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A CRITICAL ANALYSIS OF THE RELIGIO-CULTURAL UNDERSTANDING OF MALE CIRCUMCISION AS A HEALTH ASSET AMONG THE XHOSA WITHIN EASTERN CAPE

BY

THATHU ISHMAIL MOKOENA

211527438

SUPERVISOR

DR. RODERICK HEWITT

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DECLARATION

In accordance with the University regulations, I hereby state unambiguously that this work has not been presented at any other University or any other institution of higher learning other than the University of KwaZulu-Natal (Pietermaritzburg Campus), and that unless specifically indicated to the contrary within the text, it is my original work.

This thesis has also been professionally edited by Dr. Karen Buckenham.

Thathu Ishmail Mokoena Date

As candidate supervisor I hereby approve this thesis for submission

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Dr Roderick Hewitt Date

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DEDICATION

This work is dedicated to my wife Lineo Mokoena and my daughter Tankiso Mokoena for sacrificing everything to ensure that I am successful.

ABSTRACT AND KEY TERMS

Male circumcision is a significant practice within the Xhosa culture which is understood as part of what constitutes manhood and also equips men to become responsible within their families and communities. The purpose of this study is to analyse the extent to which the traditional practice of male circumcision can be considered a health asset for the Xhosa people. Therefore, using notions and principles of African Religious Health Assets (ARHA) as a theoretical framework, this study employed an interpretive methodological approach to analyse written works on traditional male circumcision and other relevant literature to respond to its objective. The study showed that traditional male circumcision and related practices can be considered an invaluable religio-cultural health asset based on the kind of education and formation that young men receive in the initiation processes leading to the circumcision itself. Despite the health risks involved in the initiation practices, they enable the community to produce responsible family and community men, as well as men who have been taught acceptable hygiene etiquette. However, for a more effective utilization of this asset and in order to curb some of the risks and problems associated with it, it is advisable that the church in Southern Africa re-examine its position on the issue and be more actively involved as opposed to their current more passive status.

Key terms: *Religio-cultural perspectives, Male circumcision, Xhosa culture, Masculinities and Health assets*

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CHAPTER ONE
GENERAL INTRODUCTION

1. Introduction

The practice of traditional male circumcision has remained a burning issue in South Africa. This has to do with the risks involved, which have led to a call in some quarters for the abolition of the practice. At the same time, the perceived benefits of the practice have made others insist on retaining it. For instance, King Zwelithini recently stated that South African males need to go for circumcision because of the health value it holds, especially in relation to the control of the spread of HIV and AIDS in the country (IRIN News 2013).[1] These kinds of questions support the idea of exploring the possibility of certain cultural and religious resources being used as health assets to promote both individual and public health in South African communities (de Gruchy, 2007).

This study offers a critical analysis of the extent to which the religio-cultural understanding of male circumcision can be considered a health asset among the Xhosa within Eastern Cape. This chapter therefore introduces the entire study. This is done by providing the motivation for the study, a preliminary literature review, research questions and objectives of the study, theoretical framework, research methodology and the scope of the study. The chapter also introduces key concepts that undergird this study, such as circumcision in the Xhosa culture, religio-culture.

[1] IRIN News 2013. Website **:** http://www.irinnews.org/report/87441/south-africa-zulu-king-revives-male-circumcision

1.2 Motivation for the Study

This study is motivated by my interest in Xhosa culture, how male circumcision is employed as a health asset resource and what the religio-cultural understandings that motivate and undergirds its practice are within Xhosa community.

Studies on male circumcision by the organization Avert (2013)[2], which conclude that male circumcision can reduce a man's risk of becoming infected with HIV during heterosexual intercourse by up to 60 per-cents, have also served as motivation for this study. According to these findings, the World Health Organization (WHO) (2013) and United Nations program on AIDS (UNAIDS) (2013) have advocated male circumcision as a crucial new component of the prevention of HIV and other infectious diseases. The role of male circumcision and its ritual function within the Xhosa culture is being questioned because of the high number of young boys who have been hospitalized or died after undergoing traditional male circumcision (Nkosi 2005: ii).

According to ALJAZEERA Newsletter (2013),[3] in 2001 the South African government passed the Traditional Circumcision Act in an attempt to prevent more deaths and hospitalization of initiates. Since the Act was legislated, more than 500 boys have died in the Eastern Cape alone and in December 2012, about 15 boys died, and 64 were hospitalized in the Eastern Cape.

Another motivation for this study is the desire to locate ways in which male circumcision can be evaluated as a health asset, and to explore its underlying religio-cultural challenges. Documents from African Religion Health Assets Program (ARHAP) have motivated me to explore ways in which male circumcision serves as a religio-cultural asset. Therefore, the research problem of this study **explores the extent to which male circumcision can be considered as a health asset within the Xhosa culture, and what constitutes the religio-cultural perspectives that inform its understanding and practice**?

[2] Avert Organization 2013.Website: http://www.avert.org/circumcision-hiv.htm

[3] ALJAZEERA Newsletter, 03January 2013.Website: www.aljazeera.com/programmes/.../2013/01/20131211736199557.html

1.3 Preliminary Literature Review

1.3.1 Context

The Xhosa community predominantly live in the Eastern Cape province of South Africa with some who live in other parts like the western cape. The Eastern Cape is one of the poorest provinces in South Africa. This is largely due to the poverty found in the former homelands that were created by the Apartheid South African government, where subsistence agriculture predominates. The Eastern Cape shares similar social challenges with the other ten provinces within South Africa.(ECSECC)[4]. It is a context marred by high levels of unemployment and therefore uneven distribution of wealth, poor health care facilities especially in the rural areas, lack of quality education, and gender based violence. In addition, this context is undergirded by patriarchy and changing masculinities. These problems are intergenerational; hence young men transitioning to manhood also face these socio-economic challenges.

1.3.2 Religio-Cultural Perspectives on Health

According to Craig F. Garfield et al (2012), religion and spirituality can play a significant component in a man's health and wellness. Garfield et al (2012), further state that religiosity is a structure that organises the community to focus on a moral code, and spirituality is the individual, mystical, and holistic interpretation of personal beliefs and behaviours. Subsequently, the study suggests that religion and spirituality can improve men's health in various ways, such as prevention of HIV and AIDS and addiction, and in other ways (Garfield et al 2012). In this regard, the focus and undergirding question of this study is to explore how religion and culture inform male circumcision as a health asset among the Xhosa men.

Mohlomi Jafta Ntsaba (2009), in his PhD thesis "The Delivery of Cultural Care by Health Professionals among the Hospitalized Xhosa Male Initiates of Traditional

[4] Eastern Cape Socio Economic Consultative Council, June 2012 (ECSECC)
Website: http://www.ecsecc.org/files/library/documents/EasternCape_withDMs.pdf

Circumcision in the Eastern Cape*"*, argued that culture consists of learned, shared, and transmitted values that occur within a particular group; such norms guide and construct the worldview of a society, and as a result this will shape their cognitive function (2009:11-12). Culture is experienced through ancestral practices and also influences how the societies should maintain the well-being of their communal health.

Therefore the status of a community's health can also be determined through the cultural assets because some cultural forms possess and communicate certain rituals associated with the health care of the individual and community. Health and illness can be interpreted in terms of personal and communal experiences and expectations. Therefore culture, religion and health are intertwined because they share certain common components. Health systems also have a cultural tradition with their unique ways of doing things. As a result, religio-cultural resources are also essential ingredients for health care purposes in community. This paper therefore seeks to explore the nexus between religious and cultural views on male circumcision as a health asset.

1.3.3 Religio-Cultural Understanding of Traditional Male Circumcision

Circumcision is a global practice. Its significance differs within and among cultures, and it is performed at different ages of life (Bonner, 2001 cited in Nkosi 2005:34). Ntsaba (2009:24) views circumcision as a ritual which is mostly appreciated and viewed as a religious ritual in many cultures.

Male circumcision as a sacred ritual may differ in different contexts, such as Xhosa culture, therefore this study seeks to analyse the religious and cultural understandings of Xhosa male circumcision.

Gerharz and Harmann (2000) cited in Ntsaba (2009:26) state that circumcision began as a religious ritual. Muslims also practise circumcision on religious grounds (Ntsaba 2009:26). According to Ntsaba (2009:26), the procedure is widely practised among the Muslims as a tradition of the prophet Muhammad. Funani (1990) cited by Ntsaba

(2009:25) states that *"*circumcision began as a religious ritual but in Africa it is associated with male initiation into manhood*"*.

1.3.4 Male Circumcision within the Xhosa Culture

Nkosi (2005:32-33) states that Xhosa male circumcision is a prehistoric practice. It is regarded as traditional transition from boyhood to manhood. Ngwane (2001:404-405) in contrast, asserts that male circumcision within Xhosa culture created social disorder, because of the term "Manhood". Boys who are circumcised in a traditional way receive a status of recognition as "Real man" and some special advantages from their community, and those who are uncircumcised would be stigmatised and secluded from traditional social gatherings. The term "Manhood" is masculine terminology which is often used in an attempt to define Xhosa circumcised males (Feri Gwata 2009:7).

However the concept of "Real man" is also steeped in understandings of responsibility, as according to Mill (1980), "The initiate learns to be hardy and plucky under pain, and during the seclusion he forms new ideas of duty and of life, of order and of routine".

One of the concerns of this study is "How has Xhosa male circumcision challenged the image of masculinity and patriarchy within the culture" and how does Xhosa culture place male circumcision within masculinity identity? Ingrid Lynch (2008:11-12) argues that masculinity is always associated with certain rites of passage, such as Xhosa traditional male circumcision. The Xhosa male circumcision is a practice that promotes the identity of "Manhood" (Nkosi 2005).

In modern times however inexperienced traditional guardians[5] have hijacked this practice and have introduced an immoral understanding of Xhosa male circumcision; for example, the graduates are encouraged to have heterosexual intercourse with someone other than their regular partner in order to rid oneself of the dirt[6] that is carried from the initiation school (Ntombana 2011: 631-632).

[5] Xhosa traditional guardians are called Amakhankatha.
[6] Getting rid of the dirt is meant as leaving behind the former unclean immature identity.

The perception is that such dirt and evil encountered from the initiation should be deposited on a female other than the regular partner, and this will qualify initiates to enter into manhood (Ntombana 2011:632). This brings into sharp focus issues of dysfunctional masculinity that causes harm to vulnerable young females. However, Ntombana (2011:632) disagrees with such teaching and defines as a "moral decline". Ntombana argues that the original purpose of traditional male circumcision was to reinforce positive values in boys as they graduate to be responsible men of their community.

1.3.5 Health Assets

This study explores how religio-cultural perspectives intertwine with health issues that impact on the understanding and practice of male circumcision. Health issues that are closely linked to the understanding and practice of male circumcision include sexual health, death and dying, spiritual formation and identity construction and moral code. In this section I will highlight issues related to prevention of infectious diseases, sexual health and moral code.

According to Avert (2013), male circumcision might reduce rates of HIV infection during sexual intercourse. The observation is that circumcised men are less likely to have HIV than uncircumcised men, and HIV is less common among populations that traditionally practise male circumcision than in communities where the procedure is rare (Avert 2013). The Avert study (2013) revealed that there are several ways in which the foreskin acts as HIV's main entry point during penetrative sex between an uninfected man and an HIV-infected person.

The study also claims that the inner surface of the foreskin contains a higher proportion of the cells that HIV targets, such as T-cells (Avert 2013). At the same time, the inner foreskin has less keratin, a protein found in the skin, which has a protective effect (Avert 2013). Therefore male circumcision can reduce the likelihood of genital abscesses, which increase HIV-risk. In addition, any small tear in the foreskin that occurs during sex makes it much easier for the virus to enter the body (Avert 2013).

Funani (1990) cited in Nkosi (2005) found that sexual pleasure is given as a reason for circumcision amongst Xhosa people in South Africa. This seems to suggest that sexual intimacy could be regarded as a form of health care in terms of its therapeutic assets. It is also thought that male circumcision can treat what may be considered as immature and mischievous behaviour among the Xhosa boys and help them to become "men with good values". Thando Mgqolozana (2010:16-17) points out that traditional male circumcision is commonly held to be the remedy for mischievous behaviours.

According to Xhosa culture, badly behaved boy-teens should be treated through the removal of the foreskin by the traditional surgeons at the initiation school where boys are groomed, taught good manners and taught how to treat and protect their community (Mgqolozana 2010:16-17).

The use of the concept of health assets and other assets-based approaches for improving health is not new. The approach has been widely used in different health disciplines. Early psychiatric literature refers to the importance of 'assets' as a foundation for managing change (Beiser, 1971), and the health assets concept was introduced to nursing practice in the 1980s (Barkauskas, 1983).

