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EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: A PASTORAL CHALLENGE.

BY

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DECLARATION

I Zilindile Myeko, declare that this thesis on, the effects of a botched circumcision on survivors: a pastoral challenge, which I submit for the degree of MA (Practical Theology) at the University of Pretoria is my own work. All the sources I have used or quoted have been indicated and acknowledged by means of complete references.

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Pumla, my wife, for her assistance in computer work is valued.

Without the permission granted by King Ndlovuyezwe Ndamase Ndamase, king of the target area, I would not have been able to penetrate cultural barrier of sacred circumcision turf. He was eager that such a study was going to be conducted to I Sizwe sa Mampondo aseNtshona(Western Mpondoland nation) where he is a monarchy. He emphasised that a botched circumcision on survivors has plagued his area for many years and parents come and cry to him for help after every circumcision season.

Chief Jongusapho Bokleni of this area with high prevalence said this type of research was overdue. That encouraged me.

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Without the support of all the above people, this study could not have been successful.

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TERMS

1. **Abakhweta:** Males in the lodge who have been circumcised.

2. **Amatshitsha**: A group of Boys preparing for the day of circumcision to be circumcised at that season.

3. **Amputation:** Cutting off a part or the whole male organ to prevent. Further rotting o f the penis. This can be divided into minor, moderate, severe or grade 1 to grade 4 of whic h grade 4 is regarded as the total loss of the penis.

4. **Analgesics**: Action to relieve pain

5. **Botched Circumcision**: The term is used to signify complications in circumcision where the wound becomes septic leading to amputation or cutting off of the male organ, to save life. This sometimes happens during surgery or after. It is a new phenomenon.

6. **Case study**: A study of one person

7. **Cathecholamine**: A type of neurohormone important in stress

8. **Circumcision:** Cutting of a boy's foreskin in his private part (Penis). This is practised in many African Cultures with no problem.

9. **Congruous:** Fitting well; being in agreement; harmony or; correspondence conforming to the circumstances or requirements of a situation.

10. **Conscientise:** Pricking the conscience.

11. **Culture:** Is the totality of human creativity and expression in tangible and intangible forms. Initiation practices are universally common to many cultures across the world.

12. **Disclosure**: The action of making new or secret information

13. Empirical Practical investigation

14. **Endorphins**: Reduces pain and boost pleasure, resulting in a feeling of well being

15. **Exorcism**: Is the religious or spiritual practice of evicting demons or others spiritual entities from a person

16. **Feel-goog**: Causing a feeling of happiness and well-being responses.

17. **Foreskin:** End skin of the penis, cut during surgery in circumcision.

18. **Going in**: Umngeniso.

19. **Going out:** Umphumo.

20. **Hypothesis**: A hypothesis, is a proposed explanation for a phenomenon. An idea or explanation for something that is based on known facts but has not yet been proved

21. **Male circumcision:** Is in many cases part and parcel of the institution of initiation and in societies. This can also be practiced, standing on its own. It consists of

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removal of some or all the foreskin from the penis. It has been present in many human communities and societies, from the earliest of time. The oldest available documentary records of circumcision are from ancient Egypt.

22. **Methodology:** A systematic theoretical analysis of methods applied to a field of study

23. Mfecane A Nguni word used for the wars and disturbances which accompanied the rise of the Zulu nation.

24. **Interviews**: It is a formal meeting at which someone is asked questions. A meeting at which information is obtained.

25. **Moratorium**: A temporary prohibition of an activity

26. **Non initiates**: Those not initiated.

27. **Penis** Male urinary organ

28. Psychological Trauma: Where an individual is affected psychologically and emotionally.

29. **Qualitative**: Face to face interviews

30. **Questionnaire**: It is a research instrument, consisting of a series of questions for the purpose of gathering information from respondents

31. Rapport - Good relationships

32. **Reliability:** It is a way of assessing quality of the measurement procedure used to collect data in a dissertation. In order for the study to be considered valid, the measurement procedure must first be reliable

33. **Research methodology**: Is the specific procedures or technics used to identify, select, process and analyse information about a topic. In a research paper, the methodology section, allows the reader to critically evaluate a study's overall validity and reliability

34. **Rondavel**: A traditional circular African dwelling with a conical thatched roof.

35. **Sacrilage:** Violation or misuse of what is regarded as sacred.

Threating something holy or important without respect; great disrespect

36. **Self-Inflicted Trauma:** This is because of fear.

37. **Sepsis:** Inflammation of the penis that leads to rotting or peeling off

38. **Suicide:** Physical elimination of self from the face of earth forever.

39. **Survivor:** A casualty of botched circumcision

40. Taboo: An action, or word that is avoided for religious or social A religious custom, prohibiting or restricting a particular practice

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41. **Therapeutic**: Relating to the healing of a disease

42. **Trauma (Physical):** Wound inside or outside on one's psychological emotions which if not properly addressed leads to rebelliousness and suicide.

43. **Ukuhlonipha**: Folk laws

44. **Umdlanga:** A traditional sharp instrument used by traditional surgeon in circumcision.

45. **Umgubho**: A farewell dance for initiates and their peers on the eve of circumcision day. This includes their peer girls.

46. **Umngcamo:** A goat slaughtered for the initiate on ini

47. **Validity:** It is an indication of how sound your research is, more specifically validity applies to both the design and the methods of your research. Validity in data collection means that your findings truly represent the phenomenon you are claiming to measure. Valid claims are solid claims.

48. **Vernacular language**: It is a native dialect of specific culture. It is the everyday Language, including slang that is used by the people.

49. **Victim**: One who dies because of a botched circumcision

50. **White ochre-ingxwala:** White clay hunted in some area and dug and dried up. This is used in smearing the face and bodies of initiates especially if a man gets into the lodge or they are going out to meet the people outside the lodge including working in mealie - field.

51. **Xhosas and Amampondo**: Southern Nguni tribes that share the same language and same culture, especially circumcision rite.

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ABSTRACT

This study investigated the effects of a botched circumcision on survivors. How these maimed for life, initiates, feel emotionally(psychological pain rather than physical obvious pain). The study was conducted on survivors of an area, where there is high prevalence of botched circumcision. It also highlighted the historical background that is unique leading to the causal factors or irregularities in the target area which is Western Mpondoland, three districts in the Eastern Cape, province in South Africa. Circumcision is one of the puberty rituals of Xhosa speaking people. It is a passage from boyhood to manhood. It is performed to boys from 18 years upwards. After this, these would be regarded as responsible citizens ready to be a help in their communities. This rite signifies the Xhosa Speaking nations human dignity. Unfortunately, after 2005, it is plagued by irregularities of injuries to initiates. This happens during surgery and after surgery, only in traditional male circumcision, not in medical male circumcision. This is so catastrophic nearly in all circumcision seasons. Although this is pandemic, this target area is chosen because of high prevalence of a botched circumcision on survivors.

Beside the historical background which appears as a causal factor for high prevalence in the research area, main aims of the study are reflected as:-

- Conscientising cultural custodians that the long loved circumcision rite is blurred by irregu larities
- Recommendations to curb and combat casualties
- Designing a pastoral healing model for priests and pastors

The research was conducted to survivor initiates in 2 hospitals, and in the villages nearby some hospitals. It was conducted to those initiates, who have been discharged by the hospitals and clinics in previous years. These were already staying in the community.

A researcher Designed Questionaire(RDQ) in vernacular language, Xhosa, with English translation was used to collect data from initiates. 3 noninitiates were interviewed for more and objective information. This was done in English. This instrument was designed to dig

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deep in their feelings hence it was in vernacular for initiates, in this area with high level of illiteracy.

The study's findings exposed the following

1. Hurt. There is a high degree of hurt they are bottling inside
2. ANGER AND DEPRESSION
3. SUICIDAL TENDENCIES. They are looking for chances to eliminate their lives is there is they are worthless to them and outcasted by communities
4. Fear to urinate with other men in public toilets. In public where there are no public toilets when looking after live stock in the pastures as they are to squart there like females.
5. Self-quarantine and self-isolation in fear of public open rejection

The study ends by recommendations of how to combat and curb this pandemic, that is a botched circumcision.

Training of traditional surgeons and traditional nurses being the main and easing tension by traditional male circumcision practitioners against medical male circumcision practitioners.

A therapeautic model for journeying with survivors was proposed. This would help in restoring their lost human dignity and less discrimination and humiliation.This would help pastors, priests, churches and communities to adequatly support these survivors as they are living in the community. They will be cautious, not to aggravate their plight.

Areas for further investigation are open for the effect of a botched circumcision on families of survivors.

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CHAPTER 1

1. INTRODUCTION TO THE RESEARCH

1.1 BACKGROUND OF THE STUDY

Social media is flooded by reports of death in each circumcision season, especially about casualties of botched circumcision. Some die and others are maimed. Lamla C.M in his conference paper Selected Topics on the Southern Nguni (Xhosa speaking) presented to Anthropologists seminar in Durban, 2005, he writes this on circumcision, "News Media reports that pricked this quick investigation and subsequent presentation for consideration by colleagues, centre on botched circumcision as the main source of concern about "unnecessary "health hazard, disabilities, amputations and deaths in different areas of the Eastern Cape' The Daily Dispatch, a widely read newspaper in the area, carried the following report on the 19 July 2005.

The circumcision season ended on Sunday with 20 boy's dead from botched operations, the Provincial Health department said yesterday… there were 5833 boys circumcised in the Eastern Cape during the past school holidays, 239 were admitted in hospitals. Kupelo said the Department has rescued 535 boys who have been left to die in the bush after their circumcision "(Lamla, C.M. 2005:3).

Eastern Cape Commission of Religions and Languages CRL 2016 report shows statistics from 2006 June to 2013 June. Hospital admissions in all are 5035 and amputations are 214 (CRL 2016:15) the researcher's population would be composed of the 5035 which would be rejected for going to western institutions (hospitals and clinics) and 214 survivors living amongst the community. The researcher's study is about those who were hospitalized because of injury and discharged after. The researcher terms them, botched circumcision survivors and are the subject of this study. The emotional effects they incurred and some live within the community. He does this in Practical Theology. Lamla continues to write again on 2 August 2005, the same paper, the Daily Dispatch carried another report thus":

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Initiate toll may be higher than reported:
Traditional circumcision could be causing more deaths and disability than have been reported, a Walter Sisulu University (WSU) academic said yesterday, a well-planned study throughout the Province was needed to explore" (ibid 4). This also motivated this study. The researcher will confine himself to Libode District, Eastern Cape, South Africa. This area is often associated with botched circumcision that is leading to complications, amputations and permanent disabilities.

According to Province of the Eastern Cape initiation report, for winter season 2016, for the past decade, the report said the province has expressed that it experiences challenges around initiation custom, which, during both winter and summer seasons lead to the death of initiates and permanent injuries to some. The predicament is haunting the Provincial government and organs of the state which are ordinary custodians of culture and health practices.

WHAT PROMPTED THE RESEARCHER FOR THE STUDY?

1.1.1 RADIO TALKSHOW

In 2011, the researcher of this study was admitted in St Mary's Hospital (not real name) at Mthatha, Eastern Cape Province in South Africa. He had a severe stomach ailment. Next to both sides of his bed laid two (20-22 years) boys on their beds. At a local midnight Radio Talk Show known as "TWELVE DOWN". An adult man furiously said on radio '' any coward boy in this circumcision season, that has landed in a Western Institution or hospital, will not be welcome in the community He will eat with boys and women in our traditional ceremonies."(August 14, 2011). Before he finished his warning, the researcher was shocked by an excruciating cry, from one of the boys, next to his bed shouting:

"Yhoo. Kwabe besifile njengabanye aba besaluke nabo. ngoku asizukwamnkeleka emigidini. Sizakutya, sisele nee nqalathi nezigqwathi.

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Sizakuchaswa. Kuzakuhlekiswa ngathi, sijongelwe phantsi, ngoba sithathwe kwibhoma lasehlathini seziswa apha kwesi isibhedlele. Sizakunuka umzondo. Inene ukukhutshwa kwethu apha, sizakuzixhoma, ukuze sonwabe, singangcungcutheki emiphefumlweni, njengamanye amakrwala elalini yethu, awayenzakele, kule minyaka idluleyo, aze asiwa ezibhedlele".

"Exclamation! We should have died like those fellow initiates, who were with us. Now, we are not going to be accepted or welcomed in traditional ceremonies. We will eat and drink with boys and women (using seclusion slang). We will be ostracised. 'We will be ridiculed and undermined, as we were rescued from the forest initiation school to this hospital. We will be stigmatised as if stinking. Surely, after we are discharged from here, we are going to hang ourselves, so that we become happy, with no trauma in our souls, like other new men, in our village, who were injured like us, in previous years and landed in hospitals. "(Oral talk 2011, August 14 00h30).

The researcher, shocked, tried to calm down the initiates, who threw away their blankets and tried to run out of the ward door. Filled with compassion but helpless, as he had no method of helping those boys, he thought about his fellow priests in the church, who are unskilled on how to deal with that unique situation. He decided to do something contributing towards the predicament of botched circumcision to survivors, as victims have died and are buried.

1.2 HISTORICAL BACKGROUND

This part deals with amaMpondo past and present life experiences, which can either, be in written or oral form. This is geared towards using past events to examine the current situation. This will also show why I said botched circumcision is prevalent in that area. How did I come about to research this issue? In other words, what prompted me to research this problem? Scratch when it hurts. Having worked as an itinerant evangelist around schools from 1979 in the Eastern Cape Province, I began at schools in ema-Mpondweni (Pondoland). We ended loving each other. These are humbly and lovable people.

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1.3 ABANDONEMENT AND RESUMPTION OF CIRCUMCISION CUSTOM BY MPONDOS

Lamla C.M has this to say about Pondoland: "I must state at this stage that circumcision (ulwaluko) is not a traditionally observed custom among the Pondo, Bhaca and some ethnic groups. It is only adopted today. It is becoming wide spread and youth are also excited about it". (Lamla C.M 2005:102). All Southern Nguni nations practiced circumcision. Lamla (2005) explains Southern Nguni communities as "the Southern Nguni groups, the Mpondo, Thembu, Mfengu, Mpondomise, Hlubi, Bomvana, Qwati, Xesibe, Bhaca, Ntlangwini, Phuti and the Xhosa proper or Gcaleka. All these speak Xhosa to the one who knows literally xhosa, it is not difficult to identify members of various culture groups, largely because they frequently resort to their dialects" (ibid 97). This is before Mpondos abandoned the rite as others practise the circumcision rite as for today. Omer – Cooper confirms that, tribes like Sotho and Xhosas spread from Natal retaining the custom, while Zulu and Pondo remained in Natal and abandoned it.

(Omer Cooper, 1966) writes that "the first European visitors in Natal stressed the role of Dingiswayo (of the Mthethwa tribe) who is credited with the sole responsibility for stopping the circumcision and initiating the age regiment (bath) military system". (Omer- Cooper 1966:55). He says that Tshaka took over from Dingiswayo and continued with Dingiswayo's ways. He says that Tshaka also could not allow a regiment member to nurse a wound for two months while enemies are attacking Zulus. He confirms that Pondos migrated later, from Zululand, with a non-circumcision tradition. He continues to write" the growth of larger political units, was closely bound up with a revolution in military organisation. Before this time, the northern tribes of the Nguni groups were organised along the same lines as their cousins living further down the coastal corridor. They practised circumcision rites and they organised their fighting strength on a territorial basis. Some of them continued to do so and after the **mfecane** had driven many of these tribes" (ibid 55).

"The circumcision ceremonies, with subsequent period of ritual seclusion, which deprived the tribe of its fighting strength for considerable periods, and left the

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initiates very vulnerable in case of war, were abandoned in response to conditions of more frequent fighting" (Omer- Cooper J.D 1960: 27). In his footnote, he says, Fyn ascribes this change to an order by Dingiswayo that circumcision ceremonies be deferred until his conquests were complete. A similar development took place later amongst the Pondo, who abandoned circumcision during the mfecane period. He backs that by Hunter: Reaction to conquest, p 165.

This study will be among Mpondos, who migrated from Natal and settle very close as members of Zulus. The central argument here is that Mpondos as neighbours were affected by Zulus. This shows why there is prevalence of botched circumcisions in eastern Mpondoland. Omer emphasises that "natal was devastated and the Pondo between UMzimkhulu and Umzimvubu rivers, were severely chastised. Fynn, on his arrival in Natal in May 1824 met several of Tshaka's regiments returning from a prolonged campaign, which had taken them right through Natal to attack Faku the Pondo chief'" (Omer-Cooper J.D 1966:33). He continues to write that Hunter 1936/1979: 165 ff, has reported, that Faku abolished circumcision so that, all young men, would be avilable when needed, to fight the Zulu raids, at the time.

The researcher, initially, had decided to refrain from attempting, a detailed analysis of the distribution of tribes in Natal, before Mfecane and the intricacies of the strife, which developed. He chose only, what connects the Mpondo history of circumcision rite abandonment for decades, hence recent resumption manifests, many irregularities known as botched circumcision, producing survivors that are a topic for research of this study.

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1.4 WHAT BROUGHT CIRCUMCISION PRESSURE TO PONDOLAND

1.4.1 Information explosion in libraries and attending institutions of higher learning. together by nations, brought enlightenments.

1.4.2 In 1994, democracy levelled fields; it was against any form of discrimination ethnic, sex, age, class and race. Nations were to be one and that led to a demand of uniformity.

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1.4.3 Political and tribalistic Landscape

1.4.4 The fact that Xhosa people looked down at whoever was not circumcised, this kind of culture pressurised Zulus and Pondos, to try to be politically correct, in following the cultural norms. They then become arrogant and isolate those who are not circumcised. In order to deal with this issue, the government had to intervene hence millions of rands, were set aside by parliament in the Kwazulu-Natal Legislature, for Circumcision of all males, This was to be from 16 years of age, to an old men, to go for the medical safe route of circumcision. It worked perfectly well.

1.4.5 HIV/AIDS spread threat. Researchers, recommended, male circumcision, as a way of minimizing Sexually Transmitted Diseases and HIV/AIDS infection. Health Standard Act No 6 of 2001, urged all male South Africans to circumcise. Neighbouring Xhosas, enticed Pondos, for initiation schools without teaching them its ethos.

1.4.6 Economic Greed

Bush, untrained traditional surgeons, (iingcibi) and untrained traditional nurses (Amakhankatha), hijacked the custom for business. Unauthorised initiation schools, mushroomed. Some were in the Eastern Pondoland forests, inaccessibly to all vehicles used by the Department of health Officials.

1.5 PROBLEM STATEMENT

Lack of pastoral care methodology, for botched circumcision survivors, is a problem.

The above scenario, raises, several research questions that make the researcher, to undertake this study:

- Are there other survivors, feeling like these boys, who reacted on that Radio talk Show?
- In which way can priests give therapy?
- How many silent people, are undergoing this traumatic experience?
- Are pastors equipped, to deal with trauma debriefing?
- For this Eastern, are Pondoland cultural beliefs, not to be challenged for revalidation?
- How do we get deep, on the issue?

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- Are the survivor's schemas, not disintegrated by this Trauma?
- How many young boys, must die or commit suicide or be humiliated or ostracized by that community, because they are rescued from illegal mountain initiation schools?
- Are mothers to remain silent, although, they carry the baby for 9 months and go alone to maternity wards?
- Are they actually aware, of their maimed son's feelings?
- Why are these people of God, subjected to this?

The author in this study intends to unpack this research, asking the above questions, which will depict the necessity or significance of this research. That the researcher, as a priest, was not able to confidentially counsel these young men, caused him to desire to embark on this research.

1.6 RESEARCH GAP

Anthropologists, sociologists, and some writers, have dealt in depth, specifically with male circumcision, but no one has done a study, on emotional effects of bot ched circumcision to survivors.
Research, on survivors' families, will be the researcher's study for PhD. This stu dy will focus on emotional pain, not on physical pain.
This intends to explore inner feelings of survivors.
Joel Uju O 2014, in his BA honours dissertation, emphasised on circumcision a source of Xhosa pain writes, on objective of the study as to "highlight the pains a nd trauma associated with the traditional circumcision rituals, as practised amon g the Xhosa tribe, in the present day (Joel, U.O. 2014:8).

1.7 AIMS AND OBJECTIVES OF THE STUDY

This study aims at investigating, the psychological or emotional trauma, of botched circumcision survivors. How to debrief them, and give hope in order for them, to cope in life.

- The author aims at getting the psychological, effects of the trauma experienced by these botched circumcision survivors, and empowers others, to bring support and therapy.

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- From this study, pastoral care givers, will learn about the challenges they will face like annoyance, rebellion, depression and attempted suicide.
- It will conscientise, traditional leaders, who are custodians of the cultural customs, about the damage, some of their subjects, undergo and will monitor subversive talks, like that adult man, in that radio talk show.
- To help survivors, to air their traumatic experiences, to loving and caring, pastoral care givers, who will move them from shame to self-worth.
- To charge, church leaders, to their duty to search for botched circumcision survivors and their families, for counseling.
- To integrate survivors, to their communities, and discourage open rejection and discrimination of botched circumcision survivors by virtue of medical male circumcision, performed by doctors in western institutions. .
- To empower, survivors, to explore and disclose to others their coping mechanisms, in their different communities.
- This study will send a warning to young boys, to understand consequences of undermining the advices from parents. These young school boys, will understand consequences there, and take the government advice, for prior medical checkup. They will avoid sneaking to forest bogus initiation schools, with untrained traditional surgeons (iingcibi) and drunk unskilled and untrained traditional nurses (amakhankatha).
- Primary schools will extract some lesson on this study to teach young boys the correct way that will avoid botched circumcision.
- This will serve as a manual to pastors visiting and preaching to schools.
- This will move church members, to pray intelligently, and be cautious, not to talk anyhow, to their fellow congregants, who are also families of survivors. There may be some botched circumcision survivors in the congregation.
- It will accelerate more vigilance to the Department of Health Officials, to search for these illegal initiation schools, and rescue the boys before any damage of sepsis.
- This study, will open a way, for mothers, to assure responsibility for circumcision of their sons and not deprive them the right to advice their sons and grandsons
- To campaign awareness, that the survivors, are moving, around with hurt, pain, shame, feeling isolated, rejected by communities, undermined, humiliated,

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unconnected to public, hopeless, feeling unloved, confused and even asking themselves "Why Me God?" as deduced from the cry of those survivors in the hospital.

- This will enable pastors, to journey with survivors, giving them hope. Mditshane, J. B. 2012, M A dissertation writes "It is high time that pastoral counselors equip themselves with the necessary skills, in order to respond to the challenges which are faced" (Mditshane, J.B. 2012:13).
- This will be a voice for voiceless mothers and defenseless survivors.
- This will affirm medical doctors and health institutions, to continue doing good to save lives of botched circumcision boys, taken to them, irrespective of cultural boundaries. Their good work is not appreciated by many cultural custodians, as they see medical doctors as violating cultural norms, by helping injured initiates from traditional male circumcision bogus initiation schools.

The aim of the study is to investigate, the effect of botched circumcision to survivors. The main objective is to create a pastoral methodology, that would empower and skill priests and pastoral care givers to journey with survivors. They will, understand their unfortunate situation.

Explore, and get deep, into how these survivors feel inwardly,in their new condition of life' Enlighten the public, making it aware that there are people hurting and needing emotional healing, so that it avoids ostracising them' To come up with a therapeutic model of healing and caring.

1.8 RELEVANCE

Eastern Pondoland area, has high prevalence of botched circumcision, because that community is still new to this circumcision culture, as I have alluded before hence botched circumcision is high there.

Cultural fundamentalists, and traditional practitioners of traditional male circumcision, in that area hard line, and are not prepared to shift to modern ways of safety, and some of their traditional leaders, compromise and fear them, because, they are not enlightened about the extent of the disaster that this study wants to unveil.

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1.9 RESEARCH METHODOLOGY

Two models will be engaged in teasing and unpacking the methodology that the researcher intends to use, but the main methodology will be a qualitative methodology, with interviews by open questions, face to face, in Xhos a (vernacular language of survivor).

Gerkin's shepherding approach will inform the researcher and will be a motivational factor to pastors and pastoral caregivers, to be passionate when dealing with survivor. Shepherding connects well with Africans, because most grew up looking after their parents' livestock. This is also known in the world. He writes, that 'Pastors are shepherds of the flock (Gerkin 97:80). He depicts Yahweh of Israel as a shepherd (Ps 23). Like a shepherd does to weak lambs, the researcher will comfort and encourage these botched circumcision survivors, when they narrate their stories, so that they get a courage to live.

His approach, shows that, as a pastor, one needs "to write in our hearts the image most clearly and powerfully given by Jesus'' (Gerkin 97:8). That is an inspiration to any pastor who intends to walk on the footsteps of Jesus Christ. Although, Gerkin is writing in his office, in America, his work connects well with Pondo shepherds, who live by stock farming.

His approach of caring, is useful to priests, as shepherds of God's flock, hence priests are termed pastors. Knowing that Jesus Christ, is the great shepherd of the sheep, awakens, a sense of caring to any pastor, following in His footsteps. He connects African pastors to what they know that shepherding is from our ancestors meaning that it is never foreign. This connects more to the researcher, a Xhosa boy who grew up looking after sheep and goats, in a rural area similar to Pondoland.

The researcher, had observed, that, some sheep, become sick needing special care. Some ewes abandon their newly born lambs. It becomes worse, when it gave birth to a black lamb and likes to push it aside, rejecting it, and other sheep

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do the same to this peculiar lamb. This, connects well, with the treatment, that survivors get through open rejection by the community. This makes his approach to be relevant, in caring for survivors. He emphasized on Old Testament biblical structure of leadership, which is threefold: priests, prophets, and wisdom. He shows priests, as a hereditary class that has a particular responsibility for worship and ceremonial life.

Prophets spoke to Yahweh in relation to moral issues. As spokesmen of God, they would confront injustices against the poor, orphans and the marginalized. Like in Jeremiah 34 in the Bible, where he talks about rams trampling the water to be drunk by goats. That is relevant to the researcher about botched circumcision survivors.

As survivors become marginalized, pastors like prophets will be a voice for these voiceless botched circumcision survivors and will advocate their protection.

The writer connects wisdom roles of the pastor, by being acutely sensitive to the issues of morality in the lives of those in their care. His wisdom example will be applied during interviewing by researcher and when priests journey with botched circumcision survivors. Gerkin's approach runs short of saying how to get into the space of botched circumcision survivors. This lack of pastoral care will make me, borrow from positive deconstruction, so that I may be able to journey with survivors of botched circumcision initiates. The researcher will engage Pollard 1997 approach. His positive deconstruction and positive reconstruction approach will be useful. Pollard writes that "the process is positive deconstruction, because I am helping people to deconstruct what they believe, in order to look carefully at the belief and analyze it." (Pollard 1997:44).

Deducing from scenario 1, Radio Talk Show, it becomes clear that survivors, have a lot to be deconstructed in their minds, as they verbalized how they think of themselves, as not worth living. Pollard's approach is needed for journeying with them. Applying positive reconstruction, after positive deconstruction, will move survivors to reclaiming them God given dignity, moving from shame to self-worth.

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Pollard's approach appeals to the researcher in solving what he read in a local newspaper. A survivor was interviewed by a journalist on what the doctor said to him before amputating his septic penis, he said, "the doctor said, don't worry, it is going to grow again, and I am looking forward to that" (Daily Dispatch 2018;3). Pollard's model will deal with that false hope, positively deconstruct and positively reconstruct it, so that, that survivor, will live in future. Counselors, will do that and positively reconstruct that, to correct reality for the future. The above paints the indispensability and relevance of Pollard's approach, to this study. The researcher, priests and pastoral caregivers, will enter, survivor's space, and support them intelligently. New worldview needs to be positively reconstructed in their minds, so that they face the future.

