, it may also be understood as no involvement in sexual relationships until one is sure about his/her and her/his partners HIV/AIDS status. Being faithful refers to having one sexual partner at a time; in other words not more than one sexual partner at a time. Condomise is about using protection during sexual encounters. Love Life has been an ideal youth strategy to enable the youth to discuss issues such sex, HIV/AIDS, self esteem and life-skills education with peers more openly because they do not feel embarrassed to ask questions, and furthermore they are able to conscientise one another in a free and relaxed atmosphere (UNESCO, 2004:10).

2.5.4 Conclusions

In the view of literature reviewed, it seems that initiation plays a major role in becoming a man. Initiation schools can be used to groom men with exclusive rights and responsibilities. However initiation schools seem to play a positive role in the transmission of cultural and traditional belief system to the young males. They serve as an ideal opportunity for the young males to acquire cultural and traditional knowledge which comes with cultural expectations for the young males. Ritual initiation is widely practised in African countries; this ensures that rite of passage is part of the journey of the life of a young male adolescent.

Based on literature, the theoretical framework of what should be included as essential learning about HIV/AIDS and gender include the following: HIV/AIDS, gender related issues and initiation. Furthermore teaching young males how to limit the spread of HIV/AIDS is essential. From literature, HIV/AIDS can be approached through condom use, social marketing, voluntary counselling and peer education. On the other hand the literature reviewed reflects that gender related issues are of importance to combat the scourge of poor treatment of women by men in terms of violence, ascribed roles, equal rights and rape. These topics need to be included in initiation programmes. Researchers seem to acknowledge that initiation schools do play an important role in teaching about cleanliness and attending to STI's properly and for seeking assistance.

Granted that literature relating specifically to initiation schools and their programmes is very limited, only two authors were able to provide some information in the South African context (Nqeketho, 2004; Mabutla, 2001). It is apparent that teaching the initiates about HIV/AIDS and gender related issues as part of the initiation is feasible. The literature also reflects that language plays a vital role in transmitting information from one party to the next even from one generation to the next one. This happens at the initiation schools where the leaders teach the initiates using the language that they easily comprehend which is culturally-orientated.

CHAPTER 3: METHODOLOGY

3.0 Introduction

The study investigated the influence of initiation schools on male youth's knowledge and attitude towards HIV/AIDS and gender issues in the Maluti area (Eastern Cape). (This chapter outlines the methodology of how this research was conducted, including the research design, a description of sampling and sample size, as well as the process of data collection, tools used and data analysis techniques.

3.1 Ethical approval

Prior to data collection, written informed consent was obtained from the leaders of the two initiation schools in Maluti area (Appendix A). The initiates were asked to answer questionnaires that were provided to them, and thereafter, they were involved in focus group discussions (Appendix D1). Permission to record the discussions was sought from the leaders and from the initiates. However, neither the leader and the participants from school B nor the uninitiated male youth group consented to the use of a tape recorder during the focus group discussions quoting that it was against their culture to discuss issues pertaining to initiation especially when one has not been there yet.

According to the leader from school B, issues surrounding initiation are not to be discussed outside the initiation school; he said this was against their traditional law, especially discussing such issues with a woman. However, he and his group agreed to give the researcher an interview on condition that it was not to be tape recorded and that no photos would be taken. The researcher does not believe that different information would have been collected by a male researcher as the boys were very open.

The interview with uninitiated youth was not tape recorded because of the taboos mentioned above. Their concerns were respected; neither tape recorder nor camera was used during focus group discussions with them. Furthermore, all participants were informed that they would not receive any form of compensation as money for taking part

in the study, only refreshments would be served. The participants were also made aware that they were free to withdraw from the study at any time they wished to do so.

3.2 Research design

The research was an explorative study as a case study of initiation school activities particularly related to HIV/AIDS and gender issues. Hence the researcher used qualitative methods; which seemed more appropriate. These provide rich descriptions of the social world as they attempt to document the world from the point of view of the people studied (Silverman, 2000). Qualitative research aims to understand phenomena within a particular context (De Vos 1998:241). It allows for the construction of social reality based on the interactive process between the researcher and the respondents. Furthermore it allows the drawing of data in the form of quotes from respondents (Babbie & Mouton: 2001). It focuses on meanings and understandings that take place in situations that occur naturally (Glutton 1998:37, 76).

Qualitative research can be described as a multi-perspective approach to social interaction (Denzin & Lincoln 1994:2 as cited by De Vos, 1998:240). It allows the using of data in the form of quotes from the respondents (Babbie & Mouton, 2001). This is a descriptive study which comprised two sections: it investigated the initiation schools from leaders and their roles in the process of initiation; then compared the views of two groups of male youth, those that had undergone initiation and those that had not yet done so.

The study was conducted in the Maluti area in the Eastern Cape because in that area initiation schools are offered as a natural part of cultural transition from boyhood to manhood. The area also provides an appropriate and convenient access point into this domain of initiation because of previous work of the researcher in the area. The study investigated the attitudes and knowledge of male youth pertaining to HIV/AIDS and gender related issues.

3.3. Sampling Procedure

Purposive sampling was used with the aim of obtaining specific information from clearly identified groups, participants who share same experiences and commonalities were identified (Brotherson, 1994:11 cited by De Vos 1998). This was done because the study focused on the important categories of people involved in initiation schools in the Eastern Cape, the supervisors (traditional leaders) and the initiates. These were the categories of important people who participate in the traditional initiation schools among the Xhosa (Hlubi) people who inhabit the Maluti area in the Eastern Cape. The specific initiation schools with their traditional leaders were selected on the advice of a local medical doctor who was involved with the circumcision aspect of initiation activities at the time. This is known as purposive sampling (Babbie & Mouton, 2001). Only two schools were willing to participate because of traditional, cultural regulations, and rules surrounding initiation process. These schools' leaders agreed because they understood the need for this study and were open to improving their initiation programmes.

The age range of the willing participants was from 19 to 23 years, because 19 years is the minimum entrance age accepted in this region. The selection of young men and the leaders was facilitated by the same surgeon as mentioned above. Three young males were asked to invite other boys (who fulfilled the criteria) to participate in focus group discussions. This is snowball sampling; each boy invited another until the required number of participants was selected (Babbie & Mouton, 2001). Purposive sampling is the easiest and often good results may be obtained. But the disadvantage is that data may be seriously biased, it may be convenient but not representative (Babbie & Mouton, 2001).

The youth knew who had attended school A and who had attended school B, and the third group comprised of youth who were yet to attend one of the initiation schools. The uninitiated participants were identified by the youth who had attended initiation school, because according to the youth *“it is not secret that one has not yet attended initiation as he will eventually have to go to the bushes, it is a binding tradition”*.

The sample size comprised of 10 participants for each focus group discussion so that all members could have opportunity of participating in the discussions. Since this study was qualitative, a large sample was not preferred, as Silverman (2000) states that a large sample size is likely to preclude the kind of intensive analysis usually preferred in qualitative research. The selection of youth participants therefore did not depend on their level of education, but was convenient snowball sampling which refers to the process of accumulation as each located subject suggests other subjects. Because this procedure results in questionable representativeness, it is used primarily for exploratory purposes (Babbie & Mouton, 2001).

3.4. Instruments for data collection

The instruments used for data collection included questionnaires for the leaders, and both questionnaires and focus group discussion guides for the youth.

3.4.1. Interview guide for leaders

Justification for the use of interview guide:

The interview guide is one of the basic approaches to collecting qualitative data through open-ended interviews; it is used to interview informants with the aim of facilitating narrative disclosure about research. Patton (1990) cited by Gasa (1999) describes the interview guide as a list of questions or issues that are to be explored in the course of the interview. This list is prepared in order to ensure that the same information is obtained from a number of people by covering the same material.

The interview guide therefore provides topics or subjects within which the interviewer is free to explore, probe and ask questions that illuminate the subject under discussion. Thus, the interviewer will be able to build conversation around the subject (Patton, 1990 cited by Gasa, 1999). This was designed to determine and compare reliability and validity of the leaders answers to the answers given by the initiates of both initiation schools. This section consisted of four sections (See Appendix C):

1. Programs offered at the initiation schools.

2. Inculcation of attitude towards HIV/AIDS and gender related issues from the leaders perspective
3. Relationship between attending initiation school and behavioural knowledge of HIV/AIDS and gender related issues.
4. Sources of information for leaders.

Section 1: Programs offered at the initiation schools.

This section was designed to investigate the aims and objectives of the initiation schools; whether there are specific programs, activities and challenges designed for each session. To also check the schedule of activities available in relation to the understanding of HIV/AIDS related issues; and whether the leaders' understanding was based on definitions, modes of transmission, prevention, health aspects and cure . The study also investigated how the information about these issues was passed on to the initiates during the process of initiation.

Section 2: Inculcation of attitude towards HIV/AIDS and gender related issues.

The researcher designed an investigation tool to describe how the issues of HIV/AIDS and gender were addressed during the initiation period and as well as the influence of attending initiation school on male youth attitude towards HIV/AIDS and gender related issues (See Appendix D1).

Section 3: Relationship between attending initiation school and behavioural knowledge of HIV/AIDS and gender related issues.

This section investigated whether initiation schools were valuable as rite of passage or as traditional or cultural obligations. Furthermore, whether there is a difference in attending initiation school and behavioural knowledge with regards to HIV/AIDS and gender related issues.

Section 4: Sources of information for leaders

The researcher determined the sources of information for the leaders; whether they had attended any workshops on HIV/AIDS and gender related issues. This included the topics

discussed in the workshops or meetings, the duration of the meetings and workshops and also reasons for attending the workshops and the meetings. The researcher also explored whether the initiates were assessed on HIV/AIDS and gender related issues and the tools used for assessment

3.4.2 Questionnaire for the youth

The researcher designed a structured questionnaire for quantitative data collection for the male youth only (both initiated and uninitiated male youth) and an open-ended interview guide for focus group discussion for both male youth groups. The questionnaire was designed as a tool for the study to assess reliability of answers from the youth. It asked similar questions of the youth individually before they responded in focus group environments. It was organized around the following sections:

1. Demographic information
2. Role of initiation school on male youth
3. Knowledge and attitude of male youth towards HIV/AIDS.
4. Knowledge and attitude of male youth towards gender related issues (See Appendix D1).

Section 1: Demographic information.

The purpose of this section was to describe the demographic characteristics of the sample of both initiates and uninitiated male youth. In addition to this, the demographic variables were designed to yield data on educational level, initiation status and to test whether attending initiation school has an influence on knowledge and attitude towards HIV/AIDS and gender related issues. Data collected on this section included age, gender, level of education and circumcised status.

Section 2: Role of initiation school

This section investigated the influence of initiation schools on knowledge and attitude of male youth towards HIV/AIDS and gender related issues and behavioural change towards treatment of women and girls by male youth. To determine the involvement of youth in

active sexual activities, and the age at which they became involved in active sexual intercourse.

Section 3: Knowledge and attitude of male youth towards HIV/AIDS

This section investigated attitude and knowledge of male youth towards HIV/AIDS issues pertaining to meaning, mode of transmission, condom outlets, cure and prevention of HIV/AIDS and their knowledge pertaining to gender related issues.

Section 4: Knowledge and attitude towards gender related issues

This section described attitude and knowledge of male youth towards gender related issues. Issues surrounding meaning of gender related issues, acceptance, promiscuity, male dominance in society, violence against women and gender inequalities.

3.4.3. Focus group discussions

Focus group technique is a qualitative research technique that is collective rather than individualistic, aims at exploring a set of issues like attitudes, feelings, and ideas of participants, and experiences (Greenbaum, 2000 cited by Mchunu, 2003). Usually about, six to twelve participants are used in a focus group session, which lasts between one, and half to two hours long (Gibbs, undated). Focus groups are particularly useful in that they enable participants to generate their own questions, frames and concepts in their own vocabulary (Barbour and Kritzinger, 1999 cited by Mchunu 2003:28). Researchers are able to examine people's different perspectives as they operate within a social context through focus groups. These kinds of groups are focused because they involve some kind of collective activity. They are distinguished from the broader category of group interviews by the explicit use of group interaction to generate data (ibid).

3.4.4 Measures taken during focus group discussions

The researcher conducted the focus group discussions in English because the participants were at high school (grades 11-12) and others were at tertiary institutions and some had already passed their matric. The researcher ensured that the discussions remained on track and that more in-depth information was obtained. A powerful tape recorder was

used to record the discussions where permitted. The researcher ensured that all the participants spoke to the microphone and that each participant was given a chance to speak. Only one person was allowed to speak at a time.

Participants were arranged in a form of a semi-circle so as to allow the researcher to have a full eye contact with each speaker. Participants were encouraged to speak loudly and clearly. The researcher ensured that the atmosphere was relaxed for the discussions to take place by using an ice breaker recommended by De Vos (1998). A focus group session should feel free-flowing and relatively unstructured, but in reality, the researcher has to follow a preplanned script for what issues to bring up (The Baseline Project FAQ List: Focus Groups, undated). The rules for the focus groups were discussed and decided e.g. switching off the cell phones. Group members participated freely and the discussions were very productive.

Focus groups were designed to collect in-depth information from the initiates. The purpose of the focus group is to obtain a range of opinions from a representative set of target participants about quality of issues (The Baseline project FAQ list: Focus Groups, undated). Patton (1990) cited by Gasa (1999) describes the interview guide as a list of questions or issues that are to be explored in the course of the interview. To obtain in-depth information, the researcher used probes like;

“Why do you think so?”

“In what way?”

“Why do you feel that way?”

“Can you explain more?”

Focus group discussion guides for male youth were divided into three sections (See Appendix E2 & E3)

1. Programs offered at the initiation schools
2. Attitude of male youth towards HIV/AIDS and gender related issues
3. Sources of information of male youth of Maluti area

Section 1: Programs offered at the initiation schools

This section described the programs offered at the initiation schools and the method of passing information from the leaders to the initiates during the process of initiation. This section also described the topics addressed during initiation whether they included HIV/AIDS and gender related issues, description of lessons and experiences learnt from attending initiation schools and the reasons for attending initiation schools.

Section 2: Attitude of male youth towards HIV/AIDS and gender related issues

This section was designed to describe the attitude of both circumcised and uncircumcised male youth towards HIV/AIDS and gender related issues, whether the youth understand the meaning of ABC (Abstain, Be faithful and Condomise) approach towards HIV/AIDS and whether they practice it. This section also investigated the difference of attending and not attending initiation school on attitude and knowledge of male youth.

3: Sources of information for male youth

This section described the sources of information for male youth on HIV/AIDS and gender related issues, whether male youth do attend workshops and meetings on HIV/AIDS and gender related issues, the number of workshops attended, duration of each workshop, topics discussed at the workshops and the reasons for attending the workshops.

3.4.5. Pilot study (pre-test interviews)

A pilot study was conducted with 8 male youth who met the criteria for the sample from age 19-25. This was conducted in order to assess how the interview schedule for the main study could be modified for better results and to assess its effectiveness in generating questions relevant to the research question and for discussions. The researcher tested whether questions were acceptable and appropriate because this was going to enable the researcher to gain insight into the range of responses and dynamics that could be expected during the data collection process. The researcher established how some ideas

might be explored and how that could be done, which probes could be used in order to obtain the depth of information required. The pilot study provided a forum for assessing whether important issues had been omitted.

3.5. Data collection process

Data was generated from the three categories of people who were involved in the study; firstly from the local medical doctor, secondly from the traditional leaders and then thirdly from the male youth.

