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A SOCIAL WORK PERSPECTIVE ON SOUTH AFRICAN TRADITIONAL MALE CHILD CIRCUMCISION

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ABSTRACT

Traditional male circumcision (TMC) is a longstanding African cultural practice involving the socialisation of boys and young men into manhood. Social workers must have knowledge of various cultural practices to develop a holistic view of the person-in-environment. This will help them to support their professional mission of promoting basic needs satisfaction, wellbeing and justice for all communities and individuals worldwide, given the fundamental nature of culture in people's lives. TMC is a sacred cultural practice, but there is a lack of knowledge in communities around the process and activities involved in this practice; hence the need to establish the role of social workers in relation to the practice. The fact that children are involved in TMC necessitates social workers working with families and relevant stakeholders in response to cultural beliefs and practices as per their professional and legislated mandate. Given this lack of knowledge, we used the integrative literature review method to describe the legislative and constitutional imperatives regulating TMC in South Africa, outline the TMC process, determine the role of social workers in the TMC process, and explain the TMC process from the ecological systems theoretical perspective.

Keywords: children; male circumcision; rights; social work; traditional

INTRODUCTION

Traditional male circumcision (TMC) is one of the longest-standing cultural practices in South Africa; it has been practised for centuries as a valuable and essential cultural process intended to prepare initiates for adult duties (Douglas & Maluleke, 2016; Ntozini & Ngqangweni, 2016). As democracy emerged in 1994 and ushered in a new constitutional order, the practice underwent a transformation to align with the new constitutional values, principles and the Bill of Rights. This new constitutional order required practices such as the TMC to adopt what the authors of this article consider to be a human rights approach that promotes social justice through the rights enshrined in the Bill of Rights (Republic of South Africa [RSA], 1996), such as the right to health, life and dignity, among others. The human rights approach to TMC also implies that professionals who are central to social justice and child protection, such as social workers, play a crucial role in matters related to TMC. The introduction of the Children's Act 38 of 2005 (RSA, 2006) and the Customary Initiation Act No. 2 of 2021 (RSA, 2021), among others, aim to ensure that male children who undergo the TMC process do so in a dignified manner and in such a way that their rights are not compromised. This is precisely one of the reasons for social workers to have a proper comprehension of the nature of TMC and its dynamics. Knowing what the TMC entails, as well as its challenges, will enable social workers to devise the necessary mechanisms to support this practice. It was a lack of knowledge regarding TMC among social workers that prompted us to embark on a study to describe the legislative and constitutional imperatives regulating TMC in South Africa, outline the process of South African TMC practices from an ecological theoretical perspective, and ascertain the role of social workers in the TMC process.

CONCEPTUAL CONTEXT

Although TMC has been common among African communities from time immemorial, its exact origins are not clearly ascertainable (Banwari, 2015; Rapatsa, 2022). Despite this, the fact that TMC is practised all over Africa and that rituals and other parts of the ceremonies are often very similar in places that are millions of kilometres apart suggests that it may have a long history and that it has changed over time (Banwari, 2015). TMC is an intrinsic part of various ethnic and cultural groups' belief systems and is conducted in a non-clinical environment by traditional circumcision practitioners, who do not have any official medical training (Palmer et al., 2020; World Health Organization [WHO], 2008).

The significance of TMC

TMC is part of the broader initiation schooling system of boys in preparation for their transitioning to manhood, in which they are also taught the self-identity of African youths, certain African values, traditions, HIV prevention and practices expected from men (Mudau et al., 2018; Ndou-Mammona & Mavhandu-Mudzusi, 2022; Ntozini & Ngqangweni, 2016; Prusente et al., 2019; Rathebe, 2018). In the South African context, TMC is a cultural ritual involving the removal of the penile foreskin of a male person as part of a rite of passage from childhood into adulthood (Prusente et al., 2019; Siweya et al., 2018). Although removing the foreskin often dominates this process, there are other moral and cultural activities involved, such as attending the initiation school to be taught discipline around masculinity and learning

how to practise traditional activities, including sexual education (Douglas & Maluleke, 2016; WHO, 2008). The practice of TMC is highly secretive and sacred, with intricate details, and is rarely discussed with outsiders (Palmer et al., 2020; WHO, 2008).