Both Gerkin and Pollard's approaches, will empower priests to penetrate the space of survivors. Those survivors, who would feel forsaken, fearing communities' ostracism, not loved, reduced to non-beings, will be helped, by these approaches. Qualitative methodology will be the main methodology of this research. Qualitative research is research, relying primarily on the collection of qualitative data, which is non-numerical, e.g. words and pictures (Johnson& Christenson, 2008). This will be used to get deep into one's feelings. Open-ended questions will be used, making each survivor, to freely tell his story, so that the researcher will pick up their inner feelings. Since interviewees, will be Xhosa speakers, all interviews will be conducted in mother tongue of survivors. Responses will be heard in Xhosa and translated into English. Interviewees will be secretly located, so that, no one will hear what one says except the researcher. Confidentiality will be upheld and free narration of one's story will be encouraged, without interruption. Sensitivity of researcher will be the mood. Some old adult interviewees that is 60 years and above, will be encouraged to write their stories, if willing to do that, with their hands, with surety of confidentiality. These will appear, as attachments at the end of the study.

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1.10 LIMITATIONS OF THE STUDY

The following factors will contribute to the limitations of the study: -
Initiation school environment is protected by culture with extreme confidentiality and sacredness. Survivors may not be free to unveil what should be concealed, according to the rite. The field, the researcher intends to trend on, is very sensitive to cultural practitioners of circumcision rite. Survivors may not freely open up and share stories responding to questions on their feelings, as some will not easily trust the researcher on this. Some Pondo traditional and cultural custodians, for their tribal reasons, may detest that, a Xhosa conducts the research.

1.11 DELIMITATIONS OF THE RESEARCH

The researcher will try not to unveil or mention the surgery part of circumcision and the concealed part of the ritual, as doing that, would appear as taboo to practitioners of the rite. This includes him, who, himself has undergone this traditional male circumcision ritual 46 years ago.

1.12 RESEARCH EMPIRICAL PART

The author decides to gather data from neighboring hospitals and some botched circumcision survivors, who had been discharged from the hospital. Few medical officers, Department of Health officials and traditional leaders will be interviewed.

It shows in the report, that there were over 200 initiates, saved during rescue operations conducted by the local initiation fora. They referred them, to initiation centers for accommodation and treatment, while a few hundred were referred to the hospitals and clinics where initiation centers did not exist. (Report table June 2016: 278)

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1.13 PREMILIMINARY CONCLUSION

The researcher has introduced the topic as the effect of a botched circumcision on survivors. He has explained the background and the scenario of Radio Talk show that has picked him. He showed what writers like Lamla says, and statistics shown in the social media especially the local newspaper Daily Dispatch. It also shows, what the Eastern Cape Government report by the Commission for Religions and Languages (CRL) reported in June 2016. All this reflected that botched circumcision survivors are in the community. High prevalence emanating from abandonment of the circumcision rite by Mpondos and recent resumption of it accelerating irregularities.

1.14 SUMMARY OF CHAPTERS

Chapter I includes, introduction, definition of terms, background, discussion of problem statement, the research questions, to be asked to various categories, research gap, aims and objectives, research method, relevance, assumptions, limitations, delimitation, preliminary bibliography and annexure.

Chapter 2 explains methodology that will be engaged in the study, for collecting Data. The main methodology being qualitative methodology. This is buttressed by Gerkin's shepherding approach and Pollard's positive deconstruction and positive reconstruction approach.

Pollard's approach will be used to get into the space of botched circumcision survivors and other interviewees.

Chapter 3 will focus on explaining much on circumcision rite, its irregularities and its literature.

Chapter 4 will be the actual empirical research, interviews using questionnaire (In vernacular of the initiate interviewees, according to categories of survivors)

Chapter 5 will show analysis of data collected, discussing the findings and responses, looking at what is common in their feelings, and validation of data

Chapter 6 Will be the Recommendations, including combating botched circumcision, with government policies. This will be used by priests and pastoral caregivers.

Chapter 7 will be a proposed healing model for a botched circumcision on survivors.

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CHAPTER 2

INTRODUCTION

2. RESEARCH METHODOLOGY

The methodology section deals with how the researcher plans to tackle the research problem. This is the approach to empirical research, that will be adopted to this study.

Leedy (1983:12), shortens the description of research as follows -

- If there is no discovery, there is no research.
- There should be analysis and interpretation of data for the enlightened awareness of what the facts mean
- Research should answer questions to solve the problem
- Research is a human activity that promotes critical thinking in a cross-functional approach
- Effective research is rational, systematic and is guided by constructive assumptions and measurable data

The Oxford Dictionary defines methodology, as a system of methods used in a particular field. This chapter will focus on the method of conducting the research. It provides the work plan and describes the activities necessary for the completion of the
Researcher's project. It contains, sufficient information, for a reader, to determine, whether the methodology is reliable and valid (Masango, 2015 contact week).

The methodology shows the method, that I am going to use, to scientifically investigate my research study as reflected in the proposal.
Songxaba (2011), in Bungeni, M (2015) Masters dissertation, explains methodology more, when writing that, this will consist of the methods, techniques and procedures deployed in the implementation process of the research designed, in order to solve the research problem (Songxaba, 2011:93).

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The data is going to be collected, and have findings, that will falsify or verify the assumption that botched circumcision survivors are adversely affected survivors by this condition, for the whole of their lives.
The researcher will be careful and sensitive in his methodology on this study, as he is treading on a cultural sacred ground. It is a cultural taboo to share anything about circumcision rite. Traditional male circumcision practitioners and Xhosa speaking cultural custodians, will never appreciate, violation of their secret rite. Unveiling what is supposed to be concealed, will be sacrilegious to Xhosa speaking male readers.
The researcher, has decided, that the most appropriate main methodology, will be **qualitative** methodology.

This will be buttressed by two approaches, Gerkin's shepherding approach and Pollard's positive deconstruction and positive reconstruction approach. These approaches, will be a pastoral care model hence they will back up the main methodology.

2.1 GERKIN'S SHEPHERDING APPROACH

Although Gerkin writes this approach on his desk in England, the approach is relevant and congruous to my South African situation. As a Xhosa speaking boy, I grew up looking after livestock, especially sheep. Gerkin's approach connects well with our daily practice, as when shepherding, one must have passion for lambs especially when ewes are lambing. A sheep is not as strong as a goat. It needs to be watched closely, all the time. This is a needed approach for botched circumcision survivors. He conscientises pastoral caregivers and priests, by referring to Old Testament biblical times on shepherding.

Gerkin 1997, through his hermeneutic pastoral care method, will be a guide. Pastoral care is a strong and a priority arm of the church ministries, in all societies. It is therefore pivotal in my study, as I intend to design a therapeutic model that will help priests as shepherds of God's flock and pastoral care givers, to journey with botched circumcision survivors. He connects his shepherding approach with biblical traditional method of shepherding God's people "how priests, prophets,

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wise men collectively took authority of shepherding Gods people', in the Old Testament" (Gerkin C, 1997: 23).

He explains that phenomenon, as follows: "The priests, a hereditary class that had particular responsibility for worship and ceremonial life; the prophets, who spoke for Yahweh in relation to moral issues, sometimes rebuking the community and its stated political leaders; the wise men and women who offered counsel of all sorts concerning issues of good life and personal conduct." (GerkinC, 1997: 23)
This approach will motivate priests as prophets, to care and stand for survivors.

He also depicts Jesus as the Good Shepherd who knows His sheep and known by His sheep. This reminds me of the time at my rural village home at Nkondlo in Ngcobo, when I was feeding my sheep, there was an old sheep that did not join other sheep in eating mealies thrown on the grass but it ate from my hand. I knew that this was going to happen, as it does not do this to other people feeding the sheep but to me only.
The pastoral care givers will care for community needs and individuals needing attention, in particular, botched circumcision survivors.

Coming back to shepherding. Some lambs are rejected by their mothers and it becomes worse when the lamb is born black. Sometimes, some mothers refuse to suck this peculiar lamb. Other lambs (normal) isolate it. It becomes the duty of the shepherd to pay special attention to it, so that it does not starve to death. To familiarize this black lamb with other lambs, the shepherd closes all lambs together in one lamb kraal, with this exceptional lamb. This will similarly apply to botched circumcision survivors, who seem to be isolated and rejected by other men in the community. This is according to scenario 1 on Radio Talk Show whilst in hospital (Chapter 1).This connects with his approach and its relevance in buttressing the main qualitative methodology I have chosen to use.

In his shepherding approach, he runs short of telling how this would be done. He leaves to Pollard's approach, of getting into the space of the interviewees, the botched circumcision survivors in this case.

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2.2 POLLARD'S POSITIVE DECONSTRUCTION AND POSITIVE RECONSTRUCTION APPROACH

POLLARD'S APPROACH

Pollard uses his positive approach. He writes as an evangelist, but his approach is relevant in backing up my main research methodology. The researcher, will borrow this approach. Pollard himself, works by unpacking and exploring people's belief systems. He listens hard before he speaks. That will be a good approach to survivors. He takes people on a journey of personal discovery as he carefully builds understanding and trust and introduces them to Jesus (Pollard 1997: 8).

This approach will help the researcher to do the interviews correctly and effectively.

Pollard, in his approach explains three categories:

- Those who are just about ready to become Christians. He says those people are just picked like ripe fruit. This spells that some are just easy for counseling. This is to be expected amongst interviewees

- There are those who want to become Christians, but are holding back because they have lots of questions and doubts which they need to deal with first. According to these, it is clear that some botched circumcision survivors have a lot of questions and are looking for satisfactory answers.

- Those who are openly hostile, but others seem apathetic about the whole subject. This will be clear to the interviewer on the observations during the interviews.

When exploring category one, he says that, this is the largest category. Here is where many of us need help. This is the reason why he introduces the concept of 'positive deconstruction'. He says that, this is the term he uses to describe the

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process of helping people who are currently comfortable with their non-Christian beliefs, to think again about them, and possible to become uncomfortable with them so much so that they then want to find out about Jesus(ibid:13).

He, continues, by saying, the process is ‘deconstruction’ because I am helping people to deconstruct (that is, take apart) what they believe in order to look carefully at the belief and analyse it. The process is ‘positive’ because this deconstruction is done in a positive way- in order to replace it with something better. (Pollard N, 1997: 44).

This approach will help clergy and pastoral care givers, to positively deconstruct the mind-set of survivors, which is caused by the traumatic experience they are undergoing. To support this view, the researcher has an incident as follows: - on a local newspaper (Daily Dispatch,2017:5) a journalist, asked the initiate that is a casualty of botched circumcision, what the doctor said to him before he amputated his penis? the answer was ‘he said that it is going to grow’. To the researcher, this strikes an alarm that, some survivors need a corrected mind-set by Pollard’s positive deconstruction approach.

Pollard, speaks about positive deconstruction or positive reconstruction that hearers need. He suggests that, the way to them, is to get into their space. This approach requires the counselor to get into the space of the counselee.
The researcher seeks to get into the space of botched circumcision survivors in order to hear what each says about the condition he is in, and is to live in it the whole of life. Does this affect them? Interviews will show.

He writes, that the process of positive deconstruction recognizes and affirms the elements of truth to which individuals already hold, but also help them to discover for themselves the inadequacies of the underlying world views they have absorbed, (Pollard, N 1997:44) To the researcher, this statement makes it clear that the survivor I wrote about above, has absorbed something wrong and he needs positive deconstruction and positive reconstruction. Pollard demonstrates this deconstruction and reconstruction by telling a story about his first car that he dismantled and fitted with parts of a car he bought. This second car, was written

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off, because of an accident. As a mechanic, he put together good parts from both cars and that yielded him a better car. His approach is good, when one journeys with the survivors.

Using Gerkin shepherding approach and Pollards positive deconstruction and positive reconstruction, the main methodology will be buttressed.

2.3 MAIN METHODOLOGY QUALITATIVE RESEARCH

There are three types of qualitative approach to research:

2.3.1 Historical Research

This describes problems and past events. Data is gathered from written or oral description of past events.

According to Masango M April 2 -3, 2014 : 20 on methodology It answers the question “what was the situation “he sites four examples of historical research as follows;

- A study of the factors leading to the historical development and growth of cooperative learning
- A study of the effects of the historical decisions of the united states supreme court on American prisons
- A study of the historical trends in public laws by looking as recorded at a local court house

2.3.2 Ethnographic research

This develops in depth analytical descriptions of current systems and processes. He writes that it is a complete description of present phenomena. A case study is a form of ethnographic research.

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2.3.3 Narrative Research

This is the form focusing on studying a single person and gathering data through stories that are used to construct a narrative about the individual's experience and the meanings he/she attributes to them. (Masango, M, April: 2014; 51).

Out of 2 methodologies, qualitative and quantitative, qualitative will be chosen by the researcher. Walliman (2011:194) agrees that a distinction could be made between quantitative and qualitative. The researcher avoids the quantitative because Neuman(2011:165) explained that the difference between the two methodologies begins in the nature of data itself. Quantitative deals with numbers. That renders it irrelevant to the study at issue that is the **effect of a botched circumcision on survivors.**

In a qualitative study, the emphasis is on precisely measured variables to test hypothesis. The emphasis is on the principles from interpreting on critical social sciences. Qualitative shows how data will be practically collected in this research. Qualitative method offers an effective way of hearing each survivor's feelings, this is one of the more practical ways, the design of the questionnaire is based on assessing their feelings.
Prior to commencing the interviews, ethical clearance will be sought from the king of the research area in question, He represents all his subordinates, the chiefs, who are cultural custodians. Since this issue of a botched circumcision is sensitive, he will also be giving a consent on behalf of parents of minor boys.

2.4 ETHICAL CONSIDERATIONS AND LIMITATIONS OF MY METHODS

Knowing cultural norms and behavior of Xhosa speaking parents regarding circumcision rite, I will not get consent letters signed by them for their minors, but from guardians. Anything pertaining to botched circumcision of little boys, or any injured initiation, is harassment to any parent and will show uncourteousness of the researcher. The researcher, has experienced, what he says, when counseling parents of injured and dead initiates. They become aggressive, even to the doctor

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who is explaining what he has done to treat the injury from traditional male circumcision lodges.

In my particular situation, where culture dominates and shapes community understanding, I am aware that this is a sensitive and delicate issue. I have planned with the king of the area who also suggested, not to trouble parents.

In the Xhosa speaking culture, it would be insensitive and uncourteous to ask a parent whose child is maimed, to allow an interviewer to interview his or her child. In Xhosa speaking culture, including Amampondo, no parent would allow his or her child to divulge what is culturally considered a taboo. Circumcision rite is regarded as sacred and secret. Divulging what has taken place in the initiation school would subject the initiate and his parent to a penalty that cultural custodians would impose to any offender. That is why the researcher decides to use guardians, because he knows cultural norms.

The parents, who maintain cultural norms, beliefs and values, usually do not know the statusquo about their recently circumcised son, until they are informed by a traditional nurse(ikhankatha) that, boys are ready for the 8th day ritual(umosiso), as this is a day of jubilation. The significance for this day, is that initiates are out of danger.

Parents are formally informed about this day, because, preparations for the day are expected from that family. In some primitive African tribes who practice circumcision away from the village, up in the mountains, when an initiate dies there, parents are not informed. In that barbaric act, parents, observe on the outgoing (umphumo) day that, their son has not survived. When they see his blankets brought back home, they begin mourning the loss of their son quietly. That becomes more traumatic. When they are not even informed and shown the corpse or grave.

To research the plight of the parents and siblings, the researcher has planned to do his PhD thesis on the effects of a botched circumcision on families of a botched circumcision survivors. In addition to permit, from the king of the area, Libode,

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Port St John's and Ngqeleni, the participants themselves will put an X instead of the signature. When initiation casualties are rescued from forest lodges to the hospital, the medical superintendent has all power over those botched circumcision patients. in his special ward for a botched circumcision patients. When the medical superintendent sees the condition of the initiate becoming worse, he does not seek consent from anybody but perform his duty to save a life, he amputates. He has the authority to do that.

Through the doctor's intervention, more are saved and become my field of study. In this botched circumcision scenario, some arrive in hospital already dead. Medical doctors are excited about these interviews to these boys, as this vindicate them that their intervention saves the nation from high statistics of death emanating from a botched circumcision. It also vindicates health institutions in being accused that they are violating cultural practices by conducting medical male circumcision, it is alleged by cultural custodians that they are derailing boys from traditional male circumcision to western form.

Maimed initiates are usually rescued from unofficial forest lodges to join health institutions. At that time, some initiates are already losing their private parts through sepsis, through this qualitative methodology, nearly all items in the questionnaire. (Appendix A) will be designed to measure the extent of the effect of botched circumcision to survivors.

2.5 RESEARCH DESIGN

The concise Oxford dictionary (1985:1169) defines design as a preliminary place, concept or purpose. Research design is described by Yin as the preparation of a work plan aimed; a systematically assembling, organizing and integrating data in order to solve the research problem. (Yin 1994:20) In this study the problem to be researched is effect of botched circumcision to survivors.

The researcher will be using questions in a form of a questionnaire to survivors designed to expose their feelings on their condition. The answers will be analyses and conclusion or answer to the problem will be discovered. This research design

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is confirmed by Leedy & Ormrod (2001:91) when they define research design as including the planning and visualization of the data in the entire research project.

The research design planned by the researcher, goes along with what Barbie (2013:89) says, when describing research design as a plan drawn up by the researcher before observation and analysis of data. The researcher has followed in the research design of Kruger & Welaan (20001:46), who wrote that, research design is a plan where the researcher identifies research participants and gathers data from them. I have selected botched circumcision survivors that are in the hospital special ward but in age categories. Some will have been discharged from hospitals, staying at home. Research design is a blueprint or set of plans for collecting data (Vimmer 1993:46)

Research should answer questions to solve the problem;
Effective research is rational, systematic and is guided by constructive assumptions and measurable data. Research is a human activity that promotes critical thinking in a cross-functional approach. The researcher will use narrative method. He will ask questions that are open ended like in Xhosa
"*Wena ucinga ukuba abanye abenzakeley onjengawe bacingani*?" What do you think the other survivors think? let us chat. The researcher will listen attentively to get the information. This is a paradigm, where several open questions will be asked from the survivors in their vernacular language, so that they understand the questions about their feelings, not physical pain. See appendix A. Structured interviews **will** be engaged.
Epistemology is the search for the truth and truth is not stagnant you easily do that by getting into one's space. You can't search truth into Christianity alone hence the researcher will look into any available source concerning the issue.

The researcher will use informal and open ended interviews according to a questionnaire APPENDIX A. This will be carried out in a story telling style. In the interviewee's conversation with the interviewer, there will be a chance to comfort the hurt survivor. This is where Pollard's positive deconstruction and reconstruction will be applied. This will be the beginning of care giving and journeying with the survivor. The interviewer has no way to rush this type of

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interviewees. Interviewing sessions will vary according to participants. The fact is that each will be interviewed in a separate room away from others so that if one feels to cry he will do that without any embarrassment.

2.6 STRUCTURED INTERVIEWS

Personal Interviews

Huysame G.K, 1994 writes "When data are to be collected by means of personal interviews, interviewers visit the respondents at home or at the work place (Huysamen G.K, 1994:144). To follow this suggestion, the researcher will visit the hospital ward of the botched circumcision survivors to conduct interviews. I will also visit those already discharged in their rural homes at Libode, Port St John's and Ngqeleni. I will take each to an isolated unoccupied office for face-face interviews. I will establish a rapport first, so that the interviewee will be relaxed, free from any tension of mistrust. Since all these have been taken to hospital against their will, I assume that they fear all strangers as they are not sure whether the person they are interacting with is not to aggravate their condition. Understanding me as a priest, who has come to converse with them amicably will open them up. Some priests like the researcher do go for short prayers in hospital wards including this special ward. It is worthy to note that only few priests are allowed for prayers to botched circumcision initiates. The researcher has that as his duty. Portfolio to visit the sick in hospital Even when a patient die, he is sent to that bereaved family.

Home to tell the parents about death of their son. Sometimes, he is selected to conduct that funeral of a dead initiate. It is important to inform the reader that type of a unique funeral is a challenge. Cultural custodians attend the funeral to support mourners. They also attend to check what the priest will say about the custom. A priest must only talk about death not cause of this death. Cultural custodians are very sensitive about defending and protecting their custom. It is worse than in such funerals women and children including boys, are in attendance. One is to tread on a tight rope. The researcher has personally conducted such funerals since 2006. Speak the truth or try to be politically and culturally correct and earn popularity? The answer will appear in the therapeutic

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model in chapter 7. Huysamen continues to suggest that “In all these cases, the interview functions as a data collection method, and as such, should be distinguished from therapeutic or counselling interviews, in which the objective is to help clients”(ibid 144). My interviews will do include counselling these interviewees of a botched circumcision concurrently, aligning them to move forward in life. The researcher’s Scenario I about the Radio talk show in chapter I of the proposal, where botched circumcision survivors on the hospital cried regretting that they did not die like their peers, saying that when discharged, they are going to commit suicide. This to the researcher implies urgency, that every minute a pastoral care giver gets with each casualty of botched circumcision must be fruitfully used for healing to intercept any eventuality.

The researcher will use this standardised structured interview. As a data collection method, storytelling by open ended questions (see Appendix A).

The researcher, in his face-to-face interviews will not rush the interviewee. If the interviewee decides to keep quiet, will be free to do so. There will be no pressure exceted by interviewer. I assume that some may disrupt the session by anger and crying especially those grown up, who understand consequences of their present status quo. I assume that some will be frightened and sceptic to open up especially the grownups categories as they understand the taboo part of unveiling anything about the custom. The researcher will be prepared to continue the following day as questions are already scheduled in the questionnaire. Chance for the interviewee to deviate while telling his story will be afforded. This will be facilitating relaxing. If one is upset about the question as it appears, the question will be rephrased to yield the same desired response.

As the question is in vernacular, I will record the response in vernacular, so that I get their feelings in vernacular. Then after I will transcribe the responses in English for the convenience of the reader. The interviewer will be able to deduce the effect of botched circumcision from their sentiments or expressions.

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2.7 SEMI-STRUCTURED INTERVIEWS

He says that this is between structured and un-structured interviews. "Interview guides are used in semi-structured interviews" (ibid 145). This involves a lot of topics and aspects of these topics. He continues to say, "As a general rule, it is recommended that interviewers should dress in more or less the same way as the respondent" (ibid 145). These semi-structured interviews cannot be applied by the researcher as hospital gowns are a uniform of patients only not a visitor. Pertaining to dress code, I will dress clerically for acceptance by interviewees. Patients generally trust clergy as they often see them when coming to conduct prayers. The 2 interviews structures, semi-structure and unstructured interviews are not going to be engages in this study but only structured will be engaged.

2.8 UNSTRUCTURED INTERVIEWS

Huysamen says that these are usually employed in explorative research, to identify important variables in a particular area, to formulate penetrating questions on them to generate hypotheses for further investigation (ibid 145)

The researcher will not use the unstructured interview in this study is this Qualitative research gives us understanding into some aspects of social life. Confidentiality will be observed. Survivors will be interviewed secretly in a separate room or in a separate house at home without publicity, only the interviewer and one interviewee would be together at any given time. contents and responses of each participant will be confidential for interviewer only. This will be easy for the research as he is an Anglican Priest with cure of souls- sacred confessions and absolution all end with him.

2.9 SAMPLING AND DATA COLLECTION

When the population to be interviewed is big, the method of sampling is used. It is usually not practically and economically feasible to involve all its numbers in a research project (Huysamen, G.K, 1994: 37). Hence I will use sampling because

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of the size of botched circumcision survivors. Survivors are many and the researcher will pick and interview six survivors from the following four categories. This sampling in categories is relevant to the sort of research designed to get into wide spectrum of botched circumcision survivors.

Masango M, (2015 contact week) cites Maree 2015 as writing purposive sampling simple means that participants are selected because of some defining characteristics that make them holders of the data needed for the study
(Mare 2015:79). Qualitative research usually involves smaller sizes than quantitative research studies; hence I will use four categories in my sampling with six questions each category. There will be 4 participants in each category.

Category 1
10-15 years

These are young boys who got botched when they were circumcised in the forest. When the department of Health officials sees these forest lodges, it rescues the survivors to a clinic or hospital. Some boys die in the bush unless saved by health officials.

Category 2
18-20 years

This will represent even others, who had been treated and discharged in previous circumcision sessions,

Category 3
30-40 years

There will be 9 questions combining category 3 and category 4. These are all grownups.
They will be in the hospital ward and some will be the hospital, outside in their respective homes.

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Category 4

60 years and above

Since uncircumcised males rush into the bush for circumcision, many above 60 get botched for different reasons, the main being the lodges humid and damp forest environment, unskilled traditional surgeons (ingcibi) and untrained and unskilled traditional nurses (amakhankatha) surely there will be some in the ward and some outside in their respective rural villages.

In addition to these four categories of botched circumcision survivors 4 questions are prepared to be asked from the chief of the area representing the chiefs and cultural custodians. 4 questions from the Nelson Mandela Hospital in Mthatha, Eastern Cape Province, in South Africa. It is a hospital, where a special ward is provided for injured initiates. That is where they are treated in each circumcision season. When healed, they are discharged to their homes.

The doctor dealing with botched circumcision initiates in the province will also be interviewed by 4 questions. The questionnaire is the instrument that will be used. The sample chosen represents different ages inside and outside the hospital ward. Outside, are those botched circumcision survivors, already discharged from the clinics or hospitals, in previous circumcision seasons. It is assumed that. These are affected according to age. Using common sense, looking at the difference in age, what 10-15 years say, will definitely differ to what 18-20 and 30 - 40 years say and the category above 60. Mostly these from category 3and 4, are family men. Obviously, because of age, there may be some common responses in these last 2 categories.

2.10 QUESTIONNAIRE

The data collecting instrument, the first instrument to be used to collect the relevant data for testing the research hypothesis of the study, which is survivors are affected is the research designed questionnaire. The questions are set according to the categories above.

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2.11 VALIDITY

This is the degree to which an assessment process or device measures what it is intended to measure (Smith el al 1986). According to Ary et al (1985), “validity' means, the extent, to which an instrument measures what it is intended to measure. Behr (1985) identifies six types of validity; face, content, predictive, concurrent, and criterion-related and construct validity.

2.12 RELIABILITY OF THE INSTRUMENT

Ary et al (1985) says “reliability “refers to the extent to which a measuring device is consistent in measuring whatever it measures. It will measure the effect in this case of botched circumcision survivors. The openness of interviewees will enable the interviewer, to deduce and observe how affected botched circumcision survivors, are. My assumption is that, some may vent their anger and cry deeply, and that may be an indication of the hurt they live with.

2.13 ADMINISTRATION OF THE INSTRUMENT

As I explained before, the king, leading all his subordinates in his kingdom has signed permission for the interviewer to do his research study for all casualties to be interviewed in his area. This is a high hurdle, which has retarded interviews to many researchers interested in this field.
Others already discharged in previous circumcision season, will sign their own informed consent forms. Having obtained the necessary consent letters, the researcher, will personally, conduct interviews according to these categories.

This field pertaining to initiates, needs compassion, hence, he will not engage a co-researcher the fact is, the cultural context of botched initiates, differs from other contexts.

The researcher will not use recording tape and writing the stories in these face to face interviews because circumcision rite is culturally concealed. He will just ask permission to draft points to enable him to remember what each said and writes

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responses in English. There will be no information of responses in Xhosa. Telling participants this, will make them, to be free in sharing without fear of being betrayed to cultural custodians. I will write down the responses so that they will be used in the analysis of the results, Surely, this will take a lot of time. These initiates are not to be rushed but to be handled with care.

2.14 PRELIMINARY SUMMARY

The methodology and procedures to be employed which is qualitative methodology, is going to be buttressed by two approaches; Gerkin shepherding and Pollard's positive deconstruction and positive reconstruction approaches. These have been explained in the above paragraphs. Sampling by categories has been explained and questionnaire with questions. Chapter 3 will reflect on circumcision in general as botched circumcision survivors are the by- products of circumcision.

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CHAPTER 3

INTRODUCTION

This chapter will engage story telling of the researcher about his personal experience and knowledge of circumcision. Later views of different authors on circumcision will also be included.