The term 'health asset' is also used in psychology (Petersen and Seligman, 2004), social sciences (Kolm, 2002) and more extensively in public health (Murray and Chen, 1993; Halfon and Hochstein, 2002; Friedl et al., 1999). The public health literature focuses on developmental and environmental aspects of health assets discussed in the context of individuals (early childhood, youth), family and community (French et al., 2001; Atkins et al., 2002; Murphey et al., 2004; Kegler et al., 2005).

This study will use health assets as a theoretical framework to analyse the extent to which **male circumcision is considered as a health asset within the Xhosa culture.** The literature that is explored above seems to suggest that the religio-cultural understanding

and practice of traditional male circumcision can be used as a religious and cultural health asset within the Xhosa culture.

It is in this context that this study seeks to retrieve the life-giving dimensions and critique death dealing aspects of circumcision within the context of human wholeness.

1.4 The Research Questions and Objectives

1.4.1 Research Question

This study offers a religio-cultural analysis of the understanding and practice of male circumcision and the extent to which it serves as a health asset. Therefore the fundamental focus of this research is formulated in the following research question: **To what extent is male circumcision considered as a health asset within the Xhosa culture and what constitutes the religio-cultural perspectives that inform its understanding and practice?**

1.4.2 Sub-questions

a. What is male circumcision and how is it understood and practiced within Xhosa culture?
b. What are the religio-cultural perspectives that inform the understanding and practice of male circumcision?
c. To what extent does male circumcision serve as a health asset within the Xhosa culture?

1.4.3 Objectives

a) To explore the practice and understanding of traditional male circumcision among the Xhosa people
b) To identify the religio-cultural perspectives that inform such understanding and practices
c) To determine the extent to which traditional male circumcision can be regarded as a health asset among the Xhosa

1.5 Theoretical Framework

This study utilizes 'Health Assets' as a theoretical base for analysis. It is an Asset based approach to health improvement. Asset based approaches are concerned with identifying the protective attributes within religions and cultures that support health and wellbeing. They offer the potential to enhance both the quality and longevity of life through focusing on the resources that promote the self-esteem and coping abilities of individuals and communities (Morgan et al., 2010). Asset based approaches therefore recognize that even though most vulnerable or marginalized communities in our society have needs and problems, they also have social, cultural and material assets. Hence assets based approaches identify and mobilize these assets and strengths to help these communities overcome the challenges they face.

Therefore, this study utilizes specific intangible and tangible Health Asset attributes to guide an analysis of the extent to which Xhosa traditional male circumcision is a Health Asset. The core intangible attributes embrace relational, motivational, protective, and volitional strengths. The core tangible attributes embrace support, expectations of others, and physical and environmental elements. This theoretical framework and how it informs and directs this study is discussed in further detail in chapter four.

1.6 Research Design and Methods

This research is non-empirical and therefore it employs methods and methodology that critically interprets perspectives on the subject shared by key scholars identified in the literature review. The aim of this study is to identify and analyse religio-cultural perspectives that inform the understanding and practice of male circumcision and to determine the extent to which it serves as a reproductive health asset among the Xhosa. The phenomenological nature of this study invites an interpretive methodology to be employed in critiquing the issues. The stance of this method is that the work of scholarship is never neutral but imbued in the author's interpretation (Kaunda 2013).

In this perspective, the interpretive method aims at demonstrating how people experience the world around them, and how their interaction enhances or denies wholeness for one another.

John McIntyre (u/d:7-8), in his article "Arguing for an interpretive method", articulates that an interpretive method relies on foregrounding the ways the researcher works with their own and other's 'perspectives' in constituting an assessment and producing a research account. Roberts Jackson (2009:1-4) gives a brief background on how interpretive method was discovered and how it functions in the field of religion. According to Jackson (2009:1-4) this approach was developed at the University of Warwick in England and has been used in other countries, such as Germany, Norway and South Africa. The motive of this interpretive approach is to increase knowledge and understanding (Jackson 2009:1-4).

Jackson suggests that the interpretive approach takes account of the multiplicity that exists among religions, and allows for the interaction of religion and culture (2009:1-4). The interpretive method guides the researcher not to set aside his/her own presuppositions (*as in phenomenology)*, but to compare their own concepts with those of other scholars. The researcher should be constructively critical of the material studied and should maintain an awareness of the methods being used (Jackson 2009:1-4).

Therefore this method enabled me to formulate perspectives on circumcision which will be critical in the context of sexual reproductive health. In this way, the interpretive method as a hermeneutical tool helped in the interpretation of circumcision based on experiences and ideas of the key scholars in this field. Resources from libraries, internet, journals, theses and non-published literature with some references and articles were used in this study.

The study utilized some specific tangible and intangible health assets drawn from the theoretical framework to guide the analysis of the literature examined for this study. RHA is a theory that emerged from the ARHAP (African Religious Health Assets Programme), which was piloted by Steve de Gruchy and other scholars in 2002.

The purpose of ARHAP is to search for sustainable health resources that can meet the needs of people who are poor. Therefore this theory (RHA) seeks to employ the indigenous religio-cultural resources as health assets in African communities. The strength of this theory is its ability to identify how the African religious institution and cultural ethic can be ecumenically involved within the course of their indigenization. RHA is classified under asset-based approaches which have been employed in community work in different parts of the world. The asset-based approaches share core tangible and intangible attributes.

In this study, these tangible and intangible attributes of health assets were analysed according to the three health asset levels identified by Morgan and Ziglio (2007):

1. Individual level: resilience, self-esteem and sense of purpose, commitment to learning.
2. Community level: family and friendship or supportive networks, intergenerational solidarity, community cohesion, religious tolerance and harmony.
3. Organizational level: environmental resources necessary for promoting physical, mental and social health, employment security and opportunity for voluntary service, religious tolerance and harmony, safe and pleasant housing, political democracy and social justice.

1.7 Scope and Limitations of the Study

This study is limited to evaluating the extent to which traditional male circumcision can be considered as a health asset. This study neither offers an argument for or against the modern necessity for traditional male circumcision; nor argues for clinical interventions as opposed to traditional methods of circumcision. This study does not claim to be an exhaustive one because of the limited time frame and other limitations that are due to the fact that it is a Master's by coursework short dissertation.

1.8 Organization of the Study

This study consists of six chapters. Chapter one focuses on the general overview of the study and gives attention to the following: background of the study, literature review, research questions and objectives of the study, research methodology, theoretical framework and scope of the study. Chapter two further engages literature on male circumcision and its underlying religio-cultural perspectives that inform the understanding and practice within the Xhosa culture. Chapter three describes health assets as a theoretical framework of the study. Chapter four offers an analysis of male circumcision as a health asset based on the theoretical framework.

Chapter five interrogates the extent to which male circumcision can serve as a health asset within the Xhosa culture. The final chapter concludes the study by offering a summary of the study, recommendations and a conclusion.

1.9 Conclusion

This chapter has provided a general introduction to the entire study by explaining the key elements that direct, inform, and determine the nature of the study as well as the structure of the remaining chapters. It does this by providing the motivation for the study and a preliminary review of literature in order to situate the study in the general discourse on male circumcision and asset based approaches to health in Southern Africa.

It provided the research objectives and key questions, as well as the research methodology and the theoretical framework that underpins the study. The chapter also, for the purpose of clarity, highlighted some of the factors that serve as limitation for the study. The chapters that follow then attempt to respond to the specific research objectives and questions using the stated methodology and guided by the theoretical frameworks already discussed above. It begins with an attempt to understand the notion and practice of traditional male circumcision among the Xhosa in the next chapter.

CHAPTER TWO
TRADITIONAL MALE CIRCUMCISION: ITS UNDERSTANDING AND PRACTICE WITHIN XHOSA CULTURE

2.1 Introduction

Following from the general introductory background already provided in the previous chapter, this chapter focuses on the notion of male circumcision, its understanding, practices and the meanings that are drawn from, and associated with such practices. Therefore, it begins with a description of, and background to the practice of male circumcision in Xhosa culture. It goes on to explore the principles and values of male circumcision, such as education that is received. The chapter also explores the relationship between male circumcision and masculinity.

2.2 Describing Male Circumcision in the Xhosa Culture

Xhosa male circumcision is understood as the customary practice that implies the 'cutting' of flesh. The practice entails the ritualized process of cutting a specific section of a gendered and sexual body part of the male (Nkosi 2005:1). According to Funani (1990), in Xhosa culture a real man should be circumcised and should not share anything with uncircumcised men. Further, Nkosi (2005:1) sees Xhosa male circumcision as a rite of passage to manhood. This means that what constitutes manhood in this culture is the experience of the cutting of the foreskin of a penis. However, according to Mhlahlo (2009:87), Xhosa male circumcision prepares young men to become responsible men. Therefore Xhosa male circumcision is not just about undergoing the rite of passage to manhood but it also calls and prepares men to be responsible. Traditional male circumcision occurs mainly during the summer and winter season. It involves traditional surgeons[7], Amakhankatha, the parents of the initiates and the initiates themselves.

[7] Traditional surgeons are called Amangcibi.

It takes place at initiation schools[8] where it is performed by experienced traditional practitioners. Unfortunately, in the past few years young and inexperienced traditional surgeons have been conducting the ritual, either openly or illegally. This process has been resulted in a high prevalence of death and mutilations as a consequence of botched surgery.

2.3 Background on Xhosa Male Circumcision and Health Beliefs

In the context of Xhosa culture, male circumcision is regarded as a valuable religious and cultural practice that constructs the Xhosa society to live in communion. Thandisizwa Redford Mavundla et al (2009) explain how the Xhosa people understand and practice the ritual of male circumcision. According to Mavundla et al (2009:399-401), Xhosa male circumcision is not just regarded as a rite of passage, but it also has a strong connection to the Xhosa spiritual welfare. At its core, the practice of Xhosa male circumcision has some sacramental dimensions, whereby the spirits, such as Ancestors and other spiritual forces, are involved. The acknowledgement of Ancestors and their involvement before, during and after the initiation is intensely significant (Mhlahlo 2009: 94-124). Before the initiates go to the initiation school, the Ancestors will be invited to come and protect their son and some rituals of dedication will be conducted. According to Joyce (2009:47), the Xhosa spiritual world is full of magic; as a result, white clay will be smeared all over the body so that the initiates will be somehow protected from the evil.

Luvuyo Ntombana (2011:635) emphasises that Xhosa people view traditional male circumcision as a religio-cultural practice that constitutes moral values. According to Ntombana (2011:635) "initiation is necessary to make the transition from the stage of irresponsibility to the stage of responsible manhood".

However from the Xhosa culture, the concept of manhood is considered as a weighty religio-cultural value with some major valuable benefits, such as qualifying to get

[8] Initiation School is a place where the actual circumcision and the teachings take place. This place is normally set up in the mountainous area.

married and build a homestead for one's family, and also to qualify to be involved in some of the community events (Mhlahlo 2009:89).

Therefore Xhosa male circumcision plays an important role in building boys up to become responsible. It can also be viewed as an aspect that can preserve indigenous cultural values, preserve masculine identity and promote positive behaviour through positive teachings. Therefore, Laidler (1922: 18) cited by Ntombana (2011:635) argues that traditional male circumcision does not constitute good moral values for society. This refers to the misconduct of recent initiates who do not respect women and are irresponsible in the community, and the yearly high death rates of initiates.

In spite of the positive objectives of traditional male circumcision, it has been criticised in South African society. This criticism is based on media reports on deaths of initiates in initiation schools (News24 2013).[9] The focus of the criticism is on whether the negative features of male circumcision outweigh what is perceived to be its positive health asset. However, this study argues that Xhosa male circumcision can still be understood and practiced as a health asset, because of its strong cultural requirement to delay early practice of sexual intercourse (News24 2013). During their initiation seclusion, the boys are taught about courtship and are not allowed to have sex during the initiation period (News24 2013).

2.3.1 Significance of Manhood

Xhosa people value this aspect of being a man. Therefore the concept of manhood can be described as the phase of arrival to being recognised as being a man and a time when one stops being recognised as a child (Ntombana 2011:30).

Therefore it is important to understand the significance of this concept from within the Xhosa culture. From the Xhosa cultural understanding, a man is a pillar of his community and his family (Mhlahlo 2009:75-78). A man is responsible for taking care of the family and is also expected to become involved in the affairs of his community and administer

[9] News24, 21May 2013. Website: http://www.news24.com/SouthAfrica/News/Circumcision-deaths-outrage-Zuma-20130521

discipline as a means of building the community. Therefore this expression of masculinity can be considered as a positive construct because within Xhosa culture it exists for the wholesome wellbeing of family and community.