3.5.1 The local medical doctor

The first part of data collection was done with the local medical doctor who facilitated the whole interaction with the traditional leaders and their initiation schools because of the vital role he played in the circumcision part of the initiation progress. The informal interview was done telephonically, and lasted for thirty five minutes. This was not a tape recorded interview. Data collected here was based on his experience of the programs offered at the initiation schools, the role played by the initiation schools on adolescent life, issues relating to HIV/AIDS and gender, health standards, sources of information as well as minimum age at entrance.

3.5.2. The leaders

The second part of data collection involved traditional leaders of the two initiation schools in Maluti area. The leaders of the two initiation schools where data was to be collected were approached with the aim of involving their schools in the study. The researcher confirmed with the leaders that they had granted permission to carry on with the study. The researcher then explained to the leaders what the study was all about and the aim of conducting it.

Before the consent forms were given to the willing participants, they were first given to the traditional leaders to check. The aim was for the leaders to scrutinise and point out any clauses, which they were not happy with so that the clauses could be modified. After dealing with issues of confidentiality, the leaders were told who was going to have access

to the data and also under which circumstances. It was also explained to the leaders and the male youth that they could withdraw from the study at any stage when they felt they no longer wanted to participate in it.

Interviews with the two leaders were conducted at different times. The first leader to be interviewed was from school A followed by school B leader. The venue for the interviews (Maluti Development Centre) was negotiated between the researcher and the leaders involved in the study and was prepared beforehand. Verbal consent was asked from the leaders to audio-record the interviews; this was granted by the leader of school A and was turned down by school B leader. The researcher had decided to record the interviews because Silverman (2000) indicates that one cannot rely on memory to remember everything during research interviews although one is able to summarize the contents. Interviews with both traditional leaders lasted for one and a half hours each.

3.5.3. Male youth

After the willing participants were identified through snowball sampling, the researcher assembled the participants in the venue organised by the leaders. This was a neutral and central venue within reach for all the participants because the participants were local, they did not have to travel long distances to the venue. The researcher explained to the three groups of the male youth what the study was all about and were told who could have access to the data and the conditions for that. Participants were also told that they were free to withdraw from they study when they felt they no longer wanted to be part of the study. After dealing with the issues of confidentiality and informed consent, then the participants were given the consent forms to sign and return to the researcher. See Appendix B.

The researcher explained how the study was to be conducted, that the participants were asked to fill in the questionnaire that formed the first part of the study (demographic information) which was followed by focus group interviews. There were thirty participants who were willing to be involved in the study (as it was difficult to get more willing participants as mentioned in the limitations to the study). Ten youth participated

in each discussion group according to the initiation school attended or not yet attended. Before the study commenced, the researcher asked verbal permission to tape-record the interviews, which only one group consented to (initiation schools B) and the other two groups did not give their consent and their wishes were respected because of the explanation they gave previously. Because the participants were of age, there was no need for the parental consent.

The venue mentioned above was prepared beforehand (the chairs were arranged in a circular manner and the tape recorder was placed in position). The first group was interviewed on the first day and the other two groups were interviewed on the second day. The focus group took an average of one and half hours with each group.

3.6. Data analysis

All the data were transcribed verbatim. Since all interviews were conducted in English there was no translation needed. Qualitative data was analysed using content analysis. According to Patton (1987) cited by Mchunu (2000;32) content analysis is a process of examining, organising what is there into patterns; categories; and basic descriptive units, or otherwise recombining the evidence to address the initial propositions of a study. With content analysis, the analyst looks for quotations that relate to each other, examples of the same underlying ideas and then gives those labels. In analysing focus group discussions, the researcher had to guard against focusing only on what the participants found interesting. It is vital to distinguish between what they find interesting and what is important.

The next chapter will focus on the study area.

CHAPTER 4: DESCRIPTION OF THE STUDY AREA

4.1 Introduction

This chapter aims to give a brief description of the study area, respondents and the initiation activities. The study was carried out in the Eastern Cape Province. The chapter begins with the general description the Alfred Nzo district where the Maluti area is situated. The Eastern Cape has five districts namely Nelson Mandela Metropolitan, Chris Hani, Cacadu, Amathole and the Alfred Nzo district which is the smallest. The Alfred Nzo district was named after the first ANC Minister of Foreign Affairs in the New Democratic South Africa because this was where he was born and bred. The district is situated on the North Eastern part of the Eastern Cape. The Alfred Nzo district is bordered by Lesotho on the North and KwaZulu-Natal on the East. The district has a relatively small population of 544,107 people and a relatively high density of 69 people per square kilometre.

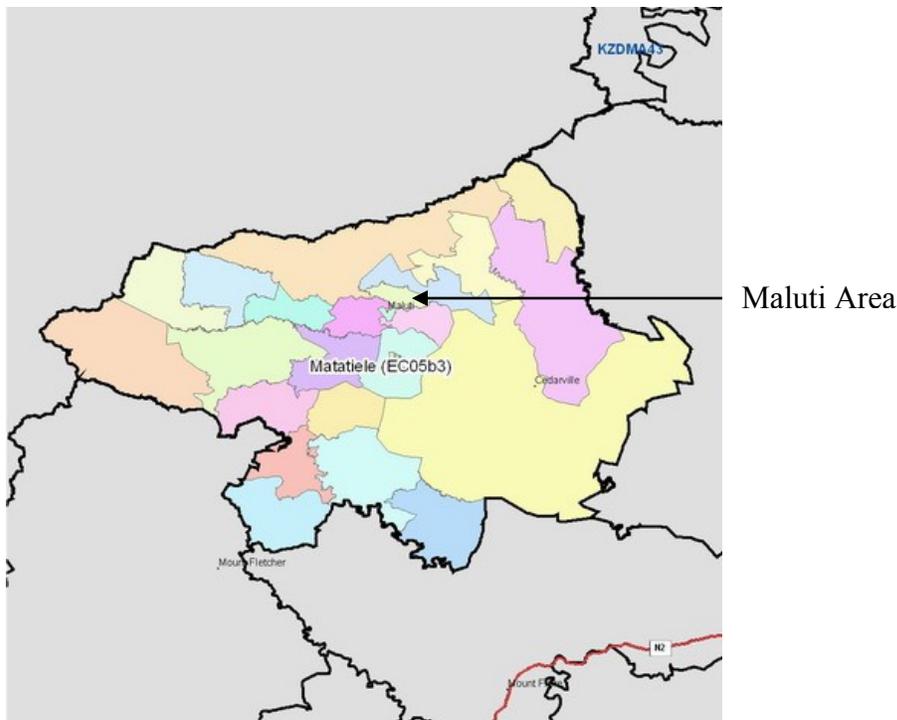


Map 4.1: Locality map showing the Alfred Nzo district

4.2. General Description of the Maluti Area

The Maluti Area once lay in the Transkei Homeland and has recently been incorporated into Alfred Nzo District. The area lies in the Northern part of the Alfred Nzo District, the land is high, above 1000 metres and rising to the southern Drakensberg on the border of Lesotho. Rainfall is high in summer and winters are very cold with heavy snowfall along the mountains. The Area is under Matatiele Local Municipality. Matatiele Local municipality has twenty-four wards, and Maluti is Ward no 1. The Maluti area covers a surface area of 4,526 square kilometers.

The southern part of the area is densely populated when compared to the northern part. Subsistence farming and few settlements characterize the less densely populated areas in the North. The extremely mountainous topography of the area is characterized by winter snowfalls which contribute to the extremely cold winter climate and influence the time of year for initiation activities.

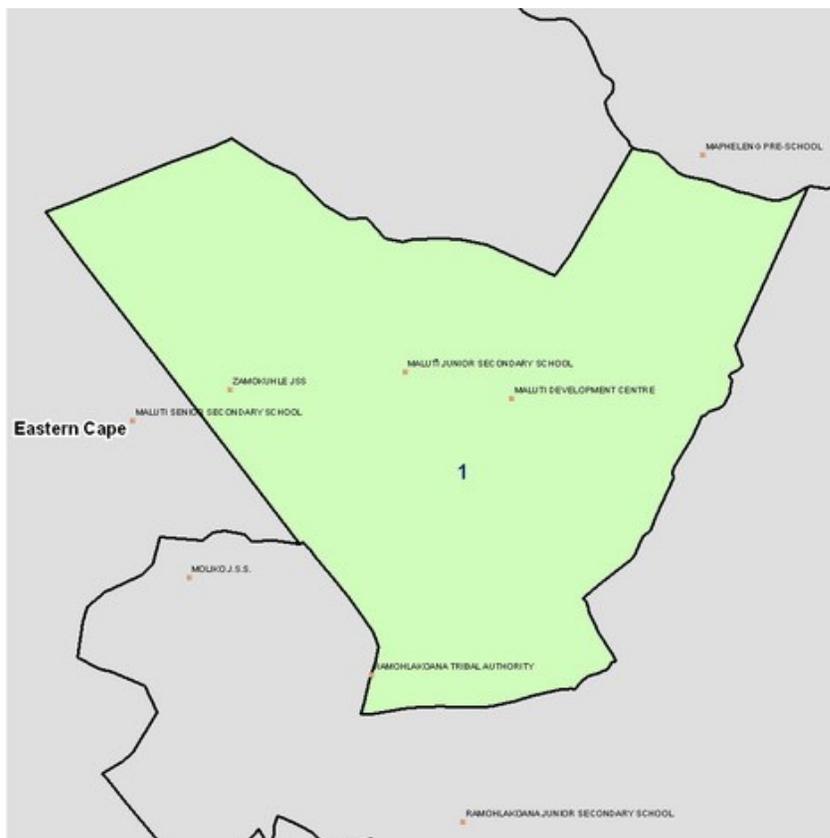


Map 4.2: Map showing the Wards in Matatiele Local Municipality

4.3. Population Size and Density

Maluti Area has a relatively small population compared to the whole of Matatiele. In 2001, the population amounted to 5908 people according to the latest census in 2001 (Statistics South Africa, 2001). The population density was 3.2 people per square kilometre.

The Maluti area has a strong rural character. About 98% of the population lives in rural areas as compared to 2% in the urban areas. The area has a total of 1711 households with heads of households dominated by females. The population has a large African majority of 99% with few white and coloured inhabitants. Xhosa is the first language in most areas, but with significant use of Sesotho on the northern part of the area. The northern part is predominantly ruled by Sotho chiefs and the rest of the area is ruled either by Hlubi or Xhosa chiefs. The closest towns are Matatiele and Kokstad.



Map 4.3: Map showing the Ward studied, Ward 1.

4.4 The Socio-economic challenges facing the study area.

Poverty and unemployment are the greatest challenges facing the area. The area is underdeveloped because it contains remote mountainous areas; unemployment is high at seventy-six percent (Statistics SA, 2001). The population depends on government employment because formal economy is small and cannot provide better job opportunities in the area. About twelve percent of the population is working in the few government offices present. Twenty-six percent of the population work as domestic servants, shop assistants, or work as street vendors. About twenty-four percent of the population relies heavily on subsistence farming which also faces challenges of heavy winter frosts and snows in large part of the area. Much of the commercial farming in the area is not registered and is practiced on a small scale and relies on farm gate sales.

Social development and infrastructure are inadequate. The area displays major social backlogs. Almost ninety-eight percent of the houses are informal and reflect traditional unserviced sites. Only seven percent of the households have potable water on sites (Stats SA 2001). Many schools need upgrading and renovation. There are very few clinics in the area and they also need to be upgraded. The remote areas that are closer to the mountains still need better rural road access. Transport network is very poor and inadequate because of the topography of the area. This problem of inadequate transport has caused huge backlogs in the distribution of social services and social grants for people in the remote rural areas. Only about seven percent of the households have access to electricity in rural areas; this also leaves more challenges for upgrading and development by the government.

4.5 Cultural and traditional values

The area is still ruled by the traditional chiefs as a result the area still has strong attachments to cultural and traditional values, one of them being traditional initiation of the adolescents. As has been mentioned above, the majority of the population lives in a rural environment, cultural and traditional rituals are the most important events performed and celebrated in the area. The elders, traditional leaders and chiefs of the tribal authorities are determined to pass on their cultures and traditions to the next

generations. If a man transgresses the traditional laws, he faces heavy fines from the tribal authorities which sit from time to time (Nqkeketho, 2004). The results of the study will be reported and discussed in the next chapter.

CHAPTER 5: RESULTS AND DISCUSSION

5.1 Introduction.

This chapter presents the results of the study. All the steps described in chapter 3 under methodology and instrumentation carried out in the analysis and various themes emerged. This discussion of the results follows those themes. The discussion of results will follow after the report of the results has been done. Since this is an explorative qualitative study as a case study of two initiation schools, the results are not being interpreted but they are merely being described. This is in line with De Vos (1998:241) argument that qualitative research aims to understand phenomena within a particular context.

During the presentation of results, verbatim examples will be presented in the form of italics. This is based on the belief that often experiences of the subjects are better captured in the actual words than in the process of reporting them, as it is their reality that is depicted. Babbie and Mouton (2001) support this statement in their argument that qualitative research allows the drawing of data in the form of quotes from respondents.

It should be noted that because of the nature of the study, the selection of the initiation schools that participated in the study was based upon convenience; therefore, the results cannot be assumed representative of all the initiation schools. A different set of initiation schools may have a different influence from these presented here, and the data represented here may be interpreted with that caution in mind.

The results will be reported according to the four categories of people who were involved in the study. The information from the medical doctor agreed completely with what was reported by the leaders and so it is included in one category:

- The medical doctor
- The leaders and their views of the initiation school programme
- The initiated young males
- The uninitiated young males.

Verbatim transcriptions of each leader's responses are found in Appendix E1. While the transcripts for the young males are found in Appendix E2 and E3.

5.2. The respondents participating in the study

The respondents comprised three groups namely; the local medical doctor and traditional leaders, initiated young males and the uninitiated young males. The medical doctor is a local doctor who is involved in the circumcision aspect of the initiation process.

Two traditional leaders from the two different initiation schools agreed to participate and to be interviewed; their age was between 48 and 58 years of age. The two leaders were born and bred in the area and have been involved in the initiation process ever since they graduated from initiation school. The leader of school A is a professional male nurse, and the leader of school B is a local businessperson and a former insurance broker.

Young males were recruited from two different initiation schools (school A and school B) and those who were not yet initiated came from the same area and academic schools as the initiated males. Interested young males were identified by their peers and were invited to participate. The young male participants were all Hlubi Africans and all local. Young male participants were between 19 and 22 years of age. Age 19 is the minimum age for admission to the initiation school in the area. Ninety eight percent of the young males were still students, eighty eight percent still attending high school, ten percent at tertiary institutions and two percent had ceased studying. Ten participants formed each focus group discussion; hence there were three focus group discussions held.

5.3 Programs offered at initiation school

Results of the present study indicate that there is no formal schedule of the programs written down about what is offered at the initiation schools. Visiting speakers are invited by the leaders to give talks on different topics that are identified. Visiting speakers included elders who were experienced in traditional issues, nurses, health workers and social workers. Topics include teamwork, respect for elders, hygiene, culture and tradition; manhood and various other topics, identified from time to time. The leaders

indicated that there are no guidelines from the Department of Health on the topics to be discussed, more especially on the HIV/AIDS issue which the government emphasises should be dealt with at the initiation schools. The guidelines should be provided in accordance with the Government Gazette of 2006 on Health requirements for the initiation school (See Appendix H). But this study found that this has not yet been provided in the participating initiation schools; the leaders design their own programs for their own schools which are not formal.