3. CIRCUMCISION

Having explained in chapter 2, the research methodology that will be used in this study, the researcher in this chapter is explaining what circumcision is, which sometimes ends in botched circumcision. This will throw light why this research topic "The **effect of a botched circumcision on survivors"**. Botched circumcision is a rare irregularity in circumcision. It is becoming common these days.

3.1. WHAT IS CIRCUMCISION

Circumcision is defined as the cutting off a boy's foreskin in his private part (penis). This is practiced in many African cultures with no problem. In Circumcision –Wikipedia writes, '"an estimated one – third of males worldwide are circumcised. The procedure is most common in the Muslim world and Israel (where it is near- universal for religious reasons, the United States and parts of South East Asia and Africa. It is relatively rare in Europe, Latin America, parts of Southern Africa and most of Asia. The origin of circumcision is not known with certainty. The oldest documented evidence for it comes from ancient Egypt. It is part of religious law in Judaism and it is an established practice in Islam, Coptic Christianity and the European Orthodox Church."

3.2 NARRATIVE APPROACH

The author's storytelling will reflect his personal experience and knowledge of the circumcision rite, how as a Xhosa speaking person perceives it, having gone through this rite 47 years ago. He will also broadly write about circumcision custom by some nations of the world.

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3.2.1 **MALE CIRCUMCISION**

Male circumcision is one of Xhosa speaking nation male puberty rites. It is cultural and emphasises their human dignity unlike other nations where it is performed for different reasons. It is a heritage from their ancestors and a legacy to the coming generations.

3.3 **EARLY PREPARATION STAGE**

When a baby boy is born by Xhosa speaking nations, the whole area community gets into jubilation, as this brings hope to the lineage of the clan. A young boy grows being conscientised that he is a boy growing towards manhood. When the boy is sent to do some errands his mother would say go little man “hamba ndodana” In early childhood, he quickly identifies himself with his father or any man in the community, A boy must grow doing what men do, like looking after calves and lambs and gathering them to the kraal in the evening. Whist there in the field with other boys, older boys of the area prepare the young ones for circumcision by ensconcing the boy’s penis. If this is never done, locally, the surgeon (ingcibi) will embarrass men on the circumcision day. This shows negligence in preparation for circumcision. The boy begins then to know what a taboo and news is not to share to any female including the mother. This is preparation for the actual circumcision day when he becomes a grown up.

3.3.**1 STEP 1**

3.3.1.1 PREPARATION FOR THE ACTUAL DAY

When the idea of circumcision ritual is conceived beginning of circumcision season, the host or the father of the boy, agrees with the boy’s mother to soak mealies to be the yeast to the beer to be brewed (inkoduso)
When women do this, they begin ululating so that the community would be aware that circumcision ceremony is coming.

The host or main father of the boys or a boy to be circumcised, calls a clan meeting known as “ibhunga lamakhwenkwe azakoluka“caucus about the boys to

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be circumcised. Mothers and women of the clan prepare for that meeting of the day according to that particular community various types of food is prepared for the day, like xhosa beer is brewed for that day and mothers also continue ululating on that day when brewing. They also cook porridge for soft drinks (irhewu). The atmosphere is full of jubilation with "haba-haba halaa-la".

On the meeting day clan, men gather near the kraal for the meeting, whilst mothers prepare meals and beverages. The host tells the clan his intentions for his son or sons to be made men by circumcision rite. A renowned and experienced surgeon is appointed and midmen that will be traditional nurses (amakhankatha) are also appointed, a circumcision day is set. People from the meeting go and spread the news advertising circumcision day. Young men are instructed to go and chop young trees for the lodge (ibhuma). Mothers select girls who will cook at home for the initiates.

3.3.1.2 CIRCUMCISION DAY EVE

This is a farewell dance for boys in the community and girls including those to be initiated. This will end early the following day on the circumcision day.

3.3.1.3 CIRCUMCISION DAY

Very early on, the set day, the host goes and allocates the site for the lodge. This is normally erected away from the homesteads and the paths from the forest where women walk to and from fetching firewood. This makes women not to have excuse when found around the lodge. That goes with cultural beliefs.

Young men will inset these young poles to form a lodge. They bend the tops to form a dome shaped lodge. After leaving for home, a young boy is left behind to look for trespassers not to go there. When these young men finish, community women who go there with dry thatching bundles of grass to thatch the lodge follow them. When they finish thatching the lodge, they leave to the host home and that boy is left to guard the lodge until men with boys to be initiated come. Concurrently, the boys to be circumcised get into the kraal. They are undressed to have nothing in their bodies and around the waist; a dry cut goatskin is tied

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around the waist. This will act as a wound bandage after circumcision (ityeba). They are covered with a new white blanket and their body hair is shorn from the head, graduating from old life. In some clans, a neck fetes or necklace is put around a neck. This is woven out of a cow tail hair. A goat or goats are slaughtered in the kraal, after skinning a piece of soft flesh is cut from the right foreleg towards the neck (isiphika) this is roasted by a traditional nurse and fed to that particular initiate, and that is known as umngcamo. That foreleg is cooked there in the kraal. It is given, to that particular initiate, to enjoy alone. Other meat is cooked for men except a right hind leg and pancreas (injeke /rholihlahla). This will be carried by the initiate, as provision to be cooked in the lodge on days to come.

3.3.1.4 WAY TO THE LOGDE

At a staid time, young men begin stick-fighting game and the nurse leads initiates to the lodge. At a nearby river with running water, initiates wash the whole body and march to the lodge waiting for the surgeon. After surgery, a special herb for healing wounds is used to dress the wound.

3.3.1.5 LODGELIFE FOR INITIATION SCHOOL

Lessons according to that particular clan from an oral transmitted curriculum by elders are taught. This is informal cultural education, which is only taught to initiates by traditional nurses and visiting grown men. These lessons continue up to the end of the term.

Syllabus topics include:

- respect of old; respect of authority by traditional leaders and parents
- Respect of women and all females.
- Expect behavior from a man
- No rape
- No murdering
- No stealing
- responsibility;
- care for a parents; choosing a wife;

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- paying lobola; human values (Ubuntu);
- not shouting;
- care for wife and children;
- earning one's living;
- one's clan origin, and praise singing of the lineage (iziduko) mother's clan name;
- solving disputes; unifying the clan;
- elements abuse; not beating females;
- not to look back at a burning lodge on the last day;
- to tell anyone uncircumcised about lodge life as that is a taboo;
- not mentioning certain names for example; woman, water, meat

The lodge act, as a retreat centre as there is no other place to get the boys to be taught human dignity. Less water is drunk and suitable food specially prepared by those chosen girls is eaten. Food is without salt.

3.3.1.6 UMOJISO – EIGHTH DAYCEREMONY

This is a jubilation day for initiates, host families and traditional nurses. It signifies that initiates are out of danger. Initiates are now free to move out of the lodge, walk outside and bust in the sun. Their whole bodies are smeared with white ochre (ingxwala). Initiates, now, are free to eat all types of food and drinking water is permitted. Initiates wrap blankets around the waist when playing outside or enjoying the days roasted meat and mealies. Local young men come and enjoy the day and girls join.

3.3.1.7 UMPHUMO – (GOING OUT DAY)

The host, the same way as the first day prepares this (clan meeting, setting a day out, preparations of beverages and feasting by the whole community.

The previous night is full of joy, no sleeping, feasting a lot and hair is shorn early the following morning, there will be an excitement, ululation, singing joyous songs that, new men, are now coming to join the community. Every initiate is smeared with white ochre as usual. Young boys, take the white blankets for themselves

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and wash them in the river. Others take lodge utensils like pots and some dishes home. Women are ululating with this special day words like "WAKHUPHE EH" "take them out". Young men come playing stick-fighting game to release these new men, to run naked, to the river to wash. On this day, some run chasing cattle towards the river and overtake them jumping into the water. This reminds the researcher that he was the first one to jump into the freezing June water. After washing in running water being, helped by traditional nurse, they are escorted back by old men concealing their nakedness as they walk surrounding the new men. They stand next to the lodge. A well-known and well to do grown man, anoints or smears them with fat or butter from the head down to the feet. After that, their bodies are covered with rugs. Only a space of eyes is left not covered. The old men take them home and the stick fighting game resumes. When they face home with their backs towards the lodge, the lodge is burnt down. No new men is allowed to look back at a burning lodge. I one does, will not change from boyhood character.

3.3.1.8 WELCOME HOME

In that jubilation frenzy, the graduates are led to the kraal for admonition and by wise old men. These new men are presented with money and livestock, (ukuyala nokusoka). Thereafter, they are taken to the mothers for the same. After that, their bodies are smeared with red ochre (imbola or umdiki).

3.3.1.9 UMNGENISO TRADITIONAL DANCE

In the evening of the welcome home day, a dance by young men and girls including new ones is staged. The new ones are integrated in manhood life and dance. Their peers also give them new names. Names like Lithembile, Zwelimangele. The new manhood life (ubukrwala) begins.

3.4 CIRCUMCISION BY DIFFERENT AUTHORS

The word circumcision is from Latin *circumcidere,* meaning 'to cut around' (circumcision Wikipedia: 2) *https://en.wikipedia.org/wiki/Circumcision*

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Authors on circumcision agree on this definition.

Lamla, C. M (2005) a professor in Walter Sisulu University at Mthatha, in the Eastern Cape, on his discussion paper writes a presentation to his fellow anthropologists in Durban on Selected Topics on the Southern Nguni (Xhosa speaking), writes that circumcision is a puberty male ritual (**ulwaluko**), observed as a part of an aspect of culture that marks passage from childhood to adulthood and specifically fromboyhood to manhood. In his abstract,. he said, the Southern Nguni, are attached to the male puberty rituals, they do not want to engage in any discussion that may change this tradition (ulwaluko) He understands circumcision as the following:

1. The actual operation of removing (ukusikwa**)** the foreskin or prepuce of the male genital organ with the accompanying rituals.
2. The period of seclusion which follows the circumcision? During part of this period, the healing of the wound is expected to occur.
3. The coming out ceremony (**umphumo)** with accompanying admonitions (**ukuyala)** by sages and presentation of gifts (**ukusoka)** **(**ibid 6**)**

The researcher as a Xhosa speaking man, who has gone through the ritual, concurs with this author. He said a period of seclusion is part and parcel of circumcision. The lodge is called **(isuthu**), in some areas call **it ibhuma** or **ibhoma.** Lamla says during the first eight days in the lodge the initiates must observe such strict restrictions as follows:

- They must eat ‘ hard ‘ food as peat mealies **(ihasa**)
- They must abstain from water
- They must not see women
- They must not speak badly about others
- They must not approach girls who bring food to the lodge
- They must not smoke
- They must not whistle or shout
- They must not eat fowls, wild birds or honey from the beehive
- They must not walk around unpainted with white clay (**ifutha)**
- They must not quarrel
- They must not let fire go out by night
- They must not throw ashes aside

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- They must not be allowed to watch while the wounds are being treated (ibid:8)

The literature used exposes the researcher more to the topic. It would be curious to talk about botched circumcision without throwing light to circumcision custom, as survivors are the by-products of circumcision. What authors say about circumcision, will confirm and authenticate that, this rite of passage from boyhood to manhood has come to stay and precaution measures have to be invented to curb the irregularities.

Mpondos and Xhosas share the same language isiXhosa. Language is embedded in the culture (oral transmission) hence circumcision is a cultural rite of passage to all males from boyhood to manhood. According to Bless et al (2006: 24) literature review is an integrated summary of all available literature to a particular question, what the researcher will do is to emphasize on what and the importance of the ritual. He will reflect on a point that this has come to stay irrespective of its casualties.

This chapter focuses on circumcision and shows how especially Africans cannot discontinue it. This clarifies for the researcher, why botched circumcision is prevalent in Pondoland as Pondo's had abandoned the practice. When resumed after 200 years' irregularities became plenty,

L.K Siwisa outlines Funani 1966 writes, the purposes of circumcision in a discussion;

- It marks the transitional stage to manhood.
- It pinpoints the acceptance and conferring of responsibility on the initiates
- It denotes the acceptance of the task of procreation through the family unit.
- Full assurance is received of community acceptance and respect.
- It is aimed at training the young man to have self- control (Funani1966: 29)

She says initiates stay in a grass-thatched lodge. This depends on that particular community as some communities decide what will be the lodge, ibhoma. She also states that the seclusion lodge was built for the initiates, with wattles and thatched with dobo grass from top to bottom, or was made from mealie stocks and leaves which were clean and novices slept on equally clean amaqonga (beds) (Ibid:28)

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Omera- Cooper, J.D.1966 states that both Nguni and Sotho tribes practiced system of initiation into manhood. Circumcision is part of culture. The rite consisted of circumcision followed by a period of ritual seclusion during which, the young initiates lived apart from the tribe, and are instructed in the duties of manhood. In these initiation schools, young men are taught manhood norms virtues, values and responsibilities. This is Nguni culture. Funani, continues to say it is clear that circumcision is of paramount importance to the black and that this period in a young, man's life has much to do with communal pride and individual worth or value. (Funani, I. 1966: 32). She writes that, the initiate, after surgery enter the lodge where the wounds are dressed with healing herbs like helichrysum appendiculactum, the leaves of a plant which was called ' isichwe' that removed blood.

She writes that, circumcision is a very long-established custom, which seemingly has posed no problem to the community including its medical component. However, nowadays we seasonally have initiates 'wards in different hospitals in the Ciskei'.

This is a cultural heritage. Nimrod Mkele, wonders, why people would submit to such painful surgery without the benefit of anesthetics. He says," after all, no group of people could inflict such pain without justifying it as a necessary condition of entry into more exalted status", (Funani, 1990: IV). This is on preface of his book by Nimrod Mkele who introduced this book authored by a woman. He says, Xhosa culture constraints, make the subject of circumcision a taboo to women. By this, he is trying to highlight the importance of circumcision. He says that circumcision is a cultural heritage to southern Nguni.

The temporary dwellings are called ibhuma or ibhoma in the Xhosa Pondo cultures. She adds that on the graduation day, the temporal dwellings are burnt to signify the end of boyhood. When the temporal dwellings are burnt, grandaunts are not allowed to look back at the burning bhoma. The belief is that if they look at the burning bhuma there will be no change, they will carry their boyhood into manhood. If a new man misbehaves, elders say 'wajong'ibhumalisitsha' (he looked back at a burning temporal dwelling) only after initiation can a young man

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take place in the councils of his community. On graduation, there is jubilation, ululating (haba haba haaaba aphum'amadodana indlala iwile) meaning new men have come, and hunger has fallen down. This means with their coming back the land will be tilled.

Joel Uju 2014 writes in his BA Honors dissertation 'Male circumcision is one of the oldest traditions observed by many societies. Among the Xhosas in the Eastern Cape, South Africa, the ritual is performed at a specific time in the young man's life with the aim of initiating the man into manhood according to cultural norms. (Joel, U, O, 2014).
He writes about Xhosas, and the researcher of the study writes about the Mpondos or Pondos. Xhosas and {Pondos share the same language that is embedded in their own culture.

3.4.1 JEWS AND EASTERN NIGERIANS

Joel 2014 says that, in the Bible, God told Abraham to circumcise all males in his household as a covenant with God (Genesis 17: 9 – 22) (NKJV) and circumcise every male born into his house on the eighth day after birth. This covenant went from Abraham up to people of Israel. In African traditional society, male circumcision is carried out for cultural reasons. He says, the Ibo tribe in Eastern Nigeria circumcises their male children on the eighth day from birth while the xhosa tribe in South Africa circumcise their male children in their teen age (Ibid1) He rightly confirms that the age and the time of circumcision vary from tribe to tribe.
Circumcision is a worldwide famous rite of passage from boyhood to manhood. Robinson, 2014 gives the benefits on male circumcision.

3.4.2 METHODS USED IN CIRCUMCISION

There are two methods used by Xhosa and Pondo practitioners: "Medical Male Circumcision (MMC) and Traditional Male Circumcision (TMC) with their benefits and preferences"(Methodist Church of Southern Africa summit August 2017).

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Soga Henderson J.1930, the South Eastern Bantu (abeNguni, aBembo, ama-Lala) tracing them from the great lakes, confirms that among their customs, there was a male circumcision rite).It pleases the author that as early as 1930, aSouth African has written about blacks and their clans.
Other books are written from the European point of view. "Educated Natives have not frequently complained of the 'White bias which unavoidable affects more especially the presentation of SA History in circumcision – ulwaluko by a white researcher. All of the white authors on circumcision were ending away from the lodge as culture demanded.

The author, of this study, is a Xhosa, who has gone through this custom rite himself. He is in culturalised as he lives with these people. He remembers when he buried one of his congregants at St Peters parish (not real name). He was burying a young boy, who died in the initiation school. Among mourners, an old man stood up and cried shouting
''Unyana wam omncinane yena akabhubhanga, kodwa ususwe ubudoda, oko kuthetha ukuba asoze abenanzala, lonto ithetha ukuba umlibo wam uphelile" my younger son did not die but, have his penis amputated, this means he cannot produce kids and my downline has ended"
Traditional male circumcision is perceived as the real rite and significant in this ritual.

Traditional practitioners of circumcision are not negotiable in this. Even if a boy has gone the traditional route, and unfortunately experienced a problem and taken to hospital, he gets no credit. That he had towed the cultural line, does not count, for he is from hospital. Their stereotype of the real man as one who never touched the hospital, does not change. Penalty is rejection by the community. Circumcision ritual consists of-

- Last evening dance (umgubho)
- The entering phase (umngeno) with initiates in the kraal with their hair shaved and with their blankets only.
- Slaughtering of a sheep - a goat for umngcamo-- a piece of meat cut from the right-foreleg, torwards the neck, then roasted, for the initiate to enjoy.

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The interpretation of this is that, the goat dies a vicarious death, meaning, a boy dies to boyhood to get into manhood The boys are taken to the prepared grass thatched dwelling (ibhoma) where, a traditional surgeon (ingcibi) who circumcises them. This is the phase of being an initiate (umkhwetha). Period of seclusion begins, where teachings on man hood. Like respect, responsibility and respect to females hence initiates are taught not to mentioning a woman (umfazi) but isigqwathi. This is why circumcision rite is done at initiation schools. A guardian or a traditional nurse (ikhankatha) for initiates is selected by the family to look after the initiates, nursing them. The graduation phase or coming out phase – umphumo day ceremony, ululating by women is the order of the day as new men are welcome to the community. On that, excitement day initiates run to the river to wash the white ochre they were smearing around their bodies.

The researcher himself cannot forget that day as they ran to wash in the river 3kms away down the valley. It was winter and that was the coldest July time. They did not feel that icy winter, as they were strong men. After washing, they are escorted by traditional nurses and local men playing stick-fighting game and taken back to the ibhoma. They don't get inside but are smeared with butter or fat around their bodies from head to toe. Covered with a new blanket (rug), given a stick prepared for manhood, as all sticks used during their initiation period will be burnt with ibhoma.

These new men (amakrwala) are taken to host home with only eyes space to see where walking. Stick fighting game (two stick per man one for defence and another one for offence. Young boys enjoy heroes and champions in this game and if one is hit on the head and bleeds, the two will go and wash each other's wounds to the river as it not fighting. It encourages the initiate to know that so and so was a hero that day.

When this temporal dwelling is burning, no new man is allowed to look back as he may retrieve boyhood character. The grass thatched dwelling is ignited by a chosen elder. The significance of this is that one is a new man and will be seen by misdemeanors in life if he had looked back at the burning ibhoma hence misbehaving. One has to be new. That is why the custom is known as a passage

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from boyhood to manhood. There is a reprimanding period in the kraal by elders only. The process of being a new man ubukrwala with a black head doek and face smeared with red ochre (umdiki)

3.4.3 CAUSES OF BOTCHED CIRCUMCISION

Commission of Religion and Languages 2017 reports, that the causes of botched circumcision are "pneumonia, meningitis, gangrene, dehydration, hunger and abuse of initiates by amakhankatha"(CRL 2017:36). It says, that some initiates have weak immune systems, diabetes, high blood, STI hence medical examinations before surgery is recommended by the department of health---those are causing lower resistance to infections, no clean water supply, injuries inflicted on them during initiation event. Penile amputations are the solution when rescued from forests. Post operation bleeding can be catastrophic. Inexperienced traditional healers can't control hemorrhage during circumcision. Cares don't necessarily have the medical expertise to observe, when someone shows signs of illness, they do not act with the skill and care needed in many cases, if an initiate is not feeling well, he has to go through traditional healing techniques first,
before the family is told. In many cases, it is too late by then, because, his condition may have deteriorated (ibid: 37)

3.4.4 COMMERCIALISATION OF THE CUSTOM

It also reported that commercialization of initiation schools and mushrooming of initiation schools must be stopped. Circumcision has become a commodity. A father of an initiate that had circumcision supports this verbatim
"*kuthiwa ke uthe esakugqiba ukumbetha uLusikisiki unyanawam, wavula ibhiya wasela,Kemna bendisafuna ukuba kwenzeke ntoni kwaye bekusithiwa mandithandazelentoni? Ngoku ndifuna ukwazi ukuba yintoni ingxaki kuba imali ndandibanika (ibid: 39)*
It is said that when Lusikisiki finished beating my son, he opened a beer and drank but I still needed to know what happened, and what I was to pray for, now, I want to know what the problem is because I gave them the money.

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The researcher will deal with feelings of the family of survivors, in his PhD study. Bogus' 'ingcibi', masquerade as surgeons for a fee. With high unemployment rate amakhankatha are for hire. Many may not have the necessary experience and are susceptible to bribes. Usually liquor (ibid 39).

3.4.5 CIRCUMCISION IRREGULARITIES

This is where casualties happen. In the past, there were few or none of these hence botched circumcisions is a new phenomenon. Lamla C.M 2005 and Joel Uju agree on this (refer these days, untrained surgeons (iingcibi) and unskilled, untrained inexperienced nurses (amakhankatha) are used. These untrained nurses mishandle initiates by restricting them from drinking water. This leads to dehydration. The nurses do not take care of the wounds of the initiates. They don't make use of any herbs which are good for healing. Some boys go to the initiation school with ailments like high blood pressure, diabetes and infected by venereal diseases.

When discovered they are taken to the hospitals for medical help. This medical help is what the initiates hate, claiming that it clashes with their cultural practices. This rescue by medical doctors and nurses is termed 'west' this term haunts survivors because the community rejects them by virtue of landing in the western institution. This is according to the researcher's scenario of radio talk. That they will be eating with women and boys in ceremonies hurts them. These two said after being discharged they intend to commit suicide.

Irregularities in circumcision are septic wounds and amputations. This study will be investigating how survivors feel in their status. Funani, 1966, in Initiation among Amaxhosa writes, in part 3 about the possible causes of circumcision, which turn septic. She tells this about her nursing practice at Nompumelelo hospital, in the Eastern Cape (1981- 1986).
Alarming statistics is also in government documents. This depicts seriousness of the matter and enthusiasts the researcher. She reflects Documents in chapter 1 p 37 stats 107 in one hospital Nompumelelo hospital in Peddie Eastern cape.

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She says in our day's circumcision is performed in summer in the hot months of December and January, the reason being that this time is the holiday and workers from the white man's world have come home for holidays. This increases, the risk of botched circumcision. According to the microbiologist, warmth promotes and encourages growth and multiplication of microbes. The present lodge tends to be situated on the periphery of the densely populated villages or towns, which undoubtedly pollute the supposedly secluded place. The lodge is made up of old cardboard, burlap old corrugated iron and plastics, which are not free from microorganisms.

Some boys who are circumcised, have sexually transmitted diseases, the thing never happened in the past since sex was prohibited before marriage. Surgeons (iingcibi) and nurses (amakhankatha) operate under the influence of liquor, because the night before initiation is supposed to be celebrated as it is the most exciting occasion in the community.

Not only is circumcision turning septic as the direct result of inebriation, but also the actual penis itself, is cut because alcohol affects motor coordination and it can be expected that its use will be conducive to hazards (Funani, L. 1966: 39). She says, "the instruments used are rusty and blunt). She alleges that, "at times, the surgeons often make up to three attempts before they successfully cut the foreskin. The assegai (umdlanga) is the most common of the instruments used. The only other instrument shown to me was the knife. The surgeons do not boil the instruments after use. They are cleaned with water – no soap. Most of them are smeared with pork fat, butter and wrapped with a cloth" (ibid 39).The researcher, understands, that she writes as a qualified nurse. Otherwise, Cultural adherents like the researcher would not write like that. That would be sacrilegious to him as a traditional circumcision rite practitioner

Boiling or autoclaving is essential if microorganisms are to be destroyed. She says that evidencing this that one instrument is used for all boys regardless of the number of boys who are circumcised that day. The taboo against healing in the hospital often leads to suffering endured for a long time. She says the wounds are no longer dressed with helinchrysum appendiculatum (izigqutsu, izichwe)

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which are believed to possess healing power, but a plant similar to the above whose effect is not known. She says the abstract from the journal of urology (1986) endorses bad effects of circumcision. There is no formal training of traditional surgeons (iingcibi). There is also lack of adequate after care. There are no appointed guardians. Any man who has been initiated attempts to dress the wounds. Pain and ignorance often lead to neglect in this regard. The wounds are often bandaged so tightly that blood supply is affected (Funani, L 1966: 40).

Joel writes this on circumcision irregularity or botched circumcision, some of these initiates end up losing their penises while others die in the process. According to the Eastern Cape Department of Health as documented in (Dingeman J. Ryken, 2013,) 754 deaths have been recorded in the Eastern Cape since 1995 because of traditional circumcision rituals that went wrong. From their submission, lack of competence (knowledge skills and attitude) on the part of the traditional attendants (amakhankatha) is the main cause of mortality and morbidity (Joel Uju 2014:7).
Joel did not mention the number of botched circumcision survivors in his dissertation but it is obvious that they are there in that original document he is referring to.

3.4.6 A PASSAGE FROM BOYHOOD TO MANHOOD

Circumcision is a passage from boyhood to manhood. By circumcision, a boy is expected to forfeit the reckless life of a boy, which is believed and accepted as a characteristic of boyhood and is tolerated at that boyhood level. When circumcised, this new man is expected to live all evil ways and live a clean life of responsibility honesty, godliness and respecting the elderly. Circumcision is a passage to manhood (Lamla C M 1981 :1) All the authors show that circumcision as whole can't be stopped or abandoned but be performed safely. (Lamla, Joel, Namibia and Lumka)

Omer-Cooper 1966 writes, "Both Nguni and Sotho tribes practiced a system of initiation into manhood. The rite consisted of circumcision followed by a period of

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ritual seclusion. During which the young initiates lived apart from the tribe and were instructed in the duties of manhood. (Omer-Cooper J.D. 1966:18)

Among the Nguni tribes, this rite was performed at a local level and no political significance. In Sotho tribes however, the initiation ceremonies were performed under the authority of the chief. He decided when an initiation school should be opened and whenever possible one of his sons would go through the initiation on each occasion. All who attended the same initiation formed an age regiment which was associated with a particular history (ibid 18) In times of war they would fight together as a unit under the leadership of their royal age mate. At other times, they would be called to perform such public services as building a new homestead for the chief. This depicts that initiation was a passage to responsible life and is cultural; therefore, it could not be abandoned. This rite of passage is not a license for abuse of initiates but a process designed to usher young men in to adulthood. A cultural practice needs to be respected. The researcher picks only acts about circumcision that show how circumcision practitioners perceive it which confirms that this custom is not going to be abandoned. He also traces here what points to irregularities, as it is the irregularities that have produced the survivors, which are a point of his research study. He is clear that circumcision is the integral and indispensable art of male's life around the world. This will be a backing of his central arguments on effect of botched circumcision to survivors as a pastoral challenge.

The winter circumcision season is underway and many initiation schools across the country have opened their doors to young men who are participating in their traditional rite of passage, the sacred path towards adulthood and manhood (Daily Dispatch 22 July). The rite of passage is critical to the development of initiates into responsible oriented adults and has been a central element of our traditional cultures since time immemorial and a necessary part of our communities.