According to Xhosa manhood, a real man is determined by his good acts (Ntombana 2011:206). A real man is someone who is able to care for his family. Therefore Xhosa culture understands a man as someone who can work hard to build a household and establish some means which will sustain the wellbeing of his family. In this environment, a man is not just assessed by his submission to the communal identity-building of the traditional circumcision but he must also build a stable family in order to receive the full respect of the community. Mhlahlo (2009:86) states that there are different stages of the maturation of circumcised men. There are those who progress from initiates into manhood, young men, middle aged men and those who are elders. Furthermore, Mhlahlo (2009:86) argues that circumcision on its own is of little value but when fully integrated into the values of the community it becomes a significant symbol piloted by a good code of conduct of integrity and discipline. According to Vincent (2008) cited by Gwata (2009:10), the Xhosa male that graduates from the initiation school becomes eligible to marry and take on full responsibility for his family and his community. Therefore, Vincent (2008) regards the concept of manhood as the space where the male nurtures an identity of masculine responsibility.

Therefore the significance of manhood in the Xhosa culture is rooted in the promotion of wellbeing and good health within family life, although it can be argued that traditional male circumcision is also in league with the construction of dysfunctional masculinity that results in the perpetration of gender inequality.

2.3.2 Socio-Cultural Aspects of Male Circumcision

Culture can be a good tool that builds a community and serves as an agent that can bring unity amongst people. Culture is an abstract norm that is observed from the group/community behaviour and it cannot be observed or defined from an individual (Li & Karakowsky (2001:501-517). It is communal, with a vision and aim of bringing a

community together. African cultures have been challenged by foreign cultures, such as Euro-centric Christianity which was introduced by the European missionaries who generally opposed most of the indigenous cultural practices in Eastern Cape (Wallace G. Mills, 1980). European missionaries influenced most of the African traditions and introduced the western worldview. Some African socio-cultural aspects have been distorted, such as traditional male circumcision which was not so popular with Christian missionaries (Mills 1980). According to Wallace G. Mills (198) most of the Xhosa native customs were opposed since the nineteenth century and the practice of male circumcision was one of the religio-cultural aspects that was discouraged by the Euro-missionary. There are many other aspects of African traditional cultures which were also opposed. However Africans identify themselves with such practices because they inform their *"Ubuntu"* (Humanity). Bongani Finca, a former TRC commissioner, cited by Gade (2012:493) defines the concept of Ubuntu as an interconnectedness of individuals. Ubuntu can be interpreted as the fact that a person is what he/she is because of other persons.

Gade further says "That sense of community is what makes you who you are, and if that community becomes broken, then you yourselves also become broken. And the restoration of that community, the healing of that community, cannot happen unless you contribute to the healing of it in a broader sense" (2012:493).
Therefore traditional male circumcision retrieves the spirit of Ubuntu, whereby men are accountable for one another and teach each other some good ways of becoming a "Real man".[10]

Another feature of culture is that it serves as a site of domination of those who are less privileged within the community, such as women and children (Masuku 2005:21). According to Norma Masuku (2005:21) *"Women occupy a subservient role in society, they are seen but never heard and more privileges and rights are awarded to men than women"*. Masuku argues that Xhosa women are less privileged than men and their

[10] A 'Real man' is considered to be a responsible man.

privileges are governed by cultural definitions which state that men are the superiors. Therefore culture can be good yet contribute negatively to other people's lives.

One of the challenges of Xhosa traditional male circumcision is that it has not been fully understood as a cultural value, due to the deaths and mischief from initiates. As the solution to this, the South African Government has intervened by introducing the western way of conducting male circumcision into the culture (Mhlahlo 2009:136-142). The critical question to ask is, in what way has the department of art and culture acknowledged traditional male circumcision or how can traditional male circumcision be valued as it is; and what are the cultural, non-clinical ways of preventing death and the spread of HIV and AIDS. The rationale for clinical intervention is based on the perception that the origin of traditional male circumcision has been distorted. Within Xhosa culture there has been disagreement over the validity of clinical intervention methods in Xhosa tradition because conservative elements have expressed their dissatisfaction with any method that compromises the authenticity of traditional cultural practices.

From the Xhosa perspective, male circumcision is considered as a cultural value that brings families and the community together and is considered as an essential religio-cultural asset in upholding the spirit of Ubuntu.

2.4 Male Circumcision and Education

The curriculum and pedagogical process that is utilised in the traditional male circumcision ritual is constructed to facilitate healthy living. This confirmed by Mhlahlo (2009) and Ndangam (2008) in their statement that traditional male circumcision as a religio-cultural health asset can serve as a disciplinary resource that teaches good morals and good standards of living within the community.

One of the fascinating training modules that is offered during the initiation is the preparedness of young men to be proper men in accordance with the societal and cultural definitions and expectations of their ideal man.

2.4.1 A Value of Unity and Sharing

Luvuyo Ntombana (2011:196-197) asserts that the Xhosa male circumcision is considered as a cultural value that brings the community and families together while still upholding the spirit of Ubuntu. According to Mavundla et al (2009:399-400), Xhosa male circumcision is regarded as a cultural aspect that encourages the involvement of the community and family in ritual practice.

This commitment illustrates the unity and the social engagement of Xhosas. This traditional aspect has an important role in the social engagement of Xhosa families. Therefore the South African Government and those who criticise traditional male circumcision need to consider many things. This practice has such a strong impact in family life because it still maintains the engagement of parents before, during and on the day of graduating. One of the problems South Africa is facing is family breakdown (Fagan 1999: 1283), and as a result the nation is experiencing appalling rates of domestic violence and increases in numbers of vulnerable children. As opposed to this, traditional male circumcision has the notion of a community and family building (Mavundla et al 2009:399-400).

However, Mhlahlo (2009:69-70) argues that traditional male circumcision is not just for the building up of communities or families; the initiates experience pressure from peers, community and their families because the consequences of being uncircumcised are socially very debilitating.

Therefore the South African Government and those who oppose the practise of traditional male circumcision should take into account all religio-cultural factors associated with its understanding and practice before any consideration is given to making it illegal.

However there is still the harsh reality that must be faced that within the Xhosa practice of traditional male circumcision. There is still an unhealthy ignorance about those factors within the practice of circumcision that are life-denying and have resulted in the death of young men being initiated.

2.4.2 Traditional Male Circumcision as a Tool for Building up Family

From the biblical point of view, both women and men were created by God and the God of the bible united women and men as couples and friends with the idea of building households (MacDonald 1995:34-40). According to Defrain et al (2008), matrimony is the foundation of a family. However in South Africa there is a crisis on of household breakdown and serious issues of gender inequalities affect families. Patrick F. Fagan (1999:1283) argues that the rate of divorce is high in South Africa, and as a result it leaves many children without fathers. Mancini (2010:5) argues that most children live with single mothers while the father figures are missing.

Mancini (2010:5) continues to argue that "As it is commonly known, divorce separates the children from the Parents, mostly from the father". Gender differences within the families and society are the reasons behind these social crises.

Therefore Xhosa male circumcision has the potential to address the absence of fathers from their children's lives. The education offered from the initiation schools can facilitate responsibility among men and encourage them to be available for their families. These schools teach moral values that build the family. Ntombana (2011:206) states that men's responsibilities encompass the maintenance of the family and the acknowledgement that he no longer lives for himself but exists to work in partnership with his family and make sure that his family is sustained.

According to Lilian Ndangam (2008:209), Black African masculinity construction, such as traditional male circumcision, has been critically challenged and marginalised. Black masculine identity is dehumanised.

Moreover Ndangam (2008:209) claims that the post–apartheid dispensation in South Africa has had an impact on the marginalization of Black customs. Although Black customs are being marginalized in post-apartheid South Africa, Ndangam (2008:209) argues that masculinity plays a key part in reshaping post-apartheid South Africa. What she is saying is critical because South Africa needs to involve men in social reformation.

It is assumed that men are excluded on issues of gender because they are the perpetrators of gender inequality. Another point that Ndangam (2008:209) makes is that traditional male circumcision is not just the only evidence of how marginalised Black masculinity is constituted, but also that Black masculinity has emerged as a site of anxiety, insecurity and uncertainty. Post–apartheid South Africa does not have hope and trust in Black men, therefore reconstruction of masculinity is needed in order to balance and build our society (2008:209).

Graig (1992) cited by Ndangam (2008:209) states that black masculinity serves as a useful site where particular cultural definitions of masculinity can be understood and analysed.

According to Ndangam (2008:209) Xhosa masculinity has been undermined and exploited. Xhosa traditional male circumcision is valued and regarded as a secretive ritual, but the media and the exhibitors have desensitised this ritual. She also points out how the media in post–apartheid South Africa have negatively represented the idea of black masculinity in different contexts (2008:209-211).

However, in Xhosa culture, circumcision is one of the assets where religio-cultural meanings and definitions of masculinity can be exercised (Ndangam 2008:213). According to Saco (1992) cited by Ndangam (2008:213), Black masculinity is a symbol, through which masculinity can be viewed as one of the aspects that reforms social identities. Ndangam further argues that for the Xhosa man, the traditionally circumcised penis is significant to his masculine identity. It is a cultural asset that grants men status among men and the community in general (2008:213).

Therefore the value of traditional male circumcision is crucial in the formation of Black masculine identity and also in the formation and preservation of Black masculine customs.

This is a core part of a traditional male circumcision that informs the idea of health. According to Mhlahlo (2009:95), traditional male circumcision as a religio-cultural health asset can serve as a disciplinary aspect that teaches good morals and good

standards of living in community. One of the fascinating training sessions that is offered during the initiation is the preparation of men to be proper men in accordance with the societal and cultural definition and expectations of the 'ideal man' (2008:212). The kind of training offered during the Xhosa male circumcision also promotes the concept of masculinity to Xhosa men (Mhlahlo 2009:71).

Other aspects that are taught during Xhosa initiation teach initiates behavioural management and important socio-cultural responsibilities (Mhlahlo 2009:87). Moreover this training also prepares initiates to understand how to bear suffering (Mhlahlo 2009:80). Understanding and being introduced to pain is an achievement that helps these men to be able and competent in dealing with crises and also in problem solving. According to Ngxamngxa (1971:202), the experience of hardship is associated with the achievement of manhood. In the Xhosa perspective, endurance of pain is a value that develops boys to men. Initiates are formed in such a way that they can face contextual realities and stand firm against challenges. Therefore teaching initiates to deal with pain helps them in the building of broken societies.

2.4.3 Respect as a Feature of Education

Respect is one of the values taught to initiates that serves as a mechanism that brings together unity, love and the expression of a positive self-esteem (Mhlahlo 2009:73-75). The promotion of Xhosa male circumcision as a health asset is re-enforced in the education of men on self-representation in community.

Respect is one of the moral criteria that assures the community that the candidate is transformed and equipped for manly responsibilities. This form of respect is irrespective of gender and requires that both women and men should be respected (Sthole 2007:48). The manner of how to use certain words would also be articulated during the period of initiation, such as the preference for euphemistic terms rather than offensive terms (Mhlahlo 2009:73-75).

2.4.4 Code of Conduct as a Feature of Education

The Xhosa view is that a real man is considered to be able to behave within culturally determined standards and to be able to maintain their manhood. Mischievous behaviour is challenged, with a strong disapproval of drug abuse (Sithole 2007:49). Therefore a man is responsible for maintaining his identity according to the expectations of his community. Code of conduct is so special because the initiates are to be equipped to have certain characteristic traits that will suit and benefit the community. They are taught to volunteer in community affairs, such as funerals and traditional rituals and many other things (Mhlahlo 2009:87). The way these men are equipped makes them eligible to help and share responsibility within their societies (Sithole 2007:50-51).

2.5 The Understanding of Masculinities in Contemporary Society

The insights drawn from the understanding and practice of masculinities within Xhosa culture call for a wider engagement with other constructs of masculinities. Connell states that, “Masculinities are constructions within a gender order; but gender orders are neither simple nor static” (2005: 11). Connell sees masculinity as gender ordered, whereby the gender roles are defined and arranged according to social and cultural potentials. The gender order is there to monitor and evaluate the roles of both women and men within their socio-cultural setting. However there are those masculinities that can be demonstrated by the individual from within their society but that are not approved by other masculinities. The notification and the nature of masculinity can emerge in a variety of ways within different communities and individuals (2005:11).

Masculinity is not a concrete reality, rather it is an abstraction that enables an interpretation of behaviour and constructs associated with men. This allows Leach (1994:36) to suggest that masculinity has come to be seen as cultural behavioral expressions which define an appropriate role that males must fulfill, such as the role of fatherhood. This masculine concept is culturally appropriate in informing the role of a male parent. This suggests that some masculine activities such as Xhosa male circumcision can serve as a health asset that can prepare men to become real fathers.