The program depends on the availability of the speakers; there is no roster for the invited speakers. The invited speakers apparently include people from the department of Health, local chiefs, medical doctor, and medical officials for the initiation school, environmental officers, and elders from the community.

The leaders hoped that when the young males arrive on the first day, they are introduced to life in the bush and rules are laid down about the expected behaviour and conduct during their time of seclusion, what will take place and how. Statements from both leaders and initiates indicate however, that the talks are not delivered when they first arrive at the bush because of the state they are in; they are scared of what they still have to go through. They are submissive and cannot comprehend anything until the circumcision part is done. This is their reported general behaviour on arrival.

The results also indicate that the circumcision part of the initiation takes place as soon as the young males settle down after their introduction to the bush life and after the rules have been laid down. Circumcision is done by the medical doctor. If trained medical officials assist (known as traditional surgeons), they do so under the strict supervision of the medical doctor. The initiates are then given three days to recuperate from the operation. During their period of recuperation, the initiates are taught how to care for the wounds and about practising hygiene. According to the leaders, this ritual is a rite of passage from childhood to manhood: this is seen as a transition to adulthood because the young males are now experiencing and enduring severe and unbearable pain they have never experienced in their lives. This supports Hill (undated) in his findings that this

process also recognizes entrance incorporation to adult life and adult world. Rite of passage involves stages of separation from their families and from the community.

The leaders indicated that after recovering, the young males are then taken out to the field to do practical field activities under the supervision of the leaders. The activities include fire control, survival skills, overcoming pain, team work and how to be a man, how to prevent faction fights, how to apply first aid measures in cases of emergency, team management, and self help tips including hygiene. These activities are carried out in order to teach the initiates about team building and responsibility.

In between the activities, the different speakers come to address the initiates on different topics mentioned above. There is one speaker per day. The whole initiation period lasts for three weeks; after that the young males are now regarded as adult males.

Some of the hardships that the initiates have to go through include unsavoury food, prohibition from drinking a lot of water, uncomfortable sleeping conditions, and sometimes very severe punishments for contravention of the laws of the bush, no contact with the outside world especially women folk. According to Funani (1999) the various physical hardships endured by the initiates strengthen them so as to be able to resist the evil influences in their life ahead. Graduation from initiation school signifies the formal admission of the individual into his clan or achievement of certain status, thus fixing his social position, rights and status (Funani, 1999). There are ceremonies held to welcome the initiates back into the village.

5.4. Leaders' themes that emerged from the analysis.

The themes will be described according to the arrangement of sections for each category of the participants. The leaders provided an outline of what was included in the initiation school programme. The researcher identified six themes from the leader's perspective under Section 1 of the questionnaire (See Appendix C). The following themes were extracted from the information offered by the leaders; and they were generated by the questions that were asked by the researcher (see appendix C); they were not

predetermined because the researcher (as a woman) is not knowledgeable about what goes on at the initiation schools. Some of the themes were selected because they are supported by literature, and they also influence adult men's behaviour in relation to HIV/AIDS and gender attitudes. These themes were:

- Respect for others
- Manhood
- Culture and tradition
- Health standards and HIV/AIDS,
- Age for admission to initiation.
- Additional information.

Gender was included as an aspect under a number of themes: respect, culture and tradition, manhood and age for admission.

5.4.1. Respect for others

Respect seemed to be one of the most important features that characterize the tone of the initiation schools in the area. It is clear that for a man to be accepted in men's society, he has to respect other members of the society irrespective of gender. According to the leaders, respect is observed in different ways including the language used by the initiates, behaviour, actions, responsibility as well as carrying out orders given by elders and "real men" in general (See Appendix E1).

*"Our boys should not say to you **ungumfazi**, (word used to describe a female, which is regarded as rude if used by someone who is not your husband, or someone your junior) they should refer to you as a mother. And even those that have not yet gone to the initiation schools, they should respect you"*

Respect is also observed and associated with manners. A "real man" is expected to display good manners to all levels of people including women and elderly people.

"I mean real men take care of their families, and respect other people, especially the elderly people who do not have children to care for them."

“We also want men who have respect for everybody. He has to respect elders.”

“They should respect you; they should also have respect for all girls.”

And according to leaders; if the initiation school cannot teach respect in terms of behaviour and manners to the initiates, then it is deemed to have failed because according to leaders respect is the most important characteristic that distinguishes a man from a boy.

“We teach them how to behave well; there is no alcohol and drug abuse there.”

According to the leaders, abuse of liquor and drugs is a sign of bad behaviour and that is an indication that he is not a “real man.” Initiates are expected to be role models and exemplary to those who have not yet attended initiation schools. They are expected to have good manners and not show to the public that they are under the influence of liquor and not behave badly.

“We don’t teach drug abuse at these schools.”

“As compared to somebody who has not been to the initiation school, their behaviour in terms of responsibility and accountability changes, so that one can say, look at this somebody, he is doing something wonderful, I would also like to be like him.”

“We also use our elderly people to talk about such issues especially when it comes to behaviour and respect of real men, I mean men who have been to the initiation school, who can tell the boys about expected behaviour and their roles when they become men.”

The results show that respect covers a number of aspects according to leader’s perspectives in terms of grooming a “real man” at the initiation schools. The leaders emphasized the importance of teaching respect to the initiates during the period of initiation, they perceived the aspects mentioned under respect as most valuable to the initiated men’s society. Being responsible and accountable was emphasized as a key

factor in the men's world. In terms of behaviour, a real man does not engage in promiscuous behaviour, he is expected to respect his wife, the dignity of his family and not have extra-marital relationships. He should have sound morals so that he could be a role model to the young initiates

5.4.2. Manhood

According to the leaders, manhood as a rite of passage to adulthood is a transition or transfer from boyhood to manhood. Rite of passage also determines the boy's real identity, for example, his biological father and therefore his heritage. The emphasis is that if the boy's identity is not clearly defined, then the whole process of initiation will not work out for the boy, there can be complications and when this happens, the mother is usually summoned to tell the truth about the boy's father and therefore is real identity.

“This is where most of the boys encounter problems if they have mistaken identity or have not been told the truth about their paternal identity.”

The leaders regard this as a very serious stage in the initiation process; this is the period where the boy gets to know his real clan name.

It was clear that one of the major roles of the initiation schools is to lead and guide young men towards manhood.

“Manhood is not about initiation and being circumcised. There are lots of things attached to it such as commitments and responsibility.”

“Boys are expected to be exemplary in their communities, to be committed, be responsible and be prepared to take leading roles.”

Experienced elders should guide young men to manhood. According to the elders, manhood involves responsibility and accountability. Responsibility is understood in terms of a young man being able to provide for his family and also be able to assist

people who are unable to do things for themselves such as elders and women who do not have husbands and children. Furthermore, those young men should take responsibility for their actions.

“Boys are expected to be helpful to their neighbours, to volunteer whenever there is a job that needs men to do.”

“Back in the days when a boy comes from the initiation school he used to take a bus to the mines and when he comes back he has to get married and help his siblings and parents and then have his own family.”

If a man carries out such responsibilities, then he is respected and regarded as a real man in the society of men and in his community.

“As a man you should be able to help out in community in whatever way you can; whenever there is a need; whether you are related to the needy ones or not, it is your duty. Especially in the homes where there are no men, single women are not supposed to suffer.”

“We want to produce good and responsible men for our community and for our country. I mean men who can take care of their families, respect other people especially the elderly people who do not have children to care for them. ”

Here responsibility is also coupled with leadership qualities; it is not only about providing for your own family, but by rendering assistance to other families in the community including voluntary assistance without expecting any rewards. It is also clear that responsibility and accountability are associated with valuing of “ubuntu” which is about helping others even if you do not know them.

“You know, you have to make sure that when these boys come from the initiation school they are fully prepared to take part in the community as real men even if they are still young.”

According to the leaders, manhood is a process, after a boy has attended the initiation school, he is being observed by elderly men to see whether he practices what was taught at the initiation school. Other qualities that identify a real man include showing respect and responsibility towards women in terms of manners, language, treatment, and behaviour.

“If a boy comes from initiation school, it does not give him the right to engage in promiscuity, yes, to say that now I am a man, I can do what ever I like, like impregnating women and some girls.”

It is clear from the leaders’ perspective that responsibility is attached to manhood in many different ways, a real man takes responsibility for his actions amongst the community and the way he handles himself; that will show that he is a responsible man. Furthermore, initiates have to display a number of qualities that can qualify them an entrance to real men society.

“We want these boys to show these people that they are coming from somewhere, they are now moulded. Moulding is very important.”

Men are also supposed to play leading roles in teaching respect to the adolescents of both sexes, men are not to look after boys only, but should be involved in the well being of girls as well. They are also expected to teach them how to obey their husbands, how to care for their men’s needs and how to assist them in building homes and healthy families.

“Another aim is to prepare the boys towards manhood which is a very difficult thing to understand and a very long process which involves a lot of work.”

“We teach them to avoid death that comes through faction fights, and other violent acts like assaults. As ‘men’ they are taught to act responsibly and avoid provocative acts which can lead to death”

According to the leaders, men do not have to respond to everything said by people more especially women, because that will make them lose their dignity. Real men respond only to important issues during discussions because men do not have to talk a lot because that degrades men’s dignity.

Both leaders’ responses were similar in all regards – as if they had attended the same training for organizing initiation schools.

5.4.3. Culture and Tradition.

Culture generally refers to patterns of human activity and the symbolic structures that give such activity significance (Nqeketho, 2004). Tradition is referred to as a two way process whereby one party in charge hands over or transfers an expected custom to the receiver who in turn will hold it in trust for the coming generations. The leaders emphasized the importance of transferring culture and its values to young men; to teach them the importance of culture and tradition. The emphasis also lay on the transmitting these traditions to the next generation so that they are traditions can be preserved for posterity.

“The main aim is to teach and pass our traditions to the boys who will be the future leaders so that these traditions are passed from generation to generation, and they do not stop when the elders have all gone and you find that there is no one who knows how to carry on our culture.”

To ensure that their culture and traditions are preserved, elders from the clan are also invited to teach the initiates about these values. This emphasizes that a ‘real man’ has to be knowledgeable about his own culture and traditions in order to be accepted in the society of men.

“We normally have time where our traditional elders, our old men who know more about these rights to have their time, so we invite them at certain times.”

“Initiation is a cultural or traditional event which marks acceptance to the society and community, and to manhood society, and this is where the transfer of culture and traditional knowledge takes place, so it is important.”

The preceding statement articulates it very clearly that for a man to be accepted and respected in the community; he has to attend initiation school at some point in time of his life. The peer group, the community at large and even the family sometimes influence this. This shows how much pressure the young men have from their elders, fathers and their peers; the pressure is associated with acceptance and respect and keeping up with the expectations and traditions of culture and society. According to the results of this study, young males therefore cannot seem to dodge attending initiation school because of societal pressure to get more exposure to their traditional knowledge about manhood.

“We also want to pass our culture and traditions to the next generation to understand, preserve and be able to respect them”.

It is clear that initiation schools can be used to inculcate and pass on certain values and traditions to young men as expected by the communities. It is clearly articulated that tradition values things like naming of children in relation to certain events or naming after an elderly member of the family, beliefs and traditions.

According to the leaders, initiation is a cultural and a traditional rite of passage event that marks acceptance of young men into adulthood society; this is an important traditional event where transfer of culture and traditional knowledge takes place. The results articulated that once young men go through the rite of passage ceremony, the elders have some expectations from them, such as being exemplary in their communities by taking responsibility and commitment.

According to their tradition, manhood comes with status in the community and a certain degree of dignity. Once a male attends initiation, he now has the right to officiate in the ritual ceremonies (because he understands the meaning); he can also inherit his father's possessions and can establish a family because he is regarded as a man. For the first time in his life, he will be regarded as a grown-up, a complete man. He will be expected to give and not just to receive. To protect the family always, not just to be protected. And his wise judgment will for the first time be taken into consideration. No family affairs will be discussed without him being consulted. Coming into manhood is not simply a matter of growth and maturity. It is a heavy load on the young man's shoulders and especially a burden on the mind.

5.4.4. Health standards and HIV/AIDS.

Health standards generally refer to general health and hygiene and include cleanliness. It is one of the important components of the initiation school. If health standards are not correctly followed, they may lead to complications and botched circumcision.

Firstly the boys have to be examined by a medical doctor before they attend initiation school; the parents have to sign a consent form for the examination of their child. The medical doctor has to complete a medical certificate for each boy he has examined before the boy is admitted at the initiation school. The purpose of the examination is to provide treatment where necessary before boys are admitted to the initiation school, this is done to avoid complications.

“The boys should be examined thoroughly by a medical practitioner or a professional or a registered person or a medical doctor, if the boy is found to be having STIs, he should be treated before circumcision takes place because if you circumcise an infected boy, it becomes septic”.

“We have forms to be filled in, there is a parental form, the second one is for the doctors which is a medical certificate, if the boy has asthma, he has to take medication; with those with chronic illnesses they still have to take medication”.

From the leader’s perspectives, different people are invited to address the young males on different topics such as hygiene. They usually invite environmental health officers and male nurses or any other professional available during the initiation period.

“About hygiene, in this team we have environmental health officers, we have health promoters, actually we are working as a team, there are different people for different topics like one is for hygiene, we also have some people coming for HIV/AIDS issues.”

The leaders articulated that different speakers and professionals from various departments also address HIV/AIDS during initiation this is done as a way of abiding by the government laws that regulate the running of the initiation schools in the Eastern Cape. The leaders highlighted that the government has not yet issued proper guidelines. Leaders indicated that they need a program from the government that will guide them in dealing with the issue of HIV/AIDS. At times visiting speakers are invited to give talks and teach the initiates about HIV/AIDS and answer their questions based on HIV/AIDS, but this is also done in passing because there is no program to guide them.

The leaders admitted that more education is needed on the HIV/AIDS issue, but that can be done if there is a program readily available for the leaders to follow. The government has passed laws pertaining to addressing of the HIV/AIDS at the initiation schools. Furthermore the leaders indicated a need for cooperation between parents and the initiation schools about addressing HIV/AIDS.

“As I said we need a program that will guide us in dealing with the issue of HIV/AIDS, at times we invite outside speakers to come and address the initiates about these issues and answer their questions based on such issues”.

“ Some of the issues that are touched are basic issues like modes of transmission, prevention methods that include ABC, we also talk about behavioral change which are very sensitive issues to talk about without the parents permission., These issues are not dealt in detail as it happens at formal schools”.

“Sometimes it not easy for us because in the early days HIV/AIDS was not so high. So when we talk about these issues in front of our elders, we have to make it easy for them to understand why we have to talk about these issues in our days (today) because they do not understand them fully”.

“Most of the time the discussions are based on the basic knowledge about the disease such as mode of transmission, prevention and where they can go for more information and assistance, the reason for this is because we want to protect our boys from being infected and from infecting others because the statistics of infected youth is very high”.

It was clear from the results that the leaders support the ABC (Abstain, Be faithful and Condomise) and prevention methods fully, but more emphasis is on abstinence. Leaders do not encourage the use of condoms to their initiates; they encourage it as the last resort if one can no longer be able to abstain.

“We are not encouraging the use of condoms, but we encourage abstinence”.

“To say condomise is the last thing when all things have failed, but number one is abstinence and faithfulness.

However, it seemed apparent that they were aware that the HIV/AIDS information tended to be more health related rather than behavioral.