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3.4.7 HOW CIRCUMCISION IS DONE TRADITIONALLY BY NGUNI NATIONS

By circumcision a boy is expected to forfeit the reckless life of a boy which is believed and accepted as a characteristic of boyhood and is tolerated at that boyhood level. When circumcised this new man is expected to live all evil ways and live a clean life of responsibility honesty, godliness and respecting the elderly. Circumcision is a passage to manhood (Lamla 1981 :1) All the authors show that circumcision as whole can't be stopped or abandoned but be performed safely. (Lamla, Joel, Namibia and Lumka)

3.4.8 IMPORTANCE OF CIRCUMCISION

The issue of circumcision is very important to the Nguni Nation. Rituals of change and teaching are there. In the Bible Leviticus 14: 28-29 Hebrew children were instructed, hence this is known as initiation school Wikipedia http defines amputation as the removal of a limb by trauma medical illness or surgery. As a surgical medical illness or surgery. As a surgical measure it is used to control pain or a place with no means communication or hope of rescue (this positive deconstruction to initiate saying it will grow) Shaka had for the time being eliminated all serious rivals in Zululand and could continue to build up his power with little serious resistance south of Tugela, Natal was devastated and the Pondo between UMzimkhulu and umzimvubu rivers were severely organised along the same lines as their cousins living further down the coastal corridor. They practiced circumcision rites and they organized their fighting strength on a territorial basis.

3.4.9 ABANDONEMENT OF CIRCUMCISION

Omer Cooper cited hunter: Reaction to conquest: 165 writes' a similar development took place later among the Pondos who abandoned circumcision during Mfecane period (these were wars driven by Shaka) on a territorial basis. Some of them continued to do so and after the mfecane had driven many of these tribes from their homes. The refugees still clung to the ancestral pattern. In some northern Nguni tribes, however a double charge took place. The circumcision

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ceremonies with subsequent period of ritual seclusion, which deprived the tribe of part of its fighting strength for considerable periods and left the initiates very vulnerable in case of war, were abandoned in response to conditions of more frequent fighting. He says Fynn ascribes this change to an order by Dingiswayo that circumcision ceremonies be deferred until his conquests were complete. It seems however to have been a development common to many tribes which can best be explained as a reaction to conditions of military insecurity. A similar development took place later among the Pondo, who abandoned circumcision during the mfecane period Hunter: Reaction to conquest p 165. 1966: 27
The author's central argument here is that the prevalence of botched circumcision at Eastern Pondoland, is caused by the fact that circumcision custom has not been practiced more than 100 years and was recently assumed by many Pondos after circular 6 of 2001. Omer - Cooper cites the evidence for that argument when he writes Lumka Sheila Funani Circumcision among the Amaxhosa A medical investigation

3.4.10 COVENANT FOR THE JEWS

It is a covenant which Jehovah handed down to Abraham. For the Xhosa it is the formal incorporation of males into Xhosa religion and tribal life. He continues to say in Xhosa tradition, an uncircumcised male cannot inherit his father's possessions, nor can he establish a family. He cannot officiate in ritual ceremonies; he explains that in fact there is no such a thing as uncircumcised men in Xhosa society. He adds that a Xhosa who is not circumcised is described quite simply as a boy inja (dog) and inqambi (unclean thing) so uncompromising are the Xhosa people on this that no Xhosa woman would knowingly and willingly marry an uncircumcised Xhosa male (Dwaine 1979). He cites Dwaine. Who said, the feeling is so strong that an uncircumcised male, past circumcision, can be overpowered by a group of men, and be circumcised against his will. The researcher sees this as pressure that contributes to boys running to bogus surgeons (Ingcibi), to avoid, past circumcision age..

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3.4.11 CIRCUMCISION AND MISSIONARIES

Nimrod Mkele, in Funani1966; states that missionaries tried to stop circumcision. He continues to say that at Lovedale institution, to be circumcised was generally regarded as 'great and unforgivable sin deserving expulsion (Dwaine 1979) but they failed. He claims that, for the missionaries to be against circumcision seemed, to overlook the fact that Christ Jesus, Himself, was circumcised.

Lamla C.M. 1981 agrees with Nimrod that missionaries tried to wipe off circumcision rite in their de-collateralization programme.

He says, the anthropological study of Xhosa circumcision, may be said to start with Soga (1931:247 ff). He differed, from the early missionaries who viewed Xhosa circumcision as a 'heathenish' practice. This act of missionaries was funny, as the Bible they carried in their missionary journeys, quotes Yahweh's words to Abram in the book of Genesis 17; 9-14 thus 'then God said to Abraham, '" As for you. You must keep my covenant. You and your descendants after you for three generations to come. This is my covenant with you and your descendants after you, the covenant you are to keep; every male among you must be circumcised. You to undergo circumcision and it will be sign of the covenant between me and you. For the generations to come, every male among you who is 8 days old must be circumcised, including those born in your house hold or bought with money from a foreigner-those who are not your offspring….Any uncircumcised male, who has not been circumcised in the flesh, will be cut off from his people; he has broken my covenant."(NIV Study Bible 1985:9-14).

He says in some groups, circumcision has been stopped by royal decree. King Faku stopped it among the Pondos. King Shaka having placed the Zulu people on a war footing, could not afford to have armies incapacitated by circumcision and stopped it. However, great psychologist as he was, he substituted service in amabuto (regiments) as a condition of entry onto manhood. Nimrod emphasizes that Shaka and his generation were all circumcised. The central argument with this evidence is that circumcision was practiced by Southern Nguni nations.

The author attributes the prevalence of botched circumcision among the Pondos research area district to commencing this ritual, after many years, of Shaka

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moratorium decree, as he argued that, no regiment (ibutho) member must be disrupted by nursing a wound for two months. Nimrod further states that, the ritual of circumcision started, when long vacation at the end of the year was seen as the best time or suit people in the urban areas and scholars. He writes, that in the past and in rural areas circumcision, is performed in the cold winter months, thus prevents wounds from festering. There is a lot of green and healthy food for the novices to live on.

Nimrod in Mkele states, that today, some novices or initiates suffer, from sexually transmitted diseases, something that would never happen in the past or in the remote rural areas, since premarital sex was forbidden. He also adds that there is generally untidiness of the surgeons and lodges in which the novices spend their period of seclusion. These are the things that contribute to infection of the wounds (Funani IV)

The author adds this to his recommendations, when he says, one would have thought that the people who now have access to the white man's medical treatment would use those facilities.
Funani states, that initiates (abakhwetha) are young males who have been circumcised (Funani; 1966: 1) Circumcision is the removal of the prepuce or foreskin Black & Douglas 1987, says it is justified entry to manhood. A change of status. He affirms that the right is characterised by a period of seclusion, observance of taboos and avoidance practises. She says, there is a taboo on any woman being permitted to see the initiate for the period ranging from six weeks to three months after circumcision. Novices are to avoid all married women (oogqwathikazi)

Funani (1966:4) explains how the effect of sepsis can be so severe that the organ eventually falls off or has to be amputated. This means that these victims must squat like women when they urinate. The researcher refers to these as survivors. He writes, that circumcision is a practice found in many parts of the world and has been pronounced especially among the Jews, Arabs , Australian aborigines Indonesians, Malaysians Americans and many indigenous people of Sub Sahara Africa(ibid19) she says it is wide spread throughout West Africa and exists in one

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form or another among most of Nigerians two hundred and fifty plus cultures whether among animists, Christians or Muslims , the practice is virtually universal for males in Nigeria though they may be differences in timing and associated ceremonies. (MI pore et al, 1985).

The widespread ethnic distribution of circumcision is a ritual at the quite widely preferred early use of stone knife rather than a metal one suggests the great ocutorquity of the operation. She says sometimes among the Muslim people it is performed immediately before marriage and others do it at the age of religious instruction or shortly after birth (ibid 19) ceremonies of male Jewish babies.

On the eighth day after birth which represents part of Abraham's covenant with God according to the book of Genesis thus…She says that circumcision is thus obligatory for all mail converts in Judaism. At whatever age performed, circumcision usually signified the formal admission of the individual into his group or the achievement of a certain status, thus fixing his social position, rights and status. She writes that the origin of circumcision is unknown. The new Encyclopedia Britannica 1968 but Drop says that circumcision resulted from monotheism, which was a motion of a god (Ammon for the Negros that led to the androgynous concept in the black world. (Diep, L. 1974: 112) Drop in Funani goes on to say that Egyptians, Calchians and Ethiopians practiced circumcision in the earlier times. They transmitted this practice to the scrutinize world Jews and Arabs (Funani, L 1966: 206)

Soga Henderson J. 1930. Says in his book "The Southern Eastern Bantu (ABE-NGUNI. ABA-MBO. AMA-LALA). When tracing genealogies of these people said ' .the part played by certain customs in tribal history……. is well brought out' (Soga Henderson J. 1930:VII)

3.4.12 SOME COUNTRIES DO PRACTISE CIRCUMCISION

Amanze James N. a professor in the Department of Theology and Religious Studies at the University of Botswana 2030, writes in his abstract of a Paradigm Shift in the Role of Male Circumcision in Mochudi (Botswana), that 'people in

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Botswana have taken the recently acquired scientific knowledge seriously. Male circumcision can reduce the risk of HIV infection and have gone for this practice in large numbers

The Jews and Arabs, the Phoenicians and Syrians of Palestine learnt, the custom as well. Circumcision is therefore of Egyptian and Ethiopian origin. These were Negroes inhabiting in different regions. She writes, for the explanation of circumcision to be valid, divine androgyny, the traditional cause of this practice in African society, must also have existence in Egyptian society.

Africa society must also have existed in Egyptian society. This means that circumcision has far roots not only in Africa but also in the world. Funani states that religious groups, Muslims, Christians as well as traditional societies, regarded the operation as of profound and religious significance (ibid 21) called smegma which can cause discomfort and infection hence routine medical circumcision of new born males has been practised primarily in English speaking countries especially the United States.

The researcher emphasizes this to prove that this is universal. At present, there are churches, which practice circumcision, and those, which forbid it completely. For example, Ethiopian Orthodox Christians practice circumcision. it is held that 97% of Orthodox men in Ethiopia are circumcised. In other church such as Nomiya Church in Kenya, circumcision is a requirement for membership into the church. In Malawi and Zambia, the general view is that Christians should practice circumcision since Jesus Christ was circumcised and it is part of the biblical teaching. As a matter of fact the Anglican Church in South Malawi has had the practise of performing a Christian form of Jando (male circumcision) At Mpondas in Mangochi district in accordance with Yao traditions and culture the Christian novitiates, part from being taught the traditions and laws of the tribe. They were also given Christian teachings in accordance with the teachings of the Bible (ibid 101). This is what is done by Priests in the Anglican church in South Africa. The researcher's sons and other priest's sons had undergone thatway of traditions and law of the tribe and were also given Christian teachings.

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3.4.13 HEALTH AND CIRCUMCISION

Funani says that cancer of the penis is rare in circumcised males. She writes ‘in Africa circumcision is associated with male initiation into manhood.
From the physiological aspect, the operation of removing the foreskin to expose the glands penis prevents the accumulation from a member of glands of an odoriferous cheese like substance.

3.4.14 CIRCUMCISION DURING WAR

She said a tendency noted by a number of writers, is for circumcision schools to be abandoned in times of war and social upheavals, either because the lodges interfere with the mobilization of war or because it is feared that the initiates would be made to escape in the event of an attack. Shaka stopped it among the amaZulu for military reasons and substituted it with his regiments (amabutho) (Funani L. 1966:22)

3.4.15 CIRCUMCISION PRACTISED BY OTHER TRIBES

Funani writes that, Amampondo say that one reason for the disappearance of initiation schools in the society was the deleterious effect of health. Circumcision wears out people although the immediate cause was fiat by a chief (Hunter, 1936: 165) she writes that all Cape Nguni circumcise, except amaBhaca, amaMpondo, amaXesibe. She says amaMpondo used to have initiation schools with circumcision writes. (Hunter, 1936:165) Amaxhosa, abathembu, amaMfengu, and amaBomvana practise circumcision. Some of the Masemola, Tsonga, Venda and Balobedu, xananwa, letswala

3.4.16 THE VALUE OF CIRCUMCISION

Lamla confirms, “It is clear that among the Nguni, circumcision is held in high respect. The individual cannot serve as a man unless he is circumcised.” (Lamla C/M 2005:8.) This indicates the political function of the rite, teaching loyalty to the authorities is also expressed in training in certain duties to the chief. OnMpondo

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chief Faku, he states that it must be noted that circumcision has been subject to many problems among the Pondo, Circumcision was practiced prior to chief Faku'"s reign.

After recent resumption of circumcision custom, through excitement, young boys sneak to the forest for the rite. Unfortunately, they fall on wrong hands of untrained surgeons and nurses. Forests there are inaccessibly. When these initiates are found complicated they are taken to hospital very late in most cases. Hence, they die.

3.4.17 PRELIMINARYCONCLUSION

Having referred to ideas of the authors on circumcision, comprehensive knowledge of circumcision has been obtained and the researcher will have his horizon broadened and see why this cannot be dumped. This explanation of circumcision and its irregularities leads to empirical research that is interviewing the botched circumcision survivors which is the research study to find out how this has affected them emotionally. It is clear to the researcher that this rite is valued by its practitioners and is performed by so many nations if not all especially in Africa. In other countries like the west, it is done at a young age. After birth or after eight days and done in a medical way. It is clear that it is not going to change. For the Xhosa speaking like Pondo's this needs vigilance. We are to avoid throwing the baby with the bath water. The following chapter face-to-face interviews will verify or falsify the notion of bath water.

Having stated the above facts about circumcision the author will proceed to the next chapter of empirical research about the effect of botched circumcision to survivors.

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CHAPTER 4

INTRODUCTION

4. INTERVIEWS

This chapter is empirical investigation from individual botched circumcision survivors. It follows chapter 3 details on circumcision, how male circumcision is organised, how it is done in traditional male circumcision and problems leading to botched circumcision which culminates to survivors that are this research study.

This is empirical investigation, to know the feelings of a botched circumcision survivor. From these interviews, the assumption that, survivors are affected adversely, will be falsified or verified.
Terms and issues are clarified so as to bring the interviewee into the picture. For these reasons, interviews can be useful for generating new hypotheses and theories, which the interviewer would not otherwise have thought of (Haralambos and Holborn, 2004:828). He said, interviews can be used to extract factual information from initiates and non-initiates. These will be used to ask about their attitudes, their past, present or future behaviour, and their motives, feelings and other emotions that cannot be observed directly (ibid 829).

The questions are designed for this. For interviews, the researcher will be using attached questionnaire in Appendix A. These interviews, will be conducted in each interviewee initiate vernacular language(xhosa), as stated in chapter 2 of Methodology.

To get deep in their feelings, vernacular is preferred by the researcher, as most people in this research area, with high prevalence of botched circumcision rite, are not at all conversant with English, especially category I(10-15) years of age. Even in other categories, there would be a problem, as literacy is very low in that area.

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Sampling of subjects was to include all categories as this botched circumcision affects all these. The age range is from 10 to 60 and above years. The reason for this range is that young boys are recruited from school. Since the area grandfathers had inherited uncircumcision from king Tshaka moratorium to circumcision, because of the then wars, most males never practised the circumcision rite. But influence of colleges and universities, had an impact to many, hence some performed the circumcision rite. Others, performed it secretly by male medical method and very few through traditional male circumcision method, hence I have category 3(30-40 years) and category 4(+60) years. These are mostly having families. 10 to 15 or category 1, was a challenge, hence I got them in a hospital in the area. If the research was for another area, it would not have category 1 in the sampling selection of the representatives, that was done before interviews are conducted.

Sampling, refers to the process used to select a portion of the population for the study. In Masango 2016 July contact week 25-27, purposive sampling, simply means that participants are selected because some of defining characteristics that makes them the holders of the data needed for the study (Maree 2013;79).

Sampling of subjects in this interview, was to include all categories as a botched circumcision on survivors in this research area, affects all the age range hence is from 10 to 60 and above. The reason for this age's range, is young boys are recruited from schools by their hijackers. For other ages is because, that, the area had inherited uncircumcision from KZN province, due to king Tshaka moratorium on circumcision.

When this Xhosa speaking tribe, amaMpondo, migrated down the East coast and settled, where they are, for many years, had abandoned circumcision rite, Southern Nguni nation, practised circumcision rite from Great lakes of Africa. So, since abandonment, circumcision was sporadically practised by those influenced by colleges and universities as I have alluded. Some secretly used medical male circumcision method and very few used traditional male circumcision method. This has led the researcher's selection sample including category 3 and 4. These are grown up and mostly families. *AmaMpondo* neighbours in the South and West

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who are Xhosa speaking, left Natal with the circumcision rite ranging from 18-20 years. The age range 10 to 65 years is eloquent enough to spell irregularity. Category 1 was a challenge hence I got them in a hospital in the area of the research.

According to categories, the survivors fall within the age of 10 to 65 years, unlike normal and accepted age of circumcision rite culturally, which is 18 years to 20 years? Geographically, this target area with botched circumcision prevalence is rural, mountainous with nearby natural dense forests. Ploughing of mealies, pumpkins, beans, and livestock are seen. Poverty is not rife at all but illiteracy. All people there are of humble character.

Interviews will be in different sites.

1.In a botched circumcision hospital ward; side office.

2. In 2 other area hospitals with botched circumcision patients, will be in a side office. One will be next to the hospital.

3.Isolated home rondavels or grass thatched huts, for those patients already discharged in previous years, who are staying at their homes.

4 Interviewees;4 in category I. 4 in category 2(18-25 years of age); 4in category 3 (30-40 years) and 4 in category 4(60 and above).3 other interviewees that are adults, not in categories but are non-initiates. These 3 will throw light about botched circumcision rite and survivors as they are not initiates but adults of high calibre.

The following table 4.1 reflects all about participants. Analysis will be in Chapter 5.

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PARTICIPANTS TEMPLATE Table 4.1

PARTICIPANTS	AGE	CATEGORIES				PLACE	RESEARCH SITE
		1	2	3	4		
P1	20		✓			NM HOSPITAL	CLOSED SCREEN
P2	40			✓		NTLAZA HOSPITAL	SIDE OFFICE
P3	10	✓				NTLAZA HOSPITAL	SIDE OFFICE
P4	10	✓				NTLAZA HOSPITAL	SIDE OFFICE
P5	13	✓				NTLAZA HOSPITAL	SIDE OFFICE
P6	15	✓				NTLAZA HOSPITAL	SIDE OFFICE
P7	30			✓		NTLAZA HOSPITAL	SIDE OFFICE
P8	21		✓			NM HOSP.	SIDE OFFICE
P9	63				✓	ST MARYS H DISCHARGED	IN MY CAR
P10	22		✓			GUNGULULU	SIDE OFFICE
P11	40			✓		CINGWENI AREA	SIDE OFFICE
P12	19		✓			SILIMELA HOSPITAL AREA	OUTSIDE HUT
P13	62				✓	MTHATHA.OPD	SIDE OFFICE
P14	35			✓		MTHATHA HOSPT.	SIDE OFFICE
P15	60				✓	SILIMELA HOSP. AREA	NEARBY HUT
P16	61				✓	LUSIKI.	SIDE HUT

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INTERVIEWEES OF NON-INITIATES

1. A Traditional Chief of the area, who is also a cultural custodian	**LIBODE NJIVENI**	**GREAT PLACE**
2. A Medical Superintendent of the hospital, where there is a special ward for botched circumcision initiates.	**NMH**	**OFFICE**
3. A Medical doctor, who is incharge of the botched circumcision initiates for the Eastern Cape province	**MTHATHA HOSPITAL**	**OFFICE**

These are face to face interviews with open-ended questions, allowing each respondent to narrate his story freely, elaborating on his response. Each interviewee will be seated with the researcher only. There will be no co-researcher, because the issue of a botched circumcision on survivors is very sensitive, needing empathy.

The researcher will take each survivor from the hospital ward, which is set aside for botched circumcision initiates, to an isolated empty office arranged before-hand. He will sit him in a comfortable position. For those already at home, he will use one of the side huts, like where ploughs and planters are stored in the rural areas. These are suitable for confidentiality demanded by University of Pretoria ethics. The interviewer will introduce himself as a priest who cares and loves them. He would request each interviewee, to relax and respond to questions freely. When interviewee is feeling tired, he is free to say so and when he is not prepared to take more questions, he must say so too. There will be no pressure exerted on anyone. The interviewer says, when one is feeling like crying, he is free to do so, as no one else will hear him except the interviewer. I will tell him about myself to establish rapport and trust.

The interviews will go according to sampling. Some interviewees will be found from other hospitals of the target area. Those already discharged in previous years will be visited at their rural homes of *Libode, Ngqeleni* and Port St John's.

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This is the researcher's target area, because of prevalence of botched circumcision rite. All this is in the province of Eastern Cape in South Africa.

As I have alluded in my proposal chapter, that, interviews will be conducted on botched circumcision survivors' vernacular language, *'isiXhosa'*, except to interviewees that are non-initiates. They will be interviewed in English. The reason I conduct the interviews in Xhosa, is to get deep into their world, and individual personal experience for personal feelings. Most interviewees in these categories, are illiterate especially category I (10-15) years.

They will easily reflect their feelings in their vernacular language. Gerkin 1997, recommends the use of own language. He says this about one's language: He quotes Lindbeck, when describing the cultural-linguistic model in more technical terms: thus "It is not primarily an array of beliefs about the truth and the good (although it may involve these), or a symbolism expressive of basic attitudes, feelings, or sentiments (though these will be generated). Rather it is to an idiom that makes possible the description of realities, the formulations of beliefs, and the experiencing of inner attitudes, feelings, and sentiments. Like a culture or language, it is a communal phenomenon that shapes the subjectivities of individuals rather than being primarily a manifestation of these subjectivities. It comprises a vocabulary of discursive and non-discursive symbols together with a distinctive logic or grammar in terms of which this vocabulary can be meaningfully deployed.

Lastly, just as a language (or" language"" language game," to use Wittgenstein's phrase) is correlated with a form of life, and just as a culture has both cognitive and behavioural dimensions, so it is also in the case of a religious tradition."(Gerkin 1997;108).

When initiates answer questions in their language, they will easily reflect their feelings, which is my goal. I also proposed that, I will put them at ease by calling each by his clan name instead of real name. Initiates and new men (*amakrwala)*,

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are not called by name in our culture but by clan name. “*khwetha*’ Faku. I will record interviewees as participant **P1-P16**.

Masango 2013. Contact week April 22-24 emphasised this in his lecture about language when he writes “This study is positioned largely within a post-modernist paradigm and philosophy. Postmodernism challenges modernist (most essentialist) assumptions of rationality and universal (also absolute) truth. Rather, postmodernism accentuates the value-leadenness of knowledge, the “multi-perspectiveness”of reality, the “social-subjectiveness”of truth, and the role of context, including relational and social interactions in the social construction of reality and knowledge. Postmodernism acknowledges that reality is made up stories told, and the medium used to do that is language. Knowledge is therefore created socially (Mitchel & Egudo 2003). Unique and individual emotion, intuition, personal, varied lived experience (note connections with phenomenology and hermeneutics) is celebrated (Alvesson 2002). The strong emphasis on social construction of experience posits this work in social constructionist (Gergen 2009), which in turn is nested in postmodern philosophy. The subjective experiences and stories of people are valued (Smith 2008)”. (Masango M 2013:19) contact week July. That is why, I will interview the participants in their vernacular language (*Xhosa)*.

Few participants, who are willing to write their responses, will be free to do so. These will be in Appendix B.
Question structure is; 5 questions for category 1; 7 questions for category 2; 9 Questions for both category 3 and 4; 4 questions for each of 3 non-initiate interviewees.

Each question for participants, is followed by a response. This is because, the questions to respond to, are many, so to cover much about the condition of each participant, Also, each question for non-initiates, will be followed by a response.

Questions will be reflected in bold print and each question will be followed by an interviewee’s response, in normal print.

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QUESTIONS AND RESPONSES

Interview questions are found in APPENDIX A. **QUESTIONS** ARE IN XHOSA for initiates, but are interpreted and written in English below. The aim of a vernacular language was to get into their deep feelings so that individuals would understand and express themselves freely. Their responses and experiences in vernacular were also translated into English.

A DISCLOSURE: On my methodology and also above, the researcher specified that he is going to request each initiate to go with him to a side office that is prearrange. Masango 2016 writes, 'In ethical considerations, themes such as confidentiality, privacy and anonymity are pertinent…" (Masango M 2016:19). With that in mind, before I went into that ward, a co-operative medical doctor, dealing with botched circumcision initiates, briefed me about patients in that ward. He said, they may vent their anger to us or not show that at all, until I finish my interviews. He told me that, the condition, they came to the hospital with, has disturbed their minds. So, I must be ready for anything from them. He said sometimes, they become extraordinarily quiet. He then escorted me into that ward. (I did not worry, as I had preached before in previous years to wards with mentally disturbed patients. I relaxed, as that is not a psychiatric hospital). He said, sometimes injured initiates, suffer from a condition medical professionals term, 'a killer in my head, which is severe depression'. He said, this is a combination of anxiety and stress caused by physical injury and emotional injury. He said, they suffer from trauma. An English dictionary defines trauma as "a morbid condition of the body produced by a wound or injury, an emotional shock (Hornby A.S. 1975:980). Jacobs 1966 says trauma is markedly distressing to almost anyone. With that in my mind also, an unfortunate scenario unfolded: When I got into NM Hospital (not real name) ward for botched circumcision survivors, that is maimed initiates that are patients. The first participant PI, interviewed in this research, acted the following way, which made the researcher to change his strategy after that incidence.

Before the doctor introduced me and my mission, an initiate stood up on his bed P1, with his hospital pyjamas and shouted to him when we got into that ward of

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8 patients, laying on their beds. He said, "*heyi kwedini gqira, nolondwendwe lwakho, wasinceda wena. Yizanokubona ukuba elagqwira lingu tat'omkhulu lindenzenina. Linomona, lifuna kungabikho nyana phaya kwaTshonyane, ozakwandisa isiduko ngokuzala abantwana."*Hallo doctor, boy, and your visitor, you have helped us, come and see what that wizard grandfather has done to me. He is envious; he does not want a son in the *Tshonyane* clan. The one who will reproduce, multiplying this clan with children". The expression 'boy', was showing good relationship with his doctor, by calling the doctor in spiting words that shows that, he PI was a circumcised man now. The doctor closed the screen around him and sat him on his bed. Other initiates shouted also that they are all men; they must hear what is being said to him. P1. showed us his swelling private parts. The doctor introduced me and my mission to all initiates and requested them to be co-operative to me. Then, the doctor left me that ward and on that side of the screen. I was so shocked and could not take him out to a prearranged side office as planned. The atmosphere was negatively electrified. Other initiates, were making noise after the doctor left us. I was unable to take P1 out from the ward and also could not leave him after having raised his expectations. One has to decide quickly and taking right decisions, as the condition of botched circumcision survivors is a very sensitive. Then, I tried to calm him down and we spoke quietly, so that others could not hear us. Others were shouting that they need to hear because they are not boys but men. I ignored that from them. I calmed him and waited until he has recuperated sufficiently for me to talk with him. I introduced my clan name and asked him his questions. That drama took me 30 minutes. I finished and left the ward, avoiding interviewing others in that chaotic situation, and could not take one out. I decided to change my strategy then, and came back, after 6 months, when all initiates in that ward were discharged from the hospital. I decided to visit other hospitals of the target area, including those botched circumcision patients already discharged from the hospital in previous years. Those are already at their homes.

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APPENDIX A

INTRODUCTION TO ALL INTERVIEWEE INITIATES IN VERNACULAR:

“Let us chat as men, freely sharing openly not only on questions but your experience and feelings about your condition. I am a circumcised man 48 years ago. I went to a traditional initiation school, at a time, when irregularities were successfully combated then in 1970.(This introduction is important as culturally, it is a taboo for a circumcised initiate to share anything about circumcision rite to any stranger, unless he is sure that he is speaking to a traditionally circumcised person, who has undergone the rite).

CASE STUDY I.