2.6 Male Circumcision as a Preservation of Masculine and Manhood Identity

According to my understanding, masculinity has received criticism for its lack of strong advocacy in promoting positive manhood identities. It could be argued that the prevailing theories on masculinity focus on the construction of masculinity. Male circumcision is one of the indigenous knowledge assets that construct Xhosa identities of masculinity. Therefore from the Xhosa perspective, the construct of masculinity is very important in the wellbeing of the community.

However according to Brown cited in Mhlohla (2009:86), the understanding of masculinity is complex because it is abstract; it cannot be seen but can only be identified from a certain behaviour that is agreed and socially constructed by the community as constituting manliness. Although manhood is generally related to masculinity, it is not necessarily masculine-based because a woman can engage in activities that are normally attributed to being a man (2009:86). However within Xhosa culture, manhood is an exceptional stage in the male's development, which is not only achieved by acts of good works but through the prescribed traditional circumcision process that involves certain ritual requirement (2009:89).

2.6 Conclusion

The practice of traditional male circumcision among the Xhosa clearly has different dimensions. It has the physical which has to do with the cutting of the flesh, as well as the cultural and social dimensions. This is one of the key issues that have been demonstrated in this chapter. The chapter described and provided a background to the practice and the underlying understanding of it. Some of the significance and the values attached to male circumcision, such as rebuilding of values, respect and morality were also discussed. Recognizing the fact that understanding male circumcision can be enhanced by notions of masculinities, the chapter also examined how the practice intersects with issues of masculinity and issues of masculine identity. The next chapter expands this further with a particular focus on the religio-cultural perspective on male circumcision.

CHAPTER THREE
RELIGIO-CULTURAL UNDERSTANDINGS OF MALE CIRCUMCISION IN THE XHOSA CULTURE

3.1 Introduction

Having discussed the issue of traditional male circumcision in the previous chapter broadly, the objective of the current chapter is to specifically identify and analyse some of the religio-cultural perspectives that inform the understanding and the practice of male circumcision within the Xhosa culture. David Matsumoto (2007:1290-1300), in his article titled "Culture, Context and Behaviour", argues that culture has some major implications in the construction of human nature or personae. What Matsumoto says can be interpreted to mean that a culture is a phenomenon that shapes and influences how people set up their socio-integrations within their context. According to what Matsumoto says it is possible that people belong to a certain religio-cultural milieu and their behavioural system is structured from certain religio-cultural perception.

The chapter begins with an exploration of the religious dimension of traditional male circumcision. It also looks at male circumcision as a religio-cultural value, and offers a critique of the patriarchal system and its expression with the Xhosa culture. This is enhanced with a concentric diagram showing the interrelation between patriarchy, masculinity and male circumcision. Some of the challenges of male circumcision and factors that can hinder its operation as a health asset, as well as the policy on male circumcision are also examined in the chapter. The final section of the chapter does a theological review of male circumcision in South Africa.

3.2 Religious Aspects of Male Circumcision

Religion is a very important aspect of society. However according to Vincent (2008: 434) Xhosas regard traditional male circumcision as a most private and religious rite. It is not just habitually practiced but is a ritual.

The fundamental understanding of ritual is that it is both ceremonial and sacramental. The sacramental part of male circumcision from the Xhosa culture involves the ancestors (Mhlohla 2009:123). Ancestors play a very important role in Xhosa spiritual life. The Xhosa are affirmed by their spiritual ancestors in most of their activities, and ancestors become involved in every activity Xhosas undergo. According to Nelson Mandela (cited in Vincent 2008:434), during the initiation, spirits are involved. My understanding of this culture is that before the initiate leaves for a circumcision, the father or a family member has to dedicate the initiate to the ancestors for protection and blessings. This practice is defined as secretive and sacred amongst the Xhosa. The secret part of male circumcision is not allowed to be shared; it is believed that whoever shares it upsets the ancestors and as a result they would be punished by the ancestors. According to Mills (1980), if a young man is not circumcised, the ancestors do not accept him as a full member of the family.

3.2.1 Male Circumcision as a Religio-Cultural Value

According to Mavundla et al (2009:396), Xhosa male circumcision is a religio-cultural value that is passed on from generation to generation. The fact that this ritual has been passed on from one generation to another verifies how valuable and sacred it is within this culture. However the traditional male circumcision from the Xhosa perspective appears to have both negative and positive connotations in the context of South Africa. Some people act against it because of the deaths of young men at initiation schools while others believe that it should be embraced because of its positive moral values. Therefore this chapter shall explore the positive aspects of the religion and culture that undergirds the practice of male circumcision as a significant cultural value within the Xhosa community.

Some studies done on this subject agree that traditional male circumcision is a cultural value within the Xhosa community, such as Mavundla et al (2009:399-401) and Mhlohla (2009:123). They discovered that traditional male circumcision is regarded as a spiritual value and a means of socio-cultural integration by the Xhosa people.

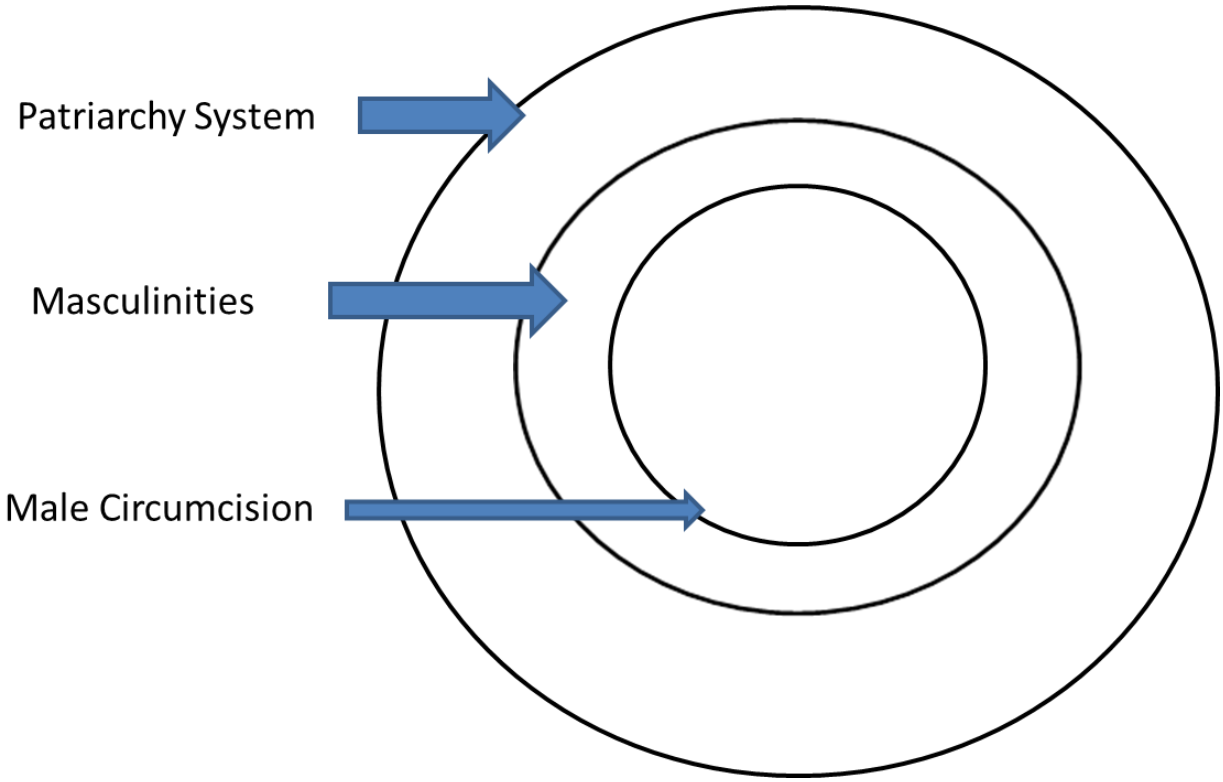
3.2 Religio-Cultural Understanding of Patriarchy

Suranjita Ray suggests that "Patriarchal constructions of social practices are legitimized by religion and religious institutions as most religious practices regard male authority as superior and the laws and norms regarding family, marriage, divorce and inheritance are linked to patriarchal control over property biased against women" (u/d:1-7). According to Ray, religio-culture gives patriarchy a strong identity and supremacy in society. Therefore the patriarchal construct is different from the understanding of masculinity. Sylvia Walby (1990) cited by Ray (u/d: 1) argues that patriarchy is "A system of social structures and practices in which men dominate, oppress and exploit women". The system of a patriarchal society gives veto power and authority only to the male.

Therefore in order to protect their economic and social power men are prescribed to be superior to women, in such a way that men have control over women's production, reproduction and sexuality (Ray u/d:2). However Ray (u/d:2) also acknowledged that patriarchal practices differ in different social orders. Ray (u/d:2) also argues that the understanding of women's responsibility in patriarchal society was to nurture, educate and raise children by dedicating themselves to their family's social needs (u/d: 2). It can be argued that within the context of African culture, womanhood is generally valued not necessarily because of the nature of their character but because of their strategic contribution to fertility and sexual reproduction. Ray (u/d:2) further argues that in patriarchal societies, men were assumed to function in the public domain with women restricted to the private domain. Women were isolated and set apart from public activities; the domain that the patriarchal system earmarked for women was restricted. They were to serve as housewives and mothers who were excluded from macro political and economic affairs of the nation (Ray u/d:2).

3.4 Patriarchy as Religio-Cultural Container for the Construct of Masculinity and Male Circumcision

The diagram below illustrates how the patriarchal system encompasses and informs the practices of masculine within its context.



There is a relationship among each member of the circle: Male circumcision is part of the construction of masculinity with the Xhosa; masculinity is part of and is encapsulated within a larger system which is patriarchy. Patriarchy determines everything within the system and give meanings to a man's performance.

The inner circle represents traditional male circumcision; this is one of the male practices that undergird men's identity. And the middle circle signifies masculinities which are formed within the patriarchal discourse.

The outer circle represents the patriarchal system and this system appears to encompass and give meaning to some practices of masculinities. For that reason male circumcision serves as one of the factors that strengthen the image of patriarchy within the Xhosa context. Therefore these concentric circles demonstrate how the patriarchal system contributes towards the construction of masculinity and masculine practices.

The outer part of the concentric circle illustrates the impact and the influence of patriarchy on masculine practices, such as male circumcision and dehumanization of women and children.

According to Gift Masengwe (2012:289), there are masculinities called 'Macho'. This form of masculinity is defined as fearless men who are powerful and risk takers. Macho masculinity is informed by the patriarchal system which understands that men are physically strong, have power and are brave enough to take any form of risks (Masengwe 2012:289). According to Robert Connell, hegemonic masculinity is informed by the idea of power which is distributed unequally within the culture. The projection of hegemonic masculinity is that 'Real men should exercise power and authority over others' (2005:830-832).

The formation of hegemonic masculinities is also informed by the notion of domination, power and risk taking. Macho masculinity which is discussed by Masengwe (2012:289), gives meaning to Xhosa traditional male circumcision because Xhosa male circumcision is a risk-taking practice. Hence some practices undertaken during the initiation period prepare young men to be brave and strong; that is why pain gives meaning to their manhood. Therefore this diagram shows that patriarchy contains dimensions of masculinity and pushes men to risk their lives because of the status attached to risk-taking. As a result, male circumcision serves as one of the subjects that give meaning to the patriarchal cycle.

3.5 Patriarchy and Matrimony

The idea of men as public participants and women as private participants is undergirded by the understanding and praxis that women are physically weaker and therefore suited for responsibilities inside the home, and men stronger hence suited for responsibilities within the public domain (Moore and Anderson 2003:77).

This perspective of the strength of the male seems to be the basis for placing the male at a higher socio-economic class than women and therefore qualifies him for veto powers within the family.

From the Xhosa perspective women are to honor their husbands, but if the husband is found guilty of abusing the wife, the tribal practice authorizes her to abandon the abusive relationship with the husband and return to her father's homestead (Joyce 2009:47). The idea of homestead in Xhosa culture gives more value to a circumcised man because in cases whereby the daughter is being abused by the husband, she can still return home. So the homestead from the Xhosa culture is understood as the house of the ancestors. However, the idea of homestead as resulting from marriage in Xhosa culture is crucial in the sense that an uncircumcised man cannot build a homestead. Only circumcised men qualify to get married according to Xhosa culture (Vincent (2008) cited by Gwata 2009:10).

In this case, it is a man's initiative to find a "right women" to be his partner in building a strong family. Therefore the husband needs to pay the bride price to the bride's family to prove to his 'in-laws' that he shall take care of their daughter (Mills 1980). The idea of men as heads of their families is influenced by the community's expectation that a man must provide for his family and lead by good example. However, the statement made by Joyce (2009:47) that women are expected to honor their husband can be interpreted to mean that Xhosa men are controlling and subjugating their wives.