5.4.5. Minimum age limits for initiation

Leaders reported that minimum age restriction is very important when taking young males for initiation in Maluti area. The minimum age is 19 years and no males under that

age are admitted. If younger than that age, the boy should be doing grade 12 and the parents must sign a consent form. Minimum age restriction is important to enable the boys to comprehend the importance of initiation process as well as to uphold the tradition. Leaders indicated that if younger boys are admitted to the initiation school, they really do not understand the process because they are frightened and are very submissive; to such an extent that they easily forget what they were taught by the time they reach adulthood or attaining the age which is suitable for initiation.

“We take from age 19 upwards because if they are younger than that, they not ready to understand and keep the teachings, they tend to forget the important things and tend to relapse back to their old habits”.

“We recommend from age 19 and above because at that age they are able to understand what they are taught, they are becoming more mature at that age”.

Leaders expressed the importance of age because initiation as a rite of passage to manhood means transition from boyhood to manhood; therefore, it is important that when this happens the boy is ready for the transition. Responsibility is part of this phase. This is the phase which determines the boy’s real identity, and therefore the boy must have reached the right age when this is done. This is the age where the boy really gets to know his real clan name more especially boys raised by single female parents.

“If you are 19 and 21 years you are mature enough.”

“Maturity is about understanding what is taught there and where you are coming from, and you attach something to it. If you take a 14 year old boy, by the time he reaches 20 he will have forgotten what was taught there, he will still behave like a fourteen year old child, so initiation will not have an impact in his life at all.”

Age is also important because this is a cultural event, which marks the acceptance to the society of men, and in the community as a whole, this is where transfer of culture and

traditional knowledge takes place, therefore boys should be at the right age when learning about their culture and its importance

5.4.6 Additional sources of information about HIV/AIDS and gender obtained outside of the initiation school

- **Workshops on HIV/AIDS**

When the leaders were asked about the workshops they attended on HIV/AIDS and gender related issues, their responses were positive. But even though they did attend, the number of workshops they attended were very few. Leader of school A attended two workshops on HIV/AIDS, which lasted for three days each. School B leader attended two workshops on HIV/AIDS, which lasted for one week in total. The leaders attended workshops on awareness, prevention, transmission and behaviour change. According to the leaders, it was imperative for them to attend the workshops because of their involvement in the initiation process, above all, because of their leadership roles in the community. The leader of school B (a male nurse) highlighted his health-related responsibilities in the initiation process; that he is also a medical officer for the initiates. They both felt a strong need of keeping up to date with new developments pertaining to issues of health.

“As a leader in the community and as I am involved in initiation school”

“Because I am dealing with the community at large, as a professional somebody and as I am a medical officer for the initiates.”

- **Workshops on gender related issues**

When asked about attending workshops on gender related issues, one leader explained that he had attended one workshop, which lasted for one week. The topics addressed at the workshops were around men’s discrete nature of bottling their problems, and about building their marriage relationships. The other leader attended four workshops, which

lasted for two days each. Their reasons for attending were for enrichment of knowledge and to pass the information to the initiates. Leaders also indicated that in the past, such issues were not open for discussion neither with the youngsters nor with women, so now they have to motivate to the elders why there is a need to discuss such issues. In earlier days, such issues were not to be discussed with women because women were not involved in raising male children, it was supposed to be a man's responsibility.

- **Sources of information**

According to the leaders their major sources of information on HIV/AIDS are the media and also the Department of Health. The leaders had attended workshops on running initiation schools and on the circumcision aspect of the initiation; the Department of Health organizes some workshops where they are also trained for such responsibilities. The information is also passed on through talks and discussions with the initiates.

5.5. Main themes from initiated and uninitiated young males that emerged from the analysis

After audiotapes were available of the focus group discussions had been transcribed; a content analysis of the transcripts was performed. Emphasis of responses and content analysis data were then examined and the following major themes from the focus group sessions were identified.

The following themes were extracted from the information offered by the initiated young males and those that have not yet attended initiation school. The responses were generated by the questions asked by the researcher (see Appendix E3); the researcher did not predetermine the answers because the researcher (as a woman) is not knowledgeable about what goes on at the initiation school); some of the themes were selected because they are supported by literature in Chapter 2, as they influence young males' behaviour in relation to HIV/AIDS and gender attitudes. Some of the themes that emerged through the

focus group discussions were similar to those that were extracted from the leader's interviews. These were:

- Acceptance and recognition
- Respect for others
- Culture and tradition
- HIV/AIDS
- Additional information (gender)

5.5.1. Acceptance and recognition

According to the initiated young males, a male has to attend initiation school at some stage in his life so that he can be fully accepted and recognized as a man in his society. Both the initiated and uninitiated young males reported that one should not be forced to attend, but he must make his own decision to attend; it must come from his own will when he is ready. The uninitiated young males supported this in their statements.

“I will go there when I am ready, maybe next year in 2008” (uninitiated male).

“I wanted to be accepted and recognized as a man” (initiated male).

“The people in the society do not respect you as a man if you have not gone through initiation school, but at the same time they do not force you to go, you just feel the need to go there” (initiated male).

Apart from acceptance and recognition, both groups of young males feel pressurised to attend initiation school even if they are not forced to. The pressure is three-fold: the pressure comes from their families, peers and the community in their area. According to the young males; the society does not respect a man who has never attended the initiation school. One of the participants commented:

“I saw it as a need for people and my friends to accept me in the community, even people under (sic) general” (initiated)

“That people should accept you in the society” (initiated)

The uninitiated male youths highlighted that even though they are prepared to attend initiation school, they do not have information about what takes place at the initiation school because those that have attended do not divulge such information to them. This means that they have to go and find out for themselves. This reinforces the fact that there is pressure for them to attend. Another reason was that the uninitiated are not allowed to attend any meetings held by “men”.

“There are meetings that I cannot attend because I am regarded as a boy” (uninitiated male).

The preceding statement supports the argument that attending initiation school is an entrance to manhood. Both groups of young males reported that attending initiation school is perceived as providing high social status in the area and therefore all young males were willing to attend. From this preceding statement, it seems that low self-esteem was experienced by those who had not yet attended initiation school. This was evident in their feelings of inferiority and rejection by those who had attended.

5.5.2 Respect

As explained in the previous part of the report on leader’s perspectives, respect is one of the most observed characteristics taught at the initiation school. Respect is observed in different aspects, language, in behaviour, how you talk to elderly people and women the manners that you display to the community or society.

“Respect people and care for elderly people and others” (initiated male).

It is then indicated that respect also includes responsibility like showing care to people who are older than you are. The young males confirmed what the leaders said about respect and its importance.

“We learnt from people who came to teach us about different things like respect and behaviour” (initiated male)

One of the uninitiated young males commented that;

“Men or youth that have attended initiation school are supposed to be exemplary and then set good examples to those who are like us” (uninitiated male)

The initiates were also taught how to respect themselves as men and how to be part of society. The initiated young males articulated that respect gives you a sense of belonging as a part of the society that you live in.

“They teach us how to respect other people, how to respect you (sic) and how to be part of society because that is what a real man is’ (initiated male)

“I was taught how to be a person, how to be part of a society and also how to behave” (initiated male)

“I have learnt more about how to be a man” (initiated male)

The preceding quotes from the initiated young males reinforce the leader’s views that greater emphasis was on manhood. The initiates also emphasized (in agreement with the leaders) that they were taught to treat people equally.

5.5.3 Tradition and cultures

The following statements from both young males the initiates expressed the importance of preserving traditions and culture to ensure that these are passed on to the younger generations. This also shows that people value their culture as their heritage and therefore have to preserve it.

“We were taught about respecting our cultures and traditions and how these are important to us.”(Initiated)

“We were taught about our traditions, keeping and respecting them.” (Initiated)

The uninitiated young males reported they expected to be taught about taking responsibility for their families. According to the uninitiated young males, a responsible family man does not ill-treat his family members. Traditionally, a real family man treats his family with dignity and care.

“Building a responsible man who will not treat his family badly in terms of respect and caring.”(Uninitiated)

“Creating adults who can run families in the correct way like in the olden days where men used to be responsible” (Uninitiated)

They feel that attending initiation school should teach the youth about communication purposes as it happened in the past; the language used, the manners and behaviour. They also articulated that it should encourage patriotism and team spirit in the past when there were battles to be fought. They expect to learn everything needed to groom a family man. The statement below supports this.

“In the past it was done for communication and for attacking when there was a battle, but now there are no more battles, therefore men should be taught everything about being a man” (uninitiated)

5.5.4 HIV/AIDS related issues

The initiated young males said that they supported the ABC (Abstain, Be faithful and Condomise) program of HIV/AIDS; their reasons being that the youth are highly affected by the disease and die in large numbers because of HIV/AIDS. Another reason given for accepting and supporting the ABC program is that if they all die, there will be no other generation that will ensure that their traditions and culture are preserved and passed on to the following generations. The young males showed an understanding of the ABC messages.

“If they all die, who will be the future leaders and who will be able to pass on cultures to the next generations?”(Uninitiated)

“I agree with the statement so that we do not have more youth infected because if they die, who will take over from the elders? Who will carry on the traditions of our people?”(initiated male)

The uninitiated young males also acknowledged the fact that ABC programs are directed to the youth because of the high rate of infection amongst them. The causative factors mentioned were that the youth likes to explore things, they are the most adventurous group, and they like to experience things.

“I think it is because the youth like to experience doing things which they are told not to do” (uninitiated male)

“Some of them are curious; they are always interested to know how something is done” (initiated male)

“They are committed to liquor and they are easily cheated by their partners” (uninitiated male)

The preceding statement articulates clearly that this kind of behaviour displayed by the young people also contributes to their high rate prevalence of HIV/AIDS amongst them.

“ABC should be practiced because there are too much (sic) STIs and HIV/AIDS and other diseases” (initiated male)

The initiated young males reported that attending initiation school did change their attitude towards HIV/AIDS and that they were taught about HIV/AIDS. The methods used were different from those of the formal schools in the sense that they were not assessed on what was taught, they discussed and listened to the people who came to teach them. This was in line with what was reported by the leaders.

“Yes, we were taught about such issues although it was not the same way like we were taught at school by our teacher” (Initiated male)

The preceding statement articulated that the methods used at the initiation school were different from those used at their formal schools, different from how they are taught by their teachers. At the initiation school there are no formal assessments as it happens in formal schools, everything is done through discussions and talks presented by the people invited to do that.

The statement below shows that sometimes the youth have to do things because of the pressure exerted by their peers; and that they do things in order to fit into the society of their peer group.

“There is more peer pressure, and as a teenager, you have one girlfriend and all that stuff” (initiated male)

5.5.5 Sources of information on HIV/AIDS and gender related issues

Both uninitiated and initiated male youth indicated that they had never attended any workshops because there were no workshops organized for them on HIV/AIDS. The only

meetings they had attended are the Love-life games which target them. They reported that during the Love-life games, talks were based on awareness, how to use a condom and the outlets where available such as public toilets and also from the clinics. The initiated young males reported that they were not formally addressed, but discussed issues and asked questions from the counsellors, and that they were free to consult them as individuals at any time. The officials there are mostly counsellors. The counsellors are not for positive people only; they help everybody who would like to know more about HIV/AIDS. The two groups of young males reported that the counsellors operated from the Maluti Development centre. The youth reported that the people at Love-Life games tell you just a little bit more than what you already know, and that most of the activities are based on games and songs. The youth reflected that they learn more about such issues from the media, Health department, and from music singers.

Both initiated and uninitiated male youth reported that they had attended only one workshop on gender related issues. The initiated youth also had discussions and talks about these issues at the initiation school. Both uninitiated and uninitiated male youth said they attended this workshop because they were curious and interested to know more about these issues. The uninitiated youth also reported that they get other information through media, teachers at school and from the department of Health people. The topics that were treated and discussed at the initiation school were gender equality and equal rights for both males and females.

Both initiated and uninitiated male youth confirmed that they do not discuss these issues with other people except their parents and teachers at school. But the initiated males also highlighted that they had discussed such issues at the initiation school with the invited visitors. Some of young males in both groups said that they discuss with their parents because some parents force them to, but the majority of parents do not like to discuss such issues with them because they fear that they will learn bad things. Both groups of young males indicated that some parents say that these issues are not open for discussion with children.

5.6. Discussions of the results

5.6.1 Introduction

This section presents the interpretation of the results from the study with regards to the literature review in Chapter 2. Themes to be discussed are listed below as the main themes emerging from qualitative analysis reported in this chapter. The researcher will focus on the main themes from the leader's perspective as sub-problem one. And then initiated and uninitiated young male's themes will be discussed as sub-problem two. Sub-problem three will be the integration of leaders and young males themes.

5.6.2 Respect for the others

The leaders regard respect as the main focus area of the initiation school. The findings report that respect is associated with a number of aspects which will be explained below. This is in line with the findings from the young males who also agreed that the leaders play an important role in cascading such information to the initiates. The findings also indicate that the uninitiated young males expect respect to be an integral part of what they will learn from initiation school. The components of respect here include: language, behaviour, conduct and morals, manners, responsibility and attitude.

The results indicate that **language** is one of the components of respect taught at the initiation school. Vulgar and rude language are signs of disrespect when addressing elders and women. There are titles that are used when addressing elders and mature women (old enough to be a sister or a mother). This finding supports Nqeketho's (2004) statement that traditional leaders saw fit to remain as principal guardians of language and culture. It appears that if respect is not taught at the initiation school; that would mean the initiation school has failed to attain its main objective. All initiates agree that a real man is a man who has good command of his language, who does not use vulgar and and rude language when talking to other people. It appears also that the initiates perceived that teaching of language use is essential to the moulding of a responsible man in the society of men. The results also reflect that teaching the use and command of language was also on the list of the expectations of the uninitiated young males.

Respect is also observed in **behaviour** and morals of a person. The study indicates that behaviour is understood as good **conduct**; how a person conducts himself when addressing elders, when in the company of adults and also when in the company of his peers as well as when he is amongst women. The leaders believe that good conduct indicates maturity. It appears that conduct is one of the entrance requirements to the society of men. This supports Mabutla's (2001) findings that young men and women are taken to traditional initiation schools for grooming, improvement of behavioral aspects and decent moral revival. The results also reflect that the leaders believe that they have the authority to convert young boys into great men in their communities.

This finding also supports Mabutla's (2001) idea that initiation schools were regarded as the only institution to carry out such training in an informal traditional situation. It appears that communities still appreciate and trust the role played by traditional leaders of the initiation schools in influencing the morals and behaviour of the initiates during the initiation process. Respect is also observed in the light of how the initiates conduct themselves during and after initiation process. If the initiates do drugs, then they are off-line in terms of behavioural conduct. It appears that the use of drugs and alcohol is a sign of bad conduct and disrespect. The initiates should be exemplary to the people who have not been to the initiation school. Initiates should conduct themselves in an acceptable manner to the community in general.

According to the leaders; a man coming from the initiation school should display good and sound **morals and behaviour**, and should set good examples to those that have not been to the initiation school. The results reflect that according to all participants (the leaders of the initiation school and both groups of young males) a "real man" is a man who still abides by the rules and terms of the initiation school after undergoing the initiation process. The findings are in line with Stinson's (undated) idea that men who have been through initiation are distinguishable by their behaviour and a particular vocabulary they learnt during their time in the bush. Behaviour is observed by displaying good **manners** towards people at all levels including elderly people and women. Manners also encompass **politeness and positive attitude** when talking to people. It was evident

that the initiates are not expected to show negative emotions such as anger or funny faces when addressing elders and women who are older than themselves; if this happens it is regarded as a sign of contempt.