A 61-year-old man at Lusiki area, wanted to speak with me, after I conducted a funeral of a botched circumcision victim. He said, he would like to speak with me, that is P16. We took our food plates and went to sit meters away as if we know each other. He introduced himself and he said he had heard when introducing myself before the sermon and said he was impressed. He said my sermon boosted her confidence in me. He said, he had a problem to be solved by a priest like me. He said it is about his physical injury of circumcision. I requested that we leave the place where we were chatting and go to a distant neighbour’s isolated hut, where no one would hear and disturb us. When in the empty hut, he narrated what he wanted to share. He said, they normally not practise circumcision rite in his village there, down the mountains. He said, his 4 sons had left for their mother’s home in another town to undergo the circumcision rite there and getting out ceremony with their cousins. He said, he felt small that he was the only uncircumcised person in that home. His daughter had married in another town with a circumcised son-in-law. He said, 3 months ago, he sneaked to a forest initiation school for traditional male circumcision rite. He said, government officers from the department of Health arrived in the initiation schools in the forest and captured them to the hospital.

That is where his traditional circumcision injury was well treated, but in vain, as he had already lost his penis. He said no one had heard this. He said, after

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healing, he was discharged from the hospital and went home. Culturally and traditionally, if a man is away, nobody, especially his wife, asks where he was, when he was not at home. He said, "In my horse's saddle bag, I go with a rope to hang myself. Your sermon about life challenges and resilience, looking unto Jesus Christ has helped me. I had sneaked to a forest initiation school for traditional male circumcision and I was injured there." Immediately, he mentioned circumcision and injury, I interrupted him, by asking him, that we leave our plates to a boy and go to a nearby hut and talk where no one would hear us. When we got into the hut, we sat down on ploughs stored there. He continued his talk saying,*" mfundisi, oko ndabuya esibedlele, kwezinyanga zintathu zidluleyo, andilinqumli iziko*. 'Rev, since I came back from hospital in past 3 months, I don't cross the fire place'. (That is an idiom, meaning, he does not have sex with his wife. He asked me to have a day and go to tell his wife what happened to him and ask her, to forgiveness him. I was shocked by the assignment, but I did not show that to him, I composed myself. He asked me my response to his request. I tried to counsel and prayed for him and agreed to visit his wife immediately after few days. He was so excited. When I asked for excuse to go to my home as I was staying far. He said, he was not finished yet. He said *"mfundisi andikagqibi, njengokuba uvumile ukuyakuxelela umkram, nceda, uze uyokuxelela namadikazi am amabini, ingxaki ebanga angandiboni kuwo"*. Reverend, I am not finished yet, as you have agreed to tell my wife, please, also go and tell my 2 girlfriends, this problem, why I don't visit them. That was the worst episode in my life as a priest, for me to discuss to a married person, about girlfriends. That was against my conscience. I sat shocked there thinking. The answer I had, was what our supervisor professor Masango, always tell us, that as trauma counsellors, what a client is saying is not about the counsellor, but about the counselee. I agreed, to his assignment, and he became happy. That was not about botched circumcision survivors, which is my study, but spilling over to the family hence my PhD research topic will be:

The effect of a botched circumcision of a son or brother on families.

This will include parents, wives, siblings, children, uncles, aunties and community at large. This had dawned in the mind of the researcher from scenario I and aggravated by this participant P16.

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TO CATEGORY 1 (10-15 years of age)

AND RESPONSES.

Q1. Were you aware about what was going to be done to you by a Traditional surgeon and a traditional nurse.

Chat and tell how you feel in your condition now

It was hard for 3 participants to answer clearly as they were crying pleading me to take them home to their mothers. They said that they are in pain. Each was released back to the ward.

2 older boys (14 and 15 years of age) responded that they were aware as they had information from their discussions as boys when together. They said they feel bad pains. These were speaking individually in the side office

Q2. In this condition you find yourself in, what worries you have and what troubles you have inside in your soul?

One asked, how will I go to school? I want my mother. Take me to her. What will she think? She will cry

Q3. How would you feel if girls and your equals can be secretly told that you are in a botched circumcision condition?

I would cry and refuse to eat. I know that nobody would tell them

Q4. How would you feel if somebody would tell your mother, sisters and brothers how your feelings are?

I would be angry and hate that somebody. This must not be known by other people. I am in pain

Q5. How are you going to feel, when local men are telling the community that you will drink and eat in ceremonies with boys and women, because you have landed in hospital?

The reason we sneaked to forest initiation school was to run away and avoid such talk about those who are taken to hospital. It is hurting.

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QUESTIONS TO CATEGORY 2(18-25) years.

This age in accepted for circumcision rite.

Q1. This is the same question to category

1. Were you aware about what was going to be done to you by a traditional surgeon and a traditional nurse?

These affirmed that they were aware but not aware that they will be injured

One participant was regretting that he did not listen to his mother who wanted him to go to hospital. Others were aware but blaming themselves and hating the surgeon and nurse

Q2. This is also same as in category 1. In this condition you find yourself in, what worries you have and what troubles you have inside your soul.

Only one cried and did not answer. Others were worried about their girlfriends. About their peers who are not injured and their friendship. They were bitter against surgeons and nurses. They hated themselves. They feared being known in that condition. They also worried about getting children for their families. They wanted to escape to other villages where they are not known.

Q3. How would you feel if somebody would secretly tell girls, your mother and sisters that you are in this predicament?

All the 4 were not happy for their mothers, girlfriends and sisters to hear this. They preferred their fathers and older brothers. They promise revenge to their traditional surgeons and traditional nurses. One had decided to commit suicide when discharged from the hospital.

Q4. How will you cope with announcements by local men, that you will drink Xhosa beer and eat in ceremonies, with boys and women, because you have landed in hospital, and you are not going to be accepted as a man

All responded that they are aware of what was going to happen in the villages. Some said they will commit suicide like some in the village who could not stand those announcements. Two said they will escape to big towns away from their homes. One said, he is going to hide in the forest and rape old women and young girls when they go to collect firewood and kill men that are hunting in the forest

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Q5. As we stay in rural areas, where there are few or no toilets, how are you going to feel inside, when told that now you will urinate sitting/squatting like a female instead of standing up on your feet like other young males? Please share

They all said, they would never urinate in public. When one feels pressed, he will run under cover or endure until he reaches a safe place, either a toilet or where to sit down or squatting down. Their worry was that they will be ridiculed at school for having a catheter. (This is a tube that is inserted into one's bladder, allowing one's urine to drain freely. All those botched circumcision survivors with amputee penis go with catheters). They all fear the urine smell, which will make them a source of laughter. They will prefer to remain at home, going nowhere. They fear isolated lives they will live. Among these young men, one was already out of the hospital, staying at home.

Q6. What would you suggest to boys aspiring for the circumcision rite?

Their answers were that they will warn the boys not to go to forest initiation schools. To choose medical male circumcision method as it is safe. To teach others not to defy parents with anything pertaining to circumcision. Not to listen to peers but to parents when it comes to circumcision.

Q7. How do you feel after this sharing?

The response was that they feel cared for. That there is someone prepared to listen to them. They feel that the researcher must stay with them and pray for them all the time. They need more people to show love and care for them. They said, suggestions from the researcher, helped them not to think of committing suicide. They will try not to grudge traditional surgeons and nurses.

QUESTIONS FOR CATEGORY 3(30-40) and category 4(+60) years

The questions were 9 and were the same for both categories 3 and 4. Their responses are summarised together. These were all married with children and own homes and own livestock. Most of these live in the community with their condition

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Q1. How do you feel inside about your condition?

They responded that they are hurt and embarrassed. They blame themselves for going to forest initiations schools. They blamed circumcision rite and chiefs of their areas for not protecting initiates from traditional surgeons and traditional nurses. They all expressed grudge against government officials who captured them from forest initiation schools. One was more furious, as he had already been healed when captured to the hospital.

Q2. If you got amputated in the hospital, what did the doctor say before he performed surgery?

Six participants said, they arrived at the hospital, from traditional forest initiation schools, already having dropped the penis (auto amputation is when a penis falls itself because of the sepsis or rot and is very painful. When not helped by a doctor, one dies immediately)

Q3. Please tell me, your worries and whatever you wish not to be mentioned by the community about this circumcision rite

Category 3 initiates were worried that they would get no more kids in addition to the kids they have because of these injuries

Category 3 and 4 were also worried about their status that they are isolated. Only their families respect them. 3 participants air their feelings in case study 1, 2 and 3. Botched circumcision survivors expressed that they hate discrimination by virtue of method of surgery and being undermined. They are frustrated by not regarded as being men.

Q4.What do you do when the community and your mates refuse that you stay with them in local ceremonies?

Only one said he decided to do what the community wants. Others said they are lonely and stay home and wait for their families to come home from the ceremonies. They said they grow cruelty and hatred of humans

Q5. How do you feel about your family in your condition?

They pitied their families. They also have self-blame, that it is their fault that is affecting their families. Others said are stigmatised "*sinuka umzondo emakhaya*

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entsatsheni yethu." "We are stinking like a certain insect at our homes, that people run away from, "meaning that they are stigmatised by some family members. 2 said their wives have been proposed by some men. One said, his kids are laughed by their peers, telling them that they are not his kids because I have not been a male from young age. One said his family is ill-treated because of his maimed condition.

Q6. You are already married and have kids. What do you think young boys injured through botched circumcision are worrying about? Also young men without kids yet, feel inside? What do you think their anxieties are?

They said, surely they worry about getting married, who will accept their proposal in their condition. They fear to be known. They are worrying about getting kids.

Q7. How do you feel when you hear ululating of women in celebration in your village, excitement about circumcision season beginning? What about when you hear men uniquely whistling as they go to initiation school, visiting initiates?

(Xhosa speaking mothers, ululate differently in celebration, according to the occasion. For a wedding they say "*Halala halalaaa nguwo nguwo ngumtshato*"

Several times. For boys to be initiated they say *"Haba-haba habaaa, ladanizembe*". For getting out day or men from initiation school they say "*Haba habaa-habaaaa, wakhuphe*").

They responded that they feel bad. They hide themselves. They become angry. They are full of hatred of circumcision rite. They are reminded their days before injury. They also see unfairness of life, questioning their ancestors wroth, questioning God and church for not care for human beings.

Q8. What suggestions, you are giving to boys and residents about the danger of forest or bogus initiation schools?

They said they discouraged the young boys from going to forest initiation schools. They tell them that they will be injured like them, they will be ill-treated and beaten by traditional nurses. They said they warn the boys that there is less care there. They instruct them to stop others.

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Q9. How do you feel now after our chatting?

They say they feel less pain. They are ready to face life challenges.

QUESTIONS TO NON-INITIATES AND RESPONSES.

MEDICAL SUPERINTENDENT WHERE THERE IS A SPECIAL WARD FOR A BOTCHED CIRCUMCISION INITIATES.

Q1. What do your patients of a botched circumcision say, they are feeling inside about their condition, and what are their anxieties?

He said they feel neglected, not loved by their people. He said, there are botched circumcision survivors who are unfairly treated and imprisoned when charged for rape. He said, they are charged because of DNA proof, without considering why they raped. Some are trying to satisfy their sexual urge as they have feelings even with their stumps, that is their amputated penis.

Q2. What do you suggest to the public about the custom?

He said chiefs and cultural custodians must be taught, on dangers of traditional male circumcision. The public minds must be aligned with government circumcision measures. A false teaching, that only those of traditional male circumcision method are real men.

Q3. Whom do you think must get this research study?

He said, this research study is an eye opener to kings, chiefs, traditional leaders and communities that resist change. The primitive ways of traditional male circumcision must change to user friendly ways of today. All these must get this.

Q4. Do you think, the findings and recommendations of this research would benefit policy makers? Will vindicate health institutions and initiates? How?

He said yes, these would benefit policy makers, as they would make policies having correct information. Out of this study research, they will be able to make policies that protect health institutions that are blamed for derailing communities from their culture of circumcision. Parents and initiates will be free to choose a safe surgery method.

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QUESTIONS TO MEDICAL DOCTOR DEALING WITH CIRCUMCISION FOR THE EASTERN CAPE DEPARTMENT OF HEALTH

Q1. Having been exposed to this botched circumcision pandemic, what do survivors say they feel in their condition?

He said, survivors feel depressed, sad, hurt and bad, so much that many prefer dying**.**

Q2. What do you recommend, which will combat casualties in circumcision?

Close monitoring of the custom would help in combating injuries. Recognition of anyone circumcised regardless of surgery method would combat this. Dehumanising loose discriminatory talks by traditional men must be stopped as it hurts all hence some go for re-circumcision where they get injured. Prevention: Well-trained traditional surgeons and traditional nurses would be of good help.

Early intervention by the Department of Health is needed

A negative attitude by practioners of traditional male circumcision method to medical male circumcision method should be corrected as some initiates are taken to the hospitals or clinics already injured from lodges of traditional male circumcision. As Department of Health officers, they are obliged to do their duty to save lives.

Q3. What does your Department do for a botched circumcision survivor?

He said, the department loves them. The department has established fora on areas to follow a botched circumcision survivors, wherever they are. He said, he makes the department aware that survivors are more than those who die.

Q4. May you supply me with the number of survivors for the past 5 years?

His response was that they are many as reflected in the Department of Health report.

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QUESTIONS TO THE CHIEF OF THE AREA WITH HIGH PREVALENCE OF A BOTCHED CIRCUMCISION RITE. HE IS ALSO A CULTURAL CUSTODIAN.

Q1. It has been years, botched circumcision has been preying on your people, some dying and most surviving through medical professionalism. What do these survivors say they feel? What are their worries?

He said they are hurt and are led to crime and suicide. Their worries are reproduction and being outcasts in the society.

Q2. In this past 5 years, how have you felt as a chief of Faku people, as nearly all your subjects are related to you and to each other, how have you been feeling when relatives come and cry to you in your office, when their sons and husbands have lost their manhood? What do they tell you about the feelings of a botched circumcision survivors?

He said feels humiliated to his subjects that he could not protect them.

Q3. What do you do in your area to discourage the community from making botched circumcision survivors, social outcasts or misfits?

I call all my subjects to meetings at my place, Njiveni great place in a imbuzo. I force headmen and sub-headmen to be vigilant in their areas.

Q4. What sentiments from their families are expressed to you about these casualties?

Families are bitter against this custom which injures their sons and husbands. Carefulness is demanded as the rite cannot be discontinued

Q5. Will you advocate for botched circumcision survivors in the house of traditional leaders and urge them to focus on these also as they do to the few that dies every circumcision season?

He said the house of traditional leaders is doing its best to stop having casualties in this custom. Plans are on way.

CASE STUDY 2

P7. (participant no.7). He felt guilty and was blaming himself. When narrating his story, he said,*"ukuba ndandingazamanga ukumnceda ukhwetha wam uQwathi, ngokumkhulula ityeba elaliqinisiwe, ekhala, ngesaphila engazange afe.*

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Ndingumbulali. Nam ukuphuma kwam apha ndizakuzibulala ukuze ndonwabe". If, I had not tried to help my fellow initiate, Khwetha *Qwathi*, by loosening a tight bandage, and as he was crying, he would still be alive now. I am a murderer. I will also kill myself, after I have been discharged from this hospital, so that I become happy."(He was referring to a trimmed cut goat skin,

used as a wound bandage at a traditional circumcision lodge). In a case like P7, Wimberley writes that, "guilt is the result of the specific attribution of blame to one's behaviour" (Wimberley1999:66).

This is also confirmed by Sherry 1987, when she says, "Following a death, guilt is most probably the most powerful factor that holds the key to the survivor's mental and physical health. Guilt, is a feeling of culpability with offenses of commission (action they regret) or omission (inaction they regret). Guilt is a learned and socialized feeling", (Sherry E. Johnson 1987:27).

This participant attributed that unfortunate accidental death in the lodge he was captured from, to himself, questioning why he helped. I consoled him not to blame self when something bad happens when he was doing good.

CASE STUDY 3

This is about Participant P10 in category 2. This was at a parish, I was a rector of St Peters(not real name) where, a congregant cried saying, her sons are being severely beaten there, near the forest, at an initiation school, she said, they are both initiates there. I went to intervene. Untrained young traditional nurses had fastened their bandages goat skin bandages (ityeba) so tight and they are beaten when they try to loosen their bandages. When, I took them to the nearby hospital, a medical doctor said a tight bandage stops blood from reaching the wound with its haemoglobin that heals the wound, hence after few days that leads to sepsis. One son died on arrival at the hospital but P10 who was 22 years, survived and was discharged to his home after 3 days. As a priest of the deceased initiate, and parents that are also my church congregants, I had to conduct the funeral and deliver a condoling sermon. Members of the church were in attendance. This funeral was well attended by so many people as it usually happens to a funeral with a query. Cultural custodians and local chiefs there were listening probably whether I was not going to talk about their circumcision rite. Priests and pastors

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are aware of that curiosity in such funerals. Normally, young males die through faction fights or accidents but a funeral of an initiate is an unusual phenomenon. I found myself between a rock and hard ground. Parents were to be condoled including the brother who survived in hospital. Cause of death was that, he died on arrival at the hospital, nothing about what had happened before that led to his death.

There was no singing as it usually happens in funerals. Fear, tension and sorrow were the order in that funeral. I, as a priest, was to try to sooth parents, siblings and all mourners. Local priests and pastors from other churches pitied me. In our procession to the tent for the funeral service, they warned me that ears are itching to hear what I would say. In that particular context, you dare mention circumcision, you are in for it from cultural custodians and audience that is adherents of the culture. I got into that trap. We are always faced with that predicament as priests and pastors. Our territory, to freely proclaim the gospel of Jesus Christ is shrinking as long as the circumcision rite debate is not ironed well. That is the reason, there is no much change in the running of the circumcision rite since irregularities surfaced in this loved male rite for the past 14 years. Priests and pastors are to be culturally correct, by compromising the truth and avoid contextualizing. For me to compromise at the expense of the bereaved family was against my conscience and belief. Compromise, reminds me what Kubler-Ross, E 1975 says "We routinely shield the bereaved from coming face to face with the reality of the death of their loved one, we take over for them and invite them to observe. And in doing this, we force them to submerge their grief, extending and expanding their pain and making it increasingly difficult for them to come to grips with the death".(Kubler-Ross, E 1975:81). She describes this intervention as "well-meaning deception". The Lord helped me not to sell the truth for cheap popularity. I stood for the Lord without compromise. During these study interviews. I went to that rural village to search for that initiate who survived. That is my participant P10. I took him away from his home to an isolated place, in a mealie field. He remembered how he and his late brother, were rescued by me from that initiation school. He narrated that funeral incident. He said at that time he was bitter, including then his grieving family. He said, they were appeased by my truthful remarks and uncompromising sermon. He said he was planning to kill

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himself before that funeral. He said, as a bereaved family. they thought the sermon was going to make them worse by shunning the real cause of death. But he said, he was still battling with what happened in the initiation school when he was with his late brother. That he died on arrival at the hospital and he witnessed that. Was still puzzling him. That he was injured and helped in the hospital. That he attended the funeral yet he was injured, all that unfairness of life makes him to desire committing suicide.

Masango 2013 contact week lecture quotes that, Meichenbaum describes such situation P10 found himself in as, traumatic events are unusual events which are so extreme or severe, powerful, harmful or threatening that they demand extra ordinary coping efforts. He added that they cause people to lose their sense of safety and security. They can reactivate unresolved issues from previous traumatisation. P10 was still battling with irregularities in the initiation school where he was, with his late brother. That the brother died on arrival in hospital was haunting him. He was double traumatised. He found it difficult to find meaning in life. That also reflected what Wilson 1983 says about a traumatic reaction as an emotional state of discomfort and stress resulting from memories of an extraordinary, catastrophic experience which shattered the survivor's sense of invulnerability to harm" (Wilson 1083:201). A traumatic event is, "any sudden interruption in the normal course of events, in the life of an individual, or a society that necessitates re-evaluation of modes of action and thought.

SUMMARY OF INTERVIEWS

The researcher summarised their responses himself as these botched circumcision survivors responded as individuals in their different research sites. Interviews were face to face as designed. The researcher was unable to excuse himself from questioning P1 that side of the screen. Botched circumcision is very serious, and individuals are already emotional injured, so a researcher must be considerate in case he causes 2nd trauma to a participant. There was also no way of separating those 2 agonising initiates P11 and his lodge mate.

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P7, was troubled by witnessing the event of that unnatural death of his lodge mate, dying from his hands.

In answering question 7 about Whistling of men when going to visit initiates in a lodge and ululating in celebration of women, category 3 and 4 said, those sounds expose them to or trigger events that resemble or symbolize an aspect of their traumatic event. It brings them 'flashbacks'. It is a pity, unfortunately, there is no way of avoiding these annual events in our culture in the circumcision season. Botched circumcision survivors are to tolerate them. Category 2 responses and worries, were that they were not expecting to have careers, their future is foreshortened. They saw no marriage and reproduction or children or normal life span.
Joel 2014 writes "Those initiates that end up in the hospital as a result of botched circumcision, carry the stigma of failure within the communities. They are counted as not strong enough to withstand the rigours of the process. The initiates who suffer mutilation live with the pain, all through their lives", (Joel 2014;23)

PPRELIMINARY CONCLUSION.

These interviews were challenging especially on a sacred ground hence few researchers have walked this culturally concealed route of initiation schools and actual practises unveiled for the nation's awareness.

When planning to interview these initiates, I was completely oblivious of their attitude and health status. Their condition is really pathetic and pricks one's emotions.

Participants were free in sharing their feelings and views as individuals. These responses, were summarised by the researcher.

The following is Chapter V Section A Analysis

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CHAPTER 5

INTRODUCTION

5. ANALYSIS AND FINDINGS

This chapter is divided into 2 sections. Section A will deal with analysis of data collected from interviews dissecting table 4.1. Section B will be Findings and observations.

Table 5.5.1 above in chapter 4 shows that 16 participants that were initiates and 3 no initiates took part in the study. The table also shows the difference in ages as they are grouped in categories according to the sample. They are all males.

5.5.2 DATA ANALYSIS

In Masango 2016 contact week 25 -27 July, it is written: To analyse, literally means to take apart words, sentences and paragraphs, which is an important act in research projects in order to make sense of, interpret and theories that data. Henning (2013) refers to analysing as to break into bits and pieces, or to

break down the data which Miles and Huberman (1994) label as 'coding' and Day (1993) refers to as," categorising". Day (1993:30) describes data analysis as a process of resolving data into its constituents, parts-or components, to reveal its characteristic elements and structure.

The questions posed by the researcher are from the interview schedule and are in Appendix A of chapter 1 proposal. Respondents are reflected in line with each research site. Questions were asked according to the 4 categories and 3 non-initiates.

Data collecting instruments are divided into 2 sections:

(a). Analysis
(b). Findings
The only instrument used to collect the relevant data for testing the research assumption of the study, to test the effect, was the Researcher Designed Questionnaire (RDQ). That questionnaire was in vernacular to interviewees except for king and the superintendent. (Non-initiates).As mentioned in qualitative methodology, it was according to sampling categories (6-10)-(15-20)-(30-40) 60+

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5.5.3 VALIDITY OF THE INSTRUMENT

According to Ary et al (1985) 'validity' means the extent to which an instrument measures what it is intended to measure. This instrument questionnaire was designed to explicitly get views and feelings of circumcision survivors. It succeeded in all categories although there were some differences according to age and life experience Beha (1983) identifies six types of validity, face, and content, predictive, concurrent, and criterion-related and constructs validity. The construct validity focuses attention the test scores as a measure of psychological trait or construct. The objective is gathering construct evidence is to determine what Psychological construct is being measured by a test, and how well it is measured (see Ary et al) 1985.

Analysis about Category I P3, P4, P5, P6.The researcher, understands the difference. In correct way of the circumcision rite, these little boys are not supposed to be circumcised. The issue in this Xhosa speaking culture is not a foreskin cut off but an age into the passage from boyhood to manhood.

The researcher included category 1 fully aware that they are very young. He wanted to check the reaction of these young boys in botched circumcision.

Out of the 4 questions, 2 boys in category 1 just cried and were each released. Other 2 answered their questions. All categories responded well except category 1. Non initiates responded well to their questions. Out of these interviews, the researcher was able to obtain information he needed for the research study. That questions to all initiates, were in vernacular helped the researcher to assess and observe their feelings. The research participants seemed to appreciate that they were free to ventilate their bitterness as opposed to the teaching they received that, it is culturally, a taboo to share anything pertaining to the circumcision rite to anyone.

All initiates except those 2 little boys emphasised on ill-treatment and coercion in traditional male circumcision forest initiation schools. Initiates in the forest are

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also brought food from the village and when they escape officials, some are hidden in the village with their injuries.

Views from category 3 and 4 were helpful as they are adults, understanding many life issues.

ANALYSIS OF TABLE 4.1

P1. was 20 years in category 2. We chat behind a closed screen in the hospital ward for botched circumcision initiates. He is the first interviewee initiate, who shouted to the medical doctor. He did answer, all his questions. He is the one who caused me to change my original strategy of requesting each interviewee to go to an arranged side office.

P2. was 40 years in category 3. He was worried that he would not be able to get more kids because of botched circumcision. As a mine worker in Gauteng province, he feared his compounds mates that they will laugh at him in the communal showers. Most of these initiates had been rescued from forest traditional circumcision initiation schools.

P3 was 10 years, P4 was 13 years. P5 was 14 years and P6 was 15 years. These are little boys not supposed to have been circumcised because of their age.P3 and P4 had a little response and cried right through. These were sobbing. Excruciation cries for their mothers. Very little from them. They were regretting disobeying their mothers who refused that they go to a forest initiation schools. They said, their recruiters told them that they must not listen to women. They stole money needed there in the initiation school.

The interviewer was forced by their cries to return them to the hospital ward.

These little initiates were not together in the side office, but each with 10 years and 13 years, behaved the same way.

P3. This crying little boy was 10 years of age. He cried about pains and wanted to be taken to his mother in the village. He screamed until released to and escorted to the ward at that hospital.

P4. He was 13 years of age. He was also crying and shivering because of pain and cold. Apparently, the lodge, in the forest was on a humid ground amongst long trees. He also appeared very sick. He was calling his mother and father.

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P5. He was 14 years of age. He cried first, and calmed after some time. He answered his questions. He was recruited with other young boys from school. He was in grade 5 at school. He worried about going back to school. He blamed some men who caught them from school with his twin brother. He said his brother escaped and hid amongst the rocks on the nearby river. He said, he felt that from his body that his twin brother was safe. He pleaded that I take him to his home. He said, they had been in the forest for a month and he and his twin brother had healed and were going to be fetched by their father the following day.P5 and P6 behaved better, although they were also crying. Each in his session tried to answer the category 1 set questions.

P6. He was 15 years of age in grade 7. He was at a school in *Mthatha* (50 kilometres away). He answered his questions well. He was in an English medium school and mixed his responses Xhosa and in English. He said, he had applied to a high school. He worried about the delay that might cause him to miss the school. He worried about his 14-year-oldgirlfriend that they were to go together to that high school.

P7. Who was 30 years of age? He was in category 3.He answered his questions also crying. He was working as an electrician in another district. He was married with 2 boys. He also blamed himself, for helping his initiate mate, in loosening the tight bandage. He cried, when narrating that. He remembered how he immediately died. He said, he is planning to kill himself. He said, he had already told his wife his sons must be sent to hospital for circumcision. He was blaming himself for going for circumcision whilst his father was never circumcised. He also blamed her girl friend who persuaded him to be a circumcised father of their 2 kids.

P8. He was 21 years of age. He was in category 3. I thought he was 20 years, when I took him out of the ward, where he was laying on his bed with his fellow initiates on their beds. He suffered from severe pains. He was on his final year at a teacher college. He said, he went to a forest initiation school, because at College and village, anyone circumcised at the hospital is not regarded as a man. His fear was that he is in hospital; he is going to be rejected in his village. He blamed a radio talk show, on Tuesday afternoons that tell them about a real man, is by traditional male circumcision. He was shaking, blaming self, for trying to help

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his mate, by loosening a tight bandage. He said, when he finished, this initiate died. He was bitter with that. He also blamed a traditional nurse that was fastening their cut skin goat bandages *(ityeba*) so tight.

