

# Curriculum guidelines for African male rite of passage in healthcare

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## **DECLARATION**

By submitting this research electronically, I declare that the entirety of the work contained therein is my own original work, that I am the authorship owner thereof and that I have not previously in its entirety or in part submitted it for obtaining any qualification. I declare that all the sources I have used or quoted in this research have been indicated and acknowledged by means of reference.

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Date NOVEMBER 2017

Signature:

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## ABSTRACT

African male rite of passage has been practiced by indigenous African communities for periods dating back many centuries and generations for the purpose of transferring knowledge from generation to generation. However the reductionist western perspective equates the process of African male rite of passage to a surgical procedure of circumcision therefore stripping it of its educational role. An exploratory descriptive qualitative research was therefore undertaken through the use of *makgotla* as a research method, to explore and describe the educational aspects of male rite of passage and to deduce curriculum guidelines for male rite of passage in healthcare in order to promote the co-existence of African indigenous knowledge system and the western health system through these guidelines. Recommendations have been made at the end of the study to preserve and encourage a safe *lebollo* practice.

**Key Words:** *Curriculum guidelines, Lebollo, Lekgotla, Male circumcision, Male rite of passage and Medical circumcision.*

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## **List of abbreviations**

**AIDS:** Acquired Immune Deficiency Syndrome

**BC:** Before Christ

**COP:** Community of Practice

**CRL:** Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities

**CSSR:** Center for Social Science Research Aids and Society Research Unit

**HIV:** Human Immune Virus

**RHRU:** Reproductive Health and HIV Research Unit

**UNAIDS:** Joint United Nations Programme on HIV & AIDS

**WHO:** World Health Organisation

## Definitions

<b>Concept</b>	<b>Conceptual definition</b>
<b><i>Lebollo</i></b>	Sesotho/Sepedi for rite of passage into adulthood for both adolescent girls and boys, it symbolizes an entrance into one's own culture and may include circumcision in males (Matobo, Makatsa & Obioha, 2009:107; Seema, 2012:133).
<b><i>Lekgotla</i></b>	A meeting that the Basotho/Bapedi/Batswana have to discuss and/or resolve problems in their community (Pienaar, 2005). It is known by various names throughout Bantu Africa.
<b>Male circumcision</b>	A surgical removal of the foreskin of the penis performed for medical purposes, or as a religious ritual or as part of rite of passage into manhood.
<b>Male rite of passage</b>	An indigenous system of knowledge transfer including a collection of rituals to initiate adolescent boys into manhood (Meintjies, 1998:7; Seema, 2012:133).
<b>Medical circumcision</b>	Circumcision performed by a western trained healthcare professional at a healthcare setting under anaesthesia.

# CHAPTER 1

---

## OVERVIEW OF THE RESEARCH

### 1.1 TITLE

“Curriculum guidelines for African male rite of passage in healthcare.”

(Key words: curriculum guidelines, *lebollo*, *lekgotla*, male circumcision, male rite of passage and medical circumcision)

### 1.2 INTRODUCTION AND BACKGROUND

Male rite of passage is one of the oldest practices amongst indigenous communities of the world. Indigenous communities apply their own knowledge system to the practice, which is meant to initiate adolescent boys into manhood. However according to Maharasoa and Maharaswa (2004:108) a reductionist approach bred by the apathy of Western ignorance led to *lebollo* (male rite of passage) being reduced to the mere surgical procedure of circumcision.

Male rite of passage is viewed from different perspectives. In terms of these perspectives the first focus is the religious context which is related to the Abrahamic faiths of Judaism, Islam and Christianity who all have different views, but all refer to the male rite of passage as circumcision. According to Doyle (2005:279) ritual male circumcision is still practiced by Jews, Muslims as well as by many ethnic groups in Eastern and Southern Africa.

The second perspective that adds to the religious context is the traditional, spiritual and cultural context as practiced in many African cultures where it is viewed as a rite of passage into manhood. Indigenous cultural practices, like initiation and circumcision reflect values and beliefs held by members of a community for periods often spanning generations (Twala, 2007:23).

The medical context is the third view in which circumcision is perceived from the vista of preventing and treating diseases. Health workers often have to deal with issues pertaining to the rite of passage without having the experiential and/or theoretical knowledge about the practice.

Following an intensive literature study discussed in detail in chapter 2, the researcher observed that, several authors alluded to some educational aspects related to African male rite of passage that has not been fully explored (**see section 2.5**). Adding to that some African writers took exception to the fact that the reductionist western perspective, equated the male rite of passage to circumcision and did not acknowledge the teaching and learning role of male rite of passage (Ntombana, 2009:76; Letsie, 2007:17; Maharasoa & Maharaswa, 2004:108).

In recent years however, there has been substantive media coverage about challenges experienced during the male rite of passage ceremonies. For example, during the initiation season that started in May/June 2013, *The Star* of 12 July 2013 on page 8, reports that 29 initiates died in the KwaMhlanga area of Mpumalanga. *The Sunday Times* of 14 July 2013 on page 8, also reported 34 deaths in Mpumalanga, with 30 deaths and 293 admitted to hospitals in the Eastern Cape. Regardless of reports such as these, many young men prefer to go through the male rite of passage. These reports are a cause for concern and brings into question, what culturally congruent role can health care practitioners play to help the situation?

The disharmony of western culture as part of the nursing profession and male rite of passage as a cultural practice was found by Mangena, Mulaudzi and Peu (2011:72) to have caused a dilemma for nurses caring for circumcised initiates admitted to hospital with complications, as they found themselves acting in conflict with their culture as women are not supposed to see the initiates or even touch them. It is further recommended in Mangena *et al.* (2011:80) that nurses' training curriculum should incorporate more information on culturally safe nursing practices and transcultural nursing to ensure that nurses are more receptive to patients' cultures and cultural practices.

### **1.3 PROBLEM STATEMENT**

From the background information it is clear that the practice of male rite of passage dates back several millennia and centuries. Notwithstanding the challenges faced in sustaining the practice, African indigenous communities have continued to practice circumcision as part of the male rite of passage. It was also clear from the literature studied that the male rite of passage does have a significant educational role to play. However, the educational aspects of male rite of passage, has not been explored, and there are no curriculum guidelines to assist in the learning of the educational aspects of male rite of passage by health professionals including health professional students. Hence the researcher envisioned the deduction of curriculum guidelines informed by the importance of cultural pluralism and complementarity for health professional students to learn the educational aspects of male rite of passage with the hope that it will assist in promoting the co-existence of the African indigenous health practices and the western health system.

### **1.4 RESEARCH PURPOSE**

The purpose of this research was to explore and describe the educational aspects of male rite of passage and deduce curriculum guidelines for healthcare students. The researcher hoped that the research would promote cultural preservation as described by Leininger and McFarland (2006:8) and enhance the co-existence of African indigenous health systems and the western health system through learning and teaching guidelines.

#### **1.4.1 Research objectives**

*The objectives of the research were to:*

- Explore and describe the educational aspects of male rite of passage (*Chapter 2 & 3*);
- Deduce curriculum guidelines about male rite of passage for healthcare students; (*Chapter 4 & 5*) and
- Promote the use of cultural congruent concepts associated with male rite of passage (*throughout the research, specifically Chapter 5*).

## 1.5 RESEARCH PARADIGM

### 1.5.1 Paradigmatic approach

The underlying paradigm of the study was anchored within the interpretivist perspective. Interpretivism is an approach to social science that emphasizes the importance of insider's viewpoints to understanding social reality (Brink, Van der Walt & Van Rensburg, 2013:25), therefore the participants in this research were people with firsthand knowledge of male rite of passage through lived experience.

#### 1.5.1.1 *Philosophical underpinning*

The researcher was guided by Leininger's Theory of Nursing: Cultural Care, Diversity and Universality with the goal to provide culturally congruent holistic care (Leininger & McFarland: 2006). Adding to Leininger's theory, the researcher believed that the process of cultural engagement as depicted by Bock cited in Pienaar (2017:89) can play an important role in eliminating *cultural ignorance* and promoting *cultural sensitivity* and *cultural competence*. The lack of cultural sensitivity has been identified in the literature discussed in **section 2.4.2** as one of the factors contributing to the unacceptability of medical circumcision by men in Botswana, Malawi and Swaziland.

*Culture* is the learned, shared, and transmitted values, beliefs, norms and lifeways of a specific individual or group that guide their thinking, decisions, actions and patterned ways of living (Leininger & McFarland, 2006:13). The researcher therefore views the person, the family and the community as interdependent and intertwined with their culture.

*Cultural ignorance* is described as lack of knowledge and interest to explore a specific culture (Pienaar, 2017:89). Cultural ignorance particularly to African culture would be a challenge if a researcher intends using a *lekgotla* as a research method without any knowledge of the African culture.

*Cultural care diversity* according to Leininger and McFarland (2006:16) refers to the differences in meanings, values or acceptable modes of care within or between different groups of people. The researcher believes that in providing healthcare and healthcare



education, healthcare providers and educators should understand and respect cultural differences and where they lack understanding, seek from the other human being their own cultural meaning.

*Cultural care universality* refers to commonly shared or similar culture care phenomena features of human beings or a group with recurrent meanings, patterns, values, lifeways or symbols that serve as a guide for caregivers to provide assistive, supportive, facilitative or enabling people care for healthy outcomes (Leininger & McFarland, 2006:16). This refers to similar meanings of care which are commonly practiced in many cultures.

*Cultural congruent care* refers to care measures which are in harmony with an individual or a group's cultural beliefs, practices and values (Leininger & McFarland, 2006:15). The researcher is of the opinion that the provision of cultural congruent care is of utmost importance in the attainment and maintenance of the health of the person, the family and the community.

*Cultural care preservation or maintenance* refers to care activities that help people of a particular culture to retain and use core cultural care values related to healthcare concerns or conditions (Leininger & McFarland, 2006:8). The researcher believes that the African male rite of passage should be preserved as a core cultural practice of the African indigenous people because it has a positive bearing on health. The researcher's view on the significance of cultural care preservation or maintenance was strengthened in **section 2.5** of the literature review by Kenyatta (1953) and Okrah (1998) in Chikunda, Marambire and Makoni (2006:154).

#### 1.5.1.2 *Epistemological underpinning*

Epistemology is a theory of knowledge, including a theory of knowledge acquisition or creation. It specifies the nature of the relationship between the researcher and what can be known (Botma, Greef, Mulaudzi & Wright, 2010:287). Speziale and Carpenter (2007:458) define epistemology as the branch of philosophy concerned with how individuals determine what is true. The researcher views knowledge from the African indigenous knowledge

system perspective from which the researcher has been grounded from an early age as an African child as well as the western knowledge system due to prolonged exposure through the formal western education system. The researcher agrees that male rite of passage has strong cultural connotations in South Africa, hence the need to deliver services in a manner that is culturally sensitive (RHRU, 2010:13).

### 1.5.1.3 Pragmatic underpinning

The researcher believes that cultural ignorance particularly of the African Indigenous cultures and beliefs hampers the ability of health professionals to provide holistic care to African Indigenous communities. “Curriculum guidelines for African male rite of passage in healthcare” will thus go a long way in promoting *cultural awareness* and *cultural sensitivity* among the health professionals. The literature (**in section 2.5**) emphasize the importance of cultural awareness.

## 1.6 OVERVIEW OF RESEARCH DESIGN AND METHODS

**Table 1.1** Displays the overview of the Research design and methods

<b>Methodology</b>	<b>Design</b>	<b>Reason</b>
Research approach	Qualitative	Narrative research
Research design ( <b>section 3.2</b> )	Exploratory-descriptive	To describe life experiences of the participants
Data collection	Makgotla ( <b> see section 3.3</b> )	Context is the African culture (Bapedi)
Population ( <b>section 3.3.1</b> )	Elders and knowledge holders	Life experience of African male rite of passage
Sample ( <b>section 3.3.2</b> )	Non-probability purposive technique	Participants adhere to all inclusive criteria of this research
Data analysis	Cresswell’s incorporating Tesch’s eight steps in Cresswell (2014:197)	<b>See Chapter 4</b>

Trustworthiness	Lincoln and Guba model	<b>See section 3.3.4</b>
Ethical considerations	Permission from Ethics committee (NWU), Tribal Chief and participants	<b>Refer to section 3.4</b>

## 1.7 DIVISION OF CHAPTERS

**Chapter One:** Overview of the research.

**Chapter Two:** Literature Review: Exploration of male rite of passage.

**Chapter Three:** Research design and methods.

**Chapter Four:** Realization of data analysis.

**Chapter five:** Curriculum Guidelines: The three phase African male rite of passage (Lebollo) curriculum guidelines and recommendations of the research

## 1.8 SUMMARY

The Chapter began with an introduction and background detailing the different perspectives and historical background about the male rite of passage. The historical background provides information about both African perspective and Western perspectives including religious, medical and traditional cultural views. The challenges experienced by healthcare professionals related to the current practice of male rite of passage have been highlighted. This chapter also stated the research problem followed by the research purpose, objectives and the research paradigm. The absence of the educational aspects of African male rites of passage in the curriculum for healthcare students has been identified as a shortfall. According to the researcher's opinion; after intensive literature review there is a gap as to how the educational aspects of male rite of passage can be integrated into the curriculum of healthcare students. An explorative descriptive qualitative study was conducted tapping into *makgotla* to explore the educational aspects of the male rite of passage which can be included in the curriculum of healthcare students.

## CHAPTER 2

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### LITERATURE REVIEW: EXPLORATION OF MALE RITE OF PASSAGE

#### 2.1 INTRODUCTION

This chapter focused on the review of literature that covered male rite of passage particularly African male rite of passage. Researchers in qualitative fields focus on human behaviour and thus pay not much attention to the review of related literature because they prefer a holistic approach to the study of an identified area. They thus employ approaches like interviews, focus groups and case studies. Although it is not common to do a very thorough literature review in a qualitative research project when compared to a quantitative one, a researcher can use literature review to acquire knowledge on the topic or to critique existing practices; to develop research-based protocols and interventions; to develop a theory or conceptual framework; or to develop policy statements, curricula or practice guidelines according to Burns & Grove (2011: 189). Hence the researcher, after perusing different sources of literature on this topic of research, to critique the current practice of 'male circumcision' as given in some of the available literature, without in-depth growth and health education as well as to ground this current topic of research and to refine the research protocol. Therefore in the following discussion the researcher focused on the historical background of male rite of passage, the African perspective of male rite of passage, the Western perspective of male rite of passage, the educational role of male rite of passage and the legislation and policies governing male rite of passage in South Africa.