The results indicate that **responsibility and accountability** are also part of the most valuable aspects of respect which can be inculcated at the initiation schools. Initiates are expected to be role models to other people so that they can also change their behavior. The initiates are expected to tell those that have not been to the initiation school about what is expected when you are a responsible man. It appears that responsibility is measured in terms of providing and taking care of your family as a man. However this is also accompanied by young men taking responsibility for their actions. This finding is in line with Funani's (1990) study in which she concludes that attending initiation is the stage which marks the end of a carefree childhood and acceptance of responsibilities among young males.

The findings suggest that a "real man" should protect his family, for an example a "real man" is not permitted to have multiple sexual relationships or extra-marital relationships. This also supports Funani's (1990) idea that once a man attends initiation school, he should take the responsibility of providing for and protecting his family and community. **Promiscuity** is one of the most unacceptable behaviours in the society of initiated men. It was evident that initiates had a common understanding with their leaders in terms of responsibility and accountability as a characteristic of a real man (one girl friend at a time, and no extra marital sexual relationships).

5.6.3 Manhood

Results indicate that manhood, as a rite of passage to adulthood, is transition from boyhood to manhood; and determines the boy's real identity in terms of his biological father and his heritage. It is evident that this stage of transmission plays a major role in determining the identity of the boy, and this is the stage that ensures success of circumcision part of initiation. The leaders suggested that this could perhaps be the reason why the boy's real identity (who his father was) should be revealed before the

circumcision part takes place. This stage appears to be very important and crucial during the initiation process and is accompanied by responsibility and accountability.

It appears that this stage challenges the young men to prove their manhood and leadership qualities. However, the young males are also expected to show “ubuntu” by voluntarily helping needy people even if they do not know them. This finding supports Stinson’s (undated) documentation that cultural expectations regarding social responsibilities and the conduct of the initiates as men in the community are transmitted following the initiation. This also supports Funani’s (1990) study that the important feature of many initiation schools is the formal teaching during seclusion by men of the group which may prepare him for many of his adult roles such as military, political, religious, legal marital or sexual and social responsibilities.

According to the leaders, the stage of circumcision is difficult; it is accompanied by various physical hardships which the young males have to experience during their stay in the bush. The hardships form the ritual part of the initiation process. The physical hardships include unsavoury foods, to go without water for a few days, sometimes being beaten up for contravention of certain bush laws. The hardships are reported as indicators of endurance which reaffirm manhood and make the new status clear that the young males now enter into. It was noted that the initiates were quite proud of this attainment of manhood. Both leaders and young males equate manhood with commitment, responsibility, pain and endurance. This is also documented by Funani (1990) that physical hardships endured by the initiates strengthen them so as to be able to resist evil influences in their lives ahead.

It is evident that this new status affords the young men with numerous privileges which motivate the desire to attend initiation school. Furthermore the new status rewards the young male’s access to attend men’s meetings, to officiate in ritual ceremonies, to inherit their father’s possessions and to establish their own families. This supports Miller’s (2002) ideas that the circumcision procedure may be necessary in order to marry (but was not confirmed by the participants in this study). It cements mutual respect among men; it

wards off evil or appeases supernatural forces. However a sense of low self esteem was evident from those who have not yet attended initiation school; this was evident from their feelings of inferiority, inadequacy and rejection by the community and the society of men. The uninitiated young males are forbidden to attend any meetings held by the men who have been to the initiation school.

It appears that a man who has not yet attended initiation school is perceived to have no significance in the role played by men in society; both groups of the young males also acknowledged the fact that they felt obliged to attend initiation school in order to be part of the society of men and to gain recognition as real men. These findings also support Bailey's (2000) documentation that for the first time, the young men's wise judgment will be taken into consideration. In addition, no family matters can be discussed without consulting them.

Leaders indicated that according to their culture, a man can only establish a family after attending initiation school; this is the time when he is regarded as a man who can take full responsibility. This supports Nqeketho's (2004) documentation that the ritual is performed by traditional surgeon, and is traditionally regarded as an educational institution where initiates are taught about courtship, negotiating marriage, social responsibilities and conduct.

5.6.4. Culture and tradition

The findings indicated that the initiation schools play an important role in the preserving culture and tradition. It was noted that its preservation involved instilling cultural and traditional values to the young males. Both groups of young males strongly believed that initiation school is the only institution that can be able to pass on cultural and traditional values successfully from generation to generation. This is documented by Mabutla (2001) that tradition can be a two way process; whereby one party in charge hands over or transfers an expected custom to the receiver who will hold in trust for the coming generation. He further argues that the only people who can accomplish this task properly are the traditional leaders of the initiation schools.

It is evident that even the communities believe that leaders of initiation schools are the only people who can help communities in preserving their cultural beliefs. This has also been documented by Mabutla (2001) that it takes men to train and prepare young boys into great men in the community, and traditional initiation schools were the only institutions to carry out such training. The young males also acknowledged the fact that such values and beliefs need to be transmitted properly to the upcoming generations for they are the future leaders. This supports Stinson's (undated) findings that initiation is a socially significant act, resulting in the integration of young men with communities and assurance of acceptance and respect from other community members.

It was noticeable from the findings that culture and tradition also play a key role in acceptance of young males into the men's society and communities. Both groups of young males also believed that they have to know and comprehend the values of their own culture and tradition (such as naming their children after significant events) in order to be accepted as men. This supports Miller's (2002) documentation that traditional culture offers a number of rationales for circumcision: that it cements mutual respect among people; it also contributes to social stability and coherence; marks identity; and confers honour. It is clear that both the leaders and the young males regard initiation rituals as means through which society members can communicate values and ways of living through social interaction and teaching.

5.6.5 Health Standards

The results of the study reflected that the Department of Health had issued Initiation Legislation in 2006 which aimed at guiding the initiation schools on the correct procedures regarding health standards. Leaders indicated that they were practicing these health standards in order to prevent complications that may occur during the initiation process especially during the circumcision part of the process.

The leaders confirmed that initiation schools issue consent forms to be signed by parents in the cases of minor initiates, which is very rare in their area. The initiates are also taken

to the local medical doctor for medical examination and are issued with a medical certificate (See Appendix G2). The leaders reported that the purpose of this examination is to provide treatment where necessary before the young males are admitted to the initiation school. This also supports Funani's (1990) documentation that basic health education can make circumcision safe. Subsequently the parents sign the form that grants permission to conduct circumcision operation on a young male. The leaders reported that this is done to prevent situations where a young male goes to the bush without the knowledge and permission of parents. This is in line with the Initiation Legislation of 2006.

The leaders and the initiated young males reflected that hygiene is one of the topics treated with more caution at the initiation school. Visiting speakers who are qualified on health aspects are invited to deliver talks and to teach the initiates about hygiene after circumcision. The leaders and the initiated young males also reflected that there are people invited to educate the initiates about HIV/AIDS.

5.6.6 Additional information on HIV/AIDS

The leaders and the young initiated young males reflected that speakers were invited to talk about HIV/AIDS during the visitor's free time. The initiated young males stated that the methods used for addressing HIV/AIDS were different from those of the formal schools in the sense that they were not expected to write tests on what they were told as it is the case at the formal schools. The discussions were based on modes of transmission, prevention, discrimination, attitude towards those already infected, how to respect and care for them. The initiated young males indicated that they were encouraged not to discriminate against people because of their HIV/AIDS status; they were also motivated by the speakers and leaders to adopt a more positive attitude towards the epidemic; that they should abstain but protect themselves if they fail to abstain from sex. In addition, the initiates stated that the talks were beneficial to them because they were able to ask questions on topics discussed; however they did not have any formal assessment except questions that were asked orally by the speakers.

Both leaders and initiates reflected that ABC approach was also discussed during the talks. The leaders and the initiates indicated their support and understanding of the ABC approach. Both leaders and the initiated young male groups believe that this approach was in line with their culture and tradition because promiscuity is not acceptable; and that the use of condoms is not encouraged. The leaders believe that condoms are not supposed to be considered as the first option prevention tool. It was evident that the leaders believed in abstinence more than any other method of preventing the infection. The leader's belief was based on cultural morality and expectations with regards to behavioral aspect; that the adolescents should wait until they are married before they can have sexual relationship, hence they condemn promiscuity.

Leaders stated that they encourage condom use as a last resort when everything else has failed for those who cannot abstain from sex. It was evident from the leaders' statements that the elders of the community were not happy about the discussions of issues such as HIV/AIDS and condoms because they were not well versed about such issues. Also, why should these issues be discussed with adolescents (who are still too immature and "what do they know!"); they also believed in the old method of prevention which is abstinence. It was evident from the results that the initiated young males had more information on HIV/AIDS because they were also taught about it at the initiation school as compared to the uninitiated young males who depended on their teachers, media and the Love Life talks and games.

The initiated young males seemed to have a more positive attitude towards the pandemic which was reinforced by the leaders and speakers who visited them at the initiation schools; the initiates also displayed a sense of responsibility towards taking care of their health and helping people infected and affected by the disease. This was confirmed by their statements about their compassionate feelings towards the infected people; which reflected that positive people still have their dignity and that they have not lost it all; that they are infected does not mean they have nothing. In addition they also reported that it does not make any difference in their attitudes whether the woman is positive or not. This reflected that they do not consciously ostracize nor discriminate against positive women.

It was evident that both initiated groups of young males are exposed to various sources of information with regards to HIV/AIDS because apart from what they learn from schools, through media and programs organized for the youth, the initiated group have additional informal programs designed for them by the initiation schools. However it cannot be confirmed that they do practice what they were taught when they are out of the initiation schools because there are no follow up programs put in place for monitoring their behaviour and attitude.

5.6.7 Additional information on gender related issues

It was obvious from the findings that the issue of gender was treated as one of the most important issues discussed during the initiation process. The leaders highlighted that in the past the issue of gender related issues was not open for discussion with the youngsters and women. It was a subject that was to be discussed by men who already have families. The leaders reflected that they had to convince the elders to have the topic included and discussed during the initiation process. Even then, the topic of gender was not adequately addressed as it was assumed to happen at the formal schools. More emphasis was on respecting the elderly women who are their mother's and sister's age; not to call them by their names and to assist them in their times of need. Both the leaders and the initiates reflected that the topic was discussed in passing. However, some information imparted to the initiates at the initiation schools gave the initiates an expanded horizon of information and knowledge when compared to the uninitiated young males who had limited sources of information on gender related issues.

The visiting speakers emphasized respect for women and more especially the elders, also addressing women according to their different age levels, not calling them by names. The initiates were also taught different names to be used for the different status of women. Leaders reported that they are trying to shift from the olden days principle where women were seen as homemakers only and did not have a word in the raising and grooming of their sons; where women were supposed to be submissive and obedient to their husbands; where women had to do all the household chores without sharing them with their male

siblings. The leaders reflected a slow shift from the old principle of women playing and fitting into specific roles designed for them by the community and the societies. The initiates reflected that there are only a few things they learnt from initiation school about gender; such as rude names, and that women and men are meant to be equal in the eyes of justice.

The uninitiated young males reflected that their knowledge about gender equality was gained through the workshops they had attended, not from attending initiation school because they had not been there yet. It was evident that both initiated and uninitiated young males had attended same workshops on gender issues, the only difference in knowledge and attitude is therefore on what the initiated youth learnt from the initiation school. This knowledge reflected an understanding of equal principle in treating women. In addition, the initiated young males reflected some understanding of the equal rights and treatment of women; that they were against violence towards women where men would just vent their anger on women. However there was not much difference between the two groups of young males, perhaps because there was apparently not much included at initiation school, and because the initiates did not perceive it as one of the important issues to discuss since there was no emphasis coming from the initiation school and from the visiting speakers. The initiates reflected that they would have liked to be taught methods to use for courtship. The next chapter will present conclusions and recommendations.

CHAPTER 6: CONCLUSIONS AND RECOMMENDATIONS

6.1 Introduction

The previous chapter dealt with the findings and discussions of the data. In this chapter the main conclusions and recommendations are presented. After a careful consideration of the data, certain clear conclusions emerge in terms of the critical questions formulated in chapter one. Based on the findings outlined in chapter five and the conclusions of this study, pertinent recommendations are then made. However this challenges future researchers, government and the traditional leaders to make the recommended changes.

6.2 Summary of the study

In this study, initiation school leaders, initiates and uninitiated youth were interviewed and participated in focus groups discussions about their expectations and experiences. Leaders reflected that there were no formal programs designed for the initiates during their stay at the mountains. Visiting speakers were invited to address the initiates on identified topics. The identified topics included respect, teamwork, culture and tradition, manhood, health standards, survival during the process, gender related issues and HIV/AIDS related issues. It was clear from the leaders that the Government did not provide any guidelines for the leaders to follow when dealing with such topics; hence there was no written program or roster which was available to follow.

The talks were not given on the first day of arrival by the initiates. First there were rules set down to the initiates, then the circumcision part of the initiation followed two days later when the initiates had acclimatized themselves with the rules and their surroundings, especially the conditions of their stay in the mountains. According to the leaders, the talks were not delivered on the first day because the initiates are still weary of what lay ahead of them (circumcision); they were very submissive and could not comprehend anything they are told until the operation was over. The circumcision operation is performed by the specific medical doctor assisted by traditional surgeons (iingcibi). This part of the ritual is regarded as the rite of passage. This ritual marks the transmission from childhood to manhood stage, and it comes with certain privileges and new status for the young males.

The young males are now regarded as 'men' because they have endured pain and suffering which admits them into manhood and adult life.

During the interview with leaders, certain themes were identified; these themes included respect, manhood, culture and tradition, health standards and HIV/AIDS and also age restriction for admission at initiation school. Respect is observed in aspects such as language use and command; vulgar language is not condoned. There are also special names used to different levels of people and also when addressing elders. Failure to conduct yourself in a more acceptable manner as an initiate is regarded as misbehaviour. This is one of the entrances to the society of men. The initiates are expected to behave well, more especially after they have graduated from initiation school.

The initiates should display polite behaviour and a more positive attitude towards other people and especially to the elders. They should not display negative attitudes, negative emotions or funny faces toward elderly people. Responsibility and accountability is one of the characteristics that should be displayed by real men. These include providing for the family, taking actions to protect your family. Promiscuity is not permissible when a one has graduated as a man from the initiation school; this means that more than one sexual partner at a time is unacceptable. Manhood is a rite of passage from boyhood to manhood. Manhood also comes with certain qualities and values.

Most of the themes from the leaders complemented those identified by the young males. The uninitiated young male also indicated that their expectations were in line with what is taught at the initiation schools. The initiates also reflected that they would also like to be taught about courtship at the initiation school.

Results indicate that there is no formal schedule of the programs written down about what is offered at the initiation schools. Visiting speakers are invited by the leaders to give talks on different topics that are identified from time to time. The leaders indicated that there are no guidelines from the Department of Health on the topics to be discussed, more especially on the HIV/AIDS issue which the government emphasizes should be dealt with

at the initiation schools. The guidelines should be provided in accordance with the Government requirements. This study also found that this has not yet been provided in the participating initiation schools; the leaders design their own programs for their own schools which are not formal. The program depends on the availability of the speakers; there is no roster for the invited speakers.