P9. This was a 63 years old, in category 4. This was a discharged patient from St Mary's hospital. I seated him on my car. He was very furious about his neighbours, whom, he alleged that, they were jealous about his mealie fields, Banana plantations and livestock. He said he was circumcised medically 43 years ago. He was married with 4 grown kids. His neighbours told the community that, he had no connection with his ancestors, because, he did not perform a traditional male circumcision method. He said, he discussed with his family that he would sneak to a popular forest initiation school. He said young traditional surgeon there he suspects was never circumcised himself, performed surgery to him and was injured. He said he was helped in hospital.

P10. He was 22 years, driving a taxi. He said, they were recruited to a forest initiation school next to *Nqadu* forest. He grieved his late brother. He said, he and his brother were rescued from that initiation school by their parents' priest. He said, a traditional nurse was beating them for stealing water that was in the lodge, which they were not allowed to drink for days. He said, they became weak, having headaches, because of thirst.(they were dehydrated). He said, when they were taken to hospital, his brother died on arrival. After he P10, was treated in the hospital, he was discharged after 3 days. He said, he got chance to attend his brother's funeral, with his family. He said, he was bitter as he attended the funeral not having healed. He said, he was meditating about committing suicide. He said he felt his brother is in a better condition, instead of living a sorrowful life.

CASE STUDY 3

This is about **P11**. He was 40 years. I went to his rural home to interview him as he was injured 8 years ago when I was a rector in his parish.

He said, they were 6 boys recruited to Libode forest. 4 initiates died there in the lodge. Only he and another initiate were rescued from there. He said, he and his mate were helped by a priest hence they did not die. I went to search this botched circumcision survivor to his rural home of *Libode, because I knew*

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Him. The following is the story. When I went to conduct a funeral in a rural parish St Andrews.*Cingweni Libode* (not he real name village and district). I arrived earlier than usual funeral time in rural areas. I notice an extra-ordinary tension on mourners. An area church warden told me the whole village is mourning because out of 6 boys who sneaked to be circumcised in the forest, 4 0f them had died and only 2 were rescued. He pointed an away hut, which acts as an initiation school keeping the 2 survivors. Since I arrived there earlier, I took off my church attire, leaving my barky; we walked for a kilometre to that initiation school. I had to identify myself to them and traditional nurses there. The hut was dark with smoke as they had firewood, having big fire. They relaxed, when they heard where my original home is, where there is no problem with circumcision and I having gone through safe traditional circumcision 40 years ago only to bandage them correctly and they became happy and we left. The church warden announced the help I brought to their remaining initiates.

As a responsible skilful priest. I practised what Barbara McClure says in Masango 2013 contact week, thus: "pastoral care is religious attention toward another. Institutionally it is one of the primary works of religious leadership" (Masango M, 2013:269). She continues to write "rather than being a specific technique or set of discrete practices, pastoral care indicates various responses of a person or persons motivated by God's love for another or others.

P12. He was 19 years of age. He was in category 2. He was a government servant, in Eastern Cape legislation offices. He said that, his male colleagues were tipped by a lady, that he was an uncircumcised civil servant. He said they tried to spy him, when in the shower, and confirmed that he was a boy. He said, he took a sick leave and went to a hospital for medical male circumcision. When he came back to work, his colleagues saw him by new clothes and a hat. They understood what that meant. They congratulated him.

After a week, a close friend used a lodge language, when they were talking. He did not respond. Then he asked him how he had done the right. He freely told him that he went to the hospital. After lunch, he heard other men, calling him, *'nofotyela'*. (That is a dehumanising nick name used by adherents of traditional male circumcision method, in rural areas, to despise, whoever has not undergone the traditional route. There is an obsession, in some *Xhosa* speaking rural areas

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about traditional male circumcision). He said, he decided to go to the forest initiation school for traditional male circumcision. He said, he was rescued, with others from there to the hospital. He said he was on his way home; hence I met him in a hut next to the hospital.

He said he became sick in the lodge and was always sleeping. He said a traditional nurse was not allowing him to sleep as he had to work himself and must not lay with his thighs together. When asleep, he would forget the rule. That caused him to be severely beaten. He said the hospital treated him well, and discharged him; hence I met him away from hospital gates. He said he was discharged and on way home.

P13. He was 62 years of age in category 4. He said his 2 sons were circumcised years ago. They pressurised him to go to a traditional male circumcision so that he would not be undermined like them by the community. He would be a good ancestor after death. They said he would be communicating well with them after circumcision. He said, if he was not ill-treated by those young people acting as traditional nurses, he would not had left the forest initiation school. He could not believe that young people even younger than his sons would harass and beat him. He said he was planning revenge.

P14. He was 35 years of age had a family and children. He said he was circumcised at the hospital 15 years ago. When I pounced at him at a hospital Out Patience Department. He was moving around, showing everyone his swelling private parts. When interviewing him at the hospital side office, he was angry, having a grudge to a local neighbour who told the community from a tavern, that he, P14 is a boy, because he was circumcised at a hospital. That offended him. He decided to join initiates in the forest initiation school. He said, surgery was performed by one who was waiting for a traditional surgeon there. He said he was injured. He said he decided to come to the hospital to be helped. He said, all that happened because of witchcraft of some neighbours.

P15. He was 60 years. He answered all his questions. He said, when beaten by traditional nurses, he decided to go to *Silimela* Hospital (not real name). He promised to raid unofficial initiation schools and asked the local chief to close

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them. He said he was going to neighbouring schools, to warn young boys, about these initiation schools, and tell them how he was injured.

P16. He was 61 years of age. He is the one in case study 1. He wanted to talk with me in a funeral.

The 3 non initiates interviewed, answered their questions well. This was satisfactory to the researcher, as he wanted to hear views of non initiates, on how botched circumcision, affects the botched circumcision survivors.

SUMMARY OF ANALYSIS

The 16 participants initiates and 3 non initiates were analysed, who they are and their age. It was made to make clear their responses. These differed according to their age. This has reflected that, botched circumcision survivors, are all having physical injury and emotional injury. From category 2-4, emotional injury is worse than category 1. They express their feeling more clearly according to their age and understanding of issues.

PRELIMINARY CONCLUSIONOF DATA ANALYSIS

In the interview chapter, the research has tried to reflect the genuineness of participants about their condition and feelings. His observations and findings gathered from participants using the instrument designed for each category, the main findings will be tabled with explanations in section B of chapter 5.

Recommendations emanating from interviews and findings, on what suggested to be done will be shown in Chapter 6 in details. Chapter 7 will be a proposal to heal and journey with these botched circumcision survivors. Exodus 1 will be a motivating analogy to kings, chiefs and cultural custodians

With regard to participants and researcher's perspectives, the aim of the analysis is to understand and try to see experiences of being maimed from their perspective.

Narratives were analysed and interpreted in association with the participants. I will often bring my own perspective and experience to the table.

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Responses are summarised except in some cases where a particular participant's response is recorded here as a case study.

Most interviewees in these categories, are illiterate, especially category I (10-15) years. They will easily reflect their feelings in their vernacular language.

Category I(10-15) years gave me a hard time as nearly all would have excruciating cries and refuse to answer questions. I had to persuade these pathetic young boys to be in that office as noise of crying was disturbing all the patients in the whole ward. Also category 4 (60 and more) was not easy at all. Some of these were found in their various villages. Our meetings were all away from their homes. I had to leave my car kilometres away and walk uphill or down the hill while chatting before we sat down for questions. What botched circumcision situation is like?

INTRODUCTION

5.2 SECTION B FINDINGS

After analysing the data according to what interviewees said, the researcher, observed and has these findings about botched circumcision survivors:

5.2.1 HURT

Beside category 1, all participants manifested and verbalised that they are grossly hurt by botched circumcision condition. Category 1 showed hurt by unstoppable crying. The researcher included this category in the sample being aware that these are young boys. Since, they are also in the set of botched circumcision; he wanted to check the reaction of botched circumcision by young boys. It became clear that traditional male circumcision to young boys is brutal, cruel and inhuman.

5.2.2 RANGE AND ANGER,

Sadness, nearly all of interviewees who responded to questions, did manifest anger when answering questions. Others were questioning the custom and why they are casualties of it. A clinical psychologist described anger as temporary

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madness. Kreis et al 1982 says it is a space in your heart that no one else can fill. (Kreis et al 1982:35).

5.2.3 SORROW AND GRIEF

Like Xhosa men, they found it more difficult to cry than women and categ 1 boys. These initiates never hid their true feelings

5.2.4 FEAR AND ANXIETY

They feared the outside world. Anxious about urinating in public and what their girlfriends would feel. Category 1, showed helplessness, hence they were calling their mothers.

5.2.5 TRAUMA;

An English dictionary describes trauma as"a morbid condition of the body produced by a wound or injury, an emotional shock"(Oxford Advance Learner's Dictionary of Current English(1975:938). This is confirmed by Mitchel 1983 when she writes, "a term used freely for physical injury caused by some external forces or for psychological injury caused by extreme emotional assault" (Mitchel 1983:814). Botched circumcision survivors suffer from both physical injury and emotional shock. Participant 7 manifested this condition. Physical injury is outside the body. Trauma is outside the range of normal human life experience. They experienced intense fear, helplessness and horror. Category 1, boys were in a state of shock as they mostly all scream and cry excruciatingly. I allowed P16 to tell his story and ventilate as much as possible.

5.2.6 GUILT

Sherry Johnson says "Following a death is probably the most powerful factor that holds the key to the survivor's mental and physical health. Guilt is a feeling of culpability with offences of commission (actions they regret or omission (inaction they regret. Guilt is a learned and socialized feeling". (Johnson E 1987:27). This is exactly what was happening to P7 when he loosened a colleague's bandage that died immediately.

5.2.7 PUBLIC FEAR-PHOBIA

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Most botched circumcision survivors fear public eyes. That is why they like to isolate themselves.

5.2.8 FEAR TO URINATE IN THE OPEN AIR

There are few toilets in the rural areas. Livestock pastures have no toilets. Males stand up aside from others and urinate when they are walking with others. The embarrassment to botched circumcision survivors when urinating, is to squat like a female when passing water or urinating in the open air, when there is no toilet in the area. This happens when one has his penis amputated. For a reader who is not in the 3rd world will understand that in rural areas like in the Eastern Cape, in South Africa, only urban areas had toilets and few in rural area homesteads and no toilet at all in the pastures or ploughing fields.
What helps, is when, one is using a urinary catheter. This is a medical device that is inserted in penis hole of those amputated. Its definition according to Wikipedia is "A urinary catheter is a flexible tube for draining urine from the bladder…."(https://www.nhs.uk)

5.2.9 SUICIDAL

They all found life not worth living. Madala 2014 cites William Phipps outlining suicide as, "a fatal act of self-destruction undertaken with conscious intent (Phipps William; 1987:68). A participant,
Faku said."*endaweni yalento ndiyiyo, ndibona okhwetha bam ababhubhileyo bekwimo engcono ngoku, kuba abangcungcutheki njengam ongazange abhubhe. Ndicinga ukufihla ihlazo lam ngokuzibulala ndakukhutshwa apha esibhedlele*" "instead of this condition I am in now, I see my fellow initiates who had died, having a better situation than I am because they are not suffering like me who did not die. I think to hide my shame by killing myself, when discharged from this hospital."
The interviewer found this respondent intending to eliminate his life after being discharged from the hospital to his home. The researcher has records of fresh initiates having stolen their family guns and killed them. Parents tell him.
that signs of unhappiness were manifested when they came out of hospital having botched circumcision.

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Nearly all of them these participants that are initiates, manifested serious conditions of trauma.

This spells to the researcher how most botched circumcision survivors are affected by this condition. Nearly all respondents from category 3 to the last category express this suicidal intention when answering question 4 of the prepared questionnaire (Appendix A).This question digs deeper on their deep feelings. I imagine thousands that feel the same in life. What society can be built on those suicidal young people?

These sentiments did not shock the interviewer as trauma is part of human life. Trauma can be physical and emotional. He found both forms to most respondents. Physical form. The penis was amputated or had auto amputation. This happen to a dead limb. It falls from the healthy part. Emotional form was when some just cried.

Most civilians and church leaders, are completely oblivion on this, hence botched circumcision is taking years to be stopped.

5.2.10 FEAR OF STIGMATIZATION

They fear men, peers of traditional male circumcision method and the community. This stigmatization is not only for those of medical male circumcision but it also affects whoever has been in hospital even if he was taken there because of illness. This treatment affects any initiate, that has been in the clinic or hospital irrespective of why an initiate went to a 'Western Institution' as termed. These findings are from empirical research done in a Xhosa cultural sacred and concealed zone, 'Xhosa male circumcision rite'.

5.2.11 TOTAL LOSS OF LIMB

Complete amputated penis which cannot be remedied but repairing would be alleviating their stress. This would be done by reconstructive surgery. Eastern Cape province of SA has now formed a specialist team of medical officers who are planning a way of reconstruction of penis. This is a complication with serious lifelong implications. **These findings clearly indicated that a botched circumcision on survivors badly affects them.** P10 expressed his

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disappointment that for his future like any boy, he had planned to increase his lineage. Botched circumcision clearly seems to cut off reproduction by male children. Their manhood short lived will minimise the nation. This reminds me the story in the bible Exodus 1:15-18. The king of Egypt, Pharaoh wanted to reduce Hebrew children by eliminating infants that are boys from birth. He said to Hebrew midwives, "When you do the office of a midwife to the Hebrew women, and to see them upon the stools; it it be a son, then ye shall kill him: but if be a daughter, then she shall live. But the midwives feared God, and did not as the king of Egypt commanded them, but saved the men children alive…"((Holy Bible).Midwives Puah and Shiphra, feared God and did not adhere to that law, arguing that Hebrew women have child birth before midwives arrive to them. Out of that, Moses was born. Analogous to that, it is obvious that these maimed males would produce some useful off-springs for the nation. These males that are botched circumcision rite survivors will not reproduce unless medical technology invents a way like it did on HIV/AIDS pandemic. It is a fact that not all males reproduce, but this is a concern to these.

SUMMARY OF FINDINGS

These findings show how a botched circumcision on survivors are badly affected by the condition. Mostly, they are showing that they are physically and psychologically affected.

PRELIMINARY CONCLUSION

These findings have revealed, what the researcher has found and also observed.

These findings are followed by chapter 6 that will be dealing with recommendations. These will be suggestions that can curb a botched circumcision on survivors.

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CHAPTER 6

INTRODUCTION

6.1 RECOMMENDATIONS

This chapter follows chapter 5 section B of findings. It will deal with what will be my suggestions or recommendations. These, if implemented, will help to combat and curb the infliction of a botched circumcision on survivors. This has been a thorn on the flesh of traditional male circumcision Xhosa speaking nation, since 2016. Dr Joel U terms circumcision in his document of November 2014: entitled, male circumcision; a source of Xhosa pain.

The Eastern Cape government, in South Africa, has tried many ways, that would help, but in vain. Although this is a pandemic, it has been noticed by researchers, that the province is hardly hit. The national government established, a commission, whose findings painted a gloomy picture for the Eastern Cape Province. My target area, for high prevalence, comprises of 3 districts in the province. It even, established an active commission, known as Commission for Religion and Languages (CRL). Its reports were remedial. It painted how the situation was in its 2017 report. It reflected an appalling statistics of those dead, and those injured and hospitalised. Those injured and hospitalized from initiation schools of traditional male circumcision method. That commission had its findings and recommendations in Appendix C. This trauma of a botched circumcision, on survivors, escalates in every circumcision season, in my research study area, hence I term it is with high prevalence of casualties to males and the nation.
The following recommendations emanate from qualitative interviews of 4 categories across the spectrum. Findings painted a bad picture of this traditional

male circumcision rite. As a compassionate priest, I recommend what can help if implemented. This serious life injury can be combated and prevented from now.

The following recommendations are proposed:-

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6.2 TRADITIONAL LEADERS RESPONSIBILITY

I recommend that, this circumcision rite must, squarely be traditional leader's responsibility and accountability. This is including the host. A penalty must hanged on the neck, of any negligent leader, where an irregularity on circumcision rite is found.

6.3 DEVELOPING MEDICAL TECHNOLOGY

Medical technology is urgently needed, to alleviate despairing of these casualties. A team of medical professionals, championed by Dr M. Madiba, is designing a technology, for reconstructing an amputated penis. This will bring hope to thousands of despairing botched circumcision survivors, who some are pondering suicide, to free them from the daily trauma they are facing. Nearly all categories, except Category 1, desired this intervention of medical technology. Category 1, as I had alluded in analysis, was only worried about pain and injury, in their private parts, and showed signs of despair.

Other categories were longing for repairs of their lost limbs and showed hopelessness for their future. They saw life as not worth living in their present condition. They were showing a complete absence of hope. Their voices showed a full self-hate and despair.

I recommend that, in this developing medical technology, a research study may be conducted immediately, as it was done in HIV/AIDS pandemic, when ARVs were discovered. This repairing of penis, would be remedial, giving hope to those who have lost hope, because of the loss of their vital limbs of life, which is manhood and its reproduction function. Immediate remedy will be a help in passing urine. This mayhem, of injuring and maiming of males, must be combated or curbed. It must not only be reduced but prevented.

6.4 PENALTY

To force an action, I recommend that a penalty be imposed, on area chief, for negligence with, regard to circumcision casualty, in his area. This will enhance

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their vigilance. As early as 2017, the inactiveness, in combating or curbing this scourge, was echoed, by many concerned bodies. Recommendations of the CRL(commission for Religion and Languages} on its reports to the Eastern Cape government, are not implemented, hence circumcision rite casualties, increase

In each circumcision season. Death and maiming of a vital limb of future men continues.

Clergy and pastors must speak out, or be activists on this, as it cripples God's flock entrusted to them as shepherds. This scourge, of botched circumcision, besmirches the image, of this beloved circumcision rite. Whenever, a circumcision season is coming, the whole society is ready to be bombarded, daily, by the social media, about the circumcision rite, bad news. The society is experiencing, the emotional tension, of fearing casualties, of botched circumcision rite, hence the researcher, places prevention, squarely on the shoulders, of traditional leaders. These are cultural custodians. If each chief, is charged, for any circumcision rite irregularity, in his or her area, botched circumcision can be combated immediately. This is the researcher's observation, and these irregularities, are from traditional male circumcision method. I recommend harsh action, against chiefs on these irregularities, as I sense handling of this with soft gloves.

AS A MATTER OF FACT

The researcher's observations, from actual interviews of a botched circumcision on survivors, are that, after establishment of democracy in South Africa in 1994,

Some Xhosa speaking traditional leaders, especially, in rural areas, became obsessed and biased towards African Traditional Religion(*INkolo yakwaNtu*} with primitive ways of performing some cultural customs, like traditional male circumcision surgery method, which is applauded even if it shows bad results to casualties. Some adherents of this religion, propagate, that traditional male circumcision connects an initiate with his ancestors. Whoever is circumcised, in medical male circumcision method, or helped in hospital from injury he got, from traditional male circumcision, is not a man, hence he must eat with boys and women, in cultural celebrations. This is a revelation to readers that are not in

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Xhosa speaking culture. I research as one in this culture, who has undergone traditional male circumcision 48 years ago.

There was no discrimination then; anyone circumcised was regarded as a man irrespective of surgery method. Even then, it depended upon choice of parents. Community members would all enjoy out going *(umphumo*) day, and celebration feasts.

This revelation, answers whoever would ask, why there seemed to be no solution to this catastrophe, to boys aspiring to be men. If kings and chiefs would stop propagation of this new worldview, which came with democracy, there would be fewer casualties. This is a preamble to my coming

Recommendation which is against some views of some cultural custodians who emphasise that a man is one who has undergone traditional male circumcision method only. This has been a complaint of interviewees. They point to local Radio remarks that define who a real man is. Some botched circumcision survivors, said, they ran to forest initiation schools for traditional male circumcision so that they will be real men according to that popular definition of real man. What is worse is that some go for re-circumcision in initiation forests for traditional male circumcision, to be culturally correct. This is fresh from some interviewees. Most interviewees expressed this cry. If chiefs would ban that lean view, this circumcision rite would not have some casualties like now. Parents, who have decided for traditional male circumcision, would be more careful that no irregularity happens in the circumcision rite. There is a lot of carelessness now because traditional male circumcision is regarded by the communities as the method. I recommend that, for safety's sake, most parents must choose a medical surgeon for surgery there in the lodge. Then after all is safely done, bleeding managed medically, all procedure in the lodge would be done using those natural herbs (*isichwe and umntshiki*). The research has discovered that most damage in traditional male circumcision occurs during surgery or after surgery. Trained traditional surgeons and traditional nurses are good at this. That is why I don't recommend banning of traditional male circumcision. I went through it and love it. Only Xhosa speaking group adheres to old traditional method irrespective of irregularities. Nearly all Sothos and Hlubis, have a secret medical

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doctor to perform surgery and high care by chiefs. This is from research not from sucking fingers.

6.5 PARENTS FREEDOM OF CHOICE.

The explicit explanation is for those outside of Xhosa speaking culture. This research is conducted in a researcher's culture. The researcher may appear subjective when expressing his emotions.

Our country, South Africa, is a democratic country with democratic principles. I recommend that the government must specially gazette, this freedom of choice to parents on method of surgery to their boys. Kings and chiefs are players on this ground. Each needs to have a protected whistle blower in his area, who will inform him or her about any boy circumcised without his knowledge and choice. This suggestion includes secret forest lodges surveillance. Kings and chiefs can wipe these off if one would be charged for every irregularity found in his area. Death and maimed boys from circumcision rite is a disgrace to our nation.

6.6 CIRCUMCISION, A MOTHER'S RESPONSIBILITY

Gerkin 1997 highlights this when he writes "Feminists perspectives have forced upon us an awareness of the long history of oppression of women by a culture of patriarchy."

If the mother of the boy, would be involved, when her son is wounded and hurt, or beaten, she would make a noise that would sensitive's the community neighbours to come to her aid. Mothers are traumatised to find, that bad condition of her son, has been known by her husband, but he keep quiet, as it is a taboo to talk to a woman, on circumcision rite. That side of the cultural curtain is not touched. This concealing of happenings in the lodge mostly leads to some family destabilization. The author had experienced this saga himself. As a priest, the father and clan men of the initiate asked him to go and tell the parents that their son has passed on. He went to that home with this bad news. All the family including the father and siblings of the initiate, were gathered in the house. He had a short prayer and spilled the beans in a cautious manner. The mother asked him again to explicitly explain his message to them. He told them about this

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sudden and untimely death of their initiated son. They were shocked. The mother kept quiet for a longer time and busted to the husband *"Heh njandini. Ufake intloko phakathi kwemilenze apha, kanti umntwana endammitha inyanga ezilithoba, umbulele ngentsuku ezimbalwa esesuthwini wena nalamanxila akho"* (You dog, you put your head between your legs here, yet the child I bore in my womb for nine months, you and your drunkards have killed him within few days in the lodge?") (When some men are listening to bad news, sometimes they show remorse by bowing in his seating position. The author will deal much about families of a botched circumcision on survivors in his PhD study).

That mother stood up and matched out of the house shouting in shock, denial and anger that "*Ndiyakushiya ke sigebenga, uze umngcwabe umntanam*" Ï leave you murderer. You must bury my child." This ignoring of mothers in circumcision rite is inexcusably. In some areas, mothers are not told at all about the death of the son. Some would see on the outgoing day (*umphumo*). She would see by her son's blanket which, he had left with, when he left the home to initiation school. That, her son died in the lodge, would be concealed. What a trauma? The mother remains suspended, not sure whether her son will come later or has been thrown in the river.

Msengi T 2008, in her book, "Circumcision Mothers Responsibility, "emphasises what I thoroughly explained above. She was writing this book as a clinical psychologist, dealing with and counselling mentally disturbed botched circumcision survivors. She suggests, full involvement of mothers as they are compassionate about their children well-beings.

6.7 XHOSA NATIONAL SUICIDE (1856-57)

The researcher decides to prick the conscience of Xhosa Speaking kings and chiefs, by using a relevant analogy on this scourge. I liken itwith what historically, happened in this Xhosa speaking province in 1856-57.All the Xhosa nation, knows this brutal story. It is through oral transmission, to most Xhosa born children. This is termed a Xhosa national suicide, as documented in Wikipedia. It was in the Eastern Cape in South Africa. It is about a daughter of chief Mhlakaza. Her name is Nongqawuse. She was lured in the river, to tell the Xhosa nation that

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ancestors say, she must tell the nation to kill all livestock and burn mealie-fields, as on a certain set morning, sun will rise from the West and set on the East. All, whites, will be drowned in the sea nearby, and all livestock and mealies, that has been destroyed, would be replenished. As she mentioned ancestors, her assignment was executed by nearly, the whole nation. That led to worst poverty of the nation and thousands of hunger deaths. That Xhosa suicide saga caused thousands of men to be recruited to gold mines, leaving women and children alone at home for 9 months to a year. That destroyed the family unit and the leader of the colonisers, Sir George Grey, achieved his Xhosa nation subjugation and cultural destructive aim. He used the feared and respected name 'ancestors'. It is recorded as Xhosa National Suicide in History textbooks; hence, I liken this boys botched circumcision genocide, to Nongqawuse. Chiefs must stop that notion of connecting traditional circumcision rite, to setting one in line with ancestors. Xhosa speaking nation reveres ancestors. That threatening statement must not be used to promote traditional male circumcision at the expense of medical male circumcision. I recommend to kings and chiefs to correct this from the minds of the people. That will contribute much in combating botched circumcision in this rite. I don't think ancestors appreciate this scourge on their grandsons. I suggest this as a responsible and concerned Xhosa priest.

In addition, the researcher, is also prompted, influenced and disturbed by what appeared on social media on 20th December 2019. A newspaper, City Press, in the whole country of South Africa, showed the following statistics on Circumcision. CRL commission suspends Eastern Cape initiation schools after 22 die. It wrote, In the Eastern Cape alone, more than 788 young men have lost their lives, since 2006, during initiation process. A further 317 boys have had their private parts amputated during the same period due to complications arising from botched circumcision. More than 10 000 casualties are reflected having gone and admitted in the hospitals. This shows genocide of young men. Those Hospital admissions are my research study that is botched circumcision survivors (Appendix G.)Fear of many people, to be labelled western brain-washed, has caused responsible leaders to avoid pointing a finger to this new propagated insinuation, using social media Umhlobo Wenene, whose audience is more than 5 million Xhosas.

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6.8 MAIN BATTLE IS BETWEEN TRADITIONAL MALE CIRCUMCISION AND MEDICAL MALE CIRCUMCISION.

I recommend that kings and chiefs must look deep at this phenomenon that has been revealed by the interviews.

6.9 HATE SPEECH.

I recommend that, cultural custodians are to look at this view, as it needs urgent attention.

Discriminating statements, by some adherents and practitioners of traditional male circumcision, who speak openly, against any, male who has undergone medical male circumcision, or whoever has landed in a hospital or clinic, must be classified under hate speech. These statements traumatise botched circumcision survivors. I recommend that each king or chief must have a whistle blower. This whistle blower will inform him or her, about any man with hate speech in his area. Survivors must be protected by cultural custodians from any badmouthing by men for having chosen medical male circumcision method or landing to a clinic or hospital for help after injury in traditional male circumcision initiation schools. The real battle is from the side of traditional male circumcision, against those initiates, having gone to western institutions. Unfortunately, most of these botched circumcision survivors had been taken to these institutions from traditional male circumcision initiation schools. Some injuries are caused by illness, dehydration or injury during surgery, by an untrained traditional surgeon or untrained traditional nurse. When government officers, who are commissioned to raid illegal initiation schools, arrive in these lodges, they remove all initiates found there to the hospital, even if their wounds are already healed. The hate speech is directed to those initiates and others having undergone medical male circumcision or landed in hospital because of injury they incurred during traditional surgery and ill-treatment by a traditional nurse in the lodge.