#### 2.2 HISTORICAL BACKGROUND OF MALE RITE OF PASSAGE

The circumcision of males is arguably one of the oldest and most common surgical procedures in the world (Doyle 2005:179), and is carried out for several reasons that include religious, cultural, and medical. It is thus interesting to observe that historically ritual male circumcision is acknowledged as having been practiced by South Sea Islanders, Australian Aborigines, Sumatrans, Incas, Aztecs, and Mayans in addition to Ancient

Egyptians. In the present day it is still practiced by among others, Jews, Muslims and many ethnic communities found in Eastern and Southern Africa as observed by Doyle (2005:279). According to the biblical and koranic tradition, Abraham is recorded as the first man to have undergone circumcision. He is believed to have performed the procedure on himself and later on his son Ishmael. This act was in keeping his covenant with God, or as Allah instructed. The words in Genesis 17:11 “And ye shall circumcise the flesh of your foreskin; and it shall be a token of the covenant betwixt me and you” (King James Version of the Bible [KJV], 1976), clearly show the importance of this act, especially to Judaism one of the three Abrahamic faiths. However, according to Keller cited by Doyle (2005: 279) there is evidence that circumcision was common practice in the Arabian Peninsula as early as the fourth millennium BC.

While for Abraham and the Jews circumcision was, and is still observed as a sign of a covenant with God, for many African nations it is part of a rite of passage into manhood. Suggestions that the children of Israel introduced circumcision into Egypt during their sojourn their circa 1200 BC, has been refuted by existing evidence that ritual circumcision was being performed by Egyptians as early as 2300 BC, and confirmation of this reality is by way of a wall painting showing adult circumcision that is dated in the Eighth Dynasty, 2345- 2182 BC (Doyle, 2005:280). It is now thought that Egyptians adopted circumcision from people living further south in what is today’s Sudan and Ethiopia. The people of the Sudan and Ethiopia are genetically related to the Sumerians and Semites and are thought by anthropologists to have originated from the Arabian Peninsula (Doyle, 2005:280). Doyle (2005:281) further states that though circumcision is not specifically mentioned in the Koran it is regarded as an integral part of the Islamic faith and is performed on adolescents rather than on neonates.

The African male rite of passage appears to have been a general practice in all of Africa with the exception of three major areas of Central, inland East and inland Southern Africa running from Southern Sudan and the Great Lakes Region to Southern Africa (Marck, 1997:339). The most notable among the non-circumcising groups according to Marck (1997:339) are the Luo who inhabit the area around the North-East shore of Lake Victoria, even though they are surrounded by the circumcising *Bantu* and *Southern Nilotic* groups.

According to Marck (1997:352) supported by WHO (2009:21) most of the African groups who do not practice circumcision seem to have abandoned the practice. The authors further describes two general patterns as accounting for most groups which did not have the practice of circumcision at the time of European occupation and conquest. The first he proffers, is a prehistoric abandonment of circumcision, initiation schools and age grades from the areas South of Malawi, Mozambique and much of Zambia and Zimbabwe, which occurred long before the arrival of Europeans. There is however no cultural motive that has been suggested for this abandonment. The second is a better understood abandonment in Southern Zimbabwe and some parts of South Africa which occurred during the Zulu wars, during which period, Shaka the great Zulu king simply ordered his people to abandon the practice and they did (Marck, 1997:352; WHO, 2009:21), and according the authors, this was due to the difficulties of holding the schools at a time of continuous warfare. Many groups in Southern Africa who were drawn into those wars were said to have abandoned the practice at the time (early 1800s) because of continuous fighting. But many of them returned to the practice of male rite of passage after or in between wars and there is a general shifting of traditions and adopting of other groups practices and formats after long periods of abandonment (Marck, 1997:352). However Thabane (2002) in Matobo, Makatsa and Obioha (2009:105) highlighted Christianity and modern schooling as institutions that contributed to the abandonment of *lebollo*, the church by excommunicating parents who allowed their children to attend *lebollo* while the schools did not allow those who attended *lebollo* back into the formal educational system. The return to the practice of male rite of passage by communities who would have abandoned the practice is evident given the fact that it is a common practice today among the Tsonga in South Africa and Zimbabwe as well as the Remba who are found in the Midlands Province of Zimbabwe. The return to the practice of male rite of passage by communities who had previously abandoned the practice indicates the extent to which these indigenous communities are prepared to preserve their culture as depicted in **(section 1.5.1.1)**

Within the Zulu nation the cultural practice of male rite of passage has been revived by the Zulu king according to McQuoid-Mason (2013:283). This is after a very long period after it was abandoned during the rule of King Shaka. The Reproductive Health and HIV Research Unit [RHRU], 2010:11) states that King Goodwill Zwelithini has publicly proclaimed his

support for male circumcision and called for Zulus embrace the procedure. The return to the practice of male rite of passage by indigenous communities who had previously abandoned it indicates, according to the researcher's opinion the high regard that these communities had always held for the rite of passage, regardless of the initial challenges which led to its abandonment.

### **2.3 THE AFRICAN PERSPECTIVE OF MALE RITE OF PASSAGE**

The researcher observed from the literature reviewed that most authors refer to the African male rite of passage as circumcision. The terms ritual circumcision, traditional circumcision and traditional initiation are often used interchangeably. The culturally congruent concepts would be *Lebollo* (Sesotho/Sepedi), *Bogwera* (Setswana), *Ulwaluko* (Xhosa) or *Ngoma* (Xitsonga). These concepts as used by the cultural communities carry more profound cultural meanings. Leininger and McFarland (2006:15) refer to *cultural congruent care* as care measures which are in harmony with an individual or a group's cultural beliefs, practices and values (**also see section 1.5.1.1**). The researcher with the third objective of this research (**section 1.4.1**) aimed to promote the use of concepts such as these so that cultural meaning is not lost in translation.

Much of the contentions that follow from different authors writing about circumcision, support the researchers' view that the authors refer to African male rite of passage as circumcision. The researcher is in agreement with Letsie (2007:17) and Maharasoa and Maharaswa (2004:108) that, circumcision is just a small surgical procedure related to *lebollo* and therefore cannot lead to the behavioural changes and religious expectations referred to by the authors.

Magubane (1998:33) cited by Papu and Verster (2006:178) refers to circumcision as being accepted as a principal form of initiation by Xhosa-speaking people. Gitywa (1976:180) also cited by Papu and Verster (2006:180) pronounces that the ritual core of initiation is circumcision, meaning the actual surgical operation, and it is the irreversible symbol of the social maturity of the individual. The act means that the individual has entered a new stage in life, and is now expected to act and reflect the new status he has acquired.

Unfortunately, these expressions in the view of some researchers incorrectly reduce the male rite of passage to circumcision, which really should not be the case.

Papu and Verster (2006:182) express a view that while circumcision can be regarded as a rite of transition from boyhood to manhood, it can also be regarded as one of the agents of transition. The authors further indicated that this observation is succinctly argued by Driver (1991:93) when he says “Rites of passage are performed not simply to mark transitions but to effect them”. The researcher is of the opinion that, while Papu and Verster’s views are a misrepresentation of the rite of passage as circumcision, the researcher however concurs with Driver’s assertions. Papu and Verster (2006:193-194) refers to the rite of passage as the ritual of circumcision. Vincent (2008:79) initially refers to the rite of passage as a ritual Xhosa circumcision but later in the same paragraph correctly points out that male initiation is a highly significant Xhosa rite of passage that acts as the instrument for the transition from boyhood (*ubukhwenkwe* in Xhosa) to manhood (*ubudoda*). Following the inconsistencies in describing the African male rite of passage by the different western researchers as observed in this section, the researcher is of the view that, the use of culturally congruent concepts such as *lebollo* (**also see third objective in 1.4.1**) would have eliminated this kind of inconsistencies.

Doyle (2005:282) comments that to this day, for both Zulu and Xhosa boys, circumcision is a rite of passage into manhood as well as a trial for bravery and blood sacrifice, their blood daubed on their forehead. The researcher is of the view that the assertion by Doyle is not only applicable to the Xhosa and the Zulu boys but can be applied universally to indigenous Africans who observe the practice of male rite of passage, thus giving credence to the concept of cultural care universality as described in (**section 1.5.1.1**). Niang and Boiro (2007:24) affirm the sacrificial aspect of circumcision. According to Niang and Boiro (2007:29) to illustrate bravery some of the circumcised Fulbe and Balante men are so brave and have such contempt for pain that after the circumciser has removed the foreskin, they show him their index finger and say “You can also cut my finger”. This is an indication that the man is ready to suffer any physical wound and carry out any sacrifice without losing his courage. The reductionist western views expressed by some of the researchers of reducing *lebollo* to circumcision in the literature highlight the importance of promoting



culturally congruent concepts, which is one of the stated objectives (**section 1.4.1**) of this research.

In many parts of Africa male circumcision is practiced primarily as part of male rite of passage from boyhood into manhood. While specifics may vary across the region and while the ritual has undergone certain changes over the years, the practice is conducted under non-clinical settings and overseen by traditional practitioners, hence the term traditional/ritual circumcision as opposed to medical/clinical circumcision (Center for Social Science Research – CSSR, 2009:4). In a West African study conducted in Senegal and Guinea-Bissau, among the Wolof, Manding, Fulbe, Laobe, Manjak, Serer and Balante ethnic groups, Niang and Boiro (2007:23) state that regardless of the ethnic group, male circumcision has several related dimensions – religious, social, philosophical and biomedical. These same authors further refer to the Balante grouping for whom, circumcision is an important rite of passage but also have a religious dimension, that for the Balante, male circumcision comes from the supreme God (*Nala*) and is sacred. In the Wolof culture in Senegal, the word for the circumcised man (*njulli*) shares the same etymology with the word for prayer (*julli*). The circumcised man is one who prays and who meets the conditions of spiritual purity required for an act of religious communion. In this world view male circumcision has a sacrificial function. It is a ritual form of blood sacrifice to the ancestors who are represented by the ground onto which the circumcision blood falls (Niang & Boiro, 2007:24). To this end the African male rite of passage carries a spiritual meaning to the indigenous African people who practice it.

The spiritual meaning associated with African male rite of passage is in the researcher's opinion in contradiction to the views of some western researchers such as those expressed by Laidler (1922:18) in Ntombana (2009:76) who describe the initiation process as a "pagan custom". Some African writers take exception to the reductionist western perspective equating African male rite of passage to circumcision. Ntombana (2009:76), who obviously is writing from an emic perspective, alludes to this by stating that outsiders do not always approve of the teaching role in the initiation practice. Letsie (2007:17) concurs with Ntombana (2009) by saying that with all respect to the Reverend Mr. E. Casalis and his group, who are believed to be the first Europeans to live among Basotho;

they made a serious mistake in suggesting that initiation rites were circumcision, without realizing and appreciating that it was just a small operation related to the rite.

Maharasoia and Maharaswa (2004:108) supports both Ntombana (2009) and Letsie (2007)'s views by referring to a reductionist approach bred by the apathy of western ignorance and arrogance, which relegates *lebollo* [Sotho for African rite of passage] only to a function of circumcision (hence the term circumcision school) thereby stripping *lebollo* of its multifaceted content and purpose. It has to be noted that the prime purpose of *lebollo* was to initiate young men to be effective role players in the sustainable and continued existence of their societies. Maharasoia and Maharaswa (2004) further state that preparation for adulthood encompassed marriage counselling, sexuality education, herbology as well as law and democracy. From these statements it can be deduced that the primary purpose of *lebollo* is not circumcision. *Lebollo* in the context used is African rite of passage and not circumcision.

The reductionist Western approach views the male rite of passage in a simplistic and superficial way, equating male rite of passage to circumcision, thus ignoring the traditional, spiritual and cultural aspects. In contrast, within the holistic African view, the rite of passage, is according to Turner (1969) cited by the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities – CRL Commission (2010) in the report on public hearings on male initiation schools in South Africa, firmly entrenched in a community's values, beliefs, identity and spirituality.

One of the religiously significant factors according to Soga (1931) cited by Papu and Vester (2006:184) is that when the initiate has completed the rite of passage he is expected to enter into a new relationship with the ancestors (fore-parents). Mbiti (1975:93) cited by Ramose (2005: 63) contents that in the ontology of visible beings initiation is part of the wider process of incorporation into personhood, and that the spilling of blood onto the soil during circumcision is associated with making a sacrifice, the meaning of that sacrifice is that the initiated person is from that time onwards, bound to the land and tied to the community and people among whom he or she has been born, and consequently to the departed members of his society. It is further stated by Ramose (2005:63) that the Batswana hold that only the initiated may become an ancestor (fore-parent). The

researcher associate the assertions in Ramose (2005:63) with the commonly practiced believe by African people who migrated to cities for work who would state their wish to be taken back and be buried in the land of their birth should they die in the cities. It is thus through this rite of passage that one becomes a real *motho* (a real human being).

In the African perspective the male rite of passage is also viewed as a process, which promotes good moral values. For instance, according to Niang and Boiro (2007:24), among the Balante the image of a circumcised man is that of a wise man who understands and respects what is socially prohibited and social mores, he does not indulge in petty crimes or the stealing of cattle, which are perceived as tolerated among the non-circumcised. He must also exercise great control over his sexual desires.

Gitywa (1976:203) in Papu and Vester (2006:182) observes that one of the most sociologically significant things in the life of a newly initiated is change of behaviour. Gitywa further asserts that a clear distinction can be seen between a boy who is not circumcised and a man who has been, because antisocial behaviour is accepted as a characteristic of boys and not men. However, the most important aspect according to Gitywa is the vertical relationship that involves ancestors (fore-parents). The initiate is taught to honour and respect the ancestors (fore-parents) by adhering to the customs and carrying forward the customs that he witnessed, to his progeny (Gitywa, 1976:207) cited by Papu & Vester (2006:182). The horizontal relationships that are altered include the one between the initiate and his mother and women in general. It also includes his new status with other men as well. The right to procreate and establish a family of his own is also part of this new challenge (Papu & Vester, 2006:182). It is clear from previous statements that the authors refer to African male rite of passage rather than circumcision as stated by those like Laidler (1922) who view African indigenous practices such as male rite of passage (*lebollo*) negatively. The researcher content that circumcision, the surgical procedure, such as performed for medical and religious purposes within the western perspective cannot bring about behavioural change, while African rite of passage (*lebollo*) can bring about such behavioural change.

The male rite of passage is also seen as affording a man the role of leadership and responsibility. The Manjak according to Niang and Boiro (2007:24), call the non-circumcised man *nayafan*, one whose actions are of no importance and who is without responsibility. This perception about leadership and responsibility is widespread among African communities who practice the male rite of passage including the Xhosa in South Africa. The Balante say that even if a non-circumcised man has all the wealth in the world, he cannot belong to a group of community leaders or take part in their meetings, and his words are not worth considering (Niang & Boiro, 2007:24).