The contemporary challenge for Xhosa culture is to ensure that traditional male circumcision functions as a healthy asset to the community by contributing to the development of healthy families, communities and nation building. According to

Rakoczy, in a patriarchal set up there are household codes (2004:210). Wives, children and slaves are to submit to the man of the house.

On the other hand, according to Bhasin (1999:8), "The ideology of motherhood subjugates women and perpetuates patriarchy, which not only forces women to be mothers but also determines the conditions of their motherhood". However the common good of society necessitates the shared contributions of mothers and fathers to ensure the wholesome development of children.

3.6 Xhosa Women as Agents of the Patriarchal System

3.6.1 Xhosa Women and Circumcision

Xhosa culture also authorizes the practice of female circumcision as a rite of passage (Joyce 2009:47). According to Mhlahlo (2009:40), this rite is a transition that qualifies and promotes girls into the realm of being women. However, womanhood is not only about identity but rather about character. According to Xhosa tradition, womanhood is about how to become a good wife or woman. Women initiation rites follow certain characteristics which are honored by this culture. MacDonald (1995:870) speaks of the idea of 'a virtuous women' as a woman that portrays an image of the ideal mother and the wife that is expected within her culture, because she exhibits certain characteristics. Such characteristics could be employed as positive health assets in nurturing good families.

The purpose of Xhosa women's initiation is similar to the biblical story about a character of a virtuous woman as described in Proverbs chapter 31. The traditional idea of a noble woman is to serve her husband (MacDonald 1995:870). This is understood as patriarchal even though according to the AHARP approach, positive religious teachings need to be employed and practiced in order to promote health care (de Gruchy 2007:18). Rakoczy (2004:162) also points out that there is a need for a positive transformation of patriarchy through fresh biblical interpretation that leads to a positive action which can generate new perspectives. Such as a hermeneutics of transformative action for change simply acknowledges the good values that can be employed in action for a transformed world

that can be found in the bible (Rakozcy 2004:162). Patriarchy's obsession with creating and maintaining power is also class-based and can lead to the disempowerment of disadvantaged men. Women who are beneficiaries of male power can also use their delegated power to oppress other women and men from lower social groupings.

Therefore if female and male circumcision is a positive value that can transform the community by teaching good values, then it could be considered as a health asset. However what determines whether some of the religio-cultural values can be understood as good or bad depends on how those values are accommodated within society to strengthen the well-being of its citizens. According to Joyce, "although Xhosa women are accorded no formal political authority, they are however legitimized to look after the land and the cultivation crops" (2009:45). Therefore although the oppression of women in Xhosa culture is prevalent, men are not taught to abuse and oppress women from the initiation schools, rather the initiates are taught to be responsible and take care of their families (Mhlohla 2009:75-78). This suggests that the deeper force of social construction that perpetuates patriarchy is at work.

Even though Xhosa female circumcision focuses on how girls should look after themselves and stay pure until they get their future husband, the boys through their circumcision rites are taught moral values and how to live as a society (Mhlohla 2009:87-92). It could therefore be argued that the idea of women becoming victims of patriarchy could be attributed to socialization from inherited behavior that is passed on from generation to generation. The situation has become even more complex with some women accepting this negative expression of masculinity in which they view themselves as the property of men.

3.7 Agency of Mothers during the Initiation Period

Traditional male circumcision is usually presented as a male ritual and, therefore, women are not involved in the decision-making process about their sons before and during the circumcision ritual (Ngwenya 2013:18). However, Mavundla et al (2009:399-403) argue

that women from the Xhosa culture are involved in the event of traditional male circumcision in a limited way. In the beginning, the family will decide if the son is ready to go for initiation and it is not just a decision made by the father alone. Women will do some cooking and on the day of reception welcome the 'new men'. Women are also involved in singing and dancing with the 'new men'.
However their involvement is at the margins of the process. They are not involved in the intimate process of actually cutting off the foreskin; it is deemed taboo and unethical for women other than a nurse to see men's private parts.

Kaizer Ngwenya (2013:18) argues that women are not confident to talk about traditional male circumcision because they believe that it is men's business. This is exemplified by an interview Ngwenya had with a wife of a traditional male circumcision surgeon about her views on the 36 deaths that took place in Mpumalanga, South Africa. She said "I am a women and mother, so I'm not supposed to talk to you about ukusitizeka (tragedy)" (2013:18). According to Ngwenya (2013:18), the custom neither permits mothers to attend their son's burial if they die during initiation nor is their consent sought for the burial.

In response to the tragic deaths of initiates, Candith Mashego-Dlamini (the Mpumalanga health MEC) also claimed that as a woman she could not get involved in issues of male circumcision (Ngwenya 2013:19). Ngwenya (2013:19) asserted that the MEC even stated that this tradition does not allow women to come close to the initiation schools. Ngwenya's assessment presents a picture of the power of the ideology of patriarchy in shaping how women think. In this regard, traditional male circumcision reveals how the patriarchal system limits women's involvement in decision making. This tradition does not necessarily allow the full involvement of women in the process because there are spiritual matters that would not permit the full involvement of women. According to Ntsaba (2009:108), it is believed that women delay the healing of the initiates' wounds. The voicelessness of women in the male circumcision process can be regarded as a form of suppressing and devaluing the image of women.

3.8 Male Circumcision as an Image of Patriarchy and Homosexuality

Phiri and Nadar (2012:146) articulate that some feminine and masculine models view traditional male circumcision as steeped in patriarchy. In other words, traditional male circumcision could be considered as one of the factors that sustains the system of patriarchy. Although it can be argued that traditional male circumcision is steeped in a patriarchy, it does not necessarily qualify as oriented toward patriarchy because some men and men who are gay, bisexual and transgender (GBT) could still initiate male circumcision for health purposes (see from chapter three sections 3.2).

Therefore, circumcision on its own is not necessarily restricted to narrowly defined gender norms. Persons with different sexual orientations such as gays have actually undergone traditional circumcision because of the societal pressure and fear of stigma within their communities.

Although GBT men are pressured into circumcision, it can still be considered a health asset. This is important considering the fact that some GBT men are sexually active in the form of anal sex. According to the organization Health 4 Men (u/d), anal sex is very dry, and during sexual intercourse, anal fissures can occur. These can increase the risk of contracting STIs. Therefore male circumcision can be suggested to those who practice anal sex since it can reduce the transmission of STIs (Avert 2013).

3.9 Male Circumcision as an Agent of Redemptive Masculinity

3.9.1 Understanding of Redemptive Masculinity

Redemptive masculinity is defined as a new form of masculinity that is opposite to some of the current ignorant masculinities. The purpose of proposing redemptive masculinities is to call to mind the spiritual dimension within religious and cultural settings that encourage healthy masculinities (Chitando, 2012:2).

Therefore from this understanding, redemptive masculinities need both men and women from the religious institutions and cultural settings to deconstruct notions of patriarchy which dominate the current form of masculinity.

3.9.2 Male Circumcision as Redemptive Masculinity

Traditional male circumcision can be seen in terms of redemptive masculinity because it has a strong influence in building up an ideal man. Phiri and Nadar (2012:146) understand traditional male circumcision as a tool to redefine and unlearn patriarchal stereotypes and understandings of women as less human. Phiri and Nadar (2012:146) argue that though ritual male circumcision is one of the factors of patriarchy it can still be employed as an asset that can build new images that are friendly to women.

The educative part of traditional male circumcision is recommended by these feminist theologians as a tool that can redeem the contemporary mal-formed masculinities. As suggested by de Gruchy (2007:18-19), the spiritual input that traditional male circumcision has is informed by intangible and tangible factors. Such assets can contribute to encouraging masculinities that are friendly to women, and assist to deconstruct those masculinities which are a danger to the community.

Religious bodies and traditional leaders can become agents in teaching alternative notions of masculinities. However, according to Ntombana (2011:632-636), the challenge is that religious bodies are acting against the facilitation of ritual male circumcision. In addition, current traditional leaders are immature and faltering in facilitating positive attitudes amongst young Xhosa men. Nonetheless, the image of traditional male circumcision can be re-defined as an asset that can redeem contemporary masculinities.

3.10 Challenges of Xhosa Male Circumcision and Effects That Can Hinder It as an Operative Health Assets

3.10.1 Failures of Traditional Male Circumcision

In the context of Xhosa culture, death is experienced as a reality to be feared and can cause trauma. On 21 April 2013, South Africa experienced a tragedy when 27 of the 33 initiates that participated in the circumcision ritual died (News24, 2013).[11] This tragedy had political ramifications as the different political parties and civil society called on the

[11] News24, 23 May 2013 Website: http://www.news24.com/SouthAfrica/News/Circumcision-deaths-outrage-Zuma-20130521

government to act against the initiation schools and hold them accountable in complying with certain care health standards.

The President of South Africa, Jacob Zuma, commented that "The whole country is outraged at this massive and unnecessary loss of young life at the hands of those who are supposed to nurture and protect them. While we welcome action taken by Police so far in opening murder dockets, we wish to urge them to ensure swift justice for the families and that those responsible for the deaths are brought to book without delay" (News24, 2013). He also stated that "It cannot be acceptable that every time young men reach this crucial time in their development, their lives are culled in the most painful of ways, in the care of circumcision schools" (News24, 2013).

Therefore traditional male circumcision has a challenge to reform its image with regards to its failures and tragedies. The death of young men has had a negative effect on the country and has raised serious questions about the underlying religio-cultural understanding and practice of traditional male circumcision. This is unhealthy to the community and as a result this image hinders traditional male circumcision from being regarded as one of the indigenous health assets.

3.10.2 Traditional Spirituality and Cultural Values are Being Challenged

Traditional male circumcision is not just regarded as a rite of passage to manhood but it is also a sacrament to introduce and connect young men with spiritual beings and the spiritual powers behind this ritual. Former President Nelson Mandela described traditional male circumcision as a kind of spiritual preparation for the trials of manhood (News24, 2013).[12] However, spiritualities and cultural values inherent in traditional male circumcision are being challenged by the South African government because of improper practice of the ritual and the refusal of the traditional leaders to be retrained along the lines of western health practices (New24, 2013). In the province of KwaZulu-Natal, in Pietermaritzburg (22 May 2013), a circumcision clinic was opened and it became the first clinic of its kind in the country (John, 2013:1).

[12] News24, 21May 2013 Website: http://www.news24.com/SouthAfrica/News/Parliament-set-to-debate-initiate-deaths-20130523

According to Nicole John (2013:1), traditional Xhosa male circumcision in some cases has led to death due to the immaturity of young and inexperienced traditional surgeons. Therefore John (2013:1) recommends that the male circumcision clinic must seek to address the problems which male circumcision has encountered, such as botched circumcisions. If male circumcision is to be conducted in the proposed medical way then it will become disconnected from Xhosa culture. The many good values that have been identified in chapter two will require that a good balance is found so that the religio-cultural aspect of Xhosa culture is consistently affirmed. South Africa needs to be careful that it does not suppress its own religio-cultural assets and promote only the western ways of doing things.

3.10.3 Discrimination

Discrimination is also a challenge that Xhosa male circumcision must respond to. According to William MacDonald (1995:55), male circumcision was in biblical times considered as a spiritual rite. Those who were uncircumcised were regarded as unclean and they would be secluded from those who were circumcised. My experience with the Xhosa culture suggests that the uncircumcised are secluded and disregarded by those who are traditionally circumcised, as well as by the community.

In 2008, an ANC politician Fikile Mbalula submitted to peer pressure and at the age of 37 he entered an initiation school to undergo the rite of circumcision (the Guardian Newsletter, 2010).[13] According to Xhosa culture, uncircumcised males are not accepted; they are regarded as not fully men. Males who are not circumcised are excluded from activities that are considered strictly for men because the words of uncircumcised males are not considered seriously.

The Guardian Newsletter (2010) reported that one of the circumcised youths confessed that he considers President Jacob Zuma as a boy since he is uncircumcised. Thando Mgqolozana (2010) narrates how he was not cared for by his grandfather and his peers. They designated him to be a substandard man because he sought help from the hospital

[13] The Guardian Newsletter, 17 January 2010
Website:http://www.theguardian.com/world/2010/jan/17/circumcision-zulu-south-africa-hiv

after the initiation was wrongly done. He narrates the rejection and exclusion he experienced from his people. It can be said then, that the understanding and practice of circumcision has both positive and negative effects on the religio-cultural context of the Xhosa context. Due to evidence of discrimination being practiced, it can be argued that the elements of its health care benefits are seriously compromised and distorted.