The challenges associated with TMC

The sacredness of TMC is sometimes characterised by the abuse and maltreatment of children. TMC often fails to ensure the safety of initiates, leaving them vulnerable to harm such as botched circumcision or even death (Ndou-Mammona & Mavhandu-Mudzusi, 2022; Palmer et al., 2020). Existing research evidence points to the problematic nature of TMC practices, often in violation of the right to cultural and/or religious practice as enshrined in the Constitution (Kheswa et al., 2014). Forcefully subjecting initiates to TMC against their will or religious beliefs amounts to these violations. In some instances, there are reports of deaths associated with dehydration, violence and congestive heart failure during the process of TMC (Douglas & Maluleke, 2016). Because of a need for recognition in terms of cultural expectations, some of these boys succumb to peer pressure and participate in these activities, not out of their own volition, but out of fear of rejection by their peers (Douglas & Maluleke, 2016). The value attached to TMC often results in circumcised boys being recognised and accepted by the community, whereas uncircumcised boys are considered dirty with nothing good to offer (Kheswa et al., 2014). Peers regard the uncircumcised boy to be undeserving of the same respect than those who have undergone the rite of passage. They also label them as social outcasts, referring to them derogatorily as “boys” (Douglas & Maluleke, 2016; Froneman & Kapp, 2017). Even their juniors subject some of these uncircumcised boys to humiliation and derogatory names, such as *leshoboro* (a coward in Sepedi) and *inkwenkwe* (a boy in isiXhosa) (Froneman & Kapp, 2017). Unlike their uncircumcised counterparts, those who are circumcised are given some honour and are increasingly included in crucial family decision-making (Kheswa et al., 2014).

The significance of social work in TMC

Although some of the TMC practices pose a threat to social justice and the rights of these children as guaranteed by the Constitution (RSA, 1996), the Children’s Act (RSA, 2006), the Customary Initiation Act (RSA, 2021 and other pieces of legislation, research evidence points to a lack of social work literature on the subject (RSA, 2021). This is despite social workers having the responsibility to transform the culture of their practice by, among other things, acclimatising it to societal practices such as the TMC. Their practice should be culturally responsive by applying indigenous innovative philosophies and approaches (Luwangula et al., 2019) informed by relevant legislation and theories in response to the challenges encountered by families observing the cultural practice of TMC. Social workers are particularly positioned to coordinate collaboration with legal experts to offer training on policies pertaining to TMC (Nomngcoyiya & Kang’ethe, 2019). This therefore implies that social workers should have knowledge about TMC-related issues. It was on this basis that a review of the literature was conducted to describe the legislative and constitutional provisions regulating TMC in South Africa, outline the process of TMC as commonly practised in South Africa, and ascertain the role that social workers can play in the TMC process.

RESEARCH METHODOLOGY

The research methodology that guided this study was an integrative literature review, which sought to provide comprehensive insight into the topic under study (Oermann & Knafl, 2021). This methodology followed a process that involved identifying the problem, searching for the relevant literature, evaluating the data, analysing it and presenting the findings (Oermann & Knafl, 2021). To identify the problem, we considered the current state of knowledge about TMC in South Africa. This included reviewing media reports and reading through some scholarly publications on TMC. This review identified lack of knowledge about the nature of TMC from a social work disciplinary perspective, despite the widespread occurrence of the practice and the significant role of social work in child welfare matters such as TMC. This absence of information assisted us in formulating the four main research questions: (1) What are the legislative and constitutional imperatives regulating TMC in South Africa? (2) What process does the TMC follow? (3) What role can social workers play during each phase of the TMC process? (4) How can the ecological systems theory perspective best explain the TMC process?