In all the cultures in the study of Niang and Boiro (2007:25), male circumcision is also perceived as a rite of passage performed at a particular time in a man's life, and marks the passage of the individual from a lower status to a higher one. Even if, due to his young age, the circumcised boy is not totally integrated into the adult world, officially he still begins a new relationship with his body and with the opposite sex, e.g. his mother may no longer bathe him and he cannot sleep in the same bed as a female.

Male circumcision is also perceived as the source of new social relations. Men who were circumcised in the same group are considered to be bound by an undying closeness, even stronger than that with a parent and violence between them is prohibited. Such a bond has a sacred dimension. According to Niang and Boiro (2007:26) the Wolof express the view that the bond between men who have been circumcised in the same group is the bond that God approves most. Those who were circumcised together should help and assist each other, even at the cost of their own lives.

Niang and Boiro (2007:24) further allude to the fact that circumcision is also related to the ontological system of meaning of these ethnic groups studied, both in Senegal and Guinea-Bissau, such as what it means to be human (regardless of a person's gender) which is that a person has characteristics related to masculinity and also to femininity. Masculine characteristics are prevalent in men but do not exclude feminine characteristics. On the other hand feminine characteristics dominate in women but not exclusively. Due to the dynamic and evolving nature of the relationship between femininity and masculinity, the society acts, at critical moments in the life of the individual to reinforce one or the other set

of characteristics, according to the social circumstances, expectations and needs that are recognised, both at the individual and social level. Male rite of passage, again misrepresented by Niang and Boiro as circumcision, is a critical act of reinforcement of what is considered masculine in a man.

There are other patterns reportedly observed in coastal Tanzania in which, there are said to be male initiation schools but no circumcision or that circumcision at the time of description occurred because of reintroduction of the practice after a period of abandonment. There is also mention of the Bali tribe that practice male adolescent initiation but not circumcision (Marck, 1997:352-353). This thus means that male rite of passage is not done for no reason, but that it is a means that ushers one into adulthood, as other ethnic groups also do, although without circumcision in some cultures.

Also in all groups studied by Niang and Boiro (2007:26) there is a temporal, conceptual and symbolic closeness between male circumcision and initiation into manhood. The initiation period is all for the physical healing but male initiation is not only a physical intervention, it is equally a social and educational one (Niang & Boiro, 2007:26). It is further stated by Niang and Boiro (2007:26) that there is often a spatial or temporal separation between male circumcision and initiation; they are not carried out at the same place and circumcised men sometimes have to wait for several years before being initiated. This kind of spatial or temporal separation is according to the researcher's experience also practiced in some sub-cultures of the *Bapedi* nation where males attend a second phase known as *bogwera* a year or later after the initial process involving circumcision. In these communities, those who did not attend the second phase of *bogwera* are called *magaola* and are deemed not to have completed their male rite of passage and are not afforded the same status and respect as those who completed both phases. Krige cited in Marck (1997:354) supported by a WHO (2009:17) study on traditional male circumcision among young people, refers to the spatial or temporal separation of male circumcision and initiation as "fragmentation" by stating that "Traditional fragmentation seems to be practiced by the South African Sotho and Pedi tribes, among whom initiation occurs one to five years after traditional circumcision". Further to the above, the same WHO (2009:17) study notes that the initiation of boys (and girls) is practiced by East and Southern African groups who do not practice

male circumcision. The *Luo* in Kenya, for example, remove the six lower front teeth of their children as a rite of passage. In Swaziland, initiation ceremonies were revived by King Sobhuza in the twentieth century, with age related regiments playing a progressively more significant role in Swazi society. This therefore reinforces the argument that it is incorrect to suggest that the African male rite of passage refers to circumcision only.

## **2.4 WESTERN PERSPECTIVE OF AFRICAN MALE RITE OF PASSAGE**

The western view on the male rite of passage stems from two different perspectives; the religious and the medical perspectives. These two perspectives both recognize this process of circumcision as carried out for different reasons.

### **2.4.1 Religious circumcision**

The religious circumcision is practiced mostly by the Jews in observance of the covenant they say was instituted between God and Abraham (Genesis 17: 9-14). It is performed on male neonates about eight days after the birth of the male child (Genesis 21:4). For the Jews it became not a rite of passage into manhood but a sign of a covenant, a solemn relationship, with their God. Previously performed when the boy was an adolescent or immediately prior to marriage, it was changed to the eighth day of a boy's life, counting the day of birth as day one, and subsequently only performed on adults when they convert to Judaism (Doyle, 2005:280)

Muslims also perform religious circumcision in honour of Abraham but the procedure is performed mainly at the age of adolescence, just as happened to Ishmael, the perceived progenitor of the Arabs, who was circumcised at the age of thirteen (Genesis 17:26). Though, perhaps surprisingly, circumcision is not specifically mentioned in the Quran when Islam so reveres Abraham, it came to be regarded as an integral part of that faith but, unlike the Jewish practice, it was, and still is always performed on adolescents rather than neonates (Doyle, 2005:281).

For Christians circumcision is of no religious significance. Papu and Verster (2006:188) indicate that in the New Testament, circumcision as a sign of inclusion in the covenant community loses its strength and becomes of relative importance if not just a cultural ritual,

with Paul in his epistle to the Romans emphasizing on circumcision of the heart, not the physical one (Romans 2:29). According to Thabane (2002) cited by Matobo *et al.* (2009:105) historically among Christian societies of Southern Africa, indigenous cultural rites were discouraged and discarded by the missionaries. Rites of passage like initiation (*lebollo*), calling on ancestral spirits to intercede on behalf of the living and others were regarded as heathen practices and superstitions and therefore bad (also Laidler, 1922:18 in Ntombana, 2007:76). Gradually people lost the purpose of performing some of these rituals. Those who continued to perform the ritual were excommunicated from church services and were denied formal western education and were in addition expected to undergo church rituals of repentance and cleansing before they could be allowed back.

#### **2.4.2 Medical Circumcision**

Medical circumcision refers to the procedure performed for therapeutic purposes by a western trained healthcare professional at a health care setting, involving the use of an anaesthetic agent. Gonzalez and Pebody (2013:313) state that the World Health Organization (WHO) and UNAIDS began recommending medical male circumcision as an HIV prevention tool in 2007, following three large-scale randomized clinical trials, conducted in Kenya, South Africa and Uganda. These trials found that medical male circumcision reduced a man's risk of contracting HIV by about 60%.

However, the roll-out of medical male circumcision in most Southern African countries is hampered by legislation, shortage of health care professionals, accessibility and availability of primary healthcare facilities. In South Africa, only medical doctors are legally allowed to perform the procedure and the shortage of medical doctors is well documented.

Gonzalez and Pebody (2013:313) reports concerns of acceptability and appropriateness of medical male circumcision by men in Swaziland, Botswana and Malawi. Other acceptability issues raised are that public campaigns using radio and public events, as well as female nurses, breached notions of privacy and secrecy attached to African male rite of passage and that, they are perceived to have eroded the kind of kinship fostered by the traditional schools in which, men learned the rules of manhood as part of a rite of passage (Gonzalez & Pebody, 2013:313; Vincent, 2008:876). The researcher views this as an indication of the

lack of cultural sensitivity and cultural congruence (**see section 1.6.1.1**) to the African culture by practitioners of the western based knowledge system. It does not only breach privacy and secrecy but also violates the sacredness of the African male rite of passage.

## **2.5 THE EDUCATIONAL ROLE OF AFRICAN MALE RITE OF PASSAGE**

Chikunda *et al.* (2006:154) are of the view that education should not be divorced from the life and culture of the community, and the same authors further cite Okrah (1998) in observing that different linguistic and cultural orientations demand that different groups of people with their own ontological, epistemological and axiological foundations should be encouraged to define and improve their own systems to satisfy their lives. It is in this context that male rite of passage should be viewed. Chikunda *et al.* (2006) recommend that the school curricula should include key values of African culture so that the education system will produce not grown up children but rounded personalities. Chikunda's recommendation reinforces the researcher's wish (**in section 1.5.1.3**) to use this research to promote cultural awareness.

Kenyatta (1953:125) cited by Chikunda *et al.* (2006) laments that admittedly we are living in a global village but the blind copying of foreign values will not lead us to the "promised land", but will put us into a dilemma, a no-man's land that is neither African nor European, where we will be left floundering between the two social forces. While Kenyatta acknowledges the universality of some aspects of culture in the context of the global village that we live in, the emphasis is on promoting cultural preservation (**in 1.5.1.1**). It is in this context that the positive aspects of practices such as African male rite of passage (*lebollo*) should be preserved rather than condemned.

Cited by Chikunda *et al.* (2006:155), Tefto (1997:155) makes an observation that in the midst of calls for an African Renaissance, *ubuntu* calls on the people of Africa to be true to themselves, calling for the liberation of Africans. This has a direct bearing on such practices as *khomba* (in this instance male rite of passage). The point Tefto (1997) is making is that Africa will not move forward if she abandons her cultural heritage (**see**



**cultural preservation discussed in section 1.5.1.1).** People should be allowed to develop along the lines that suit them best but not in a retrogressive manner. An integration of the positive elements of indigenous education systems and the current education curriculum, especially in tertiary education will help to produce people who can serve effectively in their own communities.

Ntombana (2009:74) alludes to the fact that sociologists and anthropologists locate the Xhosa initiation practice as a rite of passage with a strong educational role. In addition, Ntombana (2009:76) further states that outsiders do not always approve of the teaching role in the initiation practice. Stinson (2007) cited by Ntombana (2009:76) and Meintjies (1998:7) contents that a profound aspect of the initiation school is education in the acquisition of cultural knowledge.

Maharasoia and Maharaswa (2004:106) describe *lebollo* as a systematic form of knowledge production and transfer, instituted to ensure that the sustainability of nations was not left to chance and further refers to the multifaceted content and purpose of *lebollo*. Niang and Boiro (2007:24) state the following as some of the purposes of male rite of passage: transferring wisdom by building a wise man who understands and respect what is socially prohibited and social mores, a man who does not indulge in petty crimes and afford a man a role of leadership and responsibility. These words clearly show that the male rite of passage as practiced was more than circumcision, but was meant to mould responsible citizens.

Maharasoia and Maharaswa (2004:113) see value in some indigenous practices and thus propose the incorporation and universal application of some of the characteristics of *lebollo* in selected higher education disciplines like law, political science and medicine. Related to this, results of a study conducted by Seloana (2011:1620) about student teachers' perception on integration of male rite of passage (*lebollo*) education into school curriculum indicated that some of the aspects could be incorporated into the school curriculum. The study also indicates that the traditional schools should continue to exist. The researcher is of the view that male rite of passage is part of the African epistemology.

Seloana (2011:1610) states that the motivation to research traditional circumcision schools stems from the fact that the indigenous people want to retain them despite all the challenges they face. The same author further asserts that, from personal experience, the curriculum that is taught at these schools is of great importance in societal life, and also raises concerns on what will happen to the curriculum if such schools are ultimately going to be abolished.

The researcher also acknowledges as cautioned by Maharasoa and Maharaswa (2004:108) that the focus of discussions should center on the purpose and product of *lebollo* and not necessarily on the actual activities, since culturally these remain the preserve of those who have graduated from *lebollo*.

## **2.6 LEGISLATION AND POLICIES GOVERNING MALE RITE OF PASSAGE IN SOUTH AFRICA**

In South Africa the main legislation governing circumcision is the Children's Act No.38, 2005. Chapter 2 of the Act under the topic: *Social, cultural and religious practices*, deals with among other things circumcision of female children, virginity testing and section 12(8) states: Circumcision of male children under the age of **16** is prohibited, except when – (a) circumcision is performed for religious purposes in accordance with the practices of the religion concerned and in the manner prescribed; or (b) circumcision is performed for medical reasons on the recommendation of a medical practitioner. Section 12(9) states that circumcision of male children over the age of 16 may only be performed- (a) if the child has given consent to the circumcision in a prescribed manner; (b) after proper counseling of the child; and (c) in the manner prescribed. Section 12(10) indicates the need to take into consideration the child's age, maturity and stage of development, noting that every male child has the right to refuse circumcision.

## **2.7 SUMMARY**

The researcher embarked on this literature review to ground the research on an informed foundation and to refine the research protocol. The literature review highlights different contexts in the practice of male rite of passage as well as 'male circumcision'. Also emanating from the literature is the degree of inconsistency in the reductionist western

concepts used to describe African male rite of passage. The fact that concepts like circumcision, traditional circumcision, cultural circumcision, ritual circumcision, circumcision school, initiation, initiation school, traditional school are used interchangeably in an attempt to describe one concept, indicates that it is difficult to research the African male rite of passage from an etic western perspective and therefore, highlight the significance of using culturally congruent concepts such as those in **section 2.3**. The lessons learned from the literature review influenced the researcher to decide on the research method used (**in section 3.3**).

## CHAPTER 3

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### RESEARCH DESIGN AND METHODS

#### 3.1 INTRODUCTION

This chapter describes the methodology followed during this study. Grove, Burns and Gray (2013:195) describes a research design as the blue print of conducting a study. It maximizes control over factors that could interfere with the trustworthiness of study findings. In addition, the same authors state that a research design describes a flexible set of guidelines that connect theoretical paradigms first to strategies of inquiry and second to methods for collecting empirical materials as is also noted by Denzin & Lincoln (2003:36).

Denzin and Lincoln (2003:36) further state that a research design situates researchers in the empirical work and connects them to specific sites, persons, groups, institutions, and bodies of relevant interpretive material, including documents and archives. The research design also specifies how the researcher addresses the two critical issues of representation and legitimating (Denzin & Lincoln, 2003:36). Therefore in this research the research design is a blue print that situates its activities within an African indigenous community to explore and describe the rite of passage in order to deduce curriculum guidelines that are key in informing teaching and learning. Hence an exploratory descriptive qualitative study was conducted to explore and describe the educational aspects of male rite of passage and to deduce curriculum guidelines for healthcare students.

#### 3.2 RESEARCH DESIGN

An exploratory-descriptive qualitative research design was used to describe the life experiences of the participants.

##### 3.2.1 Qualitative

Grove *et al.* (2013:3) describe qualitative research as a rigorous, interactive, holistic, subjective research approach used to describe life experiences and give them meaning. In

this study the researcher sought to get the educational experiences that the participants gained through their life experience during male rite of passage.

