



**Western Cape  
Government**

Cultural Affairs and Sport

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# **Initiation Framework and Protocol 2014**

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## 1. Definitions of terminology included

In this policy, unless the context indicates otherwise:

**“Carers”** mean men who take over responsibility after the performance of circumcision by caring for the initiates. These men were also subjected to initiation and the process of imparting the learning and lessons resides with them.

**“Cultural practices”** are the means for members of society to communicate values and ways of living, through psychological, social and symbolic interactions.

**“Initiates”** mean teenage boys who are undergoing a transition process from boyhood to manhood.

**“Initiation forums”** are structures that are responsible for the signing up of prospective initiates and are the initial point of contact and requirements for communities to observe and practice initiation.

**“Initiation schools”** are cultural educational institutions where initiates are taught the values inherent in social responsibility, culture, discipline and acceptable conduct.

**“Male circumcision”** means the surgical removal of the foreskin by a traditional surgeon as part of a customary male initiation process.

**“Male initiation”** means a rite of passage that illustrates the transition from boyhood to manhood (building character).

**“Reference Group”** means a group of persons that should understand policies and the initiation practice, and who are the buffer between government and the communities.

**“Sacred and secret”** means traditional or religious rituals which are performed and taught before, during and after initiation, and which for traditional or religious reasons are not to be made public.

**“Traditional surgeons”** means a person performing circumcision of boys during the initiation rites of passage.

## **2. 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 Province. 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, the 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, and 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.
- It is consultative.

## **3. Background and approach**

Initiation practices are universally common to many cultures. They come in many forms and institutional expressions. They are historical indicators used by human communities to mark the transit from one stage of life to another. It is in fact a rite of passage, acknowledging the induction 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. (Report on Public Hearings on Initiation Schools in South Africa by the CRL Rights Commission p. 10) Cultural practices are a means for society members to communicate values and ways of living, through psychological, social and symbolic interactions and teaching.

Anthropologists categorise rituals<sup>1</sup> in three specific ways: those which are calendric, those which address misfortune, and those dealing with rites of passage. Male initiation rites fall into the latter, and illustrate the transition from boyhood (*ubukhwenkwe*) to manhood (*ubudoda*). The initiation practices of isiXhosa, Basotho and amaHlubi<sup>2</sup> are the most dominant in the Western Cape. No particular age is specified for these rites (boys between the ages<sup>3</sup> of 18 and above undergo initiation). Initiation is an important social device in dealing with adolescence; the training and preparation provided at the initiation schools enables the shift from childhood behaviour to more complex behaviour expected in adulthood (Schlegal and Barry).

*"Men who've been through initiation are distinguishable by their social behaviour and a particular vocabulary they learn during their time in the bush."*

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 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 of childhood and adulthood.

The adolescent stage, according to Mead (1973), if not monitored, could be destructive for the individual adolescent, the family and the community. Mead (*ibid*) goes on to describe this stage as a delicate stage. The boy is neither a child any longer, nor is he a man, developmentally excluded from the community. She argued 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 man of dignity in his community.

Even though the practice has survived the passage of time, it is faced with the need for some modernisation and its attendant challenges. Its resilience is being tested against its capacity to adjust to and accommodate these modern tendencies, and at the same time finding its rightful place and expression.

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1. While it is acknowledged that some aspects of initiation may be regarded as secret, no such practice may ever endanger the lives of initiates or be capable of causing serious injuries or harm to initiates.
  2. According to information obtained from the National Khoi-San Council and research done by the DTA in 2013, initiation practices of the Khoi and San communities are found mainly amongst the Nama and San groupings.
  3. The Children's Act describes any person below the age of 18 as a "child" and places strict conditions on the circumcision of both males and females.

The institution of initiation and its protection is a community's cultural, spiritual and religious right. The Constitution 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.

#### **4. The Western Cape context**

Historically the Western Cape Province has the least 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 above mentioned groups. 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 population (Helman 2000:13). Initiation practice is deep rooted in our communities, not only in the rural areas of the Province, but in the Metro as well.

#### **5. The challenges**

The research commissioned by the Department highlights the following:

- Increase in drug and alcohol abuse at initiation sites
- Untrained carers and surgeons
- 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 the initiation site or school, e.g. due to a pre-existing general illness or an abnormality of genital organs or some other vital organs system of the body
- Lack of observation and maintenance of proper health standards at circumcision schools and sites
- New/emerging diseases, e.g. HIV/AIDS, 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 is in private hands
- Increase in initiates from single-headed households
- Lack of civic guidance and leadership
- Migration to the city
- Impact of modernisation.

## **6. Goals**

To create a safe and an enabling environment for the effective rite of passage to responsible adults and citizenship.

## **7. 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 the gap 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
- To encourage community participation and involvement.