6.3 Conclusions

Conclusion is that there is no standardization of programs offered so the research cannot be extrapolated to initiation schools in other areas. It seems very individualized. From the results, it was apparent that there was limited content dealing with HIV/AIDS because the leaders admitted that they relied more on what was taught at schools to pass on the knowledge of this topic. It seemed to be relevant only in passing and referring to other topics. Apparently gender was only addressed in the light of respect for all others (without too much detail) and the treatment and care of wives within the traditional paternal social paradigm. Women were expected to be treated with concern and required special attention regarding their physical support.

Results from the study reflect that there is little difference in the attitude and knowledge between the two young male groups with regards to HIV/AIDS and gender related issues, most probably because both groups had the same exposure in terms of external workshops such as Love Life games since they attend same schools. A conclusion relating to HIV/AIDS and gender related issues lead to little difference because the focus was on other issues, and not pertinently on these. Minor differences related to gender related issues such as treating women and attitude towards HIV/AIDS and sources of information were clearly identified between the two groups of young males. This may be because of the variety of exposure the initiated young males got during the seclusion period at the initiation school. Another difference displayed by the initiated young males was that they were encouraged not to discriminate against people because of their HIV/AIDS status; they were also motivated by the speakers and leaders to adopt a more positive attitude towards the epidemic.

The only difference in knowledge and attitude is therefore on what the initiated youth learnt from the initiation school. This knowledge reflected an understanding of equal rights principle in treating women and no violence against women. However there was not much difference between the two groups of the young males, perhaps because there was apparently not much included at initiation school, and because the initiates did not perceive it as one of the important issues to discuss since there was no emphasis coming from the initiation school and from the visiting speakers.

The leaders' exposure to external sources of information pointed to very little attendance at workshops and meetings. Apparently there is little or no focus because of traditional and cultural taboos and because of scarcity of information available about such issues. Or maybe they did not perceive it as an integral part of the initiation process.

The initiates are exposed to various sources of information provided by the different speakers who visited the initiation school. Another difference noted is based on gender related issues. The initiates displayed a better understanding on gender equality because some of the information imparted to the initiates at the initiation schools gave them an expanded horizon of information and knowledge when compared to the uninitiated young males who had limited sources of information on gender related issues. The initiated young males seemed to have more information than the leaders because of their variety of sources starting from their respective schools as the leaders admitted. Perhaps due to the limited sources of information, the leaders did not feel competent enough to comment on these non-traditional topics.

The final conclusion is that the initiation school could be suitable for HIV/AIDS and gender related issues if more focus can be directed towards them. Initiation school is an ideal opportunity to save the country but it is sadly neglected. However, the process is highly successful when dealing with traditional issues such as manhood, respect for others, responsibilities, culture and traditions. This study indicates that a lot of work needs to be done at the initiation schools with regards to HIV/AIDS and gender related issues.

6.4 Recommendations for policy

6.4.1 Recommendation One

In noting that there are no specific programs put into place for the initiation schools to follow in terms of addressing HIV/AIDS and gender related issues, no specific topics for discussion, no schedule drawn for the activities and the talks, no criteria followed when inviting the speakers. The legislation issued by the government does not provide guidelines to be followed by the participating initiation schools when addressing HIV/AIDS and gender related issues. Therefore a recommendation would be for the government to develop programs that will take cognizance of this need and which will enable the leaders of the initiation schools to design more effective and user-friendly methods that could be used in influencing attitudes and knowledge of the young males towards HIV/AIDS and gender related issues more effectively.

The government needs to put in place programs and guidelines to be followed by initiation schools when adopting the Legislation guidelines. The programs should have specific topics to be discussed at the initiation schools, specific activities to be done that will help to influence the attitude of the young males towards HIV/AIDS and the criteria to be used when selecting the visiting speakers.

The formulated health standards function effectively in changing the attitude of the leaders towards circumcision but little is aimed at adolescent's attitudes towards HIV/AIDS pandemic and gender issues. There needs to be programs put in place that will assist the initiation schools in ensuring that there is a change in attitude and knowledge towards HIV/AIDS and gender issues among the young males who enter initiation schools.

6.4.2 Recommendation Two

In addition, the initiation schools should have a specific roster that would include the activities for the whole initiation process including the invited speaker's schedule. More specific topics should also be included for gender related issues, especially topics that deal with women's rights, abuse, women's reproductivity, women's economic status and violence. In addition, the government should liaise with the young males about what they would like to learn from the initiation schools.

6.4.3 Recommendation for improving the study

The study was a small scale study confined to a small number of willing participants. It was a qualitative study aimed at exploring the programs offered at the initiation schools and the role played by the initiation schools in influencing the attitude of the young males towards HIV/AIDS and gender related issues. Consequently, no generalization could be made about all the initiation schools in the Maluti area; therefore it is strongly recommended that a bigger sample of more initiation schools and more participants to get representative samples be used so that certain firm generalization could be made.

If rosters and session notes were available, then the time spent on dealing with issues could be quantified in terms of the focus placed on them. A measure of the depth of discussion would also be important.

6.4.4 Recommendation for further study

A study of actual observation of how men treat women before and after attending initiation school is recommended such as action research by men to observe what happens regarding these issues during initiation period. This can also be coupled with the training of traditional leaders in gender related topics that will include violence, women independence, power sharing and many more topics on gender related issues

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APPENDIX A

Letter requesting permission

P.O. Box 22618
Southgate
Pietermaritzburg
3201

The Society of Traditional Initiation Schools

Maluti

Matatiele

Dear Sir

Letter requesting permission

I, Nomhle Sitole hereby wish to conduct research in your area/ward. The research aims to assess the influence of initiation schools on adolescent attitude and knowledge on HIV/AIDS and gender related issues. The study will look at the programs offered at the initiation schools and sources of information for leaders and the initiates. Participation will be voluntarily, to remain anonymous and to withdraw their participation should they wish to. Confidentiality will also be ensured and they will have access to the findings of the study. Data will be collected through interviewing the leaders through interview schedule. Focus group discussions will be conducted with the initiated and uninitiated young males. Permission will be sought from the participants to use a tape recorder to ensure authenticity and to avoid wrong interpretation of the participant's responses.

I promise to respect all the laws and regulations surrounding the initiation process and privacy.

Yours sincerely

Miss N.Sitole

APPENDIX B

INFORMED CONSENT

I..... (full names of participant) hereby confirm that I understand the contents of this document and the nature of the study, and I consent to participate in the study.

I understand that I am at liberty to withdraw from the project at any time should I so desire.

SIGNATURE OF PARTICIPANT

DATE

APPENDIX C:

INTERVIEW GUIDE FOR TRADITIONAL LEADERS (SUPERVISORS)

Questions for leaders involved with initiation schools in Eastern Cape (in Maluti area)

1. Programs offered at the initiation schools

1.1. What are the overriding aims and objectives for boys to achieve from attending initiation school? (*Leaders must give full explanation on this issue*)

1.2. What are specific programs offered at the initiation school? What activities and challenges are included? Will you elaborate on these fully?

1.3 Do you have any written schedule of what is included? Where can I get a copy? (*E.g. time-table of what happens on day 1 on their arrival, day 2 up to the day of circumcision and also what happens after circumcision*)

1.4. What do you understand by HIV/AIDS related issues? (*Whether their understanding is based on the basic knowledge of:*

definitions or

modes of transmission or

prevention

health aspects (malnutrition)

other aspects specify)

1.5 What do you understand by gender related issues? (*Leaders to give details about these issues whether their understanding includes shared expectations and norms, appropriate male and female behaviour, characteristics and roles, differential access to power, decision- making authority*)

1.6 How are these issues presented during the process of circumcision? (*Please elaborate in detail*)

1.7 Do you include issues like:

Inclusion methods

manliness,
sanitary measures,
health standards,
behavioural change towards women,
sexual practices,
promiscuity and
marriage-related issues?
other (specify)

How are these each included (if yes)? *(In passing, as a talk, as part of an activity - explain)*

1.8 Do you invite outside speakers to contribute to the initiation school? For which topics?

2. Inculcation of attitude towards HIV/AIDS and gender issues from the leader's perspective

2.1 How do you address issues of HIV/AIDS at the initiation school? Why is it important to discuss them?

2.2 "It is advisable that young people abstain from sex before marriage, be faithful and condomise." What is your response to this statement? How is this transferred to boys?

2.3. Do you think that attending initiation school can change the attitude of young males towards women? In what ways?

3. Relationship between attending initiation school and behavioural knowledge of HIV/AIDS and gender issues

3.1. What is the most appropriate age group for attending initiation school? Why?

3.2 Is attending initiation school more valuable as:

a rite of passage to manhood or

a cultural/ traditional event or

a religious obligation

other (specify)

(Number from 1 as the most important. Leaders to give explanation of rite of passage and what these obligations entail)

3.3 What are your expectations from the initiates once they come from the initiation school? Why?

3.3. What roles are they expected to play in the community afterwards? Why? How?

3.4 Is there a specific link between attending initiation school and behavioural change with regards to responsibility and accountability in general? How?

3.5 What differences have you noticed between circumcised male youth and uncircumcised male youth with regards to behavioural knowledge of: treatment towards women,

violence,

abuse and

HIV/AIDS

Sexual practices

Other (specify)

4. Sources of information for the leaders

4.1 Have you ever attended any workshops about HIV/AIDS issues? How many? What was each one's duration and topic? Why?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

4.2 Have you ever attended any meetings about HIV/AIDS issues? How many? What was each one's duration and topic? Why?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

4.3 Have you attended any workshops about gender related issues? How many? What was each one's duration and topic? Why?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

4.4 Have you attended any meetings about gender related issues? How many? What was each one's duration and topic? Why?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

4.5 What are your other sources of information on HIV/AIDS and gender related issues?

Sources of information on HIV/AIDS	Methods of passing this HIV/AIDS information on to initiates	Sources of information on Gender issues	Methods of passing this Gender information on to initiates

(Means or methods of passing the information like discussing it, talks given, activities to learn from)

4.6 Are the initiates assessed regarding HIV/AIDS and gender related issues? How?

4.7 Do you ever talk or discuss gender related issues with young boys outside initiation school? Why? How? When?

APPENDIX D1:

DISCUSSION TOPICS FOR INITIATED MALE YOUTH

School name

Discussion group number

Programs

Why did you attend initiation school?

2. What are your experiences and lessons learnt from attending the initiation school?
Why do you feel that way?

3. What do you understand by **HIV/AIDS** related issues? (*Ask whether their understanding is based on the basic knowledge like definitions or modes of transmission or other aspects*)

4. What do you understand by **gender related** issues? (*Find out whether their understanding includes shared expectations and norms, appropriate male of female behaviour, characteristics and gender roles, differential access to power, decision-making authority*)

5. Is there anything else that you would like to have learnt from the initiation school

Attitude towards HIV/AIDS and gender related issues

6 “It is advisable that young people should abstain from sex before marriage, be faithful and condomise” What is your response to that statement? Why?

7. Which age group is always targeted by the programs on HIV/AIDS and gender issues? Why do you think so?

8. Has attending initiation school changed your attitude towards HIV/AIDS and gender related issues? In what way?

Sources of information

9. Have you attended any workshops, talks or meetings related to **HIV/AIDS**? How many? What was each one’s duration and topics dealt with? Why did you go?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

10. Have you ever attended any workshops, talks or meetings about **Gender related issues**? How many? What was each one’s duration and topic? Why did you go?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

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11. What are your other sources of information on HIV/AIDS?

12. Do you ever talk or share any information with your friends/parents/teachers about these issues? Why/How?

Probe: Why?

13. What are your other sources of information on gender related issues?

14. Is there anything else that you would like to know more about these issues? Why?

Thank you for your time

APPENDIX D2

Discussion topics for uninitiated male youth

School name

Discussion group number

Programs

1. Why have you not attended initiation school?

2. What are your expectations and lessons to be learnt from attending the initiation school? Why do you feel that way?

3. What do you understand by HIV/AIDS related issues? (*Ask whether their understanding is based on the basic knowledge like definitions or modes of transmission or other aspects*)

4. What do you understand by gender related issues? (*Find out whether their understanding includes shared expectations and norms, appropriate male of female behaviour, characteristics and gender roles, differential access to power, decision- making authority*)

5. Is there anything else that you expect to learn from the initiation school? Why?

Attitude towards HIV/AIDS and gender related issues

- 6. “It is advisable that young people should abstain from sex before marriage, be faithful and condomise” What is your response to that statement? Why?

- 7. Which age group is always targeted by the programs on HIV/AIDS and gender issues? Why do you think so?

- 8. Do you expect that attending initiation school can change your attitude towards HIV/AIDS and gender related issues? In what way?

Sources of information

- 9. Have you attended any workshops, talks or meetings related to **HIV/AIDS**? How many? What was each one’s duration and topics dealt with? Why did you go?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

10. Have you ever attended any workshops, talks or meetings about **Gender related issues**? How many? What was each one's duration and topic? Why did you go?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

11. What are your other sources of information on HIV/AIDS?

12. What are your other sources of information on gender related issues?

13. Do you ever talk or share any information with your friends/parents/teachers about these issues? Why/How?

14. Is there anything else that you would like to know more about these issues? Why?

Thank you for your time

APPENDIX E1

INTERVIEW TRANSCRIPT FOR TRADITIONAL LEADERS (SUPERVISORS))

Questions for traditional leaders involved with initiation schools in Eastern Cape (in Maluti area)

1. Programs offered at the initiation schools

1.1. What are the overriding aims and objectives for boys to achieve from attending initiation school? (Leaders must give full explanation on this issue)

We want to produce good and responsible men for our community and for our country, I mean men who can take care of their families, respect other people especially the elderly people who do not have children to care for them. We also want to pass on our traditions and culture to the next generation to understand and be able to respect them. Another aim is to prepare the boys towards manhood which is a very difficult thing to understand and a very long process Manhood is a process it does not happen over a night, so it needs a lot of work to teach the youngsters.

1.2. What are specific programs offered at the initiation school? What activities and challenges are included? Will you elaborate on these fully?

There are no specific programs that we offer except the usual things that we always do for all the groups that come for initiation. Activities include things like learning how to prevent veld fires, prevention of death like avoiding faction fights and violence that may lead to death, and activities that will challenge the boys to show qualities of leadership.

1.3 Do you have any written schedule of what is included? Where can I get a copy? (E.g. time-table of what happens on day 1 on their arrival, day 2 up to their initiation and also what happens after the initiation period)

We do not have any written schedule because everybody who is involved in the circumcision knows when it is his turn to talk or perform any activity with the boys, like when to take the boys for practising veld fire prevention and we also know who does what. Usually, we almost follow the same routine each year, the only difference is with the speakers depending on whom we get to address them on separate topics, sometimes we get different people like doctors, elders, male nurses because some of the people that we use for talks are on leave during December month which is the month that we use for circumcision to prevent complications that may be caused by cold Winter months and some are on duty as you know people take their leaves on different times of the year as long as it suits them so we take who ever is available and suitable.

1.4. What do you understand by HIV/AIDS related issues? (What their understanding is based on?)

I understand the meaning of the disease, how it is transmitted, that there is no cure for the disease at the moment and what should people do to avoid contracting the disease and how people can live positively with the disease.

1.5 What do you understand by gender related issues? (Leaders to give details about these issues whether their understanding includes shared expectations and norms, appropriate male and female behaviour, characteristics and roles, differential access to power, decision- making authority

It's about gender equality, how to treat women and not discriminate them and the inclusion of women in decision-making at home and even at workplaces and other issues like violence against women and children and how men should care for their families and about respecting the rights of women as human beings.