With these questions in mind, we conducted a general literature search around TMC as suggested by Oermann and Knafl (2021). To search for the relevant literature, we used key words such as “nature of traditional male circumcision in South Africa”, “legal and policy aspects of traditional male circumcision” and “what is traditional male circumcision”. This search was conducted in multiple databases, such as Wiley Online Library, Google Scholar, PubMed, Sage Journals, Scielo, the WHO website and ResearchGate, as well as grey literature such as unpublished dissertations and theses. We used inclusion criteria to select literature sources that could specifically address the research questions from this reviewed literature pool. The criteria required the literature sources to (1) be based on the nature and process of TMC; (2) include the legislative and legal provisions for TMC in South Africa; (3) address the question of social workers and TMC; (4) be sources published since 1994 (excluding older standard books and articles on the topic); (5) be framed within ecological systems theory; and (6) be sources published in English. Out of a total of 92 literature sources, 46 met the eligibility criteria and became the focus of our evaluation in relation to the research questions. Three academics, two of whom were seniors in the field, independently evaluated these literature sources. We specifically evaluated each of these sources based on their relevance to the research questions posed.

Following the evaluation, we initiated the thematic analysis, guided by the six phases proposed by Clarke and Braun (2013). The first stage involved familiarising ourselves with the data through repeated readings and noting down any initial observations. In the second stage, we generated pithy labels for crucial data features that aligned with the research questions by capturing both the semantic and conceptual aspects. In the third stage, we began searching for themes by identifying similarities in the data and coding all data applicable to the questions and aim. During the fourth stage, the generated themes were verified in the context of the coded extracts and the full data set to determine whether they addressed the questions and goal of the study satisfactorily. The fifth stage involved defining and naming the themes and writing a detailed analysis of each one. Finally, we presented the findings with reference to the relevant

literature. Regarding rigour, the complexity associated with searching and evaluating diverse literature sources, as well as giving a clear indication of each step followed, increased the rigour of the study (Kutcher & LeBaron, 2022). The diverse literature sources from various disciplines as evaluated in this study, as well as a clear account of the process followed in conducting this study, were the strategies to promote the rigour of the study.

RESEARCH ETHICS

In a literature review, researchers do not collect any information that is personal, sensitive, or confidential; they are mainly interested in information that is already in the public domain (Suri, 2020). Ethical considerations in an integrative literature review are twofold: the ethics of each selected document for inclusion in the study and the ethics of conducting the integrative literature review (Lubbe et al., 2020). We critically examined selected documents for scientific and methodological soundness in order to include them in this study. This included considering the study's focus, methods, findings and conclusions. Regarding the ethics of conducting an integrative literature review, we heeded the advice of Lubbe et al. (2020) by being conscious of and avoiding plagiarism by ensuring that all consulted material was duly credited through an acceptable citation method.

THE RESEARCH FINDINGS

The research questions guided us as we reviewed the literature for this article. We consulted and evaluated various literature sources for this study. The evaluation process led to the development of the following main themes: the constitutional and legislative imperatives underlying TMC; considering TMC from a social work perspective; the process of TMC and the involvement of social workers; and the ecological systems approach to TMC. Below, we introduce and further explain these themes and subthemes.

Theme 1: The constitutional and legislative provisions underlying TMC

The constitutional and legislative imperatives underlying TMC emerged as one of the main themes. It is important to note that the Constitution serves as the supreme law of the Republic, requiring all laws to align with it. It was in this context that the Constitution of the Republic of South Africa (RSA, 1996) makes provision for cultural practices such as the TMC and therefore subtheme 1. Giving effect to the Constitution of the Republic was the Customary Initiation Act (RSA, 2021), which is presented as subtheme 2 and the Children's Act (RSA, 2021), which is presented as subtheme 3.

Subtheme 1.1: The Constitutional as a legislative provision for TMC

Any legislation, including the Customary Initiation Act (RSA, 2021), should be read and applied in accordance with the Constitution (RSA, 1996), which is the country's supreme law. Traditional male circumcision should also be guided by the Children's Act (RSA, 2006), which is the primary legislation regulating all matters (including TMC) concerning children. Regarding the practice of TMC, section 30 of the Constitution guarantees everyone the right to, among other things, participate in the cultural life of one's choice, on condition that such rights may not be exercised contrary to the provisions of the Bill of Rights (RSA, 1996, 2021). The Bill of Rights guarantees the right to life (section 11), human dignity (section 10),

healthcare services, sufficient food and water, and social security (section 27(1)) (RSA, 1996). Regrettably, certain TMC practices often violate these rights.