3.11 The Review of the Policy

Since the understanding and practice of Xhosa male circumcision has raised national attention because of hospitalization and loss of lives of young men following botched circumcisions in the Eastern Cape from 2008, the Government has intervened (Mail & Guardian, 2010).[14]

> The government has sought to standardize traditional circumcision and has put in place a number of legal instruments aimed explicitly at the practice. The Children's Act of 2005 for instance directly addresses traditional male circumcision in Chapter 2, Section 12 (8) which prohibits the circumcision of male children under the age of 16 unless performed for religious or medical reasons. In the Eastern Cape, the Application of Health Standards in the Traditional Circumcision Act of 2001 makes it mandatory for circumcision schools to be registered and for traditional surgeons and traditional nurses operating at registered schools also to be registered with the province's Health Department (Case Study, 2009).

As a result of the new legislation, over 60 traditional surgeons were arrested between 2001 and 2004 with 20 of these successfully convicted and sentenced. In the same period some 150 initiates were rescued from illegal schools by the Department of Health and taken to hospitals in the region. The Department of Health estimates that there has been a 70 per cent decline in unlawful initiations in the province (Case study, 2009). "The aim of the Application of Health Standards in the Traditional Circumcision Act of 2001 was to facilitate reduction in the health risks associated with the understanding and practice of the ritual" (Case study, 2009). However, according to the Case study (2009) some traditional surgeons have failed to register or to go for training; therefore the risk of death and hospitalization among the initiates will continue.

[14] Mail & Guardian, 2010. Website: http://mg.co.za/article/2010-06-17-eastern-cape-circumcision-death-toll-rises-to-13

PubMed[15] (2007) states

> The incidences of circumcision that result in related complications and fatalities have remained virtually unchanged in the observation period 2001 - 2006. Unqualified surgeons, negligent nurses, irresponsible parents and youths medically unfit for the hardships of initiation continue to contribute to tragic outcomes. One of the main problems is the perception that government interference in the ritual is undesirable because the state's involvement in prescribing standard for religious communities could lead to serious abuse.
>
> Progress is only possible if all the relevant stakeholders -- traditional surgeons, traditional nurses, traditional leaders, traditional healers, representatives of the Department of Health, medical officers, police, parents, initiates and the communities concerned -- can cooperate and work together to overcoming the problems raised and commit themselves in preserving a rich cultural tradition in the spirit of the Constitution, that ensures the fundamental human rights of all are protected.

On the other hand, the Case study (2009) shows that the Act failed to motivate all of the relevant stakeholders into adopting it. A critique of the process utilized by the government seems to suggest that their top down model of communication was ineffective and they should have engaged with the local Xhosa communities to get them to buy into the project.

By disregarding this process, the government officials failed to appreciate the significance of the Xhosa traditional initiation training on manhood. Their promotion of medical circumcision failed to take into account the pain factor which is highly esteemed by Xhosas as the authentication of the process of becoming a "Real man". By excluding pain through anaesthesia, their alternative proved to be inadequate (Case study, 2009).

3.12 Theological Review of Traditional Male Circumcision

3.12.1 Faith Based Organisation Engagement (FBO) With the Challenges Faced By the Xhosa Male Circumcision

Faith based organisations (FBO) are key charitable organizations in community development. This study has noted that some local churches have not exercised pro-

[15] PubMed 2007. Website: http://www.ncbi.nlm.nih.gov/pubmed/17599221

active ministry and mission with regards to the important religio-cultural asset of traditional male circumcision. According to Luvuyo Ntombana (2011:631), the circumstances surrounding the initiation practice were evaluated by the churches and they called for "the practice to be abolished". Ntombana (2011:631) asserts that because of the importance of this practice in Xhosa culture, calling for its abolishment is not a solution. Rather the practice should be redefined to better contribute to the broader challenges of moral regeneration in South Africa. According to MacDonald (1995:55), the church needs to understand that male circumcision was first adopted by God as a physical sign between him and his people.

The church, being a strong religio-social institution and movement within local communities, should work hand in hand with Government for the common good of the communities. O'Donovan (2006:142-143) argues that if the church and the government do not cooperate then it hinders the development as well as the growth of the economy within the country.

Therefore the challenges that traditional male circumcision pose for faith-based organisations necessitates that these institutions should take the lead in addressing issues relating to the well-being of young men and others within the community. The church / faith-based organisations need to change their ministry and mission strategy of addressing issues linked to health (O'Donovan, 2006:142).

Cochrane (2006:62) suggests that faith-based organisations can be positive religious health assets by providing their services to the community at large. However in the case of male circumcision, the church in the Eastern Cape seems more committed to maintaining a Euro-centric missionary Christianity prejudicial to things that emerge from the indigenous African context (Mill, 1980).

In other words, their attitude to traditional male circumcision is seemingly prejudicial because they have not fully come to embrace Xhosa culture as an authentic channel for expressing the Christian faith. The challenges posed by the understanding and practice of traditional male circumcision can be better addressed by a local church that can educate

the community to become more open to a deeper life-giving discourse around traditional male circumcision.

According to narrative therapy, a postmodern view should be adopted as a social constructionist worldview (Freedman and Combs 1996: 21-22). Freedman and Combs (1996: 21-22) suggest that this approach offers ideas about how power, knowledge and truth are negotiated in families and larger cultural aggregations. The church is an important institution that should use the best methods to reach out to both Xhosa families and the Department of Health.

O'Donovan (2006:62-63) asserts that the church needs to appropriate the holistic pattern of Christ's ministry, in four dimensions: Christ healed people, cleansed the lepers, he taught people and he fed his people. In this regard, faith-based organisations need to be role models and intervene in the problems faced by the Xhosa community, taking responsibility in responding to the crises of traditional male circumcision. The existence of the church is to be a symbol of hope, bring security and stand for the truth (Carson & Keller 2012:36).

Faith-based organisations have a great influence in addressing issues of traditional male circumcision, so they should be one of the agents of change. The Church as called by Christ should live by example of what Christ did and who he was. Christ was with the people at all times, helping them and heeding their challenges. The church should be fully involved in the process of fixing the conflict, bringing hope and spiritual healthcare.

3.12.2 The Religious Institutions as Pillars of Hope and Pillars of Mentorship

According to the apostle Paul, Christians should fight the good fight for what they believe (1Timothy 6v12). The New International Version commentary (1995:2042) says that Paul describes Christianity as: run, hold tight, follow and fight. In other words Christianity is not a passive faith; its advocates should not wait for God to act. On the contrary, there is a need for active faith. Therefore the church should bring this hope to the Xhosa's who are about to lose hope and the value of their rituals.

Only if there is good communication between church and government can good decisions be made. Government must be held to account to the people therefore the church can serve as an advisor to the state and the community. According to O'Donovan (2006:142), the church needs to pray for government officials. This is good, since these people are involved in decision making.

Faith-based organisations can serve as health assets that can offer tangible and intangible services (Cochrane 2006:64). These can include teaching about healthy ways of conducting male circumcision, becoming a mediator between the state and the Xhosa traditional leaders, counselling and becoming available to the public.

3.12.3 The Church's Mandate

Tribulations faced by the Christian society can be overcome by the local church. The church is even capable of reaching out to those who are outside the church because that is the mission of the gospel (Matthew 28). The mission of the church is to look after the marginalized and the poor. The church must be willing to do what God has commanded in the bible (O'Donovan 2006:160). It is the church's responsibility to help take care of the country. God created human beings to be stewards of this world. Stewardship includes caring about the problems and challenges people face (Genesis 1:27).

3.13 Conclusion

In focussing on the religio-cultural understanding of the practice of male circumcision in Xhosa culture, this chapter has examined the subject in relation to a wide range of issues. It looked at issues around religio-cultural values, patriarchy and patriarchal manifestations, homosexuality, and hindrances to the utilization of male circumcision as a health asset. The chapter also examined policy on male circumcision. It engaged in a brief theological discourse on the subject of traditional male circumcision in which it looked at the position of the church and its mission within the broader traditional male circumcision discourse. This chapter, therefore, positions this study to examine in detail the notion of health assets as a theoretical framework. How it informs the study will be explored in the next chapter.

CHAPTER FOUR
HEALTH ASSETS AS A THEORETICAL FRAMEWORK

4.1 Introduction

Having discussed the religio-cultural perspective on male circumcision, the current chapter now attempts to analyse the theoretical framing of this study. It is a descriptive chapter that focuses on the concept of health assets. As this concept is the theoretical framework of the study, this chapter defines how the concept is used in this study. This will start with a description of the historical background of the concept of health assets, a clear definition of the meaning of 'health assets', a description of the attributes of the concept of health assets, and a background of how the ARHAP project has used the concept in southern Africa.

4.2 Assets Based Approaches

According to O'Leary et al (2011), approaches to community development which are based on asset principles are naturally participatory. These approaches have operated in different contexts globally under different names for a period of years. These include Strengths Based Approaches (USA), Sustainable Livelihoods Approach (UK), Paulo Freire Liberation Theology (Brazil), Self-Reliance Movement (Tanzania, East Africa) and Training for Transformation (South Africa). Within this context, different concepts are used for 'asset' globally, such as 'community engagement', 'community development', 'enablement', 'recovery', 'self-management', 'community empowerment' and 'mutuality' to describe their approach (GCPH 2011:5). Although different, they all share the key elements of asset-based approaches, notwithstanding their different contexts. Their usage suggests that they "value the positive capacity, skills and knowledge and connections in a community" (GCPH 2011: 5). Furthermore, asset-based approaches increasingly evolve in order to adapt to local contexts.

In South Africa, the Religious Health Asset framework emerged and was formulated through the African Religious Health Assets Programme (ARHAP, hereafter) in 2002 as a multidisciplinary and multinational collaboration of academics and professionals (Oliver et al 2006:8). However, from these different perspectives, a group was formed because of the common realisation that very little research had been done in the area of public health and its relationship with religion generally as opposed to individual experiences of health and spirituality, and even less from an African experience or perspective (Oliver et al 2006:8). Despite evidence that religion plays an increasingly important role in health in Africa, there has been little focus on the interface between religious organizations and public health (Oliver et al 2006:8). ARHAP founders decided that active research was needed in order to identify to what degree religion impacts health, and the nature of its effect (Oliver et al 2006:8).

The results of the research could then be used to support religious health interventions and increase the understanding of religion's role in health in order for better policy-making at a national and regional level to be developed (Oliver et al 2006:8). ARHAP seeks to develop a systematic knowledge base of Religious Health Assets (RHAs) in sub-Saharan Africa to align and enhance the work of religious leaders, public policy decision-makers and other health workers in their collaborative efforts to meet the challenge of disease such as HIV and AIDS, and to promote sustainable health, especially for those who live in poverty or under marginal conditions (Oliver et al 2006:8-9). Religious Health Assets seek to employ the indigenous religio-cultural resources as health assets. According to Oliver et al, "Religious Health Asset employs the language of asset in the context of contemporary developmental socio-integration, that any culture has some practices and that those practices could be utilised as health assets. This could also relate to the forms of religious experience which can be tangible or intangible" (2006: 63-64).

It is impossible to generalize about health systems in sub-Saharan Africa. However, leading health agencies have called for the increased integration of religious entities within public health systems - especially as a result of HIV and AIDS.

Religious entities (REs) are increasingly being seen by external agencies as the most viable institutions for responding to health crises as they have developed experience in addressing the multidimensional impact of epidemics such as AIDS, are seen to have access and infrastructure where other organizations do not, command extensive networks of people, and could affect behavior change more effectively through the authority they hold with their members. There are many reports of a renewed interest on the part of both multilateral and governmental agencies to increase the role of faith-based / religious organizations.

4.3 What are Health Assets?

According to Morgan and Ziglio (2010:18), "A health asset is any factor or resource which enhances the ability of individuals, communities and populations to maintain and sustain health and wellbeing and to help to reduce health inequalities; these assets can operate at the level of the individual, family or community and population as protective and promoting factors to buffer against life's stresses". Assets can therefore be described as the collective resources which individuals and communities have at their disposal, which protect against negative health outcomes and promote health status. These assets can be social, financial, physical, environmental, or human resources; for example employment, education, and supportive social networks (Harrison et al, 2004). Practically speaking, assets can therefore be (Foot and Hopkins, 2010):

- the practical skills, capacity and knowledge of local residents
- the passions and interests of local people that give the energy to change
- the networks and connections in a community
- the effectiveness of local community and voluntary associations
- the resources of public, private and third sector organizations that are available to support a community
- the physical and economic resources of a place that enhance wellbeing.