### **3.2.2 Exploratory-descriptive**

The researcher chose the explorative descriptive design because the knowledge required for this research could only be gained by exploring the experiences described by people who had been through the male rite of passage as alluded to by Denzin and Lincoln (2003:36) and Grove *et al.* (2013:66). Over and above these Grove *et al.* (2013: 66) describe exploratory-descriptive study as the type of study that the researcher identifies as being qualitative without indicating a specific approach like phenomenology or grounded theory.

### **3.3 RESEARCH METHOD**

The researcher learned from the literature review (**in section 2.3**) about the difficulties and inconsistencies emanating from attempting to describe the African male rite of passage from an etic western perspective. The researcher therefore used what is relatively an indigenous African methodology in this research. The technique that the researcher employed is called a *lekgotla*. A *lekgotla* (singular for *makgotla*) was convened in order to collect data by means of face to face discussions and interviews with elders in the community and men who have personally experienced the male rite of passage. Pienaar (2005) defines a *lekgotla* as a meeting that Africans have to discuss and/or resolve problems in their community. The researcher's experience is that *makgotla* are also used by African communities to reinforce and educate on traditional and cultural values, propose and implement new rules, policies and laws in the community. Boniface (2012:382) describes *lekgotla* as a group or public mediation forum conducted by the elders and the headmen or chief for the resolution of disputes, with all present having a right to ask questions and make suggestions. The elders according to Boniface (2012:383) have reputation in the community as persons with wisdom and integrity who understand the cultures and traditions of their people, they are appointed on the basis of their lineage and occasionally due to their "notable status" in the community. Another major aspect of the *lekgotla* is that it is not researcher-centric since its proceedings are not directed by the

researcher as happens in the case of focus groups. This one has a coordinator who is usually an elder or chief.

The method used was considered to be most appropriate by the researcher because of its proximity to the African culture, of which African male rite of passage, is an integral part. It is also a community based method that the participants are most familiar with. *Makgotla* differs with other qualitative research methods such as focus groups because *makgotla* are more participant focused while focus groups are more researcher-centric. The use of *makgotla* as a research method, can also assist the indigenous communities in which *makgotla* are used to preserve their culture.

### **3.3.1 Population**

Botma *et al.* (2010:52) describe participants as those individuals who have been invited to participate in the study and who have been well informed about it, and are willing to take part and give input to the study. Individuals are selected to participate in qualitative research based on their first-hand experience with a culture, social process, or phenomenon of interest (Speziale & Carpenter, 2007:29). The participants' active involvement in the inquiry is according to Speziale and Carpenter (2007:29) to help those who are interested in their experiences or cultures to better understand their lives and social interactions. The researcher therefore invited men who are also elders and knowledge holders in the community, who had personally experienced male rite of passage to participate in the research.

### **3.3.2 Sampling**

Sampling is the selection of a sub-set of individuals from within a population to identify or estimate the traits of a population group, which in this case is lebollo, as a male rite of passage. A non-probability purposive sampling technique was used to select participants, to take part in a *lekgotla*. There are no rules that determine a quorum for a *lekgotla*, only concurrence among the members present as well as the acquiescence of absent members which is necessary for a decision to be made, provided that traditional values, norms and rules are observed (Creswell, 2014:189; Coertze & de Beer, 2007:47; Pienaar, 2005:25).

The purposive sampling technique was considered to be the most appropriate as the researcher is familiar with the population from which the sample was selected. The participants were respected men who are also elders and knowledge holders within their community. These men have had personal experience of male rite of passage and were noted as ready and able to share the educational role of the male rite of passage. This is in line with Speziale and Carpenter (2007:94) and Creswell (2014:189)'s view that purposive sampling selects individuals for study participation based on their particular knowledge of a phenomenon for the purpose of sharing that knowledge. Speziale and Carpenter (2007:29) further states that participants are selected for the purpose of describing an experience in which they have participated.

### **3.3.3 Data collection**

Data collection is defined by Grove *et al* (2013:523) as the process of selecting participants and gathering data from these participants. Speziale and Carpenter (2007:29) states that the terms participants or informants are used by qualitative researchers to illustrate the status that those studied play in the research process.

An initial preliminary meeting was held with the Chief of Mohlala Morudi Tribal Authority for the purpose of personally requesting permission to conduct the research, explaining the purpose of the research, and to submit a letter of request to conduct the research. See Annexure A for request to conduct research.

After the participants were selected to take part in the *lekgotla* and they had agreed to participate, they were contacted by the researcher to prepare them for the actual *lekgotla* and to answer any preliminary questions (Speziale & Carpenter, 2007:94 and Brink *et al.*, 2013:57). An informed consent and permission to audio record the proceedings of the *lekgotla*, was obtained during this initial preparatory meeting (Brink *et al.*, 2013:57). Annexure B shows the consent to participate that was used to request identified persons to participate in the research.

During data collection which was conducted in the local authority office, the researcher played the role of *observer as participant* as described by Speziale and Carpenter

(2007:42) in which the main activity of the researcher was to observe and to ask questions and clarify meaning. In the African culture the *lekgotla* is facilitated by a chief or a community leader afforded such authority by the chief or the community.

The data was collected in *Sepedi* which is the language of the participants and the researcher. Audio recording was performed using an audio recorder. The researcher also took notes of conversations during the *lekgotla*. The main research question was “What is the educational role of the male rite of passage?”

In order to obtain maximum information from the participants the researcher used the following communication skills during the *lekgotla* to assist the participants to describe the educational role of male rite of passage: probing, paraphrasing, reflecting and summarising.

- *Probing*: The researcher used probing questions such as “*when you say..., what do you mean?*” to encourage participants to give more detailed explanations (Brink *et al.*, 2013:158) and to indicate to the participant that the researcher is interested in the experience.
- *Paraphrasing*: The researcher would restate what the participant has said in the researcher’s own words to ensure that the researcher understood what was communicated.
- *Reflecting*: The researcher used reflection by repeating the participants’ verbal and non-verbal communication.
- *Summarising*: At the end of the *lekgotla* the researcher highlighted the major points mentioned by the participants and asked them to indicate if anything important had been left out.



### 3.3.4 Trustworthiness

To ensure trustworthiness the researcher used a model proposed by Lincoln and Guba (in Botma *et al.*, 2010:232). In this model trustworthiness has four epistemological standards: *truth value, applicability, consistency and neutrality.*

#### 3.3.4.1 *Truth value*

Truth value determines whether the researcher has established confidence in the truth of the findings with the participants and the context with which the research was undertaken (Botma *et al.* 2010:233; Pienaar, 2005: 30). The participants in this research narrated their experiences as lived and perceived by themselves. In order to strengthen the truth value of the research the researcher also used prolonged engagement by spending a considerable time with the participants during the *lekgotla*. The prolonged engagement together with the fact that the researcher is known to the participants helped to build trust and form rapport between the participants and the researcher. This helped in boosting the credibility of the information that had been gathered (Shenton, 2004:63).

Triangulation is another strategy used to establish the truth value of a study. It is defined as the use of multiple measures to investigate a single concept or phenomenon, to gain a multidimensional understanding of the phenomenon of interest (Botma *et al.* 2010:87). During the research data was collected using multiple sources during the *lekgotla* including observations, taking notes and audio recording. The researcher listened to different participants narrating their experiences.

#### 3.3.4.2 *Applicability*

According to Botma *et al.* (2010: 233) applicability refers to the degree to which the findings can be applied to different contexts and groups. These authors, further state that it is the ability to generalise from the findings to larger populations by using the strategy of transferability. The researcher in this study did not aim to generalise the findings but sought to explore whether the same principles can be applied in a different context and group, for example, to healthcare students in a western knowledge system.

#### 3.3.4.3 Consistency

Consistency is the consideration of whether the findings will be consistent and dependable if the research was replicated with the same participants in a similar context as well as different participants in a similar context. Consistency was ensured by a clear description of the research process. The researcher however aimed to promote co-existence between two different health systems, the African Indigenous health practices and the western ones rather than identical replication of research, and of course, in addition the complementarity of the two health traditions and their practices.

#### 3.3.4.4 Neutrality

Neutrality entails freedom from bias during the research process and results description, and refers to the degree to which the findings are a function solely of the informants and conditions of the research and not of other biases, motives and perspectives (Botma *et al.*, 2010: 233). The researcher used *bracketing* to minimise bias by declaring that as a teenager the researcher has undergone the Sepedi (African) male rite of passage in the same community where the research was conducted.

Researcher credibility is another strategy used to ensure neutrality. In qualitative research the researcher is used as a data collection instrument. Researcher credibility thus entails the faith that can be put on the researcher by the participants or informants. In this research, it was easier for the participants to develop trust in the researcher because the researcher grew up within the community and was known to most, if not all of the participants. The fact that the researcher has undergone the male rite of passage in the same community as a teenager would have facilitated an easier flow of information on a culturally sensitive topic as male rite of passage.

### 3.4 ETHICAL CONSIDERATIONS

Ethics clearance for conducting the research was obtained from the Ethics Committee of the North-West University (see Annexure C). Permission to conduct the research was also requested through a letter (see Annexure A for request to conduct research) from the Tribal Authority Chief and the permission was obtained in writing (see Annexure D for letter of approval). According to Creswell (2014:188) it is important for the researcher to seek

approval of the gate keepers to allow the research to be done. Informed written consent was obtained from the participants following a thorough explanation of the purpose of the study (see Annexure B for consent to participate in the research).

### **3.4.1 Autonomy**

This was ensured for the entire group, and not individuals. So as a group, participants were informed that their participation in the *lekgotla* was voluntary and that they could withdraw their participation or refuse to give information which made them uncomfortable at any time without a penalty or prejudice (Brink *et al.*, 2013:35).

### **3.4.2 Privacy, anonymity and confidentiality**

The researcher also made sure that the participants were in addition made aware that it was not possible to ensure complete privacy and anonymity during the *lekgotla* as participants were known to each other and because a *lekgotla* requires that all participants participate being at the same place at the same time when the *lekgotla* takes place, however confidentiality was maintained within the group.

### **3.4.3 Beneficence**

The research posed no risk of physical harm to the participants and researcher. Care was taken to avoid any psychological, emotional and spiritual harm during data collection by posing questions in a respectful and culturally sensitive manner. In an effort to ensure cultural sensitivity, before the *lekgotla* began in earnest, the researcher confirmed with the participants whether every person who was in the office attending the *lekgotla* had the rights and credentials to attend the *lekgotla* given the topic that was to be discussed. The use of language in context and nuances was also important in ensuring cultural sensitivity during the *lekgotla*.

## **3.5 SUMMARY**

This chapter encapsulates the research design and method that was followed in the researcher's endeavor to capture the true essence of the African male rite of passage as experienced in the African culture, through the use of *makgotla* as a data collection method

familiar to the research participants. It also highlighted how *makgotla* as a data collection method is different from focus group discussions. Focus group discussions are researcher-centric, and take respondents as vessels from which data are collected for the enrichment of the one carrying out the study. The following chapter discusses the realization of the research findings through the analysis of the data collected.

## CHAPTER 4

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### REALIZATION OF DATA ANALYSIS

#### 4.1 INTRODUCTION

Chapter (4) four focuses on the data analysis, and the methods that were employed during the process. During this study, the researcher used *Makgotla* to collect qualitative data in order to explore and describe the educational aspects of African male rite of passage as an objective of this study as stipulated in **section 1.4.1**.

#### 4.2 DATA ANALYSIS

##### 4.2.1 Transcription and translation of the data

Data analysis for this research commenced on the day that the data was collected while the data was still unsullied because; in qualitative studies data analysis occurs simultaneously with data collection (Botma *et al.*, 2010:220; Burns & Grove, 2013:268). For this reason data transcription and analysis was commenced while the data was still in the original language of the participants and the researcher which is Sepedi, before any translation was done. The researcher listened to the participants' verbal contributions on the audio recording, followed by transcribing the data in Sepedi and thereafter translating the data to English. Transcription was done from the recordings and was an important part of data analysis and included noting the speaker's tone as well as reactions from other participants.

According to Wong and Pon (2010:152) cited in Khupe (2017:109) translation is not a neutral technique of replacing words of one language with words of another language. It involves assigning meaning to words in both languages and is mediated by power relations and social contexts. The researcher decided to analyse the data in the participants' original language to avoid misrepresentation by loading the data with the translator's own interpretation and perspectives as translation involves interpretation, and when data is analysed after translation it carries more than the original meaning (Khupe, 2017:109)

The reality of this research was such that if any translation was to be done by a person from outside the research process, that person would not have been able to pick up the

nuances and context from the *lekgotla* in which the data was collected. Aspects of the data that were selected as quotes were presented as said by the participants and only translated for meaning for the benefit of non-sepedi readers (**see 4.3.2.1**)

#### **4.2.2 Coding of data**

Data coding was done according to the eight steps described by Tesch in Creswell (2014:198) and Botma *et al.* (2010:224). Tesch's eight steps in the coding process are:

1. Reading all the transcriptions carefully and jotting down some ideas in the margin as they come to mind to get a sense of whole.
2. Picking one document (i.e. transcript of an interview) - the most interesting one, shortest or the one on top of the pile and reading through it to look for the underlying meaning and again jotting down thoughts in the margin.
3. Reading through several participants' data, making a list of all topics, clustering similar topics together and forming them into columns of major topics, unique topics and leftover topics.
4. Take the list back to the data, abbreviate the topics as codes and write the codes next to the appropriate segments of the text to see if new categories and codes emerge.
5. Find the most descriptive wording for the topics and turn them into categories. Reduce the list of categories by grouping categories that relate to each other.
6. Make a final decision on the abbreviation of each category and alphabetise these codes.
7. Assemble the data material belonging to each category in one place and perform a preliminary analysis.
8. If necessary, recode the existing data.

The transcriptions were read and reread to get a sense of its overall meaning and during that process five themes and their categories emerged (**see table 4.1 below**). Also during the process of data analysis, literature control was carried out to link the data to the available literature and to create a broader meaning. The following table illuminates the data:

#### 4.3 THEMES AND CATEGORIES IDENTIFIED IN THE DATA

During data analysis five themes and their categories emerged at different stages (*before the process, during the process and after the formal process*) of *lebollo*. The themes as delineated on **Table 4.1** are: *Spirituality and beliefs, virtues, morals, leadership and health*.