Derogatory names such as “*leshoboro*” or “*inkwenkwe*”, loosely translated as “immature boy”, are often directed, even by their juniors, at boys who have not participated in the TMC. This may infringe their right to dignity. The dire conditions in which some of these initiates find themselves once they get into these TMC schools, such as lack of proper health and social services and, in some instances even the death of the initiate, could violate their rights as guaranteed by sections 11 and 27(1) of the Constitution (Douglas & Maluleke, 2016; Froneman & Kapp, 2017; RSA, 1996). Concerns have been raised regarding the instruments that are used to circumcise these boys, with claims that they are not clean, disinfected or adequately sterilised with relevant chemicals; others claim that only methylated spirits is used for sterilisation (Ndou-Mammona & Mavhandu-Mudzusi, 2022). A South African study conducted by Ndou-Mammona and Mavhandu-Mudzusi (2022), for instance, revealed that certain circumcision schools do not follow infection prevention and control methods and therefore expose initiates to HIV and other forms of infection, which may violate their right to healthcare services as enshrined in section 27(1) of the Constitution.

Subtheme 1.2: The Customary Initiation Act provisions and TMC

Having noticed some of the challenges associated with TMC, the South African government swiftly took important steps at a legislative level to directly mitigate some of these challenges by promulgating the Customary Initiation Act (RSA, 2021). The Customary Initiation Act (RSA, 2021) seeks, among other things, to provide for effective regulation of customary initiation practices. Section 2(5) of this Act prohibits the participation in any aspect of initiation by a person who is unsuitable to work with children, as provided by section 120 of the Children’s Act. Section 3(1) of the Customary Initiation Act (RSA, 2021) mandates initiation practices to adhere to the Constitution and adhere to the principles of the Bill of Rights, specifically safeguarding and advancing the rights of children, as outlined in section 28 of the Constitution (RSA, 1996, 2006). In terms of section 28 of the Customary Initiation Act (RSA, 2021), the initiation process should be voluntary and no person may be forced to attend such a practice (RSA, 2021). Despite the provisions of the Customary Initiation Act (RSA, 2021), the literature continues to draw attention to practices that violate the Bill of Rights, forcing some initiates to undergo this process against their will (Douglas & Maluleke, 2016). The rise of illegal TMC schools is another problem, because they are known for doing illegal things such as kidnapping and retaining teenage boys. This infringes on the rights of these boys to refuse to take part in these activities, which is protected by section 12(10) of the TMC (Nkosi, 2021; RSA, 2021).

Subtheme 1.3: The Children’s Act provisions and TMC

Another piece of legislation that is central to TMC is the Children’s Act (RSA, 2006), which, through section 12, addresses social, cultural and religious practices in respect of children. Subsection (8) prohibits the circumcision of male children under the age of 16, except when such circumcision is performed as a religious practice as prescribed by such religion, or for medical purposes as recommended by a medical practitioner. The Children's Act permits or

approves of the circumcision of children over 16 under three conditions: (1) the child must provide consent in a prescribed manner; (2) the child must undergo proper counselling; and (3) the procedure must follow the prescribed guidelines. Subsection (10) provides for the right to refuse circumcision by any male child in the light of his age, maturity and developmental stage (RSA, 2006).

Theme 2: Considering TMC from a social work perspective

The involvement of social workers in the overall process of TMC stems from their *professional* and *legislative mandate*. The theme "considering TMC from a social work perspective" has two subthemes: the professional mandate of social workers and their legislative mandate within the TMC. These subthemes are explained below.

Subtheme 2.1: The professional mandate of social workers in TMC

Professionally, social workers protect vulnerable populations, such as male children who are subject to TMC. They are expected to apply principles of social justice, human rights, collective responsibility and respect for diversity in liberating and empowering people to promote social change, development and social cohesion (International Federation of Social Workers, 2014). In delivering this mandate, social workers should therefore consider all human terrains, including cultural practices such as TMC. Professionally, they are required to be culturally competent and embrace the centrality of culture for effective practice (National Association of Social Workers, 2015). The mandate of social work is even more essential in activities that involve children (including TMC), because some of these cultural practices compromise the children's wellbeing and rights; hence the need for social work intervention (Osborn & Karandikar, 2022). In delivering their mandate, the social workers do so through psychosocial support services such as counselling, family reunification services, education and advocacy. Regarding the social work mandate in TMC, Kheswa et al. (2014) call for rigorous cultural awareness efforts involving communities, parents and young men who are subject to this practice, with the aim of promoting the processes and procedures that must be followed, as well as the risks and pitfalls that are related to the practice. This article focuses on social workers, who are the primary guardians of child justice and rights, to achieve and convey such cultural awareness.