Asset-based approaches value the capacity, skills and knowledge and connections in individuals and communities. They focus on the positive capacity of individuals and communities rather than solely on their needs, deficits and problems. These assets can act as the foundation from which to build a positive future. The identification and mobilization of an individual's or a community's assets can help them overcome some of the challenges they face. The literature identifies the antecedents of health assets, both innate and acquired, as an individual's genes, values, beliefs and life experiences (Rotegard et al 2010). This means it is possible to identify health promoting or protecting assets from across the domains of health determinants including our personal and individual characteristics, our social circumstances, the environmental conditions in which we live and work, the behavioral choices we make and the health services we engage with. Morgan and Ziglio (2010) assert that the identification of assets across these three levels would, as a minimum include the following:

- Individual level: resilience, self-esteem and sense of purpose, commitment to learning
- Community level: family and friendships or supportive networks, intergenerational solidarity, community cohesion, religious tolerance and harmony
- Organizational level: environmental resources necessary for promoting physical, mental and social health, employment security and opportunity for voluntary service, religious tolerance and harmony, safe and pleasant housing, political democracy and social justice.

Although health assets are a part of every person, they are not necessarily used purposefully or mindfully. Health assets, either tangible or intangible, can be leveraged and utilized in challenging situations, but how and if they are used depends on the individual (Rotegard et al., 2010).

Traditionally, health care services have focused on identifying the actual or potential health problems of individuals and providing interventions to solve, alleviate, or prevent those problems. At a population level, this more familiar 'deficit' approach focuses on

problems, needs and deficiencies – such as deprivation, illness and health damaging behaviours. It designs services to fill the gaps and fix the problems. From this perspective, the primary emphasis of problem-oriented care is on professional observations and interventions on behalf of the individual, with little focus on enhancing the individuals' strengths and capabilities (Rotegard et al., 2010). Furthermore, this perspective pays little attention to an individual's experiences, preferences, perspectives and knowledge. As a result, individuals can feel disempowered and dependent on services; people can become passive recipients of services rather than active agents in their own lives (Foot and Hopkins, 2010). Accentuating the positive capabilities and nurturing the strengths and resources of people may therefore allow them to identify problems and activate solutions for health and wellbeing that promote their self-esteem and resilience, leading to less reliance on professional services and to improved health outcomes.

4.4 Criteria for Analysis: Core Attributes of Health Assets

A person's health is presupposed by genes, values, beliefs, and life experiences. Health assets mobilize an individual to engage in deliberation, decision making, and change. Consequences of health assets are positive health behaviours that can lead to mastery, self-actualization, and improved health outcomes. Health assets consist of core attributes that are tangible and intangible. The core intangible attributes embrace relational, motivational, protective, and volitional strengths. The core tangible attributes embrace support, expectations of others, and physical and environmental elements.

In this study the tangible and intangible attributes of health assets will be analysed according to the three health asset levels identified by Morgan and Ziglio (2007), as introduced above. To reiterate these are: Individual level: resilience, self-esteem and sense of purpose, commitment to learning

- Community level: family and friendship or supportive networks, intergenerational solidarity, community cohesion, religious tolerance and harmony.

- Organizational level: environmental resources necessary for promoting physical, mental and social health, employment security and opportunity for voluntary service, religious tolerance and harmony, safe and pleasant housing, political democracy and social justice.

4.5 An Evaluation of the Extent to which Male Circumcision Serves as Health Asset among the Xhosa

Xhosa male circumcision has raised some major issues in the context of South Africa when compared to the goal of the public health system. Gender issues have been raised, namely issues of discrimination and reproductive infectious diseases, in opposition to Xhosas male circumcision. Therefore the question to be asked is: to what extent does traditional male circumcision serve as a health asset?

In Taylor and Francis (2008-2013), the conflict about Xhosa male circumcision is highlighted because of the current alarming rates of death and injury among initiates and the number of those who have been hospitalised due to human failures and blunders during the process of the Xhosa male circumcision ritual. The argument raised by the South African health system criticises the method used by the traditional Xhosa surgeons. It is considered to be an immoral and unscientific method of surgery (Taylor and Francis 2008-2013). According to Taylor and Francis (2008-2013), it is considered immoral because of its failure to prevent deaths and ill-health. However within the western model of health care that has been officially embraced by the Government, deaths and ill-health are a standard feature. According to Taylor and Francis (2008-2013), long before the practice of western medicine became the norm in South Africa, traditional medicine was the standard that served the people. Therefore traditional male circumcision is embedded within the culture of Xhosas and will not disappear because of negative media attention. It may go ‘underground’ with its services and become unaccountable to the common good of the community.

As indicated above, according to Taylor and Francis’s (2008-2013) study, the problem regarding Xhosa male circumcision is because of alarming rates of death and injury among initiates and the number of those who have been hospitalised. The objections

raised by the health system are based on the method used by traditional Xhosas surgeons. Taylor and Francis (2008-2013) suggest that traditional male circumcision is often defended on the basis of its usefulness as an instrument of preservation of social order, particularly in relation to the apparent crisis in youth sexuality marked by extremely high levels of gender-based violence as well as HIV and STIs infection.

Therefore this chapter focuses on evaluation of male circumcision and argues that it has the potential to also serve as a health asset within the Xhosa community. As discussed in the previous chapter, male circumcision is one of the religio-cultural aspects which informs and influences the people to become a cohesive society, and it is enormously valued by Xhosa society.

4.6 Benefits of Traditional Male Circumcision

4.6.1. Understanding Reproduction Health

Vusi Zulu (2013)[16] suggests that reproductive health care involves the care of the reproductive system of both male and female. Zulu (2013) further explains that male reproductive health is referred to as urological health and female reproductive health is referred to as gynaecological health. Gynaecological health involves the maintenance of the female reproductive system. Gynaecological health care involves health services which are aimed at helping women keep their reproductive organs functioning optimally. It also involves medical assistance given to women as well as the knowledge and skills with which they are equipped to keep themselves healthy (Zulu 2013).

Zulu (2013) further explains that urological health involves the maintenance of the male reproductive system so that it operates optimally. Considering the structure of male reproductive organs, it is obvious that these are less prone to infection, as the only exposed area for infection in a male person is the penis and the urethra (Zulu 2013). According to Zulu (2013), the presence of the foreskin increases the chances of contracting infection as it harbours dirt or infection under it and it also harbours post-sexual intercourse secretions which often carry various types of infections. As such, it is

[16] Presentation by V. L. Zulu, Professional Nurse at Town Hill Hospital, 26 May 2013.

clear that an uncircumcised man is more prone to contracting infection than the circumcised one.[17]

4.6.2 Effects of Male Circumcision on Women's/Men's Reproductive Health Care

Ronald Goldman (1997-2013) states that the foreskin that is cut during male circumcision has important functions. Goldman (1997-2013) states that the foreskin protects the head of the penis throughout life from contamination, friction, drying, and injury; it is an integral, natural part of the penis and not an extra. Growing up in a rural area, if a man had a foreskin he would be treated like a fool. Therefore it is likely that most men think the foreskin is just an extra. Goldman (1997-2013) brings a different view that actually, the foreskin enhances sexual pleasure.

Detailed studies shows that the foreskin is made up of unique zones with several kinds of specialized nerves that are important to natural sexual function and the experiencing of the full range of sexual sensations (Goldman 1997-2013). According to Goldman (1997-2013), loss of the foreskin results in thickening and progressive desensitization of the outer layer of the head of the penis, particularly in older men. Some men circumcised as adults report a significant loss of sensitivity and regret the change (Goldman 1997-2013). Circumcision may be an unrecognized factor in the high rates of erectile dysfunction in men, which would involve associated psychological effects. And any sexually associated psychological effects on men would affect women too (1997-2013). The foreskin, as previously mentioned, is a movable, double-layered sleeve.

During intercourse, it glides up and down the penile shaft, reducing friction and retaining vaginal secretions. Without the foreskin, the skin on the penile shaft rubs against the vaginal wall, resulting in friction and increasing the need for artificial lubrication (Goldman 1997-2013).

[17] Ronald Goldman 1997-2013. Website: http://www.circumcision.org/harmswomen.htm

Ronald Goldman (1997-2013) suggests that when their partners were circumcised, women were more likely to feel unappreciated, distanced, disinterested, frustrated, and discontented, while when their partners were not circumcised, women were more likely to feel intimate with their partners, relaxed, feeling warmth, mutual satisfaction, and "complete as a woman". The greater sexual satisfaction benefited the relationship.

Some research, such as WHO (2013) do not point out the disadvantages entailed in male circumcision regarding sexuality, but focused on the impact it could bring in reducing HIV and AIDS. According to Mayo Clinic (2008-2013) several studies have discovered positive correlations between religious belief and practice and mental and physical health and longevity, but growing up in South Africa whereby religion promotes patriarchal society that demoralise women and children. The point is that in Xhosa society women and children are less valued because of their voicelessness.

4.6.3 Male Circumcision and HIV and AIDS

According to Avert (2013), the effect of male circumcision on male-to-female HIV transmission has not been extensively researched. However, research that involved 922 HIV infected men in Uganda found that circumcision did not reduce HIV transmission to uninfected female partners (Avert 2013).

The findings suggested that the risk of HIV transmission could even have been increased in the six weeks after circumcision due to unhealed wounds from the procedure (Avert 2013). The contrasting opinions on the subject suggest that there is the need for further in-depth research to clearly define to what extent male circumcision can reduce the chances of contracting infectious diseases without any sexual protection.

The study by Avert (2013), which highlighted that male circumcision can serve to "Prevent or reduce" chances of contracting HIV and AIDS, could be a misleading report with fatal consequences. The practice of medical male circumcision could become a factor that contributes to the spread of sexually transmitted diseases.

IrrenNews reports (2013)[18] that those who undergo medical male circumcision should be careful that they do not become too confident about the protective effects of circumcision; the result may be that they engage in more high-risk sexual behaviour. Men who have been circumcised might stop using condoms, or even become keener to engage in risky behaviour by visiting sex workers (IrreNews report 2013). Women might find it harder to insist on condom use by their circumcised partners. It may even be possible that in areas where circumcision is already widespread, publicity of the scientific findings could result in the increased transmission of HIV. However, the study by Avert (2013) states that there is no report of condom uses being abandoned where circumcision programmes have been implemented. Additionally, in places where circumcision has become popular, it has also been used as a good entry-point for men to learn their HIV status, and therefore reduce the risk of infecting sexual partners. However it must be stated that male circumcision is much less effective than condom use at preventing HIV transmission and other infectious diseases. If used correctly, condoms provide highly effective protection against sexual infection, whereas male circumcision only prevents around 60 per cent of infections (Avert 2013). Even if a man has been circumcised, he must still abstain, be faithful or use condoms to substantially cut his risk of infection. Moreover, unlike condoms, circumcision does not prevent pregnancy.

4.6.4 Prevention of Sickness Due to Cross-Infection and HIV

Since one blade is used by traditional circumcision practitioners to circumcise more than one boy, many are more likely to be exposed to or contract cross-infectious diseases (Avert 2013). Some hypothesise that some initiation schools and traditional surgeries use one special blade to cut the foreskin from more than one initiate. For this reason the spreading of infectious diseases increases. According to the study by Avert (2013), if tools are not sterilised before every use there are chances of transmitting infections. Avert (2013) also articulates that there is a risk that male circumcision could actually spread HIV if not performed properly. The study indicates that circumcised men must wait for

[18]IrrenNews report 2013. Website: www.irinnews.org/.../ -

six weeks for their cuts to heal before having sex; if they don't they are at risk of HIV infection.

On the other hand, Avert (2013) argues that male circumcision might reduce rates of HIV transmission during sex. The observation is that circumcised men are less likely to have HIV than uncircumcised men, and HIV is less common among populations that traditionally practise male circumcision than in communities where the procedure is rare (Avert 2013). Male circumcision can reduce the likelihood of genital ulcers, which increase HIV risk. In addition, any small tears in the foreskin that occur during sex make it much easier for the virus to enter the body (2013).

4.7 Conclusion

The present chapter discussed the theoretical framework and how it guides this study, in detail. It offered a background and descriptions of the concepts that constitute health assets. It also looked at certain attributes of health assets that were used as analytical tools for this study. The benefits of traditional male circumcision as a health asset, the effects of male circumcision on men's and women's reproductive health, and male circumcision and HIV were also analysed in this chapter. In so doing, this chapter touches the heart of this thesis especially regarding the question of the extent to which male circumcision qualifies as a health asset.

This will be more appropriately measured in the next chapter which concentrates on analysing and drawing a conclusion on whether male circumcision can actually be regarded as a health asset, and to what extent.