## **8. Key elements**

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

### **8.1 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."

### 8.1.1 Initiation forums

Initiation forums are the initial point of contact and a requirement<sup>4</sup> for communities who observe and practice initiation. It is recommended that the forums constitute individuals and institutions that have a direct stake or impact on the practice of initiation. Civic leaders, practitioners, health practitioners and ward councilors are represented in these structures. The initiation forums should attend to matters related to pre-, actual and post-initiation phases.

A database of traditional surgeons (*lingcibi*), carers (*Amakhankatha*) and initiates being cared for resides with the initiation forums.

### 8.1.2 *lingcibi* (Traditional surgeons)

*lingcibi* has 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<sup>5</sup>. They have a central stake in the training and without their cooperation; consent and implementation might be negatively affected.

#### Criteria for traditional surgeons:

- Traditional surgeons must be older than 40 years before he can be registered.
- No traditional surgeons may be allowed to perform circumcision if not registered (initiation forum / department) or has not received proper training.
- No traditional surgeon may perform circumcision when under the influence of alcohol or any other drug.
- Traditional surgeons must ensure that the area where circumcision is performed is hygienic and clean.
- Traditional surgeons must assist carers in monitoring the wound during the first eight days.
- Traditional surgeons must ensure that carers do proper work and must report findings to the initiation forum and the parents.
- Health emergency cases of initiates must be reported to the initiation forum and initiates must be evacuated to ensure that proper treatment is provided by a medical doctor.

4. It is recommended that prospective initiates, their parents and/or legal guardians be briefed by professionally qualified medical practitioners in respect of the possible medical risks of initiation practices, especially circumcision in the case of male initiation, to ensure they take informed decisions.

5. Section 28(1) (d) of the Constitution determines that every child has the right to be protected from maltreatment, neglect, abuse or degradation. Section 12 (1) of the Children's ACT, 2005 (Act No. 38 of 2005) states that every child has the right not to be subjected to social, cultural and religious practices which are detrimental to his or her well-being.



### 8.1.3 Amakhankatha (Carers)

The process of imparting the learning and lessons resides with them. *Amakhankatha* (carers<sup>6</sup>) are responsible for the caring of initiates and play an important role in the care of the initiate post the circumcision phase. Discipline should be instilled, thus a need for capacity development to improve the ability to care and minimise injury and mortality.

It is preferable that a carer be male, have been subjected to initiation practice, at least 35 years or older and listed on the database. Carers should have no history of criminal convictions or child abuse and be respected in their communities.

The carer is to ensure early medical and safety interventions<sup>7</sup> should it be required, and inform the family or the appointed proxies accordingly.

### 8.1.4 Parents / family and community

Parents (guardians), families and the community at large form part of the significant stakeholders during the initiation process. They have to provide spiritual and material support to the young man. Their involvement from the pre- to the post-initiation phase in meeting the cost for all the basic needs and related maintenance requirements is unavoidable.

Parents/ guardians are to grant permission for the prospective initiate to undergo the initiation practice, ensure medical screening and produce a medical certificate.

### 8.1.5 Cape Nature Conservation

The organisation is mandated with the conservation and preservation of our natural environment on which the practice impacts. Its contribution should focus in ensuring that the practice is environmentally sensitive and friendly throughout training and guidance of communities. In addition, the institution provides professional guidance in identifying and developing sites in conservation areas and elsewhere should the need arise. They mediate with communities to reduce land invasion on reserves.

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6. Although not directly linked to initiation, note should be taken of the definition of "care-giver" in section 1 of the Children's Act, 2005 (Act No. 38 of 2005). It is defined as "... any person other than a parent or guardian, who factually cares for a child and includes-
- (a) a foster parent;
  - (b) a person who cares for a child with the implied or express consent of a parent or guardian of the child;
  - (c) a person who cares for a child whilst the child is in temporary safe care;
  - (d) the person at the head of a child and youth care centre where a child has been placed;
  - (e) the person at the head of a shelter;
  - (f) a child and youth care worker who cares for a child who is without appropriate family care in the community; and
  - (g) the child at the head of a child-headed household;"
7. Section 43(3) (a) of the National Health Act, 2003 (Act No. 61 of 2003) specifies that "*the Minister may, in the interests of the health and wellbeing of persons attending an initiation school and subject to the provisions of any other law, prescribe conditions under which the circumcision of a person as part of an initiation ceremony may be carried out*".

### **8.1.6 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.
- Maintain a database and statistics through its infrastructure on initiation sites.

### **8.1.7 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
- The upkeep and maintenance of such sites, utilising the Expanded Public Works Programme
- Agreement must be entered into for the utilisation of land belonging to national Government.

### **8.1.8 Department of Community Safety / SAPS**

During the initiation period the initiates are exposed to many challenges, including safety, and therefore the involvement of community safety in the pre- and post-phase of initiation.

### **8.1.9 Municipalities**

Initiation is practised within the boundaries of municipalities. Municipalities are to ensure the provision of the necessary infrastructure, such as land, clean water and sites for initiation. Agreements should be entered into with groups/individuals responsible for initiation, as well as for land to be zoned appropriately.

### **8.2 Provincial coordination**

The purpose is to coordinate Provincial efforts in ensuring effective and efficient management of initiation practices and synchronise approaches. It will consist of provincial departments and persons who have knowledge of the policy and practice of initiation.

### **8.3 Training, monitoring and quality-assurance measures**

The training aimed at developing a common understanding on issues pertaining to initiation includes:

- Training for carers, traditional surgeons and monitors should be on-going 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.
- The monitoring should focus on aspects pertaining to the overall improvement of sites, initiates, reduction in incidents of injuries and increased compliance.

## 8.4 Guidelines and criteria on identification and development of sites

Identification of potential initiation sites and the development thereof is given 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 must there rather be a smaller local site or is a combination best?	3-4 regional sites Smaller sites in each district Combination
Locality	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 reached within 20 minutes by vehicle
Size	What is the minimum size for a site and if regional sites are selected, what is the ideal size?	1-3 ha 3-7 ha <7 ha
Services	What is the level of services that are required on the site? In light of the location in urban areas, consideration must be given to water and sanitation as a minimum.	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 mountain?	High vegetation on a flat area Sand and lower vegetation 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:

- Public ownership of the land
- Development of a memorandum of understanding with regard to the management and operation of the site to be signed between the land-owner and a recognised community organisation/initiation forum.
- A site development plan to be drawn up for each site that addresses the location of facilities on the site, parking and access, long-term landscape management and site security.
- Health and sanitation-related issues including the provision of fresh water, showers and toilets should be considered. The removal of waste and fire safety should be addressed.

### **8.5 Minimum requirements for the phases of initiation**

The management of initiation<sup>8</sup> has three phases, of which each one is to be observed.

#### **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 will undergo a medical check-up two months before the time of initiation so as 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 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 advising the site where initiation will take place as well as the date.

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8. <sup>8</sup>Initiation is a cultural practice. "Cultural matters" is listed in Schedule 4 of the Constitution, 1996, as a functional area concurrent legislative competence. Therefore both national and provincial legislatures may legislate on initiation.

## **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 must 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, assess the hygiene and environmental health at the sites. Any issues of concern are raised with the initiation forum and the local health institution.
- Such concerns will be addressed at local level where possible and will be recorded with the local medical institution.
- A medical officer who is familiar with the initiation practice will be called if any complications arise and, based on his assessment, the appropriate decisions will be taken. A report will be lodged with the relevant local health institution. No person other than a trained carer as prescribed 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 the season.
- A carer must immediately report any sign of illness or injury to the monitors, a medical officer or members of the local initiation structure.
- A carer must ensure that initiates in their care are not exposed to the elements and/or risk extreme cold or dehydration, especially during the first eight days of the initiate's confinement.

## **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. Care must be taken by medical personnel to ensure confidentiality during the treatment process.

## 8.6 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)
- Traditional Practitioners Act (Act 22 of 2007)
- Other relevant legislation.

## 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 practise it. This 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 also ensure that it is in line with current developments and adds value to the cultural lives of the communities of the Province.

## 10. References

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6. Notice 1459 of 1997. White Paper on Transforming Public Service Delivery (Batho Pele White Paper).
7. Egger: Studies in Puberty amongst youngsters in Papua New Guinea.
8. Consultative Workshop (Valkenberg) Report, 30 May 2013 (Cape Town).

## 11. Phases of the Framework

PHASE I RESEARCH	PHASE 2 LAUNCH AND TRAINING	PHASE 3 ACTION LEARNING AND IMPROVEMENT	PHASE 4 GUIDELINES DEVELOPMENT
<p>Project initialisation</p> <p>Networking and initiating contact (building trust)</p> <p>Field work and data collection</p> <p>Data analysis and report writing</p> <p>Recommendations</p>	<p>Reconnecting with communities (consultation)</p> <p>Identify cooperates in the communities</p> <p>Needs analysis Implementation plan development</p> <p>Identify appropriate sites in each community</p> <p>Negotiate with relevant landowners to secure sites</p> <p>Identify areas of greatest impact</p> <p>Provide appropriate training</p> <p>Launch the project in the areas</p> <p>Establish stakeholder forum with clear MOUs and terms</p>	<p>Set up monitoring and evaluation criteria for this season</p> <p>Collect and collate information in communities on the impact or effectiveness of the project</p> <p>Learn from other provinces and compare appropriateness and relevance for the Western Cape</p> <p>Organise small-scale seminar on developments in this field and identify best practice</p> <p>Establish a pilot site based on best practice</p>	<p>Collate and compile lessons in a book form</p> <p>This will provide a culturally sensitive guideline for parents, health practitioners and the community on initiation</p> <p>Launch publication at the following year's opening of the initiation season</p>



**12. APPROVAL**



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