

Grade 8 Life Orientation Worksheet

Cultural norms and standards

Summarise passage about traditional male circumcision

Our South African Constitution recognises all cultures, religions and languages equally. We need to remember this, particularly when we question people who have a different culture to us.

Within each culture there is also change, however, and the natural conflict that goes hand-in-hand with change. By nature, people resist change. We do know that change is inevitable, though, and often influenced by society.

Look at the issue of traditional male circumcision, which receives a lot of press in this country. To some people it is a barbaric, unnecessary act. To many others, it is their culture and a boy's rightful passage into manhood.

Your teacher will read the following text to you. Listen carefully.

CULTURE

Excerpts from:

A discussion around (traditional) male circumcision in South Africa and how an understanding of the cultural issues involved can help us think usefully about the role of public health in relation to traditional practices.

MALE CIRCUMCISION IN SOUTH AFRICA

How does it relate to Public Health?

Kathryn Stinson

"The most widespread form of bodily mutilation is male circumcision".

Ritual circumcision is practised across many cultures in the world and is one of the *"most resilient of all traditional African practices within [the] urban industrialised environment"*. In South Africa, every year, young abakwetha (Xhosa: male initiates) are hospitalised or die from circumcision wounds undergone during traditional initiation rites. Ritual circumcision under some circumstances can put young men at risk of contracting STDs, HIV/AIDS and other blood-borne infections. Countering this, new epidemiological research demonstrates that circumcised men carry a lower risk of contracting HIV than uncircumcised men. Merely from the above, it is indisputable that ritual male circumcision is a cultural issue that is

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complexly linked to public health.

Culture directs and determines (all) aspects of human behaviour, interaction and belief systems, and is passed from one generation to the next, through articulated ritual, language and symbol.

Rituals are a means for society members to communicate values and ways of living, through psychological, social and symbolic interactions and teaching. Anthropologists categorise ritual in three specific ways:- those which are calendrical, those which address misfortune, and rites of passage. Male initiation rites fall into the latter, and illustrate the transition from boyhood (**ubukhwenkwe**) to manhood (**ubudoda**). In this document, information is largely drawn from the initiation practices of Xhosa-speaking people for the sake of simplicity. No particular age is specified for these rites (boys between the ages of 15-25 undergo initiation), which illustrates that initiation is not linked to physical development and maturity, but is a socially significant act, resulting in the integration into the community and assurance of acceptance and respect from other community members. Initiation is an important social device in dealing with adolescence.

A review of the literature suggests that ritual circumcision is not exclusively practised by one cultural group (in South Africa). Historically, the Zulu circumcised, but the practice for ritual's sake has largely been modified/abandoned. The Tswana and Sotho and Shangaan-Tsonga also circumcise. Not all Xhosa-speaking groups circumcise, for instance it is not practised amongst the Bhaca, Mpondo, Xesibe or Ntlangwini.

When viewing rites of passage as rituals associated with times of change and crisis in the lifecycle, the ritual becomes a means of re-fashioning a body "at war with itself", with the healing being part of the transformation. Rites of transition involve the stages of separation, transition and incorporation (van Gennep in). Although ceremonies differ across different groups, certain commonalities exist, these including ritual sacrifice, seclusion (entering the bush and building temporary lodge), circumcision, and the painting of the skin with white clay, followed by the burning of the lodge and belongings at the close of the seclusion. Celebrations of the change in status accompany the incorporation of these men into the community.

A profound aspect of the initiation school is the acquisition of cultural knowledge. It is where young men receive instruction in courtship and marriage practices. Cultural expectations regarding social responsibilities and their conduct as men in the community are transmitted and following initiation, men are afforded numerous privileges associated with their status. *"Men who've been through initiation are distinguishable by their social behaviour and a particular vocabulary they learn during their time in the bush".*

Ritual circumcision becomes a health issue when certain problems/factors arise. These can

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be attributed to the following five factors.

1) The training and competence of the traditional surgeon (**ingcibi**): Inadequate training can lead to errors in surgical technique, and at times, surgeons have been found to be operating under the influence of alcohol.

2) The sterility and reuse of surgical instruments: Traditionally an assegaai is used. Implements may be blunt or reused. This practice has been implicated in the spread of blood-borne infections, such as Tetanus, Hepatitis B and STDs, including HIV/AIDS. As yet, no study of HIV/AIDS in relation to ritual circumcision has been carried out, as youths presenting at hospitals are not routinely tested.

3) STDs: Funani notes that, traditionally, sex was proscribed before marriage; however, youth are becoming sexually active at an increasingly younger age and therefore there is a higher prevalence of STDs amongst initiates. This is transmitted through the use of equipment that is not sterilised between each use.