CHAPTER FIVE
AN ANALYSIS OF THE EXTENT TO WHICH MALE CIRCUMCISION CAN SERVE AS HEALTH ASSET AMONG THE XHOSA

5.1 Introduction

The previous chapter discussed some of the key attributes and types of health assets and how these attributes are applied in this study as a hermeneutical tool in exploring the subject of male circumcision. This chapter employs the notions of tangible and intangible assets to analyse the issues raised. These two notions are used as an organizing principle and a yardstick for measuring the extent to which male circumcision serves as a health asset in the Xhosa culture. To this end, each of the two notions is a major heading in the chapter, and under each of these headings male circumcision is analysed at three levels, namely, the individual level, the community level and the organizational levels.

5.2 Tangible Assets

5.2.1 Individual Level: Reckless Behaviour and Improvement of STI Prevention

Reckless behaviour is one of the negative attributes that hinders male circumcision qualifying as a health asset. Ntombana asserts that "The initiation school has become a place where criminal activities are committed and the practice of initiation no longer contributes to the building of society, but instead contributes to the moral decline of the communities concerned" (2011:632). Arguably, the beauty and meaning of traditional male circumcision has been distorted due to continued recklessness. According to Ntombana (2011:636), the current *Amakhankatha* who are tasked with the training and taking care of initiates appear to be the main factor contributing to the crises.

It appears that these *Amakhankatha* teach dysfunctional principles, such as the encouraging initiates to engage in sexual intercourse with women other than their regular partners in order to rid them of dirt acquired from the initiation schools. In following Ntombana's arguments, it may however be argued that the introduction of teaching reckless behaviour is new in the Xhosa religio-culture and should therefore not be

attributed to Xhosa religio-culture but rather to a few Amakhankatha hijacking culture for their own ends. In a context of rapid HIV and AIDS infection and prevalence, circumcision could cut the risks of infection and this is one of the indicators that circumcision could be a health asset.

5.2.2 Community Level: Family and Homestead Building, and Financial Responsibility to Family

The study identified family building, homestead building, financial responsibility, and gender based violence as aspects to analyse in the context of circumcision as a health asset. The Eastern Cape is a province where men are either not involved or are absent from their families and children. The value of family building taught to the initiates at circumcision school is a health asset that does not only benefit families of the circumcised men, but the entire community because present fathers share the burden of caring for their families thus sharing the financial and other risks with their spouses.

In a context where people are living in poverty, and the Eastern Cape being the least developed province in South Africa, homestead building is a positive attribute that benefits the families of initiates (ECSECC)[19]. Initiates are taught to build the physical home for their families. Initiates are taught and encouraged to be financially responsible for their families. This means that they should look for good jobs and/or find means to be financially responsible for their families. Again, this is a positive attribute. The Eastern Cape has high levels of inequality of wealth distribution therefore for the circumcision schools to encourage job creation and/or looking for employment is proof that circumcision is a health asset to the Xhosa culture (ECSECC).

Gender based violence perpetuated by men is a negative attribute that stems out of the practice of circumcision because men are taught that they are superior to women. Therefore when that superiority is used to subjugate it leads to the objectification and abuse of women and children. According to Denis Farrell (1996-2012), South Africa is regarded as the world's worst country in terms of gender-based violence. According to

[19]Eastern Cape Socio Economic Consultative Council, June 2012 (ECSECC)
Website: http://www.ecsecc.org/files/library/documents/EasternCape_withDMs.pdf

Farrell (1996-2010) about 3-4 women are killed by their partners each day in South Africa. In this regard circumcision is hindered as a health asset within the Xhosa religio-culture.

5.2.3 Organization: Decision making and better relationships with government

By going through circumcision alone men become decision makers and are made eligible to attend community meetings. This can be viewed as a positive asset if the decisions made are not at the expense of those marginalized in the decision making process. But whether or not these decisions are not at the expense of women the question is, who are these decision makers? These are men, making decisions for women and children without women being consulted. Therefore women are objectified and silenced. This is a negative attribute and it therefore hinders circumcision from being a health asset within the Xhosa culture.

Religio-cultural groups improve their techniques. Since the government has introduced the licensing of traditional surgeons and has offered these surgeons training on how to prevent the spread of infections during circumcision, traditional surgeons have improved their techniques. In light of previous deaths of initiates this is a positive attribute that reduces numbers if deaths due to botched circumcisions; therefore this proves that circumcision is a health asset in the Xhosa religio-culture.

Building better relationships with government and working together with government can help to improve health. This is a positive attribute given that Xhosa culture's practice of circumcision is deeply embedded in Xhosa belief systems such that with or without an accessible good government supported health care system, they would still continue with circumcision. The investment made in improving the health system is a positive attribute that proves that circumcision can be considered a health asset. But this analysis must also take into account that this improvement came because of the deaths of initiates. Government only introduced legislation and improved health care after initiates had died.

5.3 Intangible

5.3.1 Individual: Responsibility, Redemptive Masculinity, Self-Esteem/Egoism

The initiates are taught to be responsible men and to have self-esteem; this teaching leads to redemptive masculinities. Redemptive masculinity is defined as a new form of masculinity that is opposite to dysfunctional masculinities. Redemptive masculinity constitutes a form or spiritual dimension within religion and cultural settings that encourage healthy masculinities (Chitando, 2012:2). From this understanding, redemptive masculinities need both men and women from religious institutions and cultural settings to deconstruct all notions of non-life-giving patriarchy which dominate the current form of masculinity. Traditional male circumcision as redemptive masculinity has a strong influence in building up an ideal man. Phiri and Nadar (2012:146) understand traditional male circumcision as a tool to redefine and unlearn patriarchal stereotypes and beliefs that women are less human.

Phiri and Nader (2012:146) argue that though ritual male circumcision supports patriarchy, it can still be employed as an asset in that it can be used to build new images of masculinity that are friendly to women. The educative part of traditional male circumcision is recommended by these feminist theologians as a tool that can redeem the contemporary ill-masculinities. De Gruchy (2007:18-19) refers to the spiritual input that traditional male circumcision has which is informed by intangible and tangible factors. Such assets can contribute by encouraging masculinities that are friendly to women, and can assist in deconstructing those masculinities which are a danger to the community.

Some religious bodies and traditional leaders have been pro-active in exposing dysfunctional notions of masculinities. However, according to Ntombana (2011:632-636), the challenge is that the religious bodies are acting against the possibility that ritual male circumcision can be a health asset. Another negative is the current traditional leaders who are immature and do not facilitate positive attitudes amongst young Xhosa men. In relation to this, the image of traditional male circumcision could be re-framed

and redefined to become an asset that can redeem contemporary expressions of masculinities.

5.3.2 Community: Respect, Peace and Understanding/Gender Based Violence

In circumcision schools, initiates are taught to show and command respect, peace and understanding within the community. However this may lead to gender-based violence when these young men feel disrespected by women. Rosinah Mmannana Gabaitse (2012:310) analysed patriarchy from a feminist theological perspective and argued that patriarchy is a system that gives power to men and disempowers women. Hence patriarchy is a structure that disempowers women from expressing their humanity and prohibits active participation in public. Furthermore, Gabaitse (2012:310) describes patriarchy as an inequality paradigm that subjects women to discrimination and dehumanization. However Suranjila Ray (u/d) analyses patriarchy from the sociological point of view and views patriarchy as a social influence which promotes the rights of men and disregards the image and rights of women. Bell Hooks (u/d) argues that the religio-cultural structures have also contributed to constituting patriarchy.

Wallace G. Mills (1980) debates the implications of Lobola[20] as one of the patriarchal dimensions in Xhosa tradition. Mills (1980) claims that "Lobola" is based on the idea that females are the property of the father, the elder brother, or the husband, and not equal to them in any way. Therefore the patriarchal system is the key factor that informs the understanding and the practice of masculinity and other gendered practices, such as circumcision. The diagram presented in chapter three demonstrates the patriarchal system within the Xhosa culture and how it encompasses two traditional aspects of gender constructs, which are masculinities and male circumcision. Even though patriarchy is a system that favors men's domination over women, masculinity as a gendered concept can include women who have embraced masculine characteristics. Therefore masculinity as a concept denotes different masculinities, such as dysfunctional masculinities suggested by Ezra Chitando and Sophie Chirongoma (2012:1-2).

[20] Lobola is compensation which is paid to the bride's family as a traditional expression of appreciation.

5.4 Conclusion

Traditional male circumcision among the Xhosa, to a large extent, can be regarded as a health asset. This chapter has demonstrated this from the perspective of both tangible and intangible assets. Its capacity to serve as a health asset was examined at the individual, community and organizational levels. Elements such as redemptive masculinity, improved STI prevention, family building, responsibility, and others were highlighted as positive assets that positively resulted from male circumcision, its understandings, practices and related issues.

CHAPTER SIX
GENERAL CONCLUSION

6.1 Brief Overview of the Study

This study was designed to critically analyse the existing literature as to how it has addressed Xhosa male circumcision in relation to health issues. The research problem identified some of the religio-cultural aspects that can affirm the practice of traditional male circumcision as a health asset. The research question was formulated in order to respond to the identified research problem.

The research question was: **To what extent is male circumcision considered as health asset within the Xhosa culture and what constitutes the religio-cultural perspectives that inform its understanding and practice?** Each chapter was structured to address the research questions and objectives. Chapter two offered a description of traditional male circumcision within the Xhosa culture. The image of manhood has appeared as one of the elements that inform the practice of Xhosa male circumcision. The identity of manhood is regarded as vital because this is a stage whereby young men become recognised within their community as 'men'. Therefore traditional male circumcision is regarded as the transition that qualifies *ilikwenkwe* (an uncircumcised man/boy) to become a real man that is responsible and capable to build a homestead and take care of his family and his community. Chapter two offers a description of male circumcision through its social, cultural and health aspects and offers descriptions of the concepts of masculinity and patriarchy as they relate to male circumcision. The concept of being a "real man" should be understood as phenomenon that exists to preserve the identity of men which bring change in their community. Traditional male circumcision is not a driver of patriarchal stereotypes directed towards women but its purpose is to affirm and preserve the identity of a man (*Men who are friendly to women, children and community).* Ndangam (2008:209) believes that black African masculinities and their formation have been critically challenged and marginalized by the system of patriarchy whereby there is very little that is positive said about men, rather there are more negatives.

Chapter two therefore argued that traditional male circumcision is a religio-cultural practice that preserves the image and the identity of man. Chapter three gave a brief overview of the religio-cultural aspects of male circumcision within the Xhosa religio-culture.

Chapter four focused on the concept of health assets which served as a theoretical framework for this study. This chapter laid out a description of health assets, where the approach has been used before, and a general historical background of the concept and its attributes. Because this chapter was solely focused on the theoretical framework, it concluded with a description of how the analysis will be worked out from the framework.

6.2 Signposts for the Future

In chapter three, issues around the church and its mission in relation to male circumcision were discussed. The position and influence of the church is very important to promote community wellbeing (Freedman and Combs, 1996:21-22). Many South Africans are Christians, including those who participate and promote this traditional practice of male circumcision. However, the ministry and mission of the church seem to be passive on this issue. The religio-cultural practice is not identified as an urgent matter to be addressed. Therefore, taking such issues seriously by the church necessitates intentional educational activities such as preaching, teaching and organizing forums within local communities. It would constitute part of its mission to its people and South Africans generally if the church understands its mission in more holistic way that does not only cater for the narrow spiritual needs of its people but the psychological, physical, health and other needs as well.

6.3 Further Research

Much has been written on both traditional male circumcision and medical male circumcision but not much has been done to investigate whether the religio-cultural understanding and practice of male circumcision within the Xhosa community serves as a health asset.

This study has attempted to fill this gap. However, there is a need for a further research on how the church has and continues to respond to issues of male circumcision within the Xhosa culture. Though Luvuyo Ntombana (2011) investigated the involvement of Christians in issues of circumcision in Eastern Cape, the focus of Ntombana's study was on the Christian individual views on the practice of male circumcision. There is a need for the entire church to offer a Christian response on how circumcision can be practiced in a healthy way. The current study can also be further expanded using a methodology that engages men and women in Xhosa or other communities in one-to-one interviews, focus group discussions, or even participant observation in order to further enrich this field of study.

6.4 Conclusion

This chapter pulls together the key elements from the preceding chapters in the form of summaries. It also provided a signpost that focused on the role that the church can play and the positive influence it can have with regards to a wholesome understanding and practice of male circumcision in the Eastern Cape province of South Africa. The chapter also identified various gaps that still need to be filled in the broad discourse on traditional male circumcision in South Africa through further empirical research on peoples affected by the subject of study.

Overall, it has been shown in this study, and in response to the study questions and objectives, that when viewed or examined through the theoretical lens of AHRAP, traditional male circumcision can be regarded as a valuable health asset. This is further demonstrated by the analysis which shows that certain positive benefits can result from such practices as well as related practices and processes. Some of these benefits were shown to include STI prevention, life-giving forms of masculinity, better hygiene, and responsible family and community membership amongst other things.

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