**Table 4.1 Themes and categories**

Theme	Category
<p><b>Before the process</b> Spirituality and beliefs</p>	<ul style="list-style-type: none"> <li>➤ Consultation with the fore-parents</li> <li>➤ Performance of rituals before the sending off of the initiate</li> </ul>
<p><b>During the process</b> Spirituality and beliefs</p>	<ul style="list-style-type: none"> <li>➤ Important rituals and ceremonies</li> <li>➤ Norms, customs and traditions aligned with the indigenous community</li> </ul>
<p>Consolidation of important virtues</p>	<ul style="list-style-type: none"> <li>➤ Respect               <ul style="list-style-type: none"> <li>• for elders</li> <li>• peers</li> <li>• local customs</li> </ul> </li> <li>➤ Work ethics               <ul style="list-style-type: none"> <li>• commitment</li> <li>• team work, unity and cohesion</li> </ul> </li> <li>➤ Humility</li> <li>➤ Resilience</li> </ul>

Inculcating morals	<ul style="list-style-type: none"> <li>➤ Sexuality education <ul style="list-style-type: none"> <li>• encourage sexual reserve and control</li> <li>• respect for marriage</li> <li>• discouraging promiscuity and incestuous relationships</li> </ul> </li> <li>➤ Cultural behaviour and conduct</li> <li>➤ Confidentiality and sacredness</li> </ul>
Leadership training	<ul style="list-style-type: none"> <li>➤ Lineage</li> <li>➤ Responsibility and accountability</li> <li>➤ Problem solving</li> <li>➤ Assuming leadership roles</li> </ul>
Health promotion	<ul style="list-style-type: none"> <li>➤ Disease prevention <ul style="list-style-type: none"> <li>• through circumcision</li> <li>• use of medicinal plants and animal fats</li> </ul> </li> <li>➤ promoting cleanliness (purity)</li> </ul>
<b>After the formal process</b> Spirituality and beliefs	<ul style="list-style-type: none"> <li>➤ Welcome rituals</li> <li>➤ Thanks giving ceremonies</li> </ul>
Application of moral principles	<ul style="list-style-type: none"> <li>➤ Honesty and trustworthiness</li> </ul>
Execution of leadership	<ul style="list-style-type: none"> <li>➤ Assuming leadership roles <ul style="list-style-type: none"> <li>• Family</li> <li>• Community</li> </ul> </li> </ul>
Facilitation of health promotion	<ul style="list-style-type: none"> <li>➤ Imparting knowledge</li> </ul>



	<ul style="list-style-type: none"> <li>➤ Use of medicinal plants and animal fats</li> </ul>
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### 4.3.1 The process of *Lebollo*

In the data the researcher found that certain aspects in the process of *lebollo* are begun even prior to the prospective initiate going to the local area initiation venue which is a mountain for the formal period of seclusion. The discussion below elaborates on the process as observed during the data collection.

#### 4.3.1.1 *Before the formal process*

##### 4.3.1.1.1 *Spirituality and beliefs*

*Consultation with fore-parents:* The researcher found in this research that before a boy goes to *lebollo*, he tells his parents about his wish to attend *lebollo* with the next cohort. The parents of the boy will then communicate with the rest of the extended family before consulting with the fore-parents about the boy's decision to go to *lebollo*, to seek the fore-parent's approval, which is why it is important for the boy to seek parental approval before going to the mountain. The consultation marks the beginning of a spiritual relationship between the boy and his fore-parents, and according to Gitywa in Papu and Vester (2006:182), an initiate is taught to honour and respect the fore-parents by adhering to customs carrying forward the rituals that he witnessed, to his progeny.

*4.3.1.1.2 Performance of rituals:* Following consultation with the fore-parents, one of the following decisions will be taken; the boy may be given the blessing to attend *lebollo*, a decision for the boy not to attend *lebollo* that year, or the performance of certain rituals for appeasement of the fore-parents before the boy can attend *lebollo*. The rituals may involve the slaughtering of an animal. This observation is also supported by Ngxamngxa (1971) in Papu and Verster (2006:180) and Niang and Boiro (2007:27). Many more rituals are witnessed during the whole process of *lebollo* which a man is expected to carry forward to

his children. These two aspects discussed personify the spirituality and beliefs depicted during *lebollo*.

**4.3.1.1.3 Beliefs:** *Lebollo* is closely associated with the spiritual wellbeing of the Bapedi in particular and African people in general. The general belief is that *lebollo* marks and effects the transition from boyhood to manhood. Ramose (2005:64) highlights one of the functions of *lebollo* as to establish a link between the initiated and ancestors (fore-parents), further stating that, the Batswana for example, believe that only the initiated may become ancestors.

According to Niang and Boiro (2007:24), the Balante in Guinea-Bissau view performing male circumcision as a way of showing their commitment to God, while in the Wolof culture in Senegal, the circumcised man is the one who prays and who meets the conditions for spiritual purity required for an act of religious communion, it has to be noted that the word used for the circumcised man (*njulli*) has the same origin as the word used for prayer (*julli*). In the same study that was conducted by Niang and Boiro (2007:24) among the Balante, Manding and Wolof ethnic groups in West Africa, it was found that there is a common belief amongst them that in circumcision there is communion with the earth and with their fore-parents, in fact, the Manding and Serer initiates specifically chant songs to invoke the invisible spirit of *Mama* or grandmother in Serer, or Kankurang in the Manding rite (Niang & Boiro 2007:25), while in the Balante the initiates begin the rite by going to the bush to find the spirit of circumcision. According to one of the participants:

*“motho o swanetše gore a fete mo lebollong, ke moka a tle a tsene mo tumelong, ke gore ba e ra gore ge o sa tsebe molao, tumelo o ka sa be nayo”*

(A person has to go through *lebollo* in order to have faith, which means that if a person did not go to *lebollo*, that person cannot have faith)

#### **4.3.1.2 During the formal process.**

##### **4.3.1.2.1 Spirituality and beliefs**

During the period of seclusion initiates are taught about important rituals, dances and ceremonies which are used in the community for thanksgiving or to appease fore-parents (Mohlaloka, Jacobs & de Wet, 2011:23). It is also believed that during the seclusion period the initiates shed their old identity in which their fore-parents recognized them as children. The shedding of the child identity is signified by the fact that while in seclusion, the initiates are therefore not referred to by their old or usual names, but are referred to as *Modika* or *Badika* (*plural*). According to Venter (2011:563) not referring to the initiates by name protects them from the principles of darkness. The researcher's understanding is that, because *lebollo* signifies the "death" of the boy, followed by the emergence of the "man", during the transition from boyhood to manhood, the person is nameless. The concept used *modika*, is therefore a descriptive noun meaning "the one who has gone behind the mountains" (*O dikile ka thaba*)

The importance of observing norms, customs and traditions and the related consequences for not observing the norms, customs and traditions are highlighted to the initiates during the period of seclusion.

It was evident in the data that spirituality and beliefs play an important role during *lebollo*. The mentioned aspects serve not only as a preparatory precursor, but also as a root foundation of the entire process.

#### **4.3.2 Consolidation of core virtues**

The *Concise Oxford Dictionary* (1999:1601) defines virtue as a "behaviour showing high moral standards or a quality considered to be morally good or desirable". Maharasoa and Maharaswa (2004:110) posit that *lebollo* serves to enhance personal as well as communal traits such as respect, humility, perseverance, patriotism and hard work.

##### *4.3.2.1 Respect*

Initiates are taught about the importance of self-respect (Kheswa, Nomngcoyiya, Adonis & Ngeleka, 2014:2794), and to respect their peer leaders, fellow initiates and members of the subgroups of which they belong during their seclusion period. Initiates are also expected to respect every man who has been through the process of *lebollo* before them irrespective of

whether that person is younger than them in terms of age. The respect of every older person is emphasized. A participant stated that:

*“se se gologolo lebollong re ithuta hlompho, le go se nyatše batho ba bagolo, rena re ithutile gore mokgalabje yo ke tatane, mmane yo ke mmane”*

(The most important thing from *lebollo* is to learn to respect, and not to disrespect adults, we learned to respect every elderly man as a father and every elderly woman as a mother).

The following statement captured from a participant show that, the principle of respect entails respecting the community’s culture and traditions including the principles that govern the *lebollo* as an institution.

*“motho ge a etšwa lebollong, o tseba molao ka moka ga wona, o phela a le ka tlase ga molao wa lebollo”*

(A person who is from *lebollo*, knows all rules and principles, and he lives by the rules and principles learned during *lebollo*)

#### 4.3.2.2 Work ethics

Initiates are exposed to hard work as they need to provide for themselves for their own survival. Commitment to the work and to the cause is also encouraged.

*“re ithutile go betla ditulo tša marala, re betla le mpete ya marala a mekgopa ya dikgomo ge re le lebollong”*

(We learned how to craft chairs and beds using strings made out of cow hide when we were at the *lebollo*)

Traditionally within the Bapedi nation *lebollo* takes place during the winter season, which means that daily the initiates have to collect wood from the mountain for fire and cooking, fetch water, cook and even go hunting. All these labour intensive tasks are performed daily

for the survival of the initiates under difficult circumstances and instil into them a sense of discipline, collective work, resilience and prepare them for hardships through-out life. They, in addition teach initiates that from the period coming after *lebollo*, they have to face life's challenges head-on. Seema (2012:133) indicates that, for Basotho intellectual education was in the form of *lebollo* which incorporates all the processes of raising young people to adulthood and developing their potential in society by learning how to hunt wild game, herd livestock, prepare food, weave clothes, search for wild honey and distinguish medicinal plants from poisonous ones.

Initiates are subdivided into smaller units, each unit with its own leader, to perform specific tasks such as collecting wood, fetching water, cooking and hunting. This kind of arrangement seeks to promote teamwork, unity and cohesion within and amongst the initiates as each unit needs to contribute to the central goal which is survival of the whole cohort. The units have to function in a complementary and cohesive manner so as to avoid duplication of roles and to make sure that all tasks have been allocated and satisfactorily performed. Such division of tasks also teaches and inculcates in the initiates an appreciation of complementarity, so that they understand that different roles and activities all contribute to one goal and the common good.

#### 4.3.2.3 Humility

Defined in the *Concise Oxford Dictionary* (1999:692), humility is “a humble view of one's own importance”. The virtue of humility during *lebollo* is borne from the fact that in the absence of continuous support from family and loved ones who may not be able to be with the initiates during the time of need, fellow initiates and men from the community are there to provide assistance and support at a time when one is at his weakest self. It becomes a humbling experience for initiates. The fact that they are there for each other and the relationship that develop amongst them during *lebollo* becomes very strong and continue for many years to come. Alluding to this, a participant stated that:

*“ke gore batho bawo e kilego yaba ba mophato ka o tee, nna ga ke lebelela, le gona bjale, ba tlwaelana, goba ba tsebana go ya go ile”*

(People who belonged to the same *lebollo* cohort, as I see it even to this day, they develop a relationship that last forever)

Niang and Boiro (2007:26) allude to a bond of sacred dimension which is said to be approved by God mostly among men who were circumcised together. They also refer to an undying closeness considered to be stronger than that with a parent. *Lebollo* therefore reinforces a humble view of one's self that an individual's significance cannot be greater than that of a group that is also emphasized in *botho/ubuntu*.

#### 4.3.2.4 Resilience

*Lebollo* is considered to be one of the ultimate tests of resilience. The difficult ordeals that initiates experience during *lebollo* are meant to mentor a more resilient and disciplined adult. One of the participants talks of how initiates learn to live through difficult times in life and that when a man lives through difficulties he should not consider himself to be suffering. The participant further mentioned that a man is prepared for an eventuality that he might find himself having to sleep in the veld without feeling scared (bravery). An example of how resilience is instilled during *lebollo* according to the participant is that there are no shoes and there are limited clothes to wear, while initiates are exposed to the thorny and cold winter environment.

*“gape taba kgolo ke gore o swanetše gore o ithute matshwenyego, ke gore o tsebe go phela ka thata, o se ke wa re mohlomongwe ge o tšwile, wa hwetša o ka re o mohlophengong, ke gore o tlwaele gore mohlomongwe le go robala hlageng o ka na wa robala kua hlageng, le gore ga re apare dieta ge re le kua komeng, e bile ga re apare mo mmeleng, o fo sepela mo meetlweng ”*

Khoali (2004) cited by Maharasoia and Maharaswa (2004:110) concurs by stating that *lebollo* subjects initiates to “maximum physiological and psychological threshold through occasional deprivation of some basic needs like food, water, sleep and affection while at the same time initiates are expected to stay focused on the course and think strategically about issues” - also see Soga (1931) in Papu and Vester (2006:180). Kheswa *et al.* (2014:2794) refer to endurance, which builds certain character traits as patience, courage,

resilience and strength which will help the initiates to withstand any adversaries which they may experience during their life. Despite these deprivations, absconding or dropping out (failure to persevere) from *lebollo* remain abhorred by peers, parents and the community and those who abscond or drop out are ostracised by the community. In an effort to emphasize the importance of resilience, some Bapedi even link such issues with those in the Bible. There is the equating of a biblical story of circumcision to resilience (Joshua 5: 2-5) by a participant who referred to the time when the children of Israel were in the wilderness, and God commanded Joshua to circumcise them at Gibeath-haaraloth because all the men circumcised out of Egypt had perished.

*“ka gare ga Baebele e gona mola go Joshua, ge ba etšwa kua kgole, ba etšwa Egepete go bolelwa ka taba ye. A gowelega a re Joshua, Joshua boela o bolotše bana ba Israel ka kua mmotong wa Arelote, a bona gore ba le ba leblo ba fedile, bjale go šetše ba ba setšego ba bolla, a re ba ba tlo hwa ka pela ka gore ga gona nako, ba sepela bošego le mosegare”*

The participant interprets this to mean that because all those men who were remaining were uncircumcised they could not be resilient enough to survive.

### **4.3.3 Inculcating morals**

The important fact of the Basotho indigenous knowledge system is that they inhabit the world in a specific way, which means a Mosotho in society, creates a human way of life on the basis of what is considered good and valuable, that is, on the basis of an idea of humanity (Seema, 2012:128)

#### *4.3.3.1 Sexuality education*

The period of initiation also includes sexual education in which sexual reserve and control are emphasised, and the young circumcised men are warned against indulging in sexual escapades with members of the opposite sex (Niang & Boiro 2007:30). This statement was said by a participant regarding about the sanctity of marriage.

*“ke gore ge o bona mogatša monna, ka mantšu a mangwe ke gore ba go ruta gore, motho yo o nyetšwe, o swanetše gore o hlomphe mosadi yeo, o tsebe gore ke mogatša monna yo mongwe, ga go ka mokgwa wo o ka boledišanago le yena ka mabapi le tša marato”*

(They teach you that, when you see another man’s wife, you must realize that she is married and respect her, there is no way you can talk to her about engaging in sexual relationship)

Initiates are taught to control their sexual desire. This is done through songs which discourage promiscuity and incestuous relationships, and teachings from the elderly men. Initiates are also taught about taboos on sexual activity which needs to be observed during times when *lebollo* is in session in the community. These taboos are expected to be observed by different sectors of the community, especially parents of initiates and those looking after the initiates. The sex education provided can also assist in the prevention of sexually transmitted infections.