4) Aftercare: Medical complications occur most frequently during the aftercare period of the initiate. A traditional attendant (**ikhankatha**) is ascribed to each initiate, and is responsible for bandaging the wound. Ischaemia (starvation of blood supply) or/and infection from the tight thong bandage wrapped around the wound leads to penile sepsis and gangrene, with subsequent loss of penile tissue. Infection can spread throughout the body and, ultimately, Septicaemia is the cause of most deaths from circumcision.

5) Another risk factor is severe dehydration, which is common in initiation schools, because initiates are discouraged from drinking fluid post circumcision. This is not only to prevent frequent urination, but is set as a test of endurance. This taboo, accompanied by climatic factors - initiation schools currently occur more often in the hot summer months, as opposed to autumn in the past - and the use of plastic building materials in lieu of traditional grass and leaves contribute to a harsh environment that is not conducive to healing.

Research was carried out by Crowley and Kesner (1990), in which 45 youths presented with varying stages of septic circumcision at the Cecilia Makiwane Hospital (CMH), Ciskei between December 1988 and January 1989, resulting in a 9% mortality rate. Some presented with crush syndrome, indicating that they had been severely beaten, as result of heavy (beatings) chastisement regarding adherence to the protocols of the school. Those who left the hospital alive not only took with them penile deformity, but also lifelong psychological scars.

A popular belief is that if an initiate suffers medical complications, he has brought it upon himself through some form of wrongdoing, and is therefore being punished.

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Often hospitalisation is strongly resisted by initiates, and those who do present themselves for medical treatment face the risk of stigmatisation, abandonment by their families and ostracisation by their communities, due to the indeterminable status of their manhood.

Governmental health policy also attempts to provide some protection for initiates. In 2001, the South African Human Rights Commission (SAHRC) conducted preliminary investigations in an attempt to level cultural practice with the Constitution. Whilst acknowledging the positive role of initiation schools as cultural teaching institutions, it concerned itself with the investigation of several apparent human rights violations - for instance transgressions in the rights to life; human dignity; freedom and security of the person; and health care, food and water.

The Application of Health Standards in Traditional Circumcision Act (2001) attempts to regulate ritual circumcision practices by licensing initiation schools and subjecting them to regular checks by the Eastern Cape Health Department officials. Illegal schools face heavy fines for non-adherence. This attempt to work with traditional structures has provoked animosity amongst traditional leaders, who see it as interference, and the debate has yet to be resolved.

For Xhosa-speaking people who practice ritual circumcision as a cultural institution, alternatives are negligible to non-existent. Initiation is seen as the "*formal incorporation of males into Xhosa religious and tribal life*", and before circumcision, a male cannot marry or start a family, inherit possessions, nor officiate in ritual ceremonies. Medical circumcisions, performed by health care professionals, who substitute traditional equipment and dressings for medical ones, are deemed meaningless.

www.africanvoices.co.za/culture/circumcision.htm

That was a lot of information and probably confusing for many of you. But, let us work together to simplify it.

Working with your teacher, go through the report one paragraph at a time and summarise the entire text.

Pull out only the most important information and write up your summary.

Now that you have summarised the text, do you find that it is much easier to understand?

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Your teacher will assess your summary using the following rubric.

	8–10	5–7	3–4	1–2
Content (10 marks)	Excellent, detailed, and factually accurate.	Content is informative and sufficient to achieve purpose.	Content is not totally adequate. Does not achieve purpose.	There is too little content. Content is inaccurate.
	4, 5	3	2	1
Language and vocabulary (5 marks)	Wide range of vocabulary used, fewer than three minor language errors.	Vocabulary sufficient for task, fewer than five minor language errors.	Vocabulary only fair. Ten or more language errors.	Very limited vocabulary, students are unable to use the correct language structures.
	4, 5	3	2	1
Style (5 marks)	Student writes well and produces an excellent summary.	Student's summary and style of writing are adequate.	Summary rambles and misses the point.	Summary is incoherent and inadequate.

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Suggested Solutions

Question number	Possible marks	Solution
1	20	See rubric in Appendix of Assessment Tools.

Rubric to assess summary

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Content (10 marks)	Excellent, detailed, and factually accurate.	Content is informative and sufficient to achieve purpose.	Content is not totally adequate. Does not achieve purpose.	There is too little content. Content is inaccurate.
Language and vocabulary (5 marks)	4, 5 Wide range of vocabulary used, fewer than three minor language errors.	3 Vocabulary sufficient for task, fewer than five minor language errors.	2 Vocabulary only fair. Ten or more language errors.	1 Very limited vocabulary, students are unable to use the correct language structures.
Style (5 marks)	4, 5 Student writes well and produces an excellent summary.	3 Student's summary and style of writing are adequate.	2 Summary rambles and misses the point.	1 Summary is incoherent and inadequate.