1.6 How are these issues presented during the period of initiation? (Please elaborate in detail)

We invite people from the relevant departments to come and address our boys and even amongst us there are people who can talk about certain aspects of the topics and we also use our elderly people to talk about such issues especially when it comes to respect and

behaviour of real men, I mean men who have been to the initiation school, who can tell the boys about the expected behaviours and their roles when they become men.

1.7 Do you include issues like:

Inclusion method

manliness,

sanitary measures,

health standards,

behavioural change towards women,

sexual practices,

promiscuity and

marriage-related issues?

other (specify)

Yes we do. As I have said we invite people from outside to come and address the boys and teach them as well. And we also give a chance to our elders to talk to the boys and pass their rich information and experience to them, but mostly we invite our local doctors and local male nurses to talk about issues related to health, sanitary measures and on almost on all of the topics that you have mentioned.

How these are each included (if yes)? (In passing, as a talk, as part of an activity - explain)

As talks and as some as activities

1.8 Do you invite outside speakers to contribute to the initiation school? And for which topics?

Yes we do more especially on health issues and behaviour; you know you have to make sure that when the boys come from the initiation school they are fully prepared for taking a part in the community's men real men even if they are still young.

2. Inculcation of attitude towards HIV/AIDS and gender issues from the leader's perspective

2.2 How do you address issues of HIV/AIDS at the initiation school? Why is it important to discuss them?

As I have mentioned before that we invite people who are well vested on such issues to come and talk to the boys, yes sometimes it is no easy for us because in the early days HIV/AIDS was not there so when we talk about these issues in front of our elders we have to make it easy for them to understand the need for addressing these issues in our days because they do not understand them fully. Most of the time the discussions are based on the basic knowledge about the disease like mode of transmission, prevention and where can they go for more information and assistance. The reason for this is because we want to protect our boys from being infected and from infecting others because the statistic of infected youth is very high as compared to other age groups.

2.2 "It is advisable that young people abstain from sex before marriage, be faithful and condomise. What is your response to this statement? How is this transferred to boys?"

I support the statement fully, although at the initiation school we encourage abstinence more than any other methods, condom use should be the last resort when one cannot abstain any more, this is transferred through a series of talks with the boys, not just a one day talk.

2.3 Do you think that attending initiation school can change the attitude of young males towards women? In what ways?

Yes because they are taught about the importance of respecting women as their mothers and sisters, and that if they manhandle women, they will be in trouble because 'men' are watching them, I mean the 'men' are observing them, and if you are caught or reported doing things that ill treat women then you are summoned to the 'men's court' and be called into order. Elders are very strict and tough upon those who do things that may be undermining the status of circumcised men, and their culture and men's dignity.

3. Relationship between attending initiation school and behavioural knowledge of HIV/AIDS and gender issues

3.1. What is the most appropriate age group for attending initiation school? Why?

We recommend from age 19 years and above because at that age they are able to understand what they are being taught, they are becoming mature at that age, if not 19 years, the boy should at least be in matric at school otherwise we do not accept boys younger than that because by the time he comes of age he would have already forgotten about what he was taught at the initiation school. And once he forgets he will behave like someone who has never been to the initiation school and may get involved in things that he is not supposed to involve himself in and that may not be good for the image of 'men'

3.2 Is attending initiation school more valuable as:

- a rite of passage to manhood or
- a cultural/ traditional event or
- a religious obligation
- other (specify)

(Number from 1 as the most important. Leaders to give explanation of rite of passage and what these obligations entail)

1 As a rite of passage to manhood which is transition or transfer from boyhood to manhood, rite of passage also determines the boy's real identity for an example his the father's identity. And that is where most boys encounter problems if they have mistaken identity or have not been told the truth about their real identity, and in some instances the mother is summoned to tell the truth about her son's real identity, this is a very serious stage.

A cultural/traditional this event this marks acceptance to the society and community and to the manhood society, and this is where the transfer of culture and traditional knowledge takes place, so it is also important.

A religious event this does not have much importance because even if you are uncircumcised you can be accepted in the society and community and even in church it does not matter that much, in fact it is not even considered.

3.3 What are your expectations from the initiates once they come from the initiation school? Why?

To be exemplary in their communities, to be committed and to be responsible and to take leading roles, to be helpful to their neighbours. To volunteer whenever there is a job that

needs men to do. They must be involved and they must show respect to people especially towards the elders, not to provoke faction fights or violence of any nature and to be peacemakers.

3.3. *What roles are they expected to play in the community afterwards? Why? How?*

Same as what I have just mentioned

3.4 *Is there a specific link between attending initiation school and behavioural change with regards to responsibility and accountability in general? How?*

Yes there is, because they are taught responsibility, commitment, accountability and to be volunteers.

3.5 *What differences have you noticed between initiated male youth and uninitiated male youth with regards to behavioural knowledge of:*

treatment towards women,

violence,

abuse and

HIV/AIDS

Sexual practices

Other (specify)

Not much to be honest, because some of the boys are well behaved even if they have never been to the initiation school, I think this all depends on the way they have been raised at their homes

4. Sources of information for the leaders

4.1 Have you ever attended any workshops about HIV/AIDS issues? How many? What was each one's duration and topic? Why?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance
Y	2	3	Awareness	As a leader in

			Prevention Behaviour change	the community and as I am involved in initiation school
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4.2 Have you ever attended any meetings about gender related issues? How many? What was each one's duration and topic? Why?

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance
Y	4	2	Gender equality Violence Abuse Responsibility	Enrichment of knowledge and to pass the information to the initiates

What are your other sources of information on HIV/AIDS and gender related issues?

Sources of information on HIV/AIDS	Methods of passing this HIV/AIDS information on to initiates	Sources of information on Gender issues	Methods of passing this Gender information on to initiates
Health Department	Talks and discussions	Media	Talks and discussions
Workshops	Talks and discussions	Workshops	Discussions Talks and questions
		Imbizo where elders give talks	Talks and discussions
Media TV Radio etc	Talks and discussions	Media and radios and TVs	Talks and discussions

(Means or methods of passing the information like discussing it, talks given, and activities to learn from)

4.6 Are the initiates assessed regarding HIV/AIDS and gender related issues? How?

Yes, by means of questioning them on the talks held by different speakers.

4.7 Do you ever talk or discuss gender related issues with young boys outside initiation school? Why? How? When?

Yes we do, we just talk and discuss what they have learnt from school and from the campaigns that they attend, anytime when you remember or have heard something concerning the death of the youth somewhere, sometimes after attending a funeral related to HIV/AIDS then we just talk in a manner as to remind them that the disease is still fatal and that it will always be until a cure is discovered.

Thank you so much for your time

APPENDIX E2

Discussion topics for initiated male youth

School name

Discussion group number

Programs

1. *Why did you attend initiation school?*

- Because it is part of our culture,
- I also wanted to do it.
- You don't go there if you are forced to
- You are not allowed to do so; it must come from you that I want to do it.
- That people should accept you in the society.
- So that other "men" can respect you

2. *What are your experiences and lessons learnt from attending the initiation school?*

Why do you feel that way?

- How to be a person and how to be part of society, and also how to behave.
- How to respect other people,
- They teach how to respect other people and how to respect yourself and how to be part of society because that is what a real man is.
- About our traditions and keeping and respecting them
- And also about our cultural stuff

3. *What do you understand by **HIV/AIDS** related issues? (Ask whether their understanding is based on the basic knowledge like definitions or modes of transmission or other aspects)*

- It's a tough one, death, sex without a condom
- Too many girlfriends.
- Not thinking you do not just have unprotected sex, you don't just have sex without a condom,
- Illness.
- Modes of transmission like blood transfusion, dirty nails, drugs, using needles that you find in the streets,

- Just cutting yourself by something that is infected by someone who has got AIDS.
- Respecting people even if they are infected with the disease

3. *What do you understand by **gender related** issues?* (Find out whether their understanding includes shared expectations and norms, appropriate male or female behaviour, characteristics and gender roles, differential access to power, decision-making authority)

- It is how you enforce the power; it is not related to gender related.
- In some houses they both the father and the mother but only to find that children listen to the mother not to the father though the father thinks that he is the one with the power.
- Power is how you use it; it has nothing to do with the gender.
- That is not power that is fear from the women imposed by men, you will find the same men who do that in front of other people will not do it in front of other men, he will be afraid of other people, so he takes it out on to his wife and the wife does not see it.

5. *Is there anything else that you would like to have learnt from the initiation school?*

- How to get a woman
- Proposing to woman

Attitude towards HIV/AIDS and gender related issues

1. *“It is advisable that young people should abstain from sex before marriage, be faithful and condomise” What is your response to that statement? Why?*

- Just now you marry this woman who has been married before and she got AIDS from the husband, from former husband, previously and then you have been abstaining all this time to get the disease, but it does not matter.
- It’s important but it does not make much of a difference.
- It should be practised because there is too much STIs and HIV/AIDS and other diseases
- To be on the safe side.

2. Which age group is always targeted by the programs on HIV/AIDS and gender issues? Why do you think so?

- The youth, because it is the future, if they die whose gonna continue the tradition or whatever.
- There is more peer pressure, and as a teenager, you have one girlfriend and all that stuff
- Then, some of them are curious, they are always interested how something is done
- Because young people are the mostly affected group of people more than adults

3 .Has attending initiation school changed your attitude towards HIV/AIDS and gender related issues? In what way?

- AIDS is still a killer,
- The biggest thing is that all people are equal whether they are positive or negative, whatever they have they own it, that they are infected does not mean they are nothing
- And it does not mean that they have nothing of their own

Sources of information

1. Have you attended any workshops, talks or meetings related to **HIV/AIDS**? How many? What was each one's duration and topics dealt with? Why did you go?

- No meetings, no workshops,
- Love life is there but it's not like we are sitting here, if you want to go there you can,
- There are counsellors,
- The counsellors are there, but its not for people who are positive only,
- If you want to know more about it, they just explain to you and answer your questions
- They tell you a bit more than what you already know,
- Its just people who know about it.

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

2. *Have you ever attended any workshops, talks or meetings about **Gender related issues**? How many? What was each one's duration and topic? Why did you go?*

- No. Except what we learn from school and
- From our parents at home
- And just what elders tell you

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

3. *What are your other sources of information on HIV/AIDS?*

- Media,
- me, I have spoken about these issues but not with my friends,
- There at school at Pietermaritzburg D.I.T. every start of the semester, new comers are gathered around and they are taught like what happens in the University and we talk about AIDS and how you should prevent carrying AIDS and stuff like that.
- In a sense we do because we say condomise and that's it,
- So we are through and done with it.

4. *What are your other sources of information on gender related issues?*

- It's a topic that we never discuss,
- so we got used to the 50/50 thing.
- Men and women are equal so we got used to it,
- We don't discuss it, we just know it's 50/50 and we agree on it.
- Sometimes we discuss it with our school mates.

Probe: What happens in a classroom, do you clean and sweep the classrooms, or you feel that it is the duty of the girls to do so?

- In a classroom situation we do not do the actual sweeping of the floor but we do move desks,

Probe: What about cleaning the board, who is responsible for that that?

- When it comes to cleaning the board any one can do it, girls, boys teachers even do it but most of the time its boys.

4. Do you ever talk or share any information with your friends/parents/teachers about HIV/AIDS issues? Why/How?

- The parents share with us we do not share with them,

Probe: Why don't you share that with your parents?

- We have shared enough with our teachers at school
- Like I am always getting tired if it now, wherever I go, the teachers at school,, parents as if I don't..... like...no,
- Its like they keep on telling me same thing over and over again,
- like when I am home, my mother tells me that,
- At school it's the same thing again and I meet other people and the same thing again
- I never get to know who knows more,
- And its always about condomise,
- So basically it's the stuff that we share almost everyday

5. Do you ever talk or share any information with your friends/parents/teachers about gender related issues? Why/How?

Really we never try.

- How can you talk about gender issue, how is it possible to just say gender issues,
- You can't just say people are equal
- And its more about how you grew up at your home,
- so we never grew up the same way, so may be he is got different ideas about girls, so we wont just like share,
- The only time we share is when something happens and we tell each other, no, this is not right.
- I think this is how it should be but it's up to you but please don't do it again. It's not like I tell them, hey, I treat girls in this way. No.

7. Is there anything else that you would like to know more about these issues? Why

- No, not really,
- We think we know more about HIV/AIDS because wherever we go people talk about it and we think we have enough of it, thank you.
- It's a matter of telling yourself that I will always condomise,
- may be I will abstain
- I will make sure that condoms are always available.
- May be they can tell you every day to condomise but they cannot control you, if you do not have the will to do it you will not do it.
- What makes you do that is your choice,
- This is my life.

Thank you for your time

APPENDIX E2 (Group 2)

Discussion topics for initiated male youth

School name

Discussion group number

Programs

Why did you attend initiation school?

- I saw it as a need for people and my friends to accept me in the community, even people under general.
- I wanted to be accepted and respected and recognised as a “man”.
- The people in the society do not respect you and accept you as a man if you have not gone for circumcision but at the same time they do not force you to go, you just feel the need to go there.

2. *What are your experiences and lessons learnt from attending the initiation school?*

Why do you feel that way?

- I have learnt more about how men should behave
- Respect people and care for the elderly people and others, and that people should be treated equally
- We were also taught about respecting our cultures and traditions and how these are important to us.

3. *What do you understand by **HIV/AIDS** related issues? (Ask whether their understanding is based on the basic knowledge like definitions or modes of transmission or other aspects)*

6. I understand how it is transmitted

7. How can it be prevented and that the results of AIDS are long sickness and death if you are not careful.

8. How to look after people infected

9. and also not to discriminate against them

10. and that are also people just like us

4. *What do you understand by **gender related** issues? (Find out whether their understanding includes shared expectations and norms, appropriate male of*

female behaviour, characteristics and gender roles, differential access to power, decision- making authority)

- It is about respecting women and their rights.
 - That we are must not abuse them, take care of their homes where fathers have died and even if you are not related to them.
5. *Is there anything else that you would like to have learnt from the initiation school*
- I don't think so because we learnt a lot from the people who came to teach us about different things like respect and behaviour.

Attitude towards HIV/AIDS and gender related issues

1. *“It is advisable that young people should abstain from sex before marriage, be faithful and condomise” What is your response to that statement? Why?*
- That is true because young people are dying because of HIV/AIDS every day
 - Young people like to experiment things more especially if they are told that those things are dangerous then will want to know how they are dangerous.
 - Young people sometimes do things without thinking
2. *Which age group is always targeted by the programs on HIV/AIDS and gender issues? Why do you think so?*
- The youth because they are the ones that have a high rate of infection than other groups.
 - If they all die who will be the future leaders and who will be able to pass on cultures to the next generations?
3. *Has attending initiation school changed your attitude towards HIV/AIDS and gender related issues? In what way?*
- Yes, we were taught about such issues although it was not the same way like we were taught at school by our teachers.
 - Most of the time we are discussing and also listening to the people who came to teach us.

Sources of information

1. *Have you attended any workshops, talks or meetings related to **HIV/AIDS**? How many? What was each one's duration and topics dealt with? Why did you go?*

- No, we have never attended any workshop except the love life games and what we are taught at school.

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

2. *Have you ever attended any workshops, talks or meetings about **Gender related issues**? How many? What was each one's duration and topic? Why did you go?*

- No, except the discussions that we had during circumcision period.
- and also what our teach us at school

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

5. *What are your other sources of information on HIV/AIDS?*

- We learn about it from TV, radio, from our teachers and parents and also from the newspapers and pamphlets
- And also from Health department people
- And singers.