One participant indicated that amongst the things learned during *lebollo* is to respect married women, in that one should not approach and engage in sexual relations with married women. The same participant further stated that they were also warned not to engage in sexual intercourse with a woman who is menstruating in order avoid contracting diseases.

#### *4.3.3.2 Behaviour and conduct*

Men who had been to *lebollo* are expected to behave and conduct themselves in a way which is different from the way they did before they attended *lebollo*. They should be exemplary and become role models to those who have not been to *lebollo*. A participant said that:

*“go nale mekgwa e mentšhi yeo e le go gore ge o fihla ka mo, bao ba lego ka mo gae ba swanetše gore ba tle ba bone ka wene gore ka kua o tšo ithuta eng, bjale ke moka o swanetše gore o bontšhe le ka mo gae gore o tšwa ntshe kua, ka mantšu a mangwe ke gore tšela o bego o di dira pele, o se wa ya kua komeng, ga o a swanela go di dira o šetše o etšwa ka kua”*



(There is different ways in which when you come back home from *lebollo*, those who remained must observe from you what you learned at the *lebollo*, you must show that you are from there and you cannot behave the way you used to behave before you went to *lebollo*)

Papu and Vester (2006:182) accede to the role played by *lebollo* in effecting behavioural and lifestyle change. During their training to become professionals, healthcare students are also expected to learn about the ethics of their professions to influence or govern their professional conduct.

#### 4.3.3.3 Confidentiality and sacredness

Men who have been to *lebollo* are expected to hold in confidence, those aspects of *lebollo*, which are considered to be sacred. The following is a participant's view about the confidentiality and sacredness of *lebollo*:

*“Tlhago ye ke tlhago [referring to lebollo], ke sephiri, ke sephiri [emphasis] se se golo ka matla, se bjale ka pelego ge mokgekolo a hlolegelwa ke lešoko, tlhago le yona e jwalo”*

(Lebollo in nature is confidential and sacred, is the same as when a woman experience labour)

Emphasising the confidentiality and sacredness of *lebollo*, one participant equates it to childbirth as a rite of passage. The participant however, further laments the fact that, while in the community from which the participants belong the sacredness of *lebollo* is still highly regarded. What he gathers from the media is that the sacredness of *lebollo* is in recent times compromised. Participants believe that the involvement of outsiders on issues of *lebollo* compromises its sacredness.

The importance of confidentiality in healthcare and research is already well documented **(also see 3.4.2)**.

#### 4.3.4 Leadership training

Initiates are expected to acquire some leadership skills during *lebollo* which they will use upon their return within their families and communities.

##### 4.3.4.1 Lineage:

The basic tenet of learning about traditional leadership is to establish direct lines of descent or ancestry. Initiates learn from the elders that within a specific clan one person is not considered to be senior to the other primarily because of age but rather because of whether one comes from the lineage of the greater house or the smaller house or as to how the parents as siblings follow each other by birth. Accordingly everybody is allocated their standing according to that protocol.

*“Ge ba fetša go le tia ka kgati yela ya koma, ba go bea ka seemo sa go latela yeo o swanetšego go mo latela”*

(After each initiate had been whipped with the ritual stick, the initiate is then allocated their standing according to accepted protocol)

The above statement by a participant refers to a ritual in which the boys are whipped with a stick from a branch of a tree when they start the process of *lebollo*. This is carried out with consideration to their clan, family and birth order as described in **section 4.3.1.1.2** above. This ritual teaches the boys to respect those in leadership roles irrespective of their age. The same is expected of healthcare workers in respect of their professional roles and positions.

##### 4.3.4.2 Responsibility and accountability

Participants highlighted responsibility as one of the leadership traits learned during *lebollo*.

*“O swanetše gore o tle o be le maikarabelo, mohlomongwe a lapa la gago, ke gore o se ke wa tla wa re mohlomongwe ka gore ke tšwa komeng ke yo itshetlega ka tatane, le wena o šetše o nale mathata a wo e lego gore a go emetše”*

(You have to assume responsibility, especially for your own family, do not expect to depend on your father, you are now expected to face your own problems)

*“Go ra gore bjale o nale maikarabelo a wo a tilego gore o ka eta setšhaba pele, gagologolo ba lapa la gago”*

(It means that from now on you have the responsibility to assume leadership role in the community and especially within your own family)

The duty of *lebollo* to produce accountable and responsible citizens is highlighted by Prince Burns-Ncamashe in Ntombana (2011:637). Responsibility also includes being able to assume leadership roles within the family and community. This is in concurrence with Kheswa, *et al.* (2014:2795).

Similarly, healthcare professionals are expected to assume leadership roles and be accountable for their acts and omissions upon completion of their training as regulated in Department of Health (2014:3).

#### *4.3.4.3 Problem solving skills*

Participative problem solving strategies are encouraged similar to the way *makgotla* are managed. Initiates are broken down into smaller constituents, with each unit under its own leader. They are tasked to perform specific tasks such as collecting wood, water, cooking and hunting. Within those units they are encouraged to engage in issues and make collective decisions. Only problems which cannot be resolved are escalated higher. To encourage collective decision making and accountability, any misbehaviour or non-performance is punishable using the principle of *pudi ya ja leotša e fetetša tše dingwe*, which means that punishment is meted to all members of the unit irrespective of who committed the offence.

A participant stated that even on domestic issues a man is taught to discuss issues with his wife, not consider his word to be final and should not engage in violence. If issues cannot be resolved, then they can be referred to the elders.

*“O seke wa tshepa gore ge e le mosadi ke tlo fo mo emišetša letsogo, le swanetše le boledišane le kwane, a go eletše, o mo eletše, o tla bona motse wa lena le tla kwišišana”*

(Do not believe in raising a hand (beating) for your wife, you have to talk and agree, advice her and let her advice you in return, you will see your family will be peaceful)

#### 4.3.4.4 Leadership role

In the Bapedi culture *lebollo* is the responsibility of the King or the Chief as a custodian. It forms part of their leadership roles.

*“Taba ya lebollo ka se gagešo, e be e le molao gore kgoši ke moka e ntšhe koma gore e bolotše batho, gagolo bahlankana”*

(In my culture, it was the responsibility of the Chief to call for a period of *lebollo* so that people could be initiated, especially boys)

Maharasoa and Maharaswa (2004:113) point out that each cohort (*mophato*) traditionally had to have a prince amongst the initiates, and from within his cohort the prince would get his royal council and advisors when he finally ascends the throne. That is how leadership was learned.

*“Ba go ruta gore o tsebe gore kua komeng le gona re a fetana, ge re latelana re itšalo, o hwetša gore go na le kgoši gona kua komeng”*

(You get taught that at the *lebollo* there is also a social strata within which there is also a Chief”

#### 4.3.5 Health promotion

One of the themes that emerged from the data analysis is that of health promotion which is achieved through circumcision, use of medicines and the hygienic practice of cleanliness. According to Seema (2012:134) *lebollo* education teaches initiates how to distinguish medicinal plants from poisonous ones.

#### 4.3.5.1 Disease prevention

Results of studies regarding the relationship between male circumcision and HIV prevention are already well documented (**see section 2.4.2**). Most of the participants highlighted disease prevention as an important aspect of *lebollo*. Disease prevention is attributed to circumcision, the plants and animals which are eaten and used for medicinal purposes that contribute to the building of resistance against disease.

*“motho ge a ile komeng, ge a bolotše, o a šireletšega malwetšing a mantši a mo lefaseng, ga a mo ama-ame ka mokgwa wo ka gore, o ba a bolotše gomme a berekegile ka mokgwa wo o swanetšego”.*

(A person who has been through the male rite of passage and has been circumcised, he is protected from a lot of diseases of this world, they do not affect him easily, because he has been treated the proper way)

Similarly all the ethnic groups in the Niang and Boiro study (2007:24) believe that male circumcision has prophylactic properties as the foreskin is considered dirty, a source of bad smells and disease, or even of evil. The Balante in particular, consider sexual relations between a man who is not circumcised and a woman who is a virgin as cause of *pusoonu*, a disease with symptoms similar to AIDS. The researcher believes that the Balante people's view about sexual relations between an uncircumcised man and virgin can have a positive effect on the health of the community as it is likely to delay the start of sexual intercourse until after male circumcision which is said to be taking place when the man is 18- 20 years old.

#### 4.3.5.2 Purity/ cleanliness

Purity and cleanliness are one of the attributes which are enforced during *lebollo* purity, signified by cleanliness in its literal form. Men are expected to show an improved sense of cleanliness after coming from *lebollo*. This is done by encouraging behaviour such washing hands before handling food and eating. The relationship between cleanliness and good health is one of the most basic aspects of healthcare. Circumcision itself is seen as a way of improving penile hygiene as the foreskin is considered dirty, and it is widely accepted that it reduces the risk of contracting sexually transmitted infections.

In a more metaphorical context purity relates to the purging of mind and soul to purify the inner self through the inculcation of principles such as honesty and trustworthiness (Maharasoia & Maharaswa, 2004:109) and (Mohlaloka *et.al*, 2016:21). It also contributes to the health of communities through working together.

#### **4.3.6 After the formal process.**

The process of *lebollo* continues beyond the seclusion stage as certain ceremonies are carried after the initiates have left the mountain to return home.

##### 4.3.6.1 Spirituality and beliefs

###### *4.3.6.1.1 Welcome rituals*

The evening after the seclusion period has ended the newly initiated men gathers at the same kraal where they gathered before going to the mountain and are welcomed by their families and the community and will spent the night in the kraal. Rituals are performed before they enter the kraal to introduce them to the community as new members with new identities and names as their old selves are believed to have been shed at the mountain. The new identity is as a direct result of the state of being “nameless” as described in **section 4.3.1.2.1.**

According to Seema (2012:132), among the Basotho the act of naming was a bestowal of soul on the person receiving the name, Basotho names are not arbitrarily chosen as it gives the person receiving the name an identity and a place within the society. The following day they disperse to their homes and further welcome rituals are performed before they enter the gates of their homes to introduce them to their fore-parents. From this time onwards they can be able to communicate with their fore-parents as complete individuals and as representatives of their families.

#### 4.3.6.1.2 *Thanksgiving ceremonies*

Following the welcome rituals, celebratory ceremonies are held at the individual homes or others in groups depending on family relationships or as neighbours. These ceremonies are held as thanksgiving to God and the fore-parents for the safe return of the newly initiated men. These celebrations with praise poems, song and dance may carry on for several days.

#### **4.3.7 Application of moral principles**

From the time of attending *lebollo* and throughout life men are expected to maintain high moral standards with principles such as honesty and trustworthiness which are learned during *lebollo*. The men are supposed to show self-respect and respect for community social structure. It is presumed that by living a life of high moral standards they will be role models to both the family and the community.

#### **4.3.8 Execution of leadership**

After returning from *lebollo* a man can assume leadership roles in the family and the community. He can lead family gatherings, be a participant in decision making and problem solving, participate in community *makgotla* and may even be nominated to serve in the Chiefs' council

During the preliminary meeting with the Chief when the researcher was requesting permission to conduct the research, it was made known to the researcher that a man cannot be chosen to be a member of the royal council if he did not undergo *lebollo*. It is assumed that those who did not attend *lebollo* are not fit to be in leadership positions as they missed out on the teachings that happened during *lebollo*, and it would be problematic when issues of *lebollo* were discussed during meetings. These views expressed by the Chief are supported by Niang and Boiro (2007:24).

The same principle is applied within the western healthcare system generally and nursing in particular, whereby certain leadership roles and responsibilities can only be assumed by professionals with a certain level of academic qualification.

### **4.3.9 Facilitation of Health promotion**

#### *4.3.9.1 Imparting knowledge*

The knowledge gained during *lebollo* about diseases and their treatment is used to assist family and community members afflicted by disease while at the same time the families and those affected will gain insight into the use of the *medicinal plants and animal fats* used to treat certain diseases and wounds.

### **4.4 SUMMARY**

From the data analysis given above certain themes and categories emerged. The themes and categories highlighted certain educational aspects of male rite passage which can be utilised in the deduction of guidelines about the male rite of passage in order to address the recommendations expressed in **section 2.5**. These findings, if implemented in health training institutions may go a long way in empowering healthcare personnel in South Africa, the sub-region and even abroad. **Chapter 5** will elaborate on the curriculum guidelines recommended for inclusion in Health practitioners curricula.



## CHAPTER 5

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# CURRICULUM GUIDELINES: THE THREE PHASE AFRICAN MALE RITE OF PASSAGE (LEBOLLO) CURRICULUM GUIDELINES, RECOMMENDATIONS, LIMITATIONS AND CONCLUSION OF THIS RESEARCH.

### 5.1 INTRODUCTION

This chapter highlights the process and the content of the curriculum guidelines of *lebollo* as is practiced by the *Bapedi* people and the curriculum guidelines as deduced from the framework, based on information gathered from the data described in Chapter 4 and addresses the second objective of this study as per **section 1.4.1**, where the researcher envisaged to deduce curriculum guidelines about male rite of passage for healthcare students. The following sections will discuss the deduced curriculum guidelines and conclude with the recommendations based on the analysis of the data (Chapters 3 & 4).

### 5.2 THE CURRICULUM GUIDELINES

The deduced *lebollo* curriculum is a continuous process consisting of three phases, namely, the preparation phase, the teaching and learning phase and the implementation phase (*PTI*)

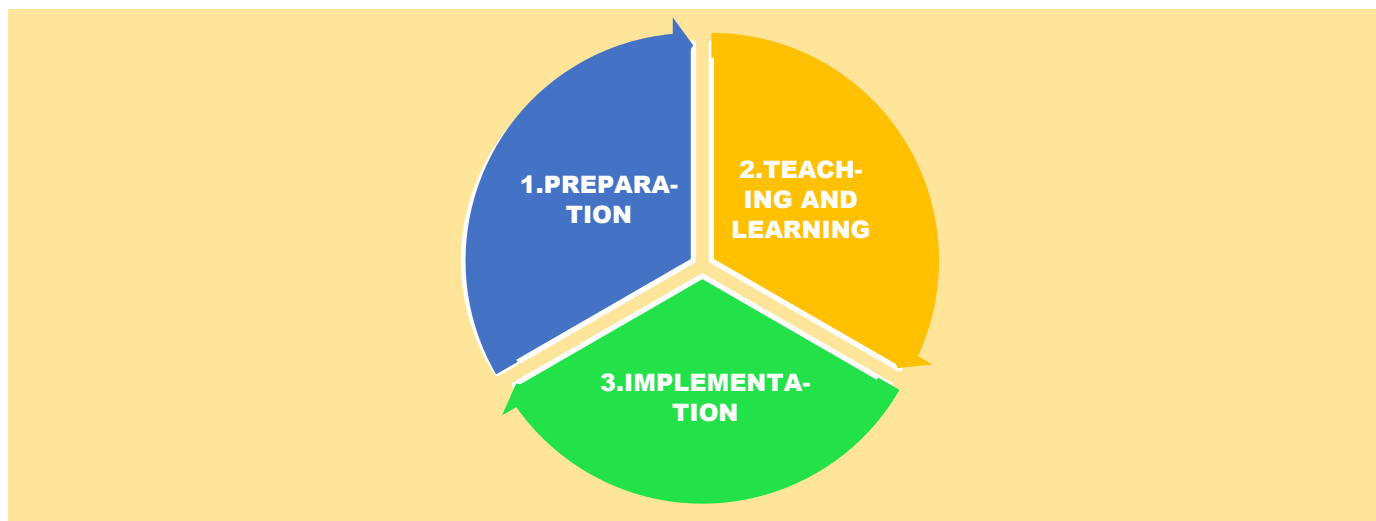


DIAGRAM 5.1 LEBOLLO DIAGRAM

### 5.2.1 Phase one: Preparation

“Koma re bolla kgororwana, khupamarama re hwa nayo”

(The sacred information of lebollo is not to be disclosed), Anon

Noted in the data, the preparation of the prospective initiate for *lebollo* learning is begun before the formal *lebollo* process by the parents through spiritually grounding the prospective initiate, in the belief that, going to *lebollo* is what the fore-parents and parents want and expect. By consulting with the fore-parents before the formal process the spiritual grounding is reinforced. He is encouraged to be committed to the cause and made aware that none of his family members who previously attended *lebollo* had ever dropped out before the process was completed. This is to instil commitment in a man that whatever project he begins, he must complete.

The prospective initiate is also encouraged to improve relations with members of the extended family and male members of the community by assisting them in whatever assistance they may need from him as he will need their support during *lebollo*. This already introduces the prospective initiate to learning about their lineage, respect and being resourceful.

The prospective initiates are at this preparatory stage also grounded on the sacredness of *lebollo* information anchored on the saying that *koma re bolla kgororwana khupamarama re hwa nayo* (the sacred information of lebollo is not to be disclosed).

The preparation also includes discouraging sexual activity before *lebollo*. This serves to prevent sexually transmitted infections and will delay the start of sexual activity until later in life.

## 5.2.2 Phase two: Teaching and learning

*“Tau ga di sena seboka, di siiwa ke none e tlhotsa”*

*(A lion without the pride will not even catch a limping deer), Seboka credo*

By the time the seclusion period begins the process of teaching and learning is already underway from the preparatory phase. Teaching and learning during this phase are in the form of different strategies such as *direct instructions, small-group work, problem solving, role playing and, folklore and metaphors.*

- *Direct instructions teaching strategy*

Certain learning objectives during *lebollo* such as history of the community, the vocabulary or dialect used during *lebollo*, poems used by outsiders to enter the *Mophato* (in this context is the lodge, **section 4.3.4.4** provides a different context), totems for their clans, dance and songs used for celebrations and ceremonies are achieved using direct instruction. According to Killen (2013:126), direct instruction maybe useful when learners are introduced to a new area of study for them to develop basic knowledge and skills.

- *Small-group work teaching strategy*

This strategy is used for the consolidation of important virtues such as work ethics, commitment, unity and cohesion, and respect as elaborated on in **section 4.3.2**. The Setswana saying *“Tau ga di sena seboka, di siiwa ke None e tlhotsa”* (a lion without the pride will not even catch a limping deer) which is also Seboka’s credo holds true to this strategy. The tasks which the initiates are expected to perform are often too large and complex to be undertaken by individuals (Killen 2013:192). This is even harder when it is also considered that there is limited equipment and facilities at the disposal of the initiates to carry out tasks such as fetching wood and water, cooking and hunting on a daily basis. For the initiates to be able to perform these tasks they will need to set and achieve targets, have good work-ethics, show commitment and foster unity and cohesion within and across these groups.

Leadership is also learned through small group-work. Each group of initiates is assigned a leader with whom the group members need to co-operate and respect.

Leadership training has been discussed in detail in **section 4.3.4**. Killen (2013:193) states that group work allows learners to experience roles as leaders, peers, subordinates and to experience a range of social contacts. The members of each group also hold one another responsible and accountable for the achievement of their targets. This view is also supported by Killen (2013:198). It is also important for members of a group to set aside their personal differences and work towards a common goal (unity and cohesion).

Each group of initiates also makes rules which govern their group and reaches consensus on decisions and matters of discipline. Some sort of agreed upon punishment is meted out to those members of the group who do not pull their weight to achieve the set targets. Minor offences committed in a group are kept within the group and are punishable by the leader in agreement with members of the group. This also serves to teach initiates confidentiality by keeping secrets of the group within the group, because should their disciplinary issues or lack of performance be revealed to other groups and ultimately to the *moditi* (the traditional teacher responsible for the whole cohort) a more and harsher punishment will be meted out to the whole group and should the disciplinary issue be more serious; punishment will be meted out to the whole cohort using the principle of “*pudi ya ja leotša, e fetetša tše dingwe*” (punishment is meted out to the whole group irrespective of who committed the offence). Punishment may include actions such as taking the initiates to the river to bath in the middle of a winter night or at dawn.

- *Problem solving teaching strategy*

Initiates during *lebollo* are often faced with real life problems which they need to resolve to be able to survive. Killen (2013:245) describes three categories for problem solving as a teaching strategy; *teaching for problem solving, teaching about problem solving and teaching through problem solving*.

For the purpose of *lebollo*, only the first two categories apply, that is *teaching for problem solving* whereby the initiates are provided with the foundation for later problem solving during the implementation phase. The initiates are taught through holding mock trials and *makgotla* to resolve problems and disciplinary issues such

as non-performance, breaking confidentiality, non-conformity to expected behaviour and conduct. This helps the initiates to acquire the knowledge, understanding and skills that are useful for solving problems. Problem solving is also useful for leadership training. *Teaching about problem solving* is when the initiates are taught about the process of how *makgotla* are managed and run to resolve problems.

- *Role playing teaching strategy*

This strategy is used by initiates when practicing praise songs for themselves, their clans, and their community leaders. It is also used in the practice of leadership roles.

- *Folklore and metaphors as a teaching strategy*

Folklore is defined as oral history that is preserved by people of a culture, consisting of traditions belonging to the culture. These traditions usually include music, stories, history, legends and myths. Folklore is passed from generation to generation and is kept alive by people of the culture and therefore serves as a good strategy to promote cultural preservation. Seema (2011:133) states that, local history, legends, songs of praise, folklore, proverbs and riddles which all constituted a formidable intellectual education were taught by elders.

Folklore and metaphors as a teaching strategy are used for inculcating morals and also contribute to promoting health. According to Mohlaloka *et.al* (2016:22) during *lebollo* initiates spend time at night practicing and showing their artistic competencies, such as the ability to dance and compose songs and poems. The songs that are sung are mostly to discourage and mock people with bad behaviour and morals such as promiscuity and those who fail to maintain confidentiality and sacredness. Metaphors are used for sexual education aimed at promoting good health. Songs and poems are also used to encourage good behaviour. It is accepted in healthcare research that one of the ways of acquiring knowledge, is through tradition (Brink *et al.*, 2013:4).

### 5.2.3 Phase three: Implementation

*“A person who knows a lot but does not practice is like a shepherd who does not own any cattle but always looks after a flock of sheep or cattle”  
Dalai Lama*

Following a successful period of *lebollo* a man returns home with the expectation that he will live the by values that have been inculcated into his life as discussed in **Chapter 4**.

The curriculum hence addresses the following categories in its implementation:

#### 5.2.3.1 *Spirituality and beliefs*

“The connectedness between the individual, the environment and the spiritual world is a unifying aspect among African people” (Venter 2011:568). *Lebollo* is considered to be a ladder that connects the living and their fore-parents. The man has been taught during *lebollo* to honour and respect his fore-parents by adhering to the custom and carrying out the rituals (Gitywa in Papu & Verster 2006:182), and now has a responsibility to carry this out in his family. This concurs with the findings in **section 4.3.6.1**.

#### 5.2.3.2 *Application of moral principles*

The man will value and respect his family and teach them respect. He will respect his marriage and not engage in promiscuous behaviour and will provide education about morality to his family, and he will live his life with high moral standards and be a role model. The man will call to order those members of his family who are not observing high moral standards. He will also be expected to pass his knowledge to the subsequent cohorts of *lebollo* and be a role model to the initiates. **Section 4.3.7** observed the above (application of moral principles) during the analysis of the data, as a core concept. It is thus essential that this forms an integral part of the curriculum.

#### 5.2.3.3 *Execution of leadership*

The man will show leadership first within his family by being responsible and accountable to his family. To be able to be a good leader to his family he must be able to support his family and live a high moral life. He will be expected to attend, participate and even lead

family meetings. The man will participate and take up leadership roles in community structures such as *makgotla* and can even be a member of the Chief's council. In his leadership role the man will be able to use the problem solving skills he learned from *lebollo* to resolve family issues and community problems. The role of leadership is addressed in **section 4.3.8**.

#### 5.2.3.4 *Facilitation of health promotion*

This can be done by providing sexual education to the family. Not engaging in promiscuous behaviour will protect the family from contracting sexually transmitted diseases. The knowledge of medicinal plants gained during *lebollo* can be used in the family and the community to treat diseases. **Section 4.3.9** observed the importance of health promotion as an essential aspect of the process of *Lebollo*.

### **5.3 RECOMMENDATIONS FOR HEALTH- AND LIFE SKILLS EDUCATION**

To promote cultural preservation and awareness as discussed in **section 1.5** of this dissertation, it is important that Health Care Professionals become aware of the importance of cultural practices, one such attempt of creating awareness would manifest through the inclusion of this important aspect of cultural practices in the different curricula. This would enhance the ability of students to preserve cultural practices as highlighted in **section 1.5.1.1** where the researcher described Leininger's Theory of Cultural Care: Diversity and Universality as an important step to ultimately enhancing the co-existence of African indigenous health practices and the western health practices through learning and teaching guidelines.

#### **5.3.1 Knowledge**

Healthcare students will develop an understanding of:

- Culturally congruent concepts related to male rite of passage.
- Culturally congruent concepts which are essential for the provision of culturally sensitive and competent healthcare.
- The impact of *lebollo* on communication about health, disease and treatment for both healthcare providers and healthcare recipients.

- How *lebollo* affects the provision and utilization of care.
- How healthcare systems reflect the prevailing values of the culture in which they exist.
- How cultural systems including those of healthcare providers and healthcare recipients are sources of congruent and incongruent beliefs about *lebollo*.
- Keinman's typology of health sectors:
  - a. Use of the "Professional Health Sector" (the organised, legally sanctioned health professions, such as the western healthcare system).
  - b. Use of the "Popular Health Sector" (the lay, non-professional, non-specialist domain of society where ill health is first recognised and defined, and healthcare activities are initiated).
  - c. Use of the "Folk Health Sector" (non-professional, non-bureaucratic forms of healing that are either sacred, secular, or both) - *Indigenous Health System*.
  - d. Interactions within and across the western, popular and indigenous healthcare systems
  - e. Outcomes of western, popular and indigenous healthcare systems.
- Issues related to morbidity and mortality of *lebollo*.

### 5.3.2 Skills

Healthcare students will develop skills in the following areas:

#### Clinical Practice

- Forming and maintaining a therapeutic alliance with indigenous communities.
- Recognizing and appropriately responding to verbal and nonverbal communication.
- Taking history and performing physical examinations in a culturally sensitive manner.
- Prescribing treatment in a culturally sensitive manner

### 5.3.3 Attitudes

Healthcare students will develop attitude that include:



- Awareness of the impact of sociocultural factors such as *lebollo* on healthcare recipients, healthcare providers, the clinical environment and interpersonal relationships.
- Appreciation of the differences that exist within and across cultural groups.
- Appreciation of the differences that exist between western and indigenous education systems.
- Appreciate the differences that exist between western and indigenous healthcare systems.
- Recognition of own personal biases and reaction to persons from different ethnic and sociocultural backgrounds.
- Recognition of the need to avoid overgeneralization and negative stereotyping
- Appreciation of how one's personal cultural values, assumptions and beliefs influence the clinical care provided.
- Expressing respect and tolerance for cultural and social class differences and their value in pluralistic society.

## **5.4 RECOMMENDATIONS FOR COMMUNITY HEALTH NURSING AND NURSING EDUCATION**

### **5.4.1 Community Health Nursing**

- Using the community negotiated approach to care
  1. Berlin and Fowke's LEARN model
    - (L) - Listening to the community's perspective
    - (E) - Explaining and sharing one's own perspective
    - (A) - Acknowledging differences and similarities between these two perspectives
    - (R) - Recommending a treatment plan
    - (N) – Negotiating a mutually agreed-on treatment plan
- Using family members, community gatekeepers, translators/interpreters and other community resources and advocacy groups
- Working collaboratively with other healthcare professionals in a culturally sensitive and competent manner

- Working with alternative/complementary healthcare practitioners and/or indigenous lay healers when professionally, ethically and legally appropriate
- Identify how one's cultural values, assumptions, and beliefs affect clinical care and decision making.

#### 5.4.2 Nursing Education

- Implementing a cultural sensitization training program for students
- Promoting cultural competence in healthcare education programs and institutions.
- Influencing the cultures of healthcare education institutions and professional groups.

#### 5.5 RECOMMENDATIONS TO PRESERVE THE *LEBOLLO* PRACTICE

- The community needs to reclaim the safe practice of *lebollo* according to their cultural guidelines and eliminate the ill-practices by bogus practitioners;
- Elders, indigenous practitioners and indigenous knowledge holders need to form an active community of practice (COP) to advise health professionals and health care practitioners regarding the safe practices of *lebollo*. The active involvement of the COP and their role in advising healthcare professionals will play an important role in eliminating cultural ignorance, resulting in more culturally aware healthcare professionals who will then be able to provide culturally congruent and competent care as envisaged in **section 1.6.1.1**;
- *Lebollo* experts should become part of the health education school programme in school health to drive home safe practices of *lebollo* and to restore the African indigenous health practices. Healthcare professionals function in a culturally diverse environment and bringing in *lebollo* experts will assist them in understanding the cultural differences that exist and how to provide care in a culturally sensitive manner.

## 5.6 RECOMMENDATIONS FOR FURTHER RESEARCH

It is strongly recommended that further research be done in curriculum development to preserve safe *lebollo* practices and to teach health practitioners in South Africa and the African continent at large about safe *lebollo* practices, specifically incorporating it into the nursing education curriculum.