There is a lot of hate speech in taverns, beer drinking halls and some men talking during sages of new men in the kraal. The researcher’s scenario in chapter 1 is an example of a hate speech from a midnight social media talk- show. When he was in a private hospital, suffering from an intestine contraction in 2007. A famous man said, ”those cowards, that landed, in hospital, will not be accepted as men

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in the community and will have to eat and drink with women and boys in traditional ceremonies". 2 initiates, whose beds were next to the researcher's bed, screamed, saying that, when discharged from the hospital, they will commit suicide because of fear of open rejection by peers, men, women and girls, as that radio man speaks. That is what inspired the researcher to do a research study on, effect of botched circumcision to survivors. Words that are discriminating, are also said, in the kraal, by some men, on getting out day(*umphumo*), when sages are being said by men to new men(*amakrwala*) from initiation school. These sages are said to groom and equip new men for manhood life. Some hate speech is said there by some men. Some say the hate speech innocently, as they are trying to be in line with traditional male circumcision worldview. Chiefs are to ban this hate speech that discriminates men from men. This information is derived from complaints and recommendations of interviewees when responding to a question in Appendix A, Q4; thus *"ucebisa ntoni kulengxaki yolwaluko?"* "What do you suggest in this circumcision problem?"

On this hate speech, the researcher, also suspects some few traditional surgeons (*iingcibi*) and traditional nurses (*amakhankatha)* that they boost their business by teaching against those who are medically circumcised or have landed to hospital. They teach a better than thou attitude to their initiates. If the talk of some would be monitored, rejection of medical male circumcision products would cease. Some interviewees blamed this arrogance to the lodge teaching. That some traditional surgeons and traditional nurses are the source of this bad indoctrination to their clients, that is, initiates, telling them that they are the real men not fake initiates *(nofotyela*) this is a humiliating name tag given to the medical male circumcision initiates. Its origin is from early 1970's, when a local medical doctor, Dr Fordyce, was asked by parents to perform circumcision rite surgery to boys. This hated nickname is used to undermine whoever is not traditionally circumcised. The researcher, himself, in his research, has been confronted with such hate speech when visiting new men in a separate room after getting out ceremony (*umphumo*) He had to

identify himself several times whether he is not a *NOFOTYELA*. After explaining that he had undergone a safe traditional circumcision surgery at Ngcobo (his home and where this has no casualties) they would be relaxed and chat with him.

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They would tell him that if he had undergone a medical method, they would throw him out of their gathering. This discrimination is serious and tantamount or equivalent in seriousness to hate speech. This is what the researcher found in the past 3 years of his research. This research study brings light to many unravelled cultural matters like in Xhosa circumcision custom. As I alluded in my methodology, that circumcision is a sacred ground to Xhosa speaking nation, research on this was to tread on sacred ground. Most authors on circumcision are white researchers and females. They based some of their research stories on reports told to them. According to our culture, they would not be allowed to tread that circumcision ground. On my proposal, I said, I will not tread that territory but, I have decided to cross cultural barriers to bring this knowledge as a Xhosa man.

6.10 NATIONAL AWARENESS CAMPAIGNS NEEDED

On Xhosa king Zwelonke state funeral, at Nqadu great place, in the Eastern Cape, in South Africa, on Friday 28th November 2019, when the president of South Africa Hon C Ramaphosa was condoling or expressing sympathy to the mourning Xhosa nation, he said, “In the previous circumcision season, 25 initiates died in the whole country and 17 deaths were from the Eastern Cape.” He said this as an eye opener to this scourge of botched circumcision. He was very relevant to mention circumcision matters there as that was funeral of amaXhosa king and nearly all cultural custodians were the main mourners there. The author’s worry is that, the president never referred to hundreds of botched circumcision survivors and thousands who have been maimed in past 10 years. Commission of Religion and Languages CRL) report of 2017 and 2018 shows this evidence in its statistics. The reports reflect victims (death) and those taken to hospitals and clinics for medical help to save their lives (survivors). Surely amongst mourners there, there were some of botched circumcision survivors and their families were obviously amongst the mourners. How did they feel when hearing that snub by the father of the whole South African nation. Attention has to be paid also to this group of botched circumcision survivors.

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6.11 NEW SLOGAN PROPOSED

A chairperson of the house of traditional leaders in the Eastern Cape province said on the local radio UMHLOBO WENENE referring to initiates, " *mabaye bephila, babuye bephilile*". Interpreted in our context as the initiates must go

to initiation school alive and come back alive(HTL Chairperson 2019, 10 November, 14h00 announcement). The researcher suggests that *"mabaye bephila, babuye bephilile bengenzakalanga".* "They must go to circumcision rite alive and also come back alive and not injured."This informed slogan will be including botched circumcision survivors, who feel that no one cares for them.

6.12 PRIESTS AND PASTORS PROPHETIC VOICE NEEDED

There services are essential in the healing model

6.13 REVISITATION OF CIRCUMCISION RITE DEFINITION

In my interviews, in response to Q4,(appendix A), some interviewees request the redefinition of circumcision rite. This is a reaction to a local radio UMhlobo Wenene talk show by a presenter on cultural issues (*Umhlobo Wenene Tuesday afternoons.*) He said. "Circumcision is not only cutting of the foreskin. One has to be connected with his ancestors by traditional male circumcision. If not, he is not a man but a boy." Statements like these are causing many communities to sideline men of medical male circumcision. They are arguing that medical male circumcision males are not connected with their ancestors hence some survivors go to bogus initiation schools to be re-circumcised in a traditional method and some unfortunately get maimed. This has led many to be rejected as men. I recommend that chiefs must come to a consensus on definition of being a man. Most of botched circumcision survivors accuse such radio loose talks as a factor on casualties. It has contradicting definitions yet its audience of that radio station has plus 5 million. Traditional leaders in the Eastern Cape must be aware and verify this complaint.

The researcher has discovered that some cultural custodians hide this patriarchy by saying "our culture demands that women must not be involved in the practice of circumcision rite." My opposing argument is that our faith in Jesus Christ does not destroy culture but reshapes it.

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Since the Xhosa speaking cultural custodians have a norm of hiding this custom from women and all uncircumcised, I recommend that circumcision custom should involve both parents especially mothers. What I suggest was not necessary time back as this circumcision rite was well controlled by men. In reality, mothers were involved on their assigned duties like cooking for circumcision gathering of clan men planning for boys to be taken to initiation school. Mothers now are needed more in decision making for how the rite will go on beside the operation part. Mothers have been alone in maternity wards without fathers of the boys and most of these mothers have brought up their sons alone because of an absent father due to various reasons.

To exclude mothers in the planning of initiation ceremony is irrational. If mothers are involved, they will compassionately participate in choosing a traditional surgeon *(ingcibi*) and traditional nurse (*ikhankatha*) of character. Mothers would never allow a person drinking alcohol to be a traditional surgeon and a traditional nurse for their sons. No drinking person will be selected because a drinking nurse brings his drinking partners into the lodge. Some also partner with her negligent drinking husband. They neglect the responsible vigilant care for fresh initiates. A mother will demand progress report from men until the 8th day ceremony *(umosiso*). This is a ceremony signifying that initiates are now out of trouble and healing of wounds is progressing well hence ceremony of slaughtering a sheep or goat for initiates. This is a jubilation ceremony. I recommend involvement of mothers as their initiated sons are ill-treated, hurt, or beaten at the lodge. The mothers will make a noise that will lead the community neighbours to come to their aid. Mothers are traumatised to find that a bad condition of their sons has been known by their husbands who kept quiet as they adhere to a primitive cultural norm of culturally secluding mothers. I recommend this involvement so that chiefs will help in fighting this carnage and botched circumcision to survivors.

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6.14 EXORCISM IN NEEDING LODGES

Evil spirits or demons do often haunt some initiates in some lodges in certain areas. Traditionally, in traditional male circumcision lodges, a host

used to organise a traditional healer for initiates (ixhwele labakhwetha).

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This would guard evil spirits from troubling initiates. He would bring his bag of herbs and all types of traditional medicine used in dispelling evil spirits. In some lodges, when evil spirits become troublesome to initiates, a herb or dried plant, known as *impepho* is burnt in the lodge, in some areas. Its smoke is believed to drive away evil spirits. This is one of the practices in the lodge that caused Western missionaries who were entangled with colonisers, to ban traditional circumcision practise terming it "heathenism". They would come to the extent of ex communicating from their congregation, parents who have allowed their son for traditional male circumcision.

6.15 PRECIRCUMCISION MEDICAL REPORT

Most casualties and deaths of circumcision rite are due to ailments of initiates before circumcision performed. Some boys are suffering from diabetes. Some are suffering from venereal diseases. With these ailments, an initiate can't survive in traditional male circumcision. They need treatment first.

In line with Commission for Religion and Languages (CRL) report of 2017, to the Eastern Cape government; Appendix B:
Boys must undergo medical health clearance from a medical doctor before surgery, whether on Traditional Male Circumcision or Medical Male Circumcision. This must be a prerequisite to all circumcision surgeons to see before surgery and is forced by law. A boy with ill-health, must bring his

Medication to the lodge. If not, no traditional surgeon must perform surgery in the method of traditional male circumcision.
Cleanliness is a condition to surgeons or nurses.
Instrument for surgery must be sterilized. A traditional spear (umdlanga) is smeared with a disinfectant from pharmacy or a chemical liquid that destroys bacteria. It must be cleansed after each use before proceeding to the next initiate.

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6.16 CIRCUMCISION IN WINTER

I recommend winter season of the year for traditional circumcision. Cold weather reduces chances of infection and dehydration. This used to be a traditionally circumcision season. Boys aspiring for circumcision rite, use to trot around the village with rugged attire singing and shouting "*Hee Meyi, Hee Meyi*" (month of May) as that was the beginning of the winter circumcision season. All the villagers would see those who are candidates that season. Now most young boys go for circumcision rite when schools close for summer holiday. They become vulnerable to infections because of heat and rain which makes ground inside the lodge humid.

6.17 COMPROMISE

I recommend the following compromise. If initiates have been taken to a medical doctor or a clinic, I recommend that, after surgery, parents must take their son to a lodge for lessons there and rituals. Traditional nurses can use to these initiates, what is used to others, that is the traditional wild herb that heals wounds at the lodge known as helichrysum appendiculatum*(is*ichwe). Every initiate must experience that lodge life style. At Lusiki area, a district in the Eastern Cape Province, this compromise is practised well. A boy circumcised in the clinic joins those in lodges of those circumcised the traditional way. Although the author sees this compromise working, some botched circumcision survivors complain that they are rejected by their peer initiates, that they are not men, having gone through lodge life with them.

6.18 WORKSHOPS FOR SCHOOL BOYS

School boys must be work= shopped at school and be forbidden from going to unofficial initiation schools.

6.19 FEES

Fees must be regulated by a local chief or local community fora. Unemployment in our country contributes to traditional circumcision pressure.

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Parents must introduce their sons aspiring for circumcision rite for the oncoming circumcision season to the local chief and circumcision forum of his area.

I recommend that chiefs must follow up the initiates in the lodge and monitor their welfare.
Only an appointed nurse of more than 5 years through circumcision rite must work with initiates in the lodge.
No drinking of liquor and doing drugs in the lodge by initiates, traditional nurses and visitors. Each community must recognise a local chief as a lodge monitor.
No monitor must go to the lodge smelling liquor.
No cell phones must be allowed in the lodge. Initiates must not call others for advice. The researcher has seen a problem on this. Evil people like to send sms'es to initiates in the lodge. After looking at these messages, they mostly become mentally disturbed. This also happens to learners using cell phones in classrooms.

6.20 PRECIRCUMCISION MEDICAL REPORT

Most casualties and deaths of circumcision rite are due to ailments of initiates before circumcision performed. Some boys are suffering from diabetes. Some are suffering from venereal diseases. With these ailments, an initiate can't survive in traditional male circumcision. They need treatment first.
In line with Commission for Religion and Languages(CRL) report of 2017, to the Eastern Cape government; Appendix B:
Boys must undergo medical health clearance from a medical doctor before surgery, whether on Traditional Male Circumcision or Medical Male Circumcision. This must be a prerequisite to all circumcision surgeons to see before surgery and is forced by law. A boy with ill-health must bring his medication to the lodge. If not, no traditional surgeon must perform surgery in the method of traditional male circumcision.

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6.21 AWARENESS CAMPAIGNS

Chiefs, cultural custodians and municipality officers must have awareness campaigns right through the year especially before each circumcision season. They must continue conscientising all their subjects, about botched circumcision.

6.22 CONFIGURATION OF SLOGAN

A slogan, by a chairperson of the House of Traditional Leaders, and Eastern Cape premier, on the radio, warning about circumcision rite is, "*mabaye bephila, babuye bephila*". 'They must go alive, and come back alive.' This refers to boys for circumcision, that, they must be taken to perform the circumcision rite, alive and come back alive. Because, of my research study, on Effect of botched circumcision to survivors, I advocate for a change of this slogan to, "*mabayebephila, babuye bephila bengenzakalanga*". 'They must go alive, and come back alive and not injured'. This caters, for all initiate, including, those, who may unfortunately be botched circumcision survivors. The audience of that radio *Umhlobo Wenene* is more than 5 million.

6.23 SUMMARY OF RECOMMENDATIONS

Having done interviews and analysis, the researcher was able to gather important findings and observations, how botched circumcision survivors are affected. The above recommendations are what he suggests would be an effective solution to combat and curb botched circumcision.

6.24 PRELIMINARY CONCLUSION

These recommendations may appear harsh. The escalation rate of casualties in every circumcision season is a matter of concern needing, urgent attention to be attended to. The researcher has detected that this is not prioritised. Looking at statistics from 2006, leads him to have this conclusion built from evidence. The following last chapter will be suggesting a healing model for botched circumcision survivors. These thousands of botched circumcision survivors are to live the rest of their lives with their pathetic condition, hence the researcher, suggests a

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healing model, when journeying with botched circumcision survivors. The department of health has finished its part in healing the injuries. Cultural custodians have been impotent, all these years, accepting this condition of botched circumcision survivors, with little help to them. The church's responsibility is to come with a healing model. These survivors are a part of God's flock that is cared for, by priests and pastors.

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CHAPTER 7

INTRODUCTION

7.1 RECOMMENDATION OF A THERAPEUTIC MODEL

This chapter is following recommendations. It intends to create a healing model to be used by priests and pastoral care givers, when journeying with survivors.

Introducing what I recommend as a therapeutic model, I feel like telling my readers about my background as a pastor or shepherd. That is my foundation and formation. I grew up as a young boy looking after livestock at my uncles' home. This was a rural, mountainous and bushy area. I was looking after all livestock especially sheep and goats. From the sheep kraal, goats would lead the sheep towards the bushes as they like to feed on short everyday on tree leaves. Stray dogs are troublesome to the sheep during the day. My eye was to be on the sheep, until bringing them back home towards sunset. Jackals were a menace after sunset. They would prey on the sheep left in the veld or pastures. Goats run away from these predators and climb on rocks and be safe, but sheep don't run away at all. I had to be vigilant in caring for defenceless sheep. Session of lambing was testing. Birds of prey like vultures, crows and eagles, hoover over lambs and snatch them away. Few sheep give birth to black lambs. Lambs are normal white. These few black lambs are rejected first by mothers and other lambs do not want to associate with them. Some ewes reject their newly born lambs, whether white or black.

A shepherd is to hold the mother for a lamb to suck on its teats or suck this lamb to other sheep that he holds. It becomes worse to a black lamb. This is rejected by the mother, other sheep and lambs. A special care is demanded for a black lamb until it is one week old, when its mother, other lambs and other sheep are used to it and welcome it to the flock. If they become vicious, a shepherd milks few ewes and feed this rejected lamb until the mother accepts it. This is the type of care giving needed for botched circumcision survivors as they are side lined by their peer initiates and communities at large. I would like what I was doing to the sheep and black lambs to a therapeutic model. In some remote pastures,

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near the forest away from home(*emathanga*),a shepherd sleeps inside the sheep kraal to protect them, from stray dogs and jackals. These animals of prey sniff and smell a shepherd odour and run away. Luckily, wolves do not exist in our areas. Wolves would be dangerous even to the shepherd. No shepherd is prepared to die for the sheep except the biblical shepherd, Jesus Christ in John 10.
The following is the therapeutic model suggested:

Gerkin 1997 says, "Care in the Christian sense of the word, always involves both care of the community and care of persons involved in any situation with which the pastor is confronted".(Gerkin 1997.115)
Pastors and priests must be engaged in community matters like mentoring botched circumcision survivors in the community. When pastors dodge, they like to label many things satanic Thai is an ostrich syndrome, where it sticks its head in the sand so that it does not see what demands its involvement. This is their way of escaping responsibility.

7.2 PASTORAL CARE

The researcher's suggestion of therapeutic model will be mostly based on what Barbara McClure, guides pastoral care givers to do. This will be a therapeutic model to pursue or be implemented.

She defines this, as that the term pastoral in "pastoral care" comes from Latin Pastore, meaning shepherd, and includes in its deep etymology, the notion of tending to the needs of the vulnerable…" (McClure, 270 at Masango, M 2013 contact week.) She continues to say that Jesus, was the good shepherd to His flock, the church. To care for someone, includes the notions of affection, solicitude, accompaniment and protection (ibid 270). She continues to say, institutionally, pastoral care is one of the primary works of religious leadership. Therapeutic model of pastoral care, is motivated by God's love for others. The love of God is incarnated in love of neighbour, and of loving self.

She says that pastoral care is not restricted to Christianity. This is an aspect of the church, which is concerned with the wellbeing of individuals and

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communities. It is also the care that is directed towards hearing, sustaining, guiding and reconciling of troubled persons, whose troubles arise in the context of ultimate means and concerns (1967). This definition places pastoral care in the centre and heart of the whole pastoral work of the church and directs pastors towards the community of believers. The researcher is going to restrict it in the context of the model being designed to Christianity. Other religions like Jewish, Hindu, Buddhist and Muslims are not practising circumcision the way Xhosa speaking Nguni nations do. Most of these practice Medical Male Circumcision, just few days, after birth. My study is circumcision based on a culture of Eastern Cape Xhosa speaking group, where circumcision rite, is a puberty ritual, and a passage from boyhood to manhood.

The research area is where botched circumcision is prevalent. Circumcision act is a social custom to Xhosa speaking culture, their identity and dignity. The therapeutic model is for them. The pastoral care I am suggesting as a model is particularly to the Christian tradition. This model will be practised for spiritual healing. Botched circumcision survivors, need psychological and spiritual healing. This model will focus on areas of human frailty and vulnerability; Interviews have shown that botched circumcision survivors are vulnerably in issues of suicide, trauma and cultural injustices.

This pastoral care model, as therapeutic model, will be buttressed by Gerkin 1997 shepherding approach and Pollard 1997 positive deconstruction and positive reconstruction approaches Gerkin 1977, dwells much on this, motivating priests, pastoral care givers to be proactive in matters demanding pastoral care. He deals with shepherding.

These appeals to nearly all Africans as they are used to it. I have grown up looking after sheep. His approach connects well with me in South Africa. This is a duty of all, especially young boys, for their parents' livestock. Failing there leads to severe corporal punishment or depriving of sleeping in the house until any lamb lost or gone astray to another flock is recovered. This causes me to see him as an experienced author in pastoral care giving. All pastors will connect with this and be motivated in caring for cases like botched circumcision survivors. He

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wisely writes “. a shepherd is someone who cares for the flock. Not only leading them to graze in good places, but also by providing security and being willing to die for the flock. Gerkin’s pastoral model, is essential, as part of the strategy for pastoral care. He continues to writes on;

***The Pastor As Shepherd of the Flock**

(Gerkin 1997: 80-81) “More than any other image, we need to have written on our hearts, the images most clearly and powerfully given to us by Jesus, of the pastor as the shepherd of the flock of Christ… Nevertheless, the New Testament depiction of Jesus as the good shepherd who knows his sheep and is known by his sheep(John 10:14) has painted a meaningful, normative portrait of the pastor of God’s people. Gerkin continues to write that, “The better, livelier exemplars of the pastor as the shepherd of Christ’s flock, have been those of our ancestors who exercised their shepherding authority, to empower the people, and offer care for those who were being neglected by the powerful of their communities.”(ibid 80). This is the case to botched circumcision survivors, as they are rejected by their communities, by virtue of being taken to hospital or clinic for help. Gerkin, also quoted a definition thus “Seward Hiltner’s definition of proper shepherding as “care and solicitous concern” becomes an apt guideline for our efforts to embody the model of the shepherd in our pastoral work (ibid 81). I see care and solicitous concern, as what awakens conscience of pastors to care for these botched circumcision survivors. They must be, of special concern to priests and pastors. This approach, of shepherding, needs to be vigorously practised by the priests and pastors. This is a therapeutic model that would help in healing botched circumcision survivors, as they continue to live.

***The Pastor as Mediator and Reconciler**

The researcher, has been grieved by the situation these botched circumcision survivors, found themselves in. Communities are emotionally disturbed by this matter of botched circumcision to survivors. The negative influence by more rural community men, to the whole community, needs a mediator and reconciler. Church people and priests may easily do that. The communities and mothers, try to be cultural correct, in this issue of their kids maimed. Most of these mothers are congregants, who are aware of the victimization of their sons but are nursing cultural worldview of men in culture. In some areas, when an initiate dies, his

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mother is not informed of this tragedy. The mother notices on out day *(umphumo*) by seeing blankets of the boy that he did not return from the lodge. The mother remains suspended of what happened. Some air that they are not sure whether the son is dead or has escaped to another country or had gone to hide at her extended family in a far area. One congregant cried and said, her son may have been drowned by men or eaten. Is that suspension not terrible? How does that mother pray in the church? How does she communicate in participating in Holy Eucharist? These questions are answered by Gerkin's therapeutic model. He writes on above subtopic in Gerkin 1997: "we will want to keep before us, the ancient function of the pastor as a mediator and reconciler between individual believers and community Christians. In the New Testament, no one is a better model of this role than the apostle Paul. To read the Pauline letters is to listen in on long conversations between the great missionary apostle and the diverse people who made up the congregants he visited- conversations that sought to reconcile people to one another. To the gospel as Paul had received it, and most of all. To Christ, the head of the church".(ibid 81) This botched circumcision issue has caused emotional tension to church members. A congregant whose son is maimed and a congregant whose son comes to church after the circumcision rite whole, they both need to be reconciled to one another. Priests are aware that congregants talk and hurt each other in the process of discussing after circumcision season. They also join the flow of the societal views in which they live. They talk carelessly about casualties of botched circumcision and their parents.

Communities are in a cold war on this. Priests must mediate between hurt individuals in the community and perpetrators. They must react and mediate when hearing one harassing another about how initiates become acceptable man. Priests must mediate between the youth of traditional male circumcision and medical male circumcision initiates, and mediate to reconcile them. They must also visit traditional leaders mediating for survivors. They must also visit schools. After graduation (*umphumo*) ceremony, when schools reopen, grandaunts or new men(*amakrwala*) wear different hats or caps. This signifies which method of surgery one has used. They fight in these groups up to death in some cases. The society is contaminated. The most important duty, amongst

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others in this new one of botched circumcision survivors to be reconciled with their brothers who towed the traditional line of traditional male circumcision. They must forge relationships between these warring groups. This is designing a therapeutic model although it appears as recommendations. Gerkin continues to write: The “method of reconciliation must be in the manner of listening, invitation and clarification of commitment (Ibid 81). Most of the time, male congregants don’t tell their wives the condition of their son in the initiation school, until he dies. Priests are to mediate and reconcile those couples.

Gerkin’s therapeutic model to be applied must be accompanied by Pollard 1997 approach of Positive deconstruction and Positive reconstruction.

* Pollard 1997 writes, “the process is deconstruction, because this deconstruction is done in a positive way, in order to replace it with something better. This process is “deconstruction” because I am helping people to deconstruct what they believe in order to look carefully at the belief and analyse it” (Pollard 1997:44).

It depicts this as a therapeutic model that would help botched circumcision survivors. These priests and pastors must get into the space of the fighting groups. Survivors will also have a shoulder to lean to and listened to. They will be showing them the love they long for. Coming close to their space helps in positive deconstruction and positive reconstruction. For example, the statement that causes physical fight and verbal fight between the 2 groups that is a man because of traditional male circumcision will be positively deconstructed by telling the survivors that, which statement is false, aiming at discriminating and dehumanising them. Priests and pastors will positively reconstruct that by affirming the botched circumcision survivors that they are also real man as they have gone through circumcision rite which is the passage from boyhood to manhood. They are real man. That will address their frustrations that are not regarded as man. Some survivors end to the forest for re-circumcision and they get maimed in that process of escaping dehumanisation. This is why the researcher, sees this as a therapeutic model.

Through this model, priests and pastors will get a chance to skilfully introduce the love of God to members of these groups.

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Both these groups will be reconciled, by giving them good lessons. Pastors will have a way of mediating and challenging their lives, by the loving creator Himself, through the Holy Spirit in a believer as correctly said by Jesus Christ. The researcher, sees that it will emotionally and spiritually heal the survivors. The favoured group will also be healed by given correct attitude.

***Pastoral Care of those in Special Need**

Gerkin shows the picture of caring for those of special needs. Botched circumcision survivors fall in this category. He motivates this healing model when he writes, "pastoral counselling has increasingly become counselling only for those who can afford it! So it is that, as the discipline of pastoral care moves into the future, it must renew or recover its earlier sense of mission to those whose needs are great while their ability to see out care they need is small. We must find new ways to make care available to all people in need and not simply in those who are affluent and sufficiently psychologically sophisticated to show up at the pastoral counsellor's office.

This may mean finding ways to bring care to these marginal persons other than counselling in the strictly psychotherapeutic sense."(ibid 90). This causes me to recommend pastoral care as a therapeutic model for botched circumcision survivors.

***CARE AND SACRAMENT' The Pastor as Ritualistic Leader'**

CURE OF SOULS

A priest or pastor must administer sacraments to survivors that are communicants in their churches Holy eucharist, that is bread and wine is therapeutic to the soul. Laying of hands is healing. Gerkin 1997 sees this as therapeutic. "Some care can only be given the power of deep connections with communal meanings by way of corporate participation in the symbolic acts of receiving bread and wine, the laying of hands, and the administration of the water of baptism…….Praying together can search for and celebrate the receiving of the care that only God can provide(ibid 82).

This work is therapeutic model as there is a lot of evil spirits operating in the lodges. I have been involved in the local communities having lodges. When initiates cry and become hysteric even at midnight, host use to call me to pray for

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protection of initiates from evil spirits haunting them. Laying hands and exercising them would heal them.

Pastoral Care and the Moral Life of the People

Pollard 1997, encourages pastors when he writes "we must spend time with them. Building meaningful relationships with them. We need to demonstrate the love and power of Jesus in our lives as well as in our words. But we also have to be able to help them to think again about the ideas and beliefs they have picked 7. Up "(Pollard 1997:29). Pollard here, was referring to whosoever is a counselee and this fits botched circumcision survivors in the topic. These will know that there is love and care in the church. People know that the church is bound to keep secrets.

The frequent contacts through priests visit will be therapeutic to them.

Pollard's positive deconstruction and positive reconstruction is witnessed by the researcher. When he asked one of the survivors whose penis was amputated, what a doctor said to him before amputation. His reply was, " he said that it is going to grow again." He said he was checking every morning whether there was growth he could notice, but in vain. I wisely told him that, he must look forward in life and his penis was not going to grow again. That is positive deconstruction and positive reconstruction. He became happy after that chat. I said the doctor said that so that he must allow him for amputation as his condition was bad. Biology tells us that no severed limb grows again.

CARE AND SACRAMENT' The Pastor as Ritualistic Leader'

A priest or pastor must administer sacraments to survivors that are church members. Holy eucharist is needed by those who are communicants in their churches. Consecrated bread and wine is therapeutic to the soul. Laying of hands is healing to the sick. Gerkin 1997 also sees this as therapeutic. "Some care can only be given the power of deep connections with communal meanings by way of corporate participation in the symbolic acts of receiving bread and wine, the laying on of hands, and the administration of the water of baptism…….Praying together can search for and celebrate the receiving of the care that only God can provide"(ibid 82). This church ritual would replace practise in traditional male circumcision lodges. Decades ago, a traditional healer (*ixhwele labakhweta*) was

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engaged in each lodge to dispel evil spirits. A traditional healer would burn a dried wild plant *(impepho*) and the smoke was termed driving away tormenting evil spirits from the lodge.

EXORCISM

As pastoral care, priest would practise exorcism, when visiting botched circumcision survivors.

***PASTORAL CARE AND THE LIFE OF THE SPIRIT**

Pastors must visit botched circumcision survivors, knowing that they are spiritual guides to all people of God, especially to this special group. They must use the Bible as the tool or manual. This will bring hope to the hopeless.

***PASTORAL LISTERNING TO THE INNER LIFE OF INDIVIDUALS**

Listening to a person is healing. Most of the survivors are isolated, and need an ear, that is prepared to listen, not necessarily to show pity, but to be a shoulder to lean on. Gerkin in his model to pastors says "…pastoral leaders need both the skills and the discerning sensitivity, to relate to the people's inner lives." (ibid 89). The model of pastoral care is a therapeutic model I recommend to bring healing to botched circumcision survivors. Their situation is new and unique. People are helped when a counsellor cites past same cases, circumcision botched survivors' situation is likened to non before. When condoling one from the loss of the loved one, you do refer to serious cases in the past, unlike in their new situation.

*** FORMATION OF CLUBS OR CENTERS OF RECREATION FOR SURVIVIORS**

As a therapeutic model, pastoral care must establish clubs or centres for botched circumcision survivors, where they will be free to recreate alone with no fear of being stigmatised. The researcher sees formation of clubs or centres of recreation for botched circumcision survivors as therapeutic to survivors as these will be places where they would have time, to tell and share their stories freely without intruders. They would share their coping mechanisms and that would be healing. They would enjoy fellowship, with their fellow sufferers and that would heal them. Botched circumcision survivors are lonely, as they are rejected by the community.

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In these clubs and centres, each will know that he is not alone in that plight. They will have a place to cry and laugh freely to each other. Laughter is therapeutic. These will be places, of free laughter for survivors, rather than always mourning their loss all the time. They would crack jokes to each other, and priests and pastors would be specialists on that. Laughter is recommended.

Gwanya Mdletye 2019, a medical doctor writes. "I view laughter as having a dual role in healing. Firstly, there is laughter for healing. I call it restorative laughter or laugh therapy. Prov 17:22 likens a cheerful heart to good medicine, and recent scientific evidence has been mounting that this portion of God's word, like all God's word, is true. Laughter is known to reduce anxiety and stress. In combination with laughter therapy, analgesics become more effective in managing pain conditions, and the immune system also seems to improve with laughter. One episode of laughter is sufficient to cause the body to release catecholamine's, which bring about a surge in endorphins, the body's own feel-goog portion. So while we laugh because we are happy, we can also become happy because we laugh. (Gwanya-Mdletye S 2019:46}

This clubs will provide a space for botched circumcision survivors to relax and laugh freely.

Singing from visitors in the centre will be catered there. Singing to Africans, is a cultural express: when grieving, mourning, happy and going to war. Priests use this in hospital wards. Priests and pastoral caregivers would meet them here. It is obvious that some perpetrators are amongst the people in the church. In these centres, priests would administer sacraments like Eucharist or Holy Communion and also listen to their sacred confessions. This will be healing. Music and entertainers would be organised for their clubs.

Priests and pastors have never been through a disaster of this magnitude which would be a baseline upon which they can draw from, hence I recommend this as a therapy. Botched circumcision, as I had alluded, is a new phenomenon, in the world hence I recommend a therapeutic model.

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7.3 RECOMMENDED THERAPEUTIC MODEL

This chapter focuses on ways to cure the situation of botched circumcision survivors. Analysis of interviews shows that something must be done. The way respondents implicated the community, demands that the community must be designed to be a nice landing strip to them. Discrimination, isolation and open rejection needs to be wiped off. A new paradigm in circumcision culture must be established. When these are welcomed in the community, dignity that was violated will be restored. They will be able to reclaim their God given dignity as Wimberley suggests in his book."This God conversation and fellowship became the source of our sacred identity as worthwhile and valuable people and of our ability to resist being recruited into negative identities. (Wimberley E.P. 2003:9).

When one respondent said in interviews, "*akwabe ndandifile namlo, njengabanye, endaweni yokuba ndiphile ubomi bentshontsho kukhetshe eelalini yam, ndingamnkeleki, ngokuba ndasiwa ebelungwini, esibhedlele, eNtlaza, eLibode".* "I wish, I, like others would have died, instead of living a life of a fowl chicken, fearing the hawk, in my home village, not accepted, because I was taken to a white institution, Ntlaza hospital at Libode." To the researcher, that grieving response, spells that the respondent has lost his identity as a living person, preferring death than life. He needs healing by Pollard's positive deconstruction and positive reconstruction. This will be done by priests and pastoral care givers, as they journey, with these circumcision survivors and others. He said this out and some also show this sentiment. This is how botched circumcision affects survivors.

7.4 SUMMARY OF HEALING MODEL

Since priests and pastors and the church in general, have no policy and strategy, to journey specifically with botched circumcision survivors. Pastoral care is recommended as a therapeutic model. Gerkin's shepherding approach and Pollard's positive deconstruction and positive reconstruction approach are buttressing Barbara McClure pastoral care model.

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7.5 CONCLUSION

Barbara McClure pastoral care model, as therapeutic model, in the case of botched circumcision survivors is recommended. This is buttressed by Gerkin shepherding approach and Pollard positive deconstruction and positive deconstruction approach. This is the end of the research study on effect of botched circumcision rite to survivors. The researcher's assumption that botched circumcision survivors are adversely affected by this condition they live with the whole of their lives is verified by this research study.

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1.1. APPENDIX A

QUESTIONS FOR SURVIVORS

INTRODUCTION TO ALL INTERVIEWEES:

Makhe sincokole njengamadoda, sithethe ngokukhululekileyo konke ngoba nam ndaluka ngo 1970

Let us chat as men, freely sharing all as I also have gone through circumcision custom in 1970

Category 1 (10-15 yrs of age) In vernacular- Xhosa

Q1. Waye uyazi into ezakwenziwa kuwe yingcibi namakhankatha ? Ncokola, uxele futhi ukuba uva njani ngalemeko ukuyo ngoku

Were you aware about what was going to be done to you by traditional surgeon and traditional nurses Chat and tell how you feel in your condition now.

Q2. Ngaba, kulemeko uzibona ukuyo ngoku, ngawaphi amaxhala onawo nezinto ezikuhluphayo emphefumlweni? Ndicela singancokoli ngentlungu yesinyenye endiyiqondayo nam.

In this condition you find yourself, what worries you have and what troubles you have inside in your soul

Q3. Ungeva njani xa amantombazana nentanga zakho zinokuhletyelwa imeko okuyo yokungalungelwa, wanengozi esikweni?

How would you feel if girls and your equals can be secretly told that you are in a botched circumcision condition?

Q4. Ungeva njani xa kunokuncokolelwa umama wakho, noodade wenu, nabaninawe bakho le meko ukuyo?

How would you feel if somebody would tell your mother, sisters and young brothers your feelings ?

Q5. Uzakuva njani xa amadoda elali exelela abahlali ukuba wena uzakutya, nokusela namakhwenkwe nezigqwathi emigidin,i ngoba waya esibhedlele?

How are you going to feel, when local men are telling the community, that you will drink and eat in ceremonies, with boys and women, because you have landed in hospital?

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QUESTIONS TO CATEGORY 2 (18-25 yrs of age)

Q1. Waye uyazi into ezakwenziwa kuwe yingcibi namakhankatha? Ncokola, uxele futhi ukuba uva njani ngalemeko ukuyo ngoku.
Were you aware on what was going to be done to you by the traditional surgeon and traditional nurses? Chat and also tell how you feel in your condition now?
Q2. Ngaba kulemeko uzibona ukuyo ngoku, ngawaphi amaxhala onawo nezinto ngezinto ezikuhluphayo emphefumlweni. Ndicela ungancokoli ngentlungu yesinyenye endiyiqondayo nam.
In your present condition, what are your worries that are troubling you in your soul?

Q3. Ungeva njani xa kunokuhletyelwa amantombazana, umama wakho, oodade wenu, ukuba wena ukulengxaki?
How would you feel if somebody would secretly tell girls, your mother and sisters that you are in this predicament?
Q4. Uza kumelana njani nalemfundiso yamadoda welali ethi wena ma usele, utye emigidini namanye amatheko elali,neenqalathi nezigqwathi kuba usiwe esibhedlele, awamnkeleki njengendoda /
How will you cope with announcements by local men, that, you will drink and eat in ceremonies, with boys and women, because you have landed in hospital, so you are not going to be accepted as a man?
Q5. Sihlala ezilalini apho kungekho ndlwana yangasese, uzakuva njani ngaphakathi xa uxelelwa ukuba ngoku uzakuntsontsa uchophile, ngoba ungenakuma ngenyawo njengabanye abafana?. Nceda thetha konke
We stay in rural areas where there are no toilets, how are you going to feel inside, when told that now, you will urinate sitting like a woman, instead of standing like other males? Please share
Q6. Ungawacebisa uthini amanqalathi afuna ukwaluka?
What would you suggest to boys aspiring for the custom?
Q7. Uva njani emva kokuba sesincokole kangaka?
How do you feel after this sharing?

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QUESTIONS TO CATEGORY 3 (30-40 yrs) and 4 (60 yrs and above, who already live in the community, with the condition'

Q1. Uva njani emphefumlweni ngalemeko ukuyo?

How do you feel inside about your condition?

Q2. Ndixelele ngamaxhala onawo nezinto engase ungaziva zithethwa ngabahlali ngelisiko

Please tell me your worries and whatever you wish not to be mentioned by the community about this custom.

Q3. Wenza njani xa abahlali nentanga zakho zingafuni uhlale nazo emigidini nasemathekweni elali?

What do you do, when the community and your mates refuse that you stay with them in local ceremonies?

Q4. Uva njani ngosapho lwakho ngalemeko ukuyo

How do you feel about your family in your condition?

Q5. Wena, lemeko ikuhlele sele umdala, unabantwana. Ucinga ukuba amakhwenkwana enzakeleyo namadoda ebengekabinabantwana, ngaba eva njani ngaphakathi,, ngaba amaxhala awo ngawaphi?

You are already married and have kids, What do you think, young boys injured through botched circumcision

And young men without kids yet, feel inside? What do you think their anxieties are?

Q6. Uva njani xa usiva apha elalini umgubo wamakhwenkwe azakwaluka, nekhwelo elisetyenziswa ngamadoda atyelela abakhwetha?

How do you feel when you hear ululating in your village, excitement about circumcision season, beginning? What about when you hear men,unique whistling, as they go to initiation schools, visiting initiates?

Q7. Cebiso lini onokulinika emakhwenkweni nasebahlalini ngalengozi isekwalukeni ehlathini?

What are suggestions you are giving to boys and residents about the danger of forest initiation schools?

Q8. Uva njani emva kokuba sithethile ngezimeko?

How do you feel now, after our chatting?

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QUESTIONS TO THE CHIEF/ADMINASTRATOR OF THE AREA, WHO IS ALSO A CULTURAL CUSTODIAN

Q1. It has been years botched circumcision preying on your people, some dying but many surviving from hospitals, what do the these survivors, say they feel? And what are their worries ?

Q2. In these past 5 years, how have you felt as a Faku, as nearly all your subjects are related to you and to each other, how have you been feeling when relatives come and cry in your court for their sons and husbands having lost their manhood? What they tell you about feelings of survivors?

Q2. What do you do in your area to discourage the community from making survivors social outcasts?

Q3. What sentiments do their families express to you about these casualties?

Q4. What do you plan to do?

Q5. Do you think what I do will help many? How?

Q6. Will you plan to address the house of traditional leaders on behalf of the survivors?

QUESTIONS TO A MEDICAL SUPERINTENDENT WHERE THERE IS A SPECIAL WARD FOR A BOTCHED CIRCUMCISION INITIATES.

Q1. What do your patience of botched circumcision say, they are feeling inside about their condition, and what are their anxieties?

Q2. What do you suggest to the public about this custom?

Q3. Whom do you think must get this research?

Q4. Do you think, the findings and recommendations in this research would benefit policy makers, vindicate hospitals and initiates? How?

QUESTIONS TO A MEDICAL DOCTOR DEALING WITH CIRCUMCISION FOR THE DEPARTMENT OF HEALTH, AT THE PROVINCIAL OFFICE

Q1. Having been exposed to this botched circumcision pandemic, what do survivors say they feel in their condition?

Q2. What do you recommend which will combat casualties in circumcision?

Q3. What does your department do for survivors?

Q4. May you supply me with the number of survivors for the past 5 years?

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APPENDIX C

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Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) NELSON MANDELA HOSPITAL on (date) 1 Oct 2017 by (full Name) DOKOLWANE SIGCAU Of (address) Port St. Johns Post OFFICE

Witness: Name: S. MADYIBI Signature [signature] Date 1 Oct 2017

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ______________________________________

Witness : Name ______________________ Signature__________ Date :____________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** Challenge

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) MTHATHA on (date) 02/06/2018 by (full Name) THEODORE MBUYISELO MABIBA Of (address) MTHATHA MTHATHA
Witness: Name: MR M [illegible] Signature [signature] Date 02/06/2018

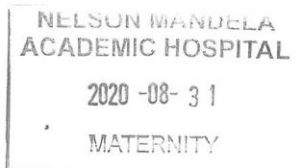
In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ____

Witness : Name ________________________ Signature___________Date :______________



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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) KWAMBIZA LOCATION on (date) 3 Nov 2018 by (full Name) MCHUNU NDABENI Of (address) MAJOLA TEA STORE

Witness: Name: Pikinini MJOLI Signature [signature] Date 3 Nov 2018

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name) ____________ of (address): ______________________________

Witness : Name ______________________ Signature ____________ Date : ______________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

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The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) KWA DICK LOCATION on (date) 7/7/2018 by (full Name) MAKhabeni Bosayisi Of (address) Ndamase

Witness: Name: Bozo Signature ~~x~~ Date 7/7/2018

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I Thole Mfazwe am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) KwaDick location on (date) 7/7/2018 by (full name) Makabeni of (address): KwaDick location

Witness : Name Pongongo Dywi Signature NDywi Date : 7/7/2018

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YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) Ntlaza LOCATION on (date) 10/9/2017 by (full Name) Litshonyane FAKU Of (address) Ntlaza STORE

Witness: Name: Zola Signature x Date 10/9/2017

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I Noqhengeni Mzantsi am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) Ntlaza location on (date) 10/9/2017 by (full name) N. Mzantsi of (address): Marubeni STORE

Witness : Name Robambo Msintsi Signature NMsints Date : 10/9/2017

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UNIVERSITY OF PRETORIA
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Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) Port ST. Johns Clinic on (date) 11/9/2017 by (full Name) Khwetsube Jowy Of (address) Beach Store

Witness: Name: Thobela Signature ________ Date 11/9/2017

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I Nowezile Mkhatshwa am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) Port St Johns Clinic on (date) 11/9/2017 by (full name) 2nd Beach Store of (address):

Witness : Name Lorenzo Mabhena Signature NMabhena Date : 11/9/2017

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Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) LIBODE NTSIZA on (date) 4/8/2017 by (full Name) Mgwathi Dokwe Of (address) Jirgwi STORE

Witness: Name: Qokweni Signature X Date 4/8/2017

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I Glosia Booi am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/~~her~~/them to take part in it if he/~~she~~/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/~~her~~ in taking part in this study and he/~~she~~ too have agreed to it.

Signed at (place) Libode on (date) 4/8/17 by (full name) Gloria of (address): Mthuseni Loc

Witness : Name Nopumzile Dokwe Signature Ndokwe Date : 4/8/17

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UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: *082 660 2054*

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) St. Mary's HOSPITAL on (date) 9 Dec 2019 by (full Name) NCANYWA DUMILE Of (address) Xurhana STORE

Witness: Name: N. DUMA Signature [signature] Date 9 Dec 2019

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ______________________________

Witness : Name ______________________ Signature__________ Date :____________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) GUQUBULU LOCATION on (date) 14 Dec 2019 by (full Name) NOTHEBELA KHOLOSA Of (address) BOX 24 LIBODE

Witness: Name: Z. BHALIWE Signature [signature] Date 14 Dec 2019

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ____

Witness : Name ______________________ Signature___________Date :____________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) N.M. HOSPITAL on (date) 4 May 2018 by (full Name) FODO LOLWANA Of (address) MOTOVI STORE LIBODE

Witness: Name: S. GUGUSHE Signature [signature] Date 4 May 2018

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ____________ on (date) ________ by (full name)__________ of (address): ______________________________

Witness : Name ______________________ Signature__________ Date :____________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** Challenge

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) Ciniweni A/A on (date) 22 April 2018 by (full Name) MDUTSHANE LIZWI Of (address) ST. ANOREWS CHURCH NQADU ROAD

Witness: Name: T. TYALA Signature [signature] Date 22 April 2018

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ________________ on (date) ________ by (full name)____________ of (address):
____

Witness : Name ______________________________ Signature____________ Date :______________

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UNIVERSITEIT VAN PRETORIA
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Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) Mtyu Locality on (date) 16/11/2017 by (full Name) SINANWE DOBE Of (address) NCAMBELE SHOP

Witness: Name: N. MATYABA Signature N. Matyaba Date 16/11/2017

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address):
____

Witness : Name ______________________ Signature__________ Date :____________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) GOMOLO LOCATION on (date) 6 March 2018 by (full Name) Ndabezitha MBotho Of (address) GOMOLO TRADING STORE

Witness: Name: L. XABETSHATA Signature [signature] Date 6 March 2018

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ______________________________

Witness : Name ______________________ Signature____________Date :______________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) Mthatha O.P.D on (date) 15 Sept 2019 by (full Name) Nondela Babnemy Of (address) NQGELENI STORE

Witness: Name: TYELUVUYO BUHLUNGU Signature [signature] Date 15 Sept 2019

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ____________ on (date) ________ by (full name)__________ of (address): ______________________________

Witness : Name ______________________ Signature__________ Date :___________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) MALUNGENI LOCATION on (date) 17 Aug 2017 by (full Name) NTSIZWA NYAWUZA Of (address) PRIVATE BAG X 1029 NGQELENI

Witness: Name: L MAQOKOLO Signature [signature] Date 17 Aug 2017

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ____

Witness : Name ______________________ Signature___________ Date :_____________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care*** **Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) MAJOLA A/A on (date) 12 January 2019 by (full Name) Bhala Mlungwana Of (address) TOMBO STORE

Witness: Name: D. Fikizolo Signature [signature] Date 12 Januar 2019

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ____

Witness : Name ______________________ Signature____________Date :______________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) Silimela A/A on (date) 6 March 2018 by (full Name) Mamane Mchunu Of (address) SILIMELA HOSPITAL

Witness: Name: PATRIC SINGA Signature [signature] Date 6 March 2018

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ____

Witness : Name ________________________ Signature___________Date :____________

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APPENDIX C

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

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For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) NJIVENI Great Place on (date) 2019-08-27 by (full Name) Mangaliso Bokleni of (address) NJIVENI Location Mandulini A/A

Witness: Name: Nokuthula MKALIPI Signature [signature] Date 2019-08-27

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ____

Witness : Name ______________________ Signature___________Date :_____________

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UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie / Faculty of Theology

APPENDIX C

INFORMED CONSENT FORM

Title of the project: ***EFFECT OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care* Challenge**

Name of Researcher: ***Zilindile Myeko***

Researchers Institution: ***University of Pretoria*** Phone: ***082 660 2054***

Name of the Main Supervisor (in case of Students) : ***Prof. M. Masango***

Purpose of the study/research: (if research is for a qualification, which one?): ***Thesis***

PARTICIPANT'S INFORMED CONSENT

The purpose of the study and the extent to which I will be involved was explained to me by the researcher or another person authorised by the researcher in a language which I understood. I have understood the purpose of the study and the extent to which I will be involved in the study. I unreservedly agree to take part in it voluntarily. I understand that I am free to withdraw from the study at any time at any stage at my own will. I am aware that I may not directly benefit from audio-or video-taped for the purpose of the research. The researcher assured me that all information is treated as confidential; anonymity is assured; the data would be destroyed should the subject withdraw.
For participants who are under 18 years (minors): I have explained to my parent/guardian that I am willing to be part of this study and they too have agree to it.

Signed at (place) Mthatha on (date) 18/09/2019 [signature] by (full Name) Simthandile Toni Of (address) Mthatha

Witness: Name: Mkhonko Lwenga Signature [signature] Date 18/09/2019

In case where minors are participating, the parent/guardian, also needs to sign below

PARENTS/GUARDIAN'S INFORMED CONSENT

I ______________________ am the father/mother/guardian of the minor. The purpose of the study/project and the extent to which the minor under my care will be involved was explained by the researcher or another person authorized by the researcher to me in a language which I understood. I have understood the purpose of the study and the extent to which the minor will be involved in the study. I unreservedly agree for him/her/them to take part in it if he/she/they have no personal objection. I understand that I and or the minor are free to withdraw our consent at any time at any stage at our own will. I have explained to the minor under my care that I have no objection in him/her in taking part in this study and he/she too have agreed to it.

Signed at (place) ______________ on (date) ________ by (full name)____________ of (address): ______________________________

Witness : Name ______________________ Signature__________ Date :____________

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Province of the Eastern Cape. Iphondo leMpuma-Koloni

Department of Health. Isebe LezeMpilo
DEPARTMENT VAN GESONDHEI
ST BARNABAS HOSPITAL
P O BOX 15, LIBODE, 5160
Batho Pele / People First / Abantu KuQala
Date : 01 July 2017

RE: EFFECTS OF BOTCHED CIRCUMCISION TO SURVIVORS : PASTORAL CARE CHALLENGE
BY : REV MYEKO

This is to confirm that Rev . Myeko is permitted to do his study research on effects of botched circumcision at ST. BARNABAS HOSPITAL

.... 01/07/2017

CMO ST . BARNABAS HOSPITAL DATE

Dr.V.E.Mehlo
MBChB(UKZN/Cuba)
MP0741477
Clinical Manager

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APPENDIX B

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie /Faculty of Theology

20/06/ 2017

The Medical Superintendent

St Barnabas Hospital

LIBODE

APPLICATION FOR CONDUCTING RESEARCH IN YOUR HOSPITAL FOR BOTCHED CIRCUMCISION SURVIVORS

I herby apply for permission to conduct research in your hospital as you're also their guardian. I am currently registered as a Master's student at the University of Pretoria. My study is based on a research project which I have to do as part of my Theses. The research project is based on the following:

1 Topic; Effects of botched circumcision to survivors: a pastoral care challenge.

1.1 Target group: Botched circumcision initiates

4 minors (10-15 years)

4 youth (18 – 20 years)

4 adults (30 – 40 years)

4 adults (60 years and above)

1.2 Data collection method: interviews

1.3 Purpose: Theses

1.4 Ethical Issue: All ethical considerations will be adhered to and each and each interviewee will be taken to

a separate room for confidentiality.

1.5 The researcher will give a report upon completion of the study.

Hoping for your positive consideration and written reply.

Yours faithfully

....

E .Z . MYEKO (REV CANON)
RESEARCH APPLICANT
CONTACT DETAILS: 0826602054

© University of Pretoria

Private Bag/Ingxowa Eyodwa/Privaatsak X5152, Mthatha, 5100, SOUTH AFRICA

Tel: 047 502 4546 Fax 047502 4968 Enquiries Prof NomawethuTonjeni, 0833780801

20 June 2017

Rev Canon E Z Myeko

Faculty of Theology

University of Pretoria

Pretoria

Research Ethics Committee Approval

Study Title:

EFFECTS OF BOTCHED CIRCUMCISION TO SURVIVORS: Pastoral Care Challenge

This study has been approved by the Research Ethics Committee.

Yours sincerely

Chair: Prof Nomawethu Tonjeni

Research Ethics Committee, NMAH

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Department of Urology • Room E/4/D19 Level 4 • Nelson Mandela Academic Hospital • Sissons Street -Fortgale • Mthatha • Eastern Cape Health • Private Bag X 5152 • Mthatha • 5100 • Tel.: +27 (0)47 502 4842/4745 • Fax: +27 (0)86 506 7727.
E-mail: urologylevel4@gmail.com

Circumcision Research.

They are depressed and they regret going to mountain circumcision, others say they should have gone to medical school circumcision and they feel dishumanised.

In olden days, traditional circumcision was safe because it was respected by elders, but currently is being messed up all and not done properly and leads to complications.

The outweigh of doing traditional circumcision benefits.

Government, department of education, health, traditional leaders, council of churches and the rest of the community leaders.

It will be able to come up with the policy that will guide our communities, hospitals and all other stakeholders towards the direction of saving lives.

Therefore to avoid the complications, the best way would be to do male medical circumcision.

Thank you

------------------------- 5/12/2018

Dr T.M Madiba

Director: Clinical Governance (Cell:083 303 2592)

Together, moving the health system forward

Fraud prevention line: 0800 701 701
24 hour Call Centre: 0800 032 364
Website: www.ecdoh.gov.za

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APPENDIX B

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie /Faculty of Theology

20/06/ 2017

The Medical Superintendent

Nelson Mandela Academic Hospital

MTHATHA

APPLICATION FOR CONDUCTING RESEARCH IN YOUR HOSPITAL FOR BOTCHED CIRCUMCISION SURVIVORS

I herby apply for permission to conduct research in your hospital as you're also their guardian. I am currently registered as a Master's student at the University of Pretoria. My study is based on a research project which I have to do as part of my Theses. The research project is based on the following:

1 Topic; Effects of botched circumcision to survivors: a pastoral care challenge.

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4 youth (18 – 20 years)

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1.2 Data collection method: interviews

1.3 Purpose: Theses

1.4 Ethical Issue: All ethical considerations will be adhered to and each and each interviewee will be taken to

a separate room for confidentiality.

1.5 The researcher will give a report upon completion of the study.

Hoping for your positive consideration and written reply.

Yours faithfully

E .Z . MYEKO (REV CANON)
RESEARCH APPLICANT
CONTACT DETAILS: 0826602054

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NYANDENI ROYAL HOUSE
LIBODE
5160

TEL: 047 555 7933
CELL: 071 686 6753

P.O.BOX 206
LIBODE
5160

FAX No: 047 555 7934

03/06/2017

University of Pretoria
Pretoria

PERMIT FOR REV. E.Z. MYEKO-RESEARCH-(4812215138086) pmyeko@ yahoo.com

It is a great joy to give a permit to Rev. E.Z. MYEKO to do a research in my districts. This botched circumcision has been a concern to me and Mpondo Nation (Isizwe samaMpondo) .

I hope this research will reflect the situation of the pandemic and health will be recommended

Kind Regards

....

King N.M. Ndamase

Date...03/06/2017.......

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APPENDIX B

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Fakulteit Teologie /Faculty of Theology

20/06/ 2017

The King

Western Mpondoland Great place

LIBODE

APPLICATION FOR CONDUCTING RESEARCH IN YOUR KINGDOM FOR BOTCHED CIRCUMCISION SURVIVORS

I herby apply for permission to conduct in your kingdom, Libode, Port St John's/ Ngqeleni district. I am currently registered as a master's student at the University of Pretoria. My study is based on a research project which I have to do as part of my Theses. The research project is based on the following:

1 topic; Effects of botched circumcision to survivors: a pastoral care challenge.

1.1 Target group: Botched circumcision initiates

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4 youth (18 – 20 years)

4 adults (30 – 40 years)

4 adults (60 years and above)

1.2 Data collection method: interviews

1.3 Purpose: Theses

1.4 Ethical Issue: All ethical considerations will be adhered to and each and each interviewee will be taken to

a separate room for confidentiality.

1.5 The researcher will give a report upon completion of the study.

Hoping for your positive consideration and written reply.

Yours faithfully

....

E Z Myeko (Rev Canon)

Research Applicant

Contact details : 0826602054

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UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

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