Subtheme 2.2: The legislative mandate of social workers in TMC

Besides their mandate evolving from their professional objectives and principles, social workers are also mandated to provide certain services by specific pieces of legislation, such as the Children's Act. Given the involvement of children in TMC practices, it is essential for social workers to play an instrumental role as mandated by both their profession and the legislation. In section 155(2) of the Children's Act, for instance, social workers are duty-bound to investigate and report on their determination of a child who is found to be in need of care and protection (RSA, 2006). Despite this obligation, there have been instances where initiation schools, some of which are bogus but perform TMC, have abducted children against their will (Dube, 2022; WHO, 2008). As far back as 2006, for instance, the hearings held by the Cultural Religious and Linguistic Rights (CRL) Commission, the South African Human Rights Commission (SAHRC) and the National House of Traditional Leaders (NHTL) in Lusikisiki

revealed how parents were alarmed by the abduction of young boys for the purpose of circumcision (WHO, 2008).

Theme 3: The process of TMC and the involvement of social workers

From the literature consulted, it emerged that TMC is a process that proceeds through a series of phases, namely the preparatory stage, the operation stage, the seclusion, privation and breaking from privation stage, as well as the reintegration stage (Van Genneep, 1909; WHO, 2008). The presentation of these stages as subthemes forms the foundation of the entire process.

Subtheme 3.1: The preparatory period

The preparatory period is one of the crucial stages, and it involves physical, social and spiritual dimensions (WHO, 2009). During this stage, initiates take the decision to undergo TMC. In preparing to leave for TMC, some of the prospective initiates slaughter an animal (normally a goat) a day before their departure to the lodges as part of their ritual to seek protection and guidance from ancestors over the process they are about to embark on (Douglas, Maluleke, Manyapelo & Pinkney-Atkinson, 2017). They also discard their clothes in exchange for blankets, which will, in some practices, be worn throughout the initiation period. Section 5 of the Customary Initiation Act stipulates that individuals deemed inappropriate to work with children under section 120 of the Children's (RSA, 2006, 2021) cannot participate in any aspect of initiation. Section 25(3) of the Customary Initiation Act states that if an individual is forced to participate in an initiation school without consent, such compulsion could be considered abduction or kidnapping (RSA, 2021). Despite these legal constraints, the head of the family often takes boys away from their homes, either with or without permission (Prusente et al., 2019). This could lead to disputes that require the involvement of social workers. Social workers may also find themselves having to play the roles of advocate, mediator or negotiator. As advocates, they pursue other systems to seek help for the initiate and his family, while as mediators, they intervene whenever disputes emerge between the parties (Zastrow & Hessenauer, 2019).

Although the above aspects of the preparatory stage are essential, it is equally important to consider the psychosocial and economic aspects, such as poverty, which may negatively affect the preparatory aspects. Social work is a human rights profession rooted in the Universal Declaration of Human Rights and a commitment to social justice and economic equality (Lombard & Twikirize, 2014). Thus, for families that cannot afford the required resources, such as new blankets and slaughtering a goat, social workers may step in and play the role of broker by mobilising such resources (Zastrow & Hessenauer, 2019).

