



Western Cape
Government

Cultural Affairs and Sport

Initiation Framework and Protocol

Initiation Framework and Protocol

2011

We recognise the importance of cultural customs. You need to be responsible and promote safe initiation rites so that we may take care of our youth BETTER TOGETHER.

Contents

1	Introduction.....	1
2	Background and approach.....	1
3	The Western Cape context.....	3
4	The challenges.....	3
5	Goals.....	4
6	Objectives.....	4
7	Key elements.....	4
7.1	Stakeholder consultation and management.....	4
7.1.1	Initiation forums.....	5
7.1.2	<i>lingcibi</i> (Traditional surgeons).....	5
7.1.3	<i>Amakhankatha</i> (Carers).....	5
7.1.4	Cape Nature.....	5
7.1.5	The Department of Health.....	5
7.1.6	Department of Public Works.....	6
7.1.7	Municipalities.....	6
7.2	Training, monitoring and quality-assurance measures.....	6
7.3	Provincial coordination.....	7
7.4	Provide guidelines and criteria on identification and development of sites...7	7
7.5	Minimum requirements for the phases of initiation.....	9
(i)	Pre-initiation.....	9
(ii)	During initiation.....	9
(iii)	Post initiation.....	10
8	Legislation and other mandates.....	10
9	Conclusion.....	10
10	References.....	11

1 Introduction

The Department of Cultural Affairs and Sport regards as binding the legislative mandate which is the protection, promotion and preservation of arts, culture and heritage in the Western Cape. It is against this background that research into the challenges faced by communities with regard to initiation practices was commissioned in 2007, in line with the Batho Pele Principles that require wider public participation. The research also highlights the unique challenges that the province faces with regards to identification and management of sites, safe and hygienic practices, pre- and post-care, cultural value of initiation, social and family roles and responsibilities of initiates.

The approach for the framework is informed by the following:

- It is based on the premise that initiation is a cultural issue with health implications;
- The initiative is led and driven by the Department, community structures, the custodians and practitioners of the culture supported by the Interdepartmental Task Team on Initiation;
- The process is research-based and therefore has an informed point of departure;
- It is a phased and targeted approach; and
- It is consultative.

2 Background and approach

Initiation practices are universal and found in many cultures. They come in many forms and have many institutional expressions. They are historical indicators used by human communities to mark the transit from one stage of life to another. They are rites of passage acknowledging the inclusion of an individual or individuals into a group or society. Universally known examples of initiation include the Christian baptism or the Jewish *bar mitzvah*. Initiation as a rite of passage is often viewed too simply and superficially. Many commentators and policy-makers equate initiation solely with circumcision (see the Report on Public Hearings on Initiation Schools in South Africa by the Cultural, Religious and Language Rights Commission p. 10)

Cultural practices are a means for members of society to communicate values and ways of living, through psychological, social and symbolic interactions and teaching. Anthropologists put rituals into three specific categories: rituals which are calendric, rituals

which address misfortune, and rites of passage. Male initiation rites fall into the latter, and illustrate the transition from boyhood (*ubukhwenkwe*) to manhood (*ubudoda*). The initiation practices of amaXhosa, abeSotho and amaHlubi are most dominant in the Western Cape. No particular age is specified for these rites (boys between the ages of 15 and 25 undergo initiation). Initiation is an important social device for dealing with adolescence. The training and preparation provided at the initiation schools enables the shift from childhood behaviour to the more complex behaviour expected of adults (Shlegel, A & Barry, H. 1991. *Adolescence: An anthropological inquiry*).

The initiation schools are regarded as cultural educational institutions where initiates are taught the values inherent in social responsibility, discipline and acceptable conduct, as well as more about their culture. The values filtered down to younger boys as they grow into manhood are critical to their social and psychological development in the middle stage between childhood and adulthood.

The adolescent stage, according to Mead (Mead, M. 1928. *Coming of age in Samoa: a psychological study of primitive youth for Western civilization*), if not monitored, could be destructive for the individual adolescent, the family and the community. Mead goes on to describe this stage as a delicate stage. The boy is neither a child any longer, nor is he a man, and so developmentally he is excluded from the community. She argues that, "This is the time when teenagers begin to look beyond themselves and they are in this stage faced with two choices: to join the ranks of responsible adults or follow the band with his peers in an alternative society" (Mead, 1973, p. 3). The role of initiation therefore becomes critical in helping to steer a young man towards becoming a fully responsible and dignified man in his community.

Even though the practice has survived the passage of time, the need for some modernisation is accompanied by some challenges. Its resilience is being tested against its capacity to adjust to and accommodate modern tendencies, while at the same time finding its rightful place and expression. Beyond that, male initiation today faces a public outcry about its various problems.

The institution of initiation and its protection is a community's cultural, spiritual and religious right. The Constitution of the Republic of South Africa is very clear on the protection and advancement of these rights. These rights are guaranteed by the various constitutional bodies that function independently of the government, safeguarding cultural rights and thereby strengthening constitutional democracy in the Republic.

3 The Western Cape context

Historically the Western Cape has the smallest number of people who adhere to and practice the culture of initiation as practised amongst the amaHlubi, abeSotho and amaXhosa communities. This practice is one of the cornerstones of the culture of the groups mentioned above. Studies have shown that male circumcision has been common in some communities for almost 5 000 years and is today practiced by about one sixth of the world's population (Helman, C. 2000. *Culture, health and illness*, p. 13). Initiation practice is deeply rooted in our communities, not only in the rural areas of the Province, but also in the Metro.

4 The challenges

The research commissioned by the Department highlights the following:

- Increase in drug and alcohol abuse at initiation sites;
- Some carers and surgeons have not been trained;
- Poor and unhealthy living conditions in the initiation schools and sites;
- Initiates going to circumcision school whilst they are not fit for the conditions at initiation site or school, e.g. due to a pre-existing general illness or abnormality of genital organs or other organs of the body;
- Lack of observation and maintenance of proper health standards at circumcision schools and sites;
- New/emerging diseases, e.g. HIV/AIDS and viral hepatitis;
- Unhealthy environmental conditions, e.g. swamps or dumpsites nearby;
- Lack of natural vegetation necessary for the practice;
- Environmentally unsustainable utilisation of sites;
- Most suitable land in private hands;
- Increase in initiates from single-headed households;
- Lack of civic guidance and leadership;
- Migration to the city; and
- Impact of modernisation.

5 Goals

The goal of this framework is to create a safe and an enabling environment that will make possible effective rites of passage to responsible adulthood and citizenship.

6 Objectives

- To develop and strengthen community and governmental initiatives that improve cultural practice of initiation;
- To provide guidelines for the practice of initiation;
- To minimise misunderstandings between communities and government on initiation practices;
- To enhance inter-provincial cooperation;
- To institutionalise and mainstream this practice as part of the cultural landscape in the Western Cape;
- To improve the standards and current practices; and
- To encourage community participation and involvement.

7 Key elements

- Stakeholder consultation and management;
- Training, monitoring and quality assurance measures;
- Provincial coordination;
- Provide guidelines and criteria for identification and development of sites; and
- Minimum standards for the practitioners.

7.1 Stakeholder consultation and management

The Department of Cultural Affairs and Sport is the lead stakeholder in line with its mandate of protecting and conserving the cultural heritage of the Province. The Department facilitates and coordinates the input of the diverse stakeholders involved in the process. This is in line with section 6.2 of the Batho Pele White Paper which states, "Batho Pele will therefore seek to establish partnerships with the wider community in which business and industry, NGOs, CBOs, academic institutions and other bodies throughout the community can all play a part".

7.1.1 Initiation forums

Initiation forums are the initial point of contact and a requirement for communities which observe and practice initiation. It is recommended that the forums are constituted of individuals and institutions that have a direct stake or impact on the practice of initiation. Civic leaders, practitioners, medical personnel and ward councilors are represented in these structures. The initiation forums should attend to matters related to the three phases, that is pre-initiation, the initiation itself and the post-initiation phase.

7.1.2 *lingcibi* (Traditional surgeons)

lingcibi have a pivotal role in the leadership and realisation of this practice and are valuable sources of an increasingly rare skill. *lingcibi* need extensive knowledge and skills to be effective in their work. They have a central stake in the training and without their cooperation, consent and implementation, the practice might be negatively affected.

7.1.3 *Amakhankatha* (Carers)

The process of imparting the learning and lessons resides with them. *Amakhankatha* are responsible for caring for initiates and play an important role in the care of the initiate after the circumcision phase. There is thus a need for capacity development among carers to improve their ability to care and minimise injury and mortality.

7.1.4 Cape Nature

This organisation's mandate is to conservation and preservation of our natural environment, an environment on which initiation practice has an impact. Its contribution focuses on training and awareness-raising among communities to ensure that the practice is environmentally sensitive and environmentally friendly. In addition, the institution provides professional guidance with identifying and developing sites in conservation areas and elsewhere, should the need arise. It engages with communities to reduce land invasion in reserves.

7.1.5 The Department of Health

Initiation is a cultural practice with health implications. The Department of Health has the appropriate infrastructure that can be utilised in the realisation of the programme's objectives. This department will also look at developing protocols and responses to the following issues:

- Key disease outbreak response and provincial infection control, for the management of diseases and infections at initiation sites;
- Admission to health care facilities in case of complications (including referral pathways);
- The early detection of health complications in initiates;
- Training of traditional surgeons, carers and monitors;
- Controlled access to basic care material for trained practitioners at provincial outlets and/ or clinics;
- Outreach to traditional circumcision schools and support to the circumcision programme; and
- Maintaining a database and statistics through departmental infrastructure on initiation sites.

7.1.6 Department of Public Works

The Department of Public Works has the expertise to assist in the development and provision of appropriate infrastructure on initiation sites such as:

- Identification of land ownership;
- Negotiation for land to be used as initiation sites; and
- The maintenance of such sites, utilising the Expanded Public Works Programme.

Agreements must be entered into for the utilisation of land belonging to national government.

7.1.7 Municipalities

Municipalities must ensure the provision of the necessary infrastructure, such as land, clean water and sites for initiation. Agreements must be entered into with communities and land must be appropriately zoned.

7.2 Training, monitoring and quality-assurance measures

The training aims at developing a common understanding on issues pertaining to initiation.

- Training for carers, traditional surgeons and monitors should be ongoing and focus on core areas of health and hygiene, fire management and control and sustainable utilisation of environmental resources;
- Training for the forum should be targeted at organisational development; and

- Monitoring should focus on aspects pertaining to overall improvement of sites, initiates, reduction in injuries and increased compliance.

7.3 Provincial coordination

The purpose is to coordinate provincial efforts to ensure effective and efficient management of initiation practices and to synchronise different approaches. The inter-departmental forums will consist of and focus on the following:

- Designated officials who can best align departmental programmes with the requirements of the initiation programme;
- Development of an annual integrated plan for initiation by the Stakeholder Committee;
- Ensuring and maintaining an accurate database of initiation in the Province; and
- Identifying and responding to trends and patterns in initiation practices.

7.4 Provide guidelines and criteria on identification and development of sites

Identification of potential initiation sites and the development thereof is according to the criteria outlined below:

Element/Variable	Description/Question	Possible Criteria
Use or scale	Can there be provision for a few regional sites or should there rather be a smaller local site or is a combination best?	3–4 regional sites Smaller sites in each district Combination
Location	Can the site or sites be located outside the urban area and what is the maximum distance?	Inside local area Not more than 5 km from community within 20 minutes' drive
Size	What is the minimum size for a site? If regional sites are selected what is the ideal size?	1–3 ha 3–7 ha <7 ha

Element/Variable	Description/Question	Possible Criteria
Services	What level of services is required on the site? In urban areas, consideration must be given to providing water and sanitation.	No services Water only Water and sanitation Refuse removal
Site composition	What specific vegetation is required? Can the site be next to the sea? Must it be flat or can it be against a slope?	High vegetation on a flat area Sand and shrubs Next to the sea
Access and parking	Is vehicular access and parking required and should busses be able to get to the site?	No vehicular access Vehicular access only Parking Bus access
Ownership	Ideally the land should be owned by a public entity	Public Private
Other	Can a site be shared by other users or for other uses such as urban agriculture etc.	Initiates only Co-use acceptable

Dedicated initiation sites will be utilised in an environmentally sensitive and sustainable manner. Initiation sites should ideally meet the following requirements:

- The land should be owned by one of the three spheres of government;
- A service level agreement for the management and operation of the site should be drawn up and signed between the landowner and a recognised community organisation;
- A site development plan should be drawn up for each initiation site that addresses the location of facilities on the site, parking and access, long-term landscape management and site security; and

- Health and sanitation-related issues including the provision of fresh water, showers and toilets should be considered; and
- The removal of waste and fire safety should be addressed.

7.5 Minimum requirements for the phases of initiation

The management of initiation has three phases, each one of which must be observed.

(i) Pre-initiation

The preparatory phase enables families and communities to prepare advice and decide on initiation. This entails the following:

- Signed proof of consent from the parents or legal guardian of any prospective initiate under the age of 21 must be presented to the medical officer before the medical check-up is undertaken;
- Prospective initiates must undergo a medical check-up two months before the initiation time to identify any potential health complications that may develop during initiation. This is done at local clinics and health institutions;
- A certificate will be issued by the medical officer to the initiate and his family to identify any special needs that the prospective initiate may have; and
- The family and/ or a representative will register the prospective initiate with the relevant forum and or ward councillor advising the site where initiation will take place as well as the date.

(ii) During initiation

This phase ensures the health and well-being of the initiate and emphasises the following:

- A traditional surgeon must use a sterilised instrument for circumcision;
- A surgeon may not use the same instrument on more than one initiate;
- The instrument to be used for circumcision must be approved by the initiate's guardian before it is used;
- Trained monitors who are familiar with the practice will periodically visit the sites to assess the health and welfare of the initiates, as well as hygiene and environmental health at the site. Any issues of concern will be raised with the community structure and the local health institution;
- Such concerns will be addressed at local level where possible and will be recorded by the local medical institution;

- A medical officer who is familiar with the initiation practice will be called if any complications arise and will make an appropriate decision, based on his assessment. A report will be lodged with the relevant local health institution. No person other than a trained carer may treat an initiate;
- A trained carer will be appointed for the initiate and no carer will take care of more than five initiates at a time during an initiation;
- A carer must immediately report any sign of illness or injury to the monitors, a medical officer or members of the local initiation structure; and
- A carer must ensure that initiates in his care are not exposed to the elements and/or extreme cold or dehydration, especially during the first eight days of the initiate's confinement.

(iii) Post initiation

Initiates, who, due to various circumstances, are released from the initiation school before being completely healed will be treated at local medical institutions. Medical personnel must take care to ensure confidentiality during the treatment process.

8 Legislation and other mandates

- Constitution of the Republic of South Africa, 1996 (Act 108 of 1996);
- Application of Health Standards in Traditional Circumcision, (Eastern Cape), (Act no 6 of 2001); and
- Traditional Practitioners Act (Act 22 of 2007).

9 Conclusion

Initiation is one of the few cultural practices that has endured and survived social, economic and political changes over the centuries. This is testimony to the value that is attached to this aspect of culture by the communities who practice it. It is also testimony to the practice's ability to adapt to changing situations and settings.

This therefore requires that the Department, in line with its mandate, develops approaches and frameworks that will not only make the practice safer, but ensure that it is in line with current developments and adds value to the cultural lives of the communities of the Province.

10 References

- Cultural, Religious and Linguistic Rights Commission Report. 2010. *Public hearings on initiation schools in South Africa*.
- Government Notice 1459 of 1997. *White Paper on Transforming Public Service Delivery*. (Batho Pele White Paper).
- Guma, M. 2007. *A situational analysis of sites for male initiation schools located in the Western Cape Province*.
- Helman, CG. 2000. *Culture, health and illness*. Oxford: Butterworth Heinemann.
- Mead, M. 1928. *Coming of age in Samoa: A psychological study of primitive youth for Western civilization*. New York: William Morrow.
- Shlegel, A & Barry, H. 1991. *Adolescence: An anthropological inquiry*. New York: Free Press.
- Thomas, Q. 2009. *Provision of initiation sites in the City of Cape Town: Metropolitan spatial planning perspective*. Paper delivered at the 2009 Initiation Indaba, Cape Town
- Western Cape Health Department. 2009. *Health-sector circumcision strategy & operational plan*.

PHASE 1 RESEARCH	PHASE 2 LAUNCH AND TRAINING	PHASE 3 ACTION LEARNING AND IMPROVEMENT	PHASE 4 GUIDELINES DEVELOPMENT
<ul style="list-style-type: none"> • Project initialisation • Networking and initiating contact (building trust) • Field work and data collection • Data analysis and report writing • Recommendations 	<ul style="list-style-type: none"> • Reconnecting with communities (consultation) • Identify cooperatives in communities • Develop needs analysis and implementation plan • Identify appropriate sites in each community • Negotiate with relevant landowners to secure sites • Identify areas of greatest impact • Provide appropriate training • Launch the project in the areas • Establish stakeholder forum with clear agreements and terms 	<ul style="list-style-type: none"> • Set up monitoring and evaluation criteria for the season • Collect and collate information in communities on the impact or effectiveness of the project • Learn from other provinces and compare appropriateness and relevance for the Western Cape • Organise small scale seminars in this field and identify best practice • Establish a pilot site based on best practice 	<ul style="list-style-type: none"> • Collate and compile lessons in a book form. This will provide a culturally sensitive guideline for parents, health practitioners and the community on initiation • Launch publication at the beginning of following year's initiation season

Department of Cultural Affairs and Sport
Private Bag X9067, Cape Town, 8000
E-mail: Dcas.Cem@westerncape.gov.za

www.westerncape.gov.za/dcas



**Western Cape
Government**

Cultural Affairs and Sport