6. *Do you ever talk or share any information with your friends/parents/teachers about these issues? Why/How?*

- Our teachers and parents talk about these things.
- Sometimes they are not very open when they talk about HIV/AIDS.

Probe: Why?

- Because they think that these things are not open for discussions

- and because people think that if you talk about these issues it is because one of your family member has AIDS,
- people also just don't like discussing these with children because they think children will learn bad things
- Sometimes people around you avoid coming to your house because you talk about bad things

7. *What are your other sources of information on gender related issues?*

- From our parents and from our teachers
- And newspapers
- And pamphlets.

6. *Is there anything else that you would like to know more about these issues? Why?*

- No, thank you.

Thank you for your time

APPENDIX E3

Discussion topics for uncircumcised male youth

School name ...B.....

Discussion group number (4).....

Programs

1. *Why have you not attended initiation school?*

- Because I have never been given information about initiation school by those who have been there.
- I don't want to be forced by anybody to go there.
- I don't see much difference between me and them except that there are meetings that I cannot attend because I am regarded as a boy
- And another thing is that some of them still behave the same way as we do
- Some do not show respect to other people as if they are not man enough.
- I mean circumcised men are supposed to be exemplary but you will find that not all of them set good examples to those who are like us.
- I will go when I am ready, but not now may be next year or 2007

2. *What are your expectations and lessons to be learnt from attending initiation the initiation school? Why do you feel that way?*

- Building a responsible man who will not treat his family badly in terms of respect and caring.
- Creating adults who can run families in the correct way like in the olden days where men used to be responsible.
- In the past it was done for communication and for attacking when there was a battle, but now here are no more battles, therefore men should be taught everything about being a family man

3. *What do you understand by **HIV/AIDS** related issues? (Ask whether their understanding is based on the basic knowledge like definitions or modes of transmission or other aspects)*

- It is a killer disease if you sleep around
- And also if you do not use condoms you will die.
- AIDS is here to stay.
- We are taught about it every day and how to protect ourselves.
- AIDS kill that's all

4. *What do you understand by **gender related** issues? (Find out whether their understanding includes shared expectations and norms, appropriate male or female behaviour, characteristics and gender roles, differential access to power, decision-making authority)*

- Men are in power they do not share power,
- If men are in power they are not sharing it with women

5. *Is there anything else that you would like to have learnt from the initiation school?*

Why?

- I don't think so because I have not attended.
- I really do not know what is being taught there
- In fact I am not sure what they do up there
- And another thing is that we are not allowed to talk about that before we go there,
- Truly speaking it is unlawful to be talking about initiation when you are not initiated
- According to our culture boys are not allowed to talk about "men" issues like this one

Attitude towards HIV/AIDS and gender related issues

6. *"It is advisable that young people should abstain from sex before marriage, be faithful and condomise" What is your response to that statement? Why?*

This is just a policy and it is not working because of teenage pregnancy still happens every day.

Youngster and other people who still carry on with their sexual activities without using condoms.

- I agree with the statement so that we do not have more youth infected
- If they die who will take over from the elders? Who will carry on the traditions of our people in future?
- I think the youth should not engage themselves in sexual activities before they get married.
- I think it is the right thing to do these days because you are not sure about who is positive and who is not
- And also to fight teenage pregnancy.

7. *Which age group is always targeted by the programs on HIV/AIDS and gender issues?*

Why do you think so?

- I think it's the youth because they are dying more than the adults.
- They are committed to liquor and they are easily cheated by their partners.
- I think it is because the youth like to experience doing things which they are told they shouldn't do

8. *Do you expect that attending initiation school can change your attitude towards HIV/AIDS and gender related issues? In what way?*

- I am not sure about that because some of the people who have attended have not changed,
- they still do things that they used to do before they attended the initiation school

Sources of information

1. *Have you attended any workshops, talks or meetings related to **HIV/AIDS**? How many? What was each one's duration and topics dealt with? Why did you go?*

- I did not attend any workshop about HIV/AIDS except for Love life games and talks based on HIV/AIDS.
- It was about awareness
- and how to use condoms

- and where we can get condoms.

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance

2. *Have you ever attended any workshops, talks or meetings about **Gender related issues**? How many? What was each one's duration and topic? Why did you go?*

Yes, but once,

and we hear about this every day,

people talk about this and

also in the radios and TVs

Attendance (Y/N)	How many #	Duration of each (days)	Topics of each	Reason for attendance
<i>Y</i>	<i>1</i>	<i>1</i>	<i>Gender equality And equal rights for both males and females</i>	<i>Interested to know about these issues</i>

2. *What are your other sources of information on HIV/AIDS?*

From the people from the Health department.

From the radio,

from TV

and also from the newspapers

and also from our teachers at school.

3. *What are your other sources of information on gender related issues?*

I attended a workshop on gender equity for a day, it was about equal rights for both males and females.

3. *Do you ever talk or share any information with your friends/parents/teachers about these issues? Why/How?*

- Yes sometimes, but most of the time our parents and teachers are the ones who take the initiative to talk about these issues,
- may be they are afraid of losing their children through this disease
- But for us as youngsters it is not common to talk about such issues unless something has happened
- Or somebody that we know has died through diseases related to AIDS.

4. *Is there anything else that you would like to know more about these issues? Why?*

- Yes, more about gender issues
- and more on HIV/AIDS for family protection.

Thank you for your time.

APPENDIX H

12 No. 29224 GOVERNMENT GAZETTE, 22 SEPTEMBER 2006

NOTICE 1333 OF 2006

THE SOUTH AFRICAN HUMAN RIGHTS COMMISSION TERMS OF REFERENCE: PUBLIC HEARINGS ON INITIATION SCHOOLS: Legislative Mandate of the Commission of the Republic of South Africa

In terms of section 184 (1) of the Constitution of Africa, the Commission has a mandate to:-

Promote respect for human rights and a culture of human rights; Promote the protection, development and attainment of human rights; and Monitor and assess the observance of human rights in the Republic of South Africa.

The Commission has the following powers, in terms of section 184 (2) of the Constitution read together with section 9 of the S A Human Rights Commission Act No 54 of 1994:

To investigate and to report on the observance of human rights;
To take steps to secure appropriate redress where human rights have been violated;

The Bill of Rights (Chapter 2 of the Constitution) guarantees *inter alia*:-

Section 10: The right to human dignity;

Section 11 : The right to life;

Section 12: The right to freedom and security of the person;

Section 27: The right to health care, food, water and social security;

Section 30: Language and cultural rights;

Section 31: Cultural, religious and linguistic rights.

2. Definitions:

2.1 "Act" refers to the SA Human Rights Commission Act No 54 of 1994.

2.2 "Constitution" refers to the Constitution of the Republic of South Africa, Act 108 of 1996.

2.3 "Chairperson" refers to the Chairperson of the SA Human Rights Commission.

2.4 "Commission" refers to the SA Human Rights Commission as established by section 181 of the Constitution.

3. Background:

Initiation schools are part of our cultural practices in South Africa and are protected by the constitution.' The schools are regarded as cultural educational institutions where initiates are taught about customary values and conduct. However, over the past few years, there have been numerous complaints about some of these schools. Deadly infections, callous atrocities and abductions have become defining characteristics of some initiation schools. In some cases,

underaged children are taken to these schools without parental consent. Many initiates have lost their reproductive organs due to the negligence of traditional surgeons who are often inadequately trained. Some surgeons have been found to be operating under the influence of alcohol and often use unsterile instruments, which may contribute to the spread of blood-borne diseases such as HIV/AIDS, Tetanus and other related diseases.

Recent media reports have suggested that "a total of 215 initiates have died and 118 others have lost their manhood in the Eastern Cape since 2001. More than 2000 have been hospitalised during the same period. In 2005 alone, 48 initiates died and 589 others were admitted to hospitals and there were 20 penile amputees."

It has been established that some initiation schools are opened purely for economic reasons. For example, initiates are required to pay exorbitant fees. In addition, there is abuse of power by some traditional surgeons who are often inadequately trained to perform traditional circumcision.

¹ Sections 30 and 31 of the Constitution of the Republic of South Africa of 1996 (Act 108 of 1996)
City Press, Sunday 02 July 2006

In trying to address the above-mentioned problems, some Provincial Governments such as Limpopo, Eastern Cape and Free state³ promulgated laws to ensure the safety of the initiates.

These laws deal with the observation of health standards in initiation schools; the granting of permission for the operation of circumcision schools and the granting of permission to conduct circumcision. Parental consent is also provided for if the boy is below a prescribed age.

In addition to the enactment of relevant legislation, national conferences and workshops were organized in the country to try and address these problems. Notably, the May 2004 Traditional initiation Schools Conference and the South African Human Rights Commission workshop on initiation Schools.

The 2004 Conference made the following recommendations:

All provinces should hold individual conferences to discuss this matter as that is the level where all issues, especially diversity, can be discussed properly. All stakeholders should make an input at these conferences. Out of these conferences contributions will flow into the national framework which will culminate in a discussion paper where legalities can be addressed.

A national co-ordinating committee under the National House of Traditional Leaders should be instituted to deal with the issue.

A time frame for this co-ordinating committee and provinces to submit their report was set at 12 months.

In these discussions reference must be made to the constitution and human rights, the legislative framework to regulate and control the practice, the training of practitioners to observe health requirements, the scourge of HIV/AIDS, code of

conduct relating to the abuse of alcohol and drugs at the schools as well as the importance of these schools.

Socio-economic issues must also be taken into consideration as culture often takes precedence over these issues. The issue of initiation can be used to address poverty alleviation, wealth creation, development, moral regeneration and to advance family values.

Despite all these measures, there are still problems encountered with some of these schools.

³ Northern Province Circumcision Schools Act of 1996 (Act No 6 of 1996), Application of Health Standards in Traditional Circumcision Act of 2001 (Act No 6 of 2001 and Free State Initiation School Health Act of 2004 (Act No. 1 of 2004).

In response to these issues, the South African Human Rights Commission (**the SAHRC**) together with the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities (**the CRL**) and the National House of Traditional Leaders (**the NHTL**) decided to host National Public Hearings on initiation schools.

The Mandate of the CRL Commission is:

- a. To promote respect for and further the protection of the rights of cultural, religious and linguistic communities;
- b. To promote and develop peace, friendship, humanity, tolerance and national unity among and within cultural, religious and linguistic communities;
- c. To foster mutual respect among cultural, religious and linguistic communities;
- d. To promote the right of communities to develop their historically diminished heritage; and
- e. To recommend the establishment or recognition of community councils in accordance with section 36 or section 37.

The Mandate of the National House of Traditional Leaders is:

- a. To advise the national government and make recommendations relating to **any** of the following:
 - i. Matters relating to traditional leadership;
 - ii. The role of traditional leaders;
 - iii. Customary law; and
 - iv. The customs of the communities observing a system of customary law;
- b. To investigate and make available information on traditional leadership, traditional authorities, customary law and customs.

The Public Hearings will be held in four places, namely, Bisho, Qwaqwa, Hammanskraal, and Johannesburg. The rationale for choosing these provinces is based on the high rate of deaths and penile amputees in those areas.

Johannesburg will provide an opportunity for other provinces such as North West and Mpumalanga to participate in the Hearings.

The Hearings will take place over a period of twelve (12) days, three days will be spent in each place. Relevant parties will be given the opportunity to make oral and written submissions to the panel.

The hearings will be conducted in English however Interpreters will be provided for Sepedi, isiXhosa and Sesotho languages.

4. Terms of Reference

The hearing will focus on issues pertaining to the death and injury of initiates and will include the following:

- 4.1 Determine the cause of high number of deaths and penile amputees in the schools;
- 4.2 Assess whether or not legislative and policy provisions relating to initiation schools are sufficient to address the current crises including minimum age required for initiates. If not, should the laws be reviewed?
- 4.3 Investigate how many cases of deaths and other human rights violations associated with initiation schools have been reported and whether any convictions took place.
- 4.4 Determine what measures should be taken against traditional surgeons who do not comply with legislative requirements.
- 4.5 Explore the role of parents in supporting the initiates and what support structures are in place for family members who have lost their children.
- 4.6 Identify responses and roles of the government (in particular, Departments of Health, Safety and Security, Provincial and Local Government, and Social Development) and Chapter 9 Institutions (such as the SAHRC, the CRL, and the NHTL).
- 4.7 Identify the support structure that is available within the Traditional Leadership to protect the custom and advance its sacredness.

5. Rules and Procedures in terms of section 9 (6) of the South African Human Rights Commission Act 54 of 1994:

The Commission hereby determines the rules and procedures in conducting this Public Inquiry as follows:

- 5.1 This inquiry will be conducted in collaboration with the CRL and the NHTL.
- 5.2 A call for submissions from interested parties will be made on any matters referred to in the terms of reference of this investigation and inquiry.
- 5.3 The said submissions shall be lodged with or posted to the offices of the Commission at any of the addresses mentioned on paragraph 6.
- 5.4 The SAHRC, the CRL and the NHTL may assist persons in formulating their submissions. The submissions shall be in writing and must disclose the name, address and other contact details of the deponent. Anonymous submissions will not be entertained.
- 5.5 The submissions may be published. However, if a deponent who does not wish to have his or her name published, such a wish together with disclosures made under the cover of the Protected Disclosures Act No 26 of 2000 will be respected. Such confidential submissions will be considered however, they will not form the basis of the findings against individuals or institutions.
- 5.6 The closing date for the submissions is **22 September 2006**. However, the Head of the Legal Department may at his discretion also consider late submissions.

5.7 The panel shall afford any person who has been implicated an opportunity to be heard in connection therewith by way of giving evidence or making of submission and such person or his /her legal representative shall be entitled to through the panel, to question other witnesses determined by the panel who have appeared before it.

5.8 The hearings shall be open to the public unless the Chairperson acting in consultation with the other members of the panel presiding over the hearing determines that the public disclosure of evidence would:

- (i) Prejudice or frustrate the successful conduct of the hearing;
- (ii) Threaten the security of any person involved in the hearing.

5.9 Pursuant to the provisions of the Act, a panel will preside over the public hearing and the Chairperson of the Commission or any other person designated by him and a representative from the CRL and NHTL will constitute the panel.

5.10 The panel may subpoena any person in possession of any information or documents relevant to the hearing to appear before the panel and give testimony.

5.11 The person referred to in 5.10, above, shall be entitled to be represented by his/her legal representative and shall give his/her testimony under oath or affirmation.

5.12 The Commission may allow a member of staff to lead evidence in the proceedings and examine any person appearing before the panel.

5.13 The panel will produce a report containing its finding and recommendations.

5.14 The finding of the panel will be final in this regard.

5.15 The finding and recommendations will be made public in four languages which are English, Sepedi, isiXhosa and Sesotho.

5.16 The Commission may decide to institute legal action in any competent court in its own name or in the name of a complainant should the need arise.

6. Contact Details

Submissions should be addressed to Mr Phillip Mabiletsa of the Legal Services Department of the SAHRC at the following addresses:

Postal Address:

South African Human Rights Commission
Private Bag 2700
HOUGHTON
204 1

Tel: 01 1 484-8300

Fax: 01 1 484-1 360

Physical Address

Attention: Mr P Mabiletsa
South African Human Rights Commission
Cnr St Andrews and York Street
PARKTOWN
21 98

By e-mail: Email address: pmabiletsa@sahrc.org.za