## 5.7 LIMITATIONS

It must be acknowledged that the research has been conducted within a specific context of the Bapedi and therefore cannot be easily generalized.

## 5.8 CONCLUSION

Healthcare professionals function in a culturally diverse environment which requires of them to develop cultural awareness so that they can be able to understand and respect the cultures of the people for whom they provide care or communities in which they work, so as to enable the healthcare professionals to provide culturally congruent care as underpinned by Leininger's Theory of Cultural Care: Diversity and Universality with the goal to provide culturally congruent holistic care in **section 1.5.1.1** of this research.

One such aspect of culture which has been practiced by indigenous African communities for periods spanning centuries and generations is African male rite passage (*lebollo*) which is still being practiced today.

Following an in-depth literature study in **Chapter 2** of this research, it became clear to the researcher that African male rite of passage (*lebollo*) has a significant educational role to play in healthcare. However, the educational aspect of *lebollo*, have not been explored and, there was no curriculum guidelines to assist in the teaching and learning of the educational aspects of *lebollo* by health professional students. Therefore in the first objective of this research (**section 1.4.1**), the researcher sought to explore and describe the educational aspects of male rite of passage. This objective was realised through analysis of the data (**Chapter 4**), collected from participants using *makgotla* as a research method (**see section 3.3**) and the incorporation of the literature.

The researcher in the second objective of the research aimed to deduce from the data, curriculum guidelines about African male rite of passage for healthcare students and, in the third objective promote the use of culturally congruent concepts associated with African male of passage. During the data analysis themes and categories (**see table 4.3**) were identified arising from the *lebollo* process described by the participants during *makgotla* and corroborated by literature. The *lebollo* process including the themes and categories identified resulted in the development of a three phase African male rite of passage (*lebollo*) curriculum framework from which the curriculum guidelines recommendations were deduced in **Chapter 5** in realization of the second objective of the research.

The third objective of the research which was to promote the use of culturally congruent concepts associated with African male rite of passage (*lebollo*) was achieved with the continuous and persistent use of the concept ***lebollo*** itself in Sepedi (and Sesotho) and related concepts in other indigenous African languages such as *bogwera* (Setswana), *ulwalukho* (Xhosa) and *ngoma* (Xitsonga). Other Sepedi concepts related to *lebollo* used in this research are *bogwera*, *magaola*, *modika*, *moditi* and *mophato*. The use of these concepts will go a long way in promoting cultural preservation as they carry a more profound meaning which is able to differentiate between *lebollo* and concepts such as circumcision, ritual circumcision, circumcision school, initiation school as western researchers are inclined to use interchangeably in relegating *lebollo* to a surgical procedure of circumcision.

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## ANNEXURE A

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### RE: REQUEST TO CONDUCT RESEARCH

From: GENTY PHOKANE

P.O.BOX 14500. WITFIELD 1460

TO: THE CHIEF OF MOHLALA MORUDI TRIBAL AUTHORITY

26/06/2015

RE: REQUEST TO CONDUCT RESEARCH

I am Genty Phokane, the researcher responsible for the research study titled “Curriculum guidelines for African male rite of passage in healthcare”. The purpose of the research is to explore and describe the educational aspects of African male rite of passage into manhood. It is hoped that the research will assist healthcare students to learn about the educational value of male rite of passage and promote cultural preservation.

I am requesting the leadership of the Mohlala-Morudi Tribal Authority to allow me access to hold *makgotla* with selected participants within the community. An application to conduct the research has been made to the Ethics Committee of the North-West University. As this study is based on voluntary participation, the researcher prepared voluntary consent form for participants. Participants can withdraw their participation at any time without penalty or prejudice if they do not wish to continue their participation.

It is believed that the male rite of passage plays an important educational role which if integrated into the Curriculum for Health Professionals can assist in changing health professional’s perceptions about the role of male rite of passage.

Genty Phokane (Researcher)

## ANNEXURE B

---

### CONSENT TO PARTICIPATE IN THE RESEARCH STUDY

**Title: Curriculum guidelines for African male rite of passage in healthcare**

You are requested to participate in a research study conducted by Genty Phokane, from the Department of Nursing at the North-West University (NWU) as part of Master's dissertation. You are selected as participant as you are male, 18 years and older, have undergone the African male rite of passage into manhood (*lebollo*), willing to participate in a *lekgotla* and be audio recorded.

#### **Purpose of the study**

The purpose of the study is to explore and describe the educational aspects of African male rite of passage to assist healthcare students to learn about the educational value of African male rite of passage and promote cultural preservation.

#### **Procedures**

If you volunteer to participate in the study, you will participate in a *lekgotla* conducted in Sepedi for approximately 2 hours. The *lekgotla* will be audio recorded to assist the researcher to analyse the data. One of the questions you will be required to respond to is: What does a man learn while undergoing male rite of passage into manhood?

#### **Participation and withdrawal**

You can choose whether to participate in the research or not. If you volunteer to participate you may withdraw at any time without any consequences. You may refuse to answer any question which makes you feel uncomfortable and still remain as a participant without any victimization or prejudice. There will be no payment for

participating in the research but participants will be offered a stipend to cover for transport cost to the location where the *lekgotla* will be held.

### **Confidentiality**

Anonymity cannot be assured as participants will know one another but confidentiality will be maintained within the group. Audio recordings and notes obtained during the *lekgotla* will be kept in a safe and secure location. If a report or article is written about this research, your identity will be protected to the maximum extent possible.

### **Potential risks and discomforts**

The research poses no risk of physical harm. A possible risk of discomfort may be experienced due to lack of anonymity within the group and in answering questions which participants may find culturally sensitive. Researcher should always take care that questions are asked in a respectful and culturally sensitive way. Confidentiality should be maintained within the group.

### **Identification of researchers**

For questions about the research you can contact:

Researcher: Genty Phokane

Department: Nursing Science

Telephone: (011) 301 0116/ 072 450 3560

Email: [Genty.Phokane@netcare.co.za](mailto:Genty.Phokane@netcare.co.za) or [gentyphokane@gmail.com](mailto:gentyphokane@gmail.com)

Supervisor: Prof. AJ Pienaar

Department: Nursing Science

Telephone: 018 389 2624

Email: 10962824@nwu.ac.za

**Signature of participant**

The information above was explained to me .....by Genty Phokane in Sepedi which is a language I understand. I therefore consent voluntarily to participate.

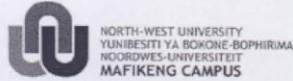
Signature of participant ..... Date.....

Signature of researcher.....

# ANNEXURE C

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## ETHICAL CLEARANCE NWU



NORTH-WEST UNIVERSITY  
YUNIBESITHI YA BOKONE-BOPHIRIMA  
NOORDWES-UNIVERSITEIT  
MAFIKENG CAMPUS

FACULTY OF AGRICULTURE, SCIENCE AND TECHNOLOGY  
SCHOOL OF RESEARCH AND POSTGRADUATE STUDIES

Tel: +27 18 3892531  
Fax: +27 18 3892052  
E-mail: [ushotanefe.useh@nwu.ac.za](mailto:ushotanefe.useh@nwu.ac.za)  
Internet: <http://www.nwu.ac.za/>

### CERTIFICATE OF APPROVAL OF RESEARCH PROPOSAL AND TITLE REGISTRATION

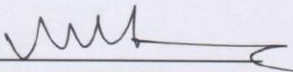
This is to certify that: Phokane GN - 12290858

Whose proposal is titled: Curriculum guidelines for African male rite of passage in healthcare

Was considered by the Faculty Research Committee on the 15 September 2016 and approved.

Proposed Qualification: MCur (Community Nursing Science)

Supervisor (s): Prof AJ Pienaar  
Dr TM Bock

  
Signature: Director SRPS

Prof Ushotanefe Useh

Name: Director SRPS

Date



# ANNEXURE D

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## PERMISSION FROM THE TRIBAL AUTHORITY

Mohlala Morudi Tribal Authority

Private Bag x418

GRASKOP

1270

September 2015

Mr GN Phokane

P.O. BOX 14500

WITFIELD

1460

### Approval letter from Mohlala Morudi Tribal Authority

Thank you for submitting an application to conduct a research as per your proposal, "Curriculum guidelines for African male rite of passage in healthcare".

Permission is granted for the collection of data as outlined in the proposal, however consent should be obtained from the participants at all times.

Thank you

MOHLALA P.N.  




## ANNEXURE E

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### TRANSCRIPTS OF MAKGOTLA

*Participant one:*

I acquired wisdom by having been to *lebollo* in 1948, when we were at the *lebollo* we learned a lot of things. We learned that by being to *lebollo* one get protection from a lot of diseases. We also learned about the fact that, the rules and principles of people who have been to *lebollo* are not the same as the rules and principles of people, who have not been to *lebollo*, they differ. They differ in this way: when we are at the *lebollo* we learned to craft, we learned to craft chairs, we learned to craft beds using strings from cattle hide, and we tied them very well.

The most important thing from *lebollo* is to learn to respect and not to disrespect adults, we learned to respect every elderly man as a father and every elderly woman as a mother, there is no discrimination for a person who has been to *lebollo*. When a person is from *lebollo* he knows all the rules and principles of *lebollo* and lives under those rules and principles. That is in short what I can contribute others can take over from there. *Thobela* (Thank you).

*Researcher:* If I can follow-up there, what did you say about protection from diseases?

*Participant one:*

The protection from disease, that is the sacred information, “*koma re bolla kgororwana khupamarama re hwa nayo*” (the sacred information of *lebollo* is not to be disclosed). Tama kgoši, (Your honour). [*The researcher is able to decode this message*]

*Participant two:*

To support the previous speaker, when a person has been to *lebollo* and has been circumcised, that person is protected from a lot of diseases of this world, they don't affect him easily because he has been treated in the proper way.

*Participant three:*

The issue of *lebollo* in my culture as we are here at GaMohlala Morudi, it was tradition that the Chief would initiate the *lebollo* so that people could attend. So what was important was that, when the initiates were at the *lebollo* they were taught rules and principles. They were taught how to relate to their elders. They were taught to recognize leadership, they were taught that even at the *lebollo* there is a social stratum, and within that social stratum there is a leader. They would consider all the initiate's lineage and choose a leader accordingly, so that if there are some issues, for example, maybe one of the initiates was not well, it should be reported to the one who has been chosen as a leader. That is to serve as a lesson that even when you are back at home after the *lebollo* that is how things should be done.

The other important thing is that one must learn to live under difficult situations and don't consider oneself to be suffering, you must be prepared for a situation where you can find yourself sleeping in the veld without feeling scared. Those are the things that we get taught there, and that there are also animals there, and we must know those animals and how those animals can be killed. When we are out there at the *lebollo* we learn to live in difficult environment, where we don't wear shoes and we don't wear clothes on our bodies, we just walk on thorny environment. In that way we grow up strong knowing how to handle difficulties.

When you get home coming back from *lebollo*, the most important principle that you must know is that from now you have to assume responsibility, especially for your own family, do not expect to depend on your father, you are now expected face your own problems, you are about to have your own children. So you have assumed power in that way, thus why in Sepedi they say "*o tšere sefoka*" (you have taken the baton). That is the reason why when we come back from *lebollo* we hoist a flag to symbolize that the man has acquired something from the *lebollo*.

And there is a lot of ways through which once you have arrived back home, those who remained home must learn from you that you have learned there. You must show that you are from *lebollo*, you cannot behave the same way you used to behave before you went to *lebollo*.



*Researcher:* Responsibility?

*Participant three:*

It means you have to take responsibility, when you see somebody making mistakes you must advise that person because you have already learned. In other words you have been taught about maturity, you have been taught about manhood. It means that from now on you have the responsibility to assume leadership role in the community and especially within your own family. The other principle is that you must respect your father, but it doesn't mean that you must not respect other men. You must respect other men like you respect your father.

There is also another lesson that is taught that, when you look at another man's wife, you must realize that this person is married, so she must be respected, considering that she is another man's wife. There is no way that you can talk to her about intimate relationships. That is another aspect of respect that is required.

Now other related issues are those about diseases. That is where the sacred information comes in. It is also a known fact that a man must protect himself. We get taught that there is period when a woman is not in a right condition (meaning during menstruation). You mustn't approach her, in order to protect yourself, because if a woman is in that condition and you ask her to engage in sex, there is a possibility that your health may be affected.

*Participant four:*

I can also add two or three words without being carried away. When we attended the first session of *lebollo* we were 56, the second session-*bogwera* (**see section 2.4**) we were 58, we all returned safely. It used to be that when you get to *lebollo* there were all the different clans, there would be all the different strata from the first to the last, but we all respected each other. That is where respect begins. After each initiate had been whipped with the ritual stick, the initiate is then allocated their standing according to accepted protocol. They don't just inter mingle everybody, because that may lead to problems. *Lebollo* taught seniority according to lineage not according to age. Even if somebody is young by age but that person comes from the greater house, then that person is considered senior and we respect each other in that way.

When you are with elders, you must know, they are parents and grandparents and you must respect, once they have said something you can't argue with them. Even when you are already having your own family and staying in your own place, you can go back to the elders and ask; if things are like this, how can one handle them? They will advise you and you can go and resolve your issues.

Do not believe in raising a hand (beating) for your wife, you have to talk and agree, advise her and let her advise you in return, you will see your family will be peaceful, but if you believe that your word will always be final, you will be making a mistake. And with *lebollo* on issues like sexually transmitted infections, it does help.

*Participant three:*

Again if I have to explain this issue, if a boy goes to *lebollo* he gets to learn life skills there, compared to just going to the hospital, there is quite a big difference, because we don't just send a boy to *lebollo*, but we sent him to go and learn.

*Participant five:*

Yes, it is also important for a person to have morals, because in the olden days they used to say if a person does not have morals, he cannot have faith, so he had to go through *lebollo* first in order to have faith.

*Participant six:*

It is also true that a person who has been to *lebollo* and a person who has not been to *lebollo* or a person who has been to the hospital, there is a big difference. That smoke that arises from the fire at the *mophato* and that ritual stick that they whip us with have some healing properties. Therefore if you compare those people together you will be able to differentiate amongst them either in behavior, language or character.

During *lebollo* we also teach the initiates about taboos, about how taboos work. They go together with the sexual issues which have already been mentioned. Those are some of the important aspects of *lebollo*. For any person to suggest that *lebollo* must be abolished, it will be because that person has not been to *lebollo*. I cannot imagine a person who has

been to *lebollo* suggesting that *lebollo* must be abolished. A person who understand, where *lebollo* comes from and who created it, can never suggest that it must be abolished.