In mitigating the psychosocial impact of this process at the preparatory stage, counselling and psychosocial support services may also be mobilised to prepare the entire family for the departure of their boy and to also prepare the boy for the road ahead. Based on ecological systems theory, it is essential to note that a decision to undergo circumcision during the preparatory stage, for instance, is made mostly in the *microsystem* (within the family system), in which the boy presumably makes such a decision and then consults with his parents. In some instances, it is the parents who make such a decision and consult with the boy. Of course, the announcements made by local authorities at community level (the *mesosystem*), along with the

cultural values and principles of the community at meso and exosystem levels inform these decisions. The *macrosystems* of the ecological systems include legislative prescripts such as the Children's Act and the Customary Initiation Act, as well as the constitutional imperatives that have an impact on TMC (RSA, 2006, 2021). The manifestation of the macrosystem is read in the context of the overall practice of initiation, which may be seen as an acceptable cultural practice in society. The simple act of making this crucial life decision, which will transform this boy into a man, reflects the timeline.

Subtheme 3.2: The operation stage

During this stage, the actual operation (circumcision) takes place (WHO, 2009). A man leads the initiates to the operation site. Here they are expected to sit in line on their blankets, and the surgeon arrives with his knife, taking the foreskin between his thumb and forefinger, pulling it forward, cutting it and dropping it in front of the initiates. He will do so, moving from one initiate to another, until he completes the process as each initiate shouts, “*ngiyindoda (I am a man)*” (WHO, 2008). This practice is a deliberate act of enhancing the masculine features of a man, and they are expected to not cry or display symptoms of discomfort because this amounts to being dishonourable and weak (Ntozini & Ngqangweni, 2016). One of the common Sesotho (a South African local language) proverbs states, *Monna ke nku o llela teng*, which means that men should avoid displaying their pains. Like a sheep, a man is associated with forbearance, silence and decency, and he should therefore not openly cry to display his hurt.

The operation stage is where the sacred dimension of TMC is located, and so controversy around the involvement of social workers may erupt. However, we argue that, as per their mandate of ensuring support for particularly vulnerable human beings, their role is still essential. Although the Customary Initiation Act (RSA, 2021) is not explicit regarding the involvement of social workers, such involvement is implicit through terms such as a qualified counsellor in section 31(2)(b). We submit that such a counsellor should be a social worker, since they are properly trained to consider all systems impacting on the TMC and to intervene properly even from a statutory, obligatory point of view as required by the Children's Act (RSA, 2006, 2021).

The involvement of social workers in TMC also finds support in section 150(1) of the Children's Act, which stipulates criteria for identifying a child in need of care and protection, and section 155(2), which provides for a social worker to conduct investigations into the condition of a child referred to in section 150. In addition section 12 of the Children's Act, regulates circumcision of children over the age of 16, as well as section 29(1)(c) of the Customary Initiation Act, which prohibits the abuse or assault of initiates under the guise of discipline (RSA, 2006, 2021). This therefore suggests that social workers may, at this stage, be investigators who would eventually furnish reports as required by section 155(2) of the Children's Act, read with the above provisions (RSA, 2006, 2021). Although activities during the operation stage take place within the initiation school and therefore render the microsystem and the chronosystem dominant, there are also elements of all other systems. The actual cutting of the foreskin, for instance, is informed by the values and norms of the broader community (the exosystem and the mesosystem); these are also guided by legislative and constitutional provisions (i.e. the Customary Initiation Act and Children's Act), which, among other things,

prescribe the maintenance of hygienic conditions and the need to provide professional medical services where necessary (RSA, 2006, 2021). The chronosystem is particularly dominant, because it is the cutting of the foreskin that is a symbolic transition into manhood, which should be confirmed by shouting out loud “*ngiyindoda*”, when the foreskin is cut off.

Subtheme 3.3: Seclusion, privation and breaking from privation

This stage is the period during which sepsis is prevented by the boys being restricted from taking liquids and eating soft foods (WHO, 2009). They are not allowed to be near water, and in some areas, they paint their bodies with clay (Jacobs, 2013). They also avoid clothes and only dress in blankets (WHO, 2008). Community elders coach them on new attitudes, practices and behaviours, while the lodge guardian monitors and treats wounds and teaches them how to wound dress each other using traditional herbs (Jacobs, 2013; WHO, 2008).

Once the privation period ends, the seclusion period, which gives initiates the chance to study respectful conduct and cultural knowledge, sets in. This period includes maintaining sacredness by purposefully refraining from using any phrases referring to any cultural ceremonies as part of proving that they experienced the ritual. They also learn to defend their manhood using secretive language taught by the elders (Ntozini & Ngqangweni, 2016). Furthermore, initiates are also taught sexual and reproductive health and relationship issues. Some initiates are subjected to abuse (Douglas et al., 2017; Ntozini & Ngqangweni, 2016). In a study of opinions and perceptions regarding TMC and related deaths and complications, for instance, one participant revealed scars on the back of a survivor of TMC (Douglas et al., 2017). Before the Customary Initiation Act and Children's Act were promulgated, assault and torture were common in TMC, because these boys had to tolerate pain without crying (WHO, 2008). According to Mavundla et al. (2010), those who cry are considered cowards who disrespect their culture. They are also required to respect the transitional phase without questioning its demands and sufferings (Ntozini & Ngqangweni, 2016). Although activities at this stage are some of the most important parts of the culture of TMC, section 150 of the Children's Act forbids, among other things, the exposure of children to circumstances that may seriously harm them physically, mentally or socially, as well as their exposure to physical or mental neglect. Section 155(2) mandates social workers to conduct the necessary investigation and report on such circumstances (RSA, 2006).

After their wounds are healed, initiates prepare for reintegration into the community by shaving their heads and washing off their clay. Back home, preparations for ceremonies to welcome them are underway. The bush huts are burnt down and preparations are made to reintegrate the boys into the community as strong and disciplined men capable of facing life's adversity and sorrow (Douglas & Maluleke, 2016). The macro level of the ecological systems theory is illuminating, because acquired cultural knowledge may positively or negatively affect the development of the child. For example, initiates may learn both acceptable behaviours and attitudes like respect or other unacceptable behaviours and attitudes such as undermining others. During this stage, the exosystem is dominant in the form of the teachings of cultural norms and values that define manhood, while at the same time, the microsystem manifests through the undergoing of a healing process. The mesosystem is also evident through the interaction of the initiation school and other systems outside the school (i.e. formal healthcare

facilities that may attend to injuries or render educational programmes, the initiates' families, which may convey information to the initiation school, or even funeral undertakers in cases where an initiate dies). Some of these unfortunate events (where death or injuries occur) may cause drastic changes in family life and therefore change the chronosystem.

Subtheme 3.4: Reintegration into the community

The reintegration stage is characterised by celebrations to welcome these initiates back into the communities. The community celebrates their return by sharing gifts to acknowledge their manhood. They celebrate their manhood with a graduation ceremony (Douglas et al., 2017:6). During this stage, the sacred nature of the circumcision process holds significant importance, and initiates refrain from disclosing any details of their experiences at the initiation schools (WHO, 2008). Those who could not participate in TMC during that period will be encouraged and motivated to participate in the future. For families that have lost loved ones, these celebrations evoke the reality and pain of loss; section 31(2)(b) of the Customary initiation Act therefore provides for a qualified counsellor who has himself undergone such an initiation to provide counselling to the remaining initiates and to the parents or legal or customary guardians of the deceased (RSA, 2021). This is where the mesosystem is dominant, because the initiation school interacts with the families and the community as it hands over the young men. The exosystem is equally evident, because the boys are no longer at the centre of any of the systems. The initiation school still considers itself as overseeing the boys, while the community and the families also consider themselves to be in charge. Legislative and constitutional provisions play a crucial role in regulating these processes, thus making the macrosystem influential. From the *chronosystem* point of view, the handover of these young men, which symbolises the endorsement of their manhood by the community and families, becomes one of the crucial life-changing moments for them.

Theme 4: The ecological systems approach to TMC

Ecological systems theory is associated with Urie Bronfenbrenner's work on the interaction between an individual and their complex interconnected environmental systems. These interactions, according to this theory, result in human development (Crawford, 2020; Ettekal & Mahoney, 2017). To understand human beings such as social workers and male children involved in TMC, we should consider various levels of their interactions with environments: the microsystem, the mesosystem, the exosystem, the macrosystem and the chronosystem (Bronfenbrenner, 2005; Crawford, 2020; Ettekal & Mahoney, 2017).

Subtheme 4.1: The microsystem and TMC

The microsystem is the person's immediate environment and includes their personality, beliefs, temperaments and significant others, such as family members and those outside their families, school, daycare, workplace, gym, coffee shops, etc. (Crawford, 2020; Jaspal et al., 2016; Sincero, 2012). A child grows up into adulthood, assimilating behaviour, attitudes and actions from these immediate surroundings. Parents who do not believe in TMC may influence the child's beliefs about it. Therefore, in striving to understand the role of social workers in TMC, it is essential to consider environments such as families, schools and initiation schools that exert an influence over children.

Subtheme 4.2: The mesosystem and TMC

The mesosystem refers to the connection between various microsystems, such as the school's interaction with the family or the initiation school, and the lives of these children (Crawford, 2020). To understand the social workers' role in TMC, the effects of removing a child from the family and subjecting him to TMC on the child's development should be considered. The home and school environments are some of these other systems (Piel et al., 2016; Sincero, 2012). School peers may have an impact on the child's decision to participate in circumcision. Fear of stigmatisation and bullying from those who have undergone TMC may lead a child to decide to undergo TMC (Douglas & Maluleke, 2016). As a result, they may feel pressure to undergo circumcision so that they can fit into their peers' systems.

Subtheme 4.3: The exosystem and TMC

The exosystem is like the mesosystem. However, unlike the mesosystem, where the person remains at the centre of one of the systems, here there is no system that can claim the person (Ettekal & Mahoney, 2017). It is where social workers should understand how the schooling system, initiation schools, work contexts, church environments and all other systems may indirectly influence the child's life (Jaspal et al., 2016). This system includes the neighbourhood and family social networks, which may influence the thinking patterns of the family around TMC. For instance, neighbourhood activities such as the celebration of TMC through graduation parties may influence parents' and children's decisions regarding this practice.

Subtheme 4.4: The macrosystem and TMC

At macro level, the focus is on the interaction of the micro-, meso- and ecosystems as influenced by the broader societal culture and their impact on the individual (Crawford, 2020). Political, cultural, socio-economic status, ethnic or racial identity, poverty and social realities form part of this system (Jaspal et al., 2016). We take societal values and cultures into account when developing knowledge about TMC. We should focus on society's general attitudes towards TMC, whether it is considered a positive or negative practice. We should also consider whether it is appropriate for professionals like social workers to participate in TMC, considering the sacredness of the practices, available policies and legislation.

Subtheme 4.5: The chronosystem and TMC

Finally, the chronosystem draws attention to time, including ageing and maturation, as well as the time or era in which a person lives (Crawford, 2020). Here, we take into account factors such as the age of the children in question and the era in which TMC occurs. At this level, the relevance and practice of TMC in a specific era and among a specific age group of boys will take centre stage. In addition to time, maturation and ageing, decisions, or important life transitions such as a change in family lifestyle, may have a long-lasting impact on the child's psychological development and the decisions regarding TMC (Sincero, 2012). The passing of crucial figures, such as a father, for instance, might encourage the child's participation in TMC to fast-track his assumptions of key responsibilities in the family.

DISCUSSION

According to Zastrow and Hessenauer (2019), social workers can assume the role of broker by linking individuals and groups with services and resources. For instance, during the preparatory phase of TMC, they can mobilise resources such as blankets for initiates, serve as advocates for TMC initiates to apply and obtain medical certificates on time, and negotiate TMC fees, since some may not have the necessary means to acquire all these resources, particularly those who are from disadvantaged families. Importantly, social workers may collaborate with other stakeholders and funding agencies to provide financial assistance to initiates and their families. Medical practitioners and nursing professionals are among the stakeholders who may be required to assist during the TMC process. Whereas medical practitioners are required as early as during the preparatory period of the process to examine prospective initiates and issue them with medical reports, nursing personnel may be required only later at the TMC school for medical follow-ups. At this point, social workers can play a crucial role as coordinators who, as described by Zastrow and Hessenauer (2019), bring people together within a multidisciplinary team in an organised manner. Patel (2015) states that social workers play various roles, including solving problems by counselling and providing guidance and support to individuals, families and groups. These roles are essential in the context of TMC, in which individual initiates and their families may require such services. Social workers require counselling as a central skill to address the psychosocial issues their clients encounter (Dziegielewski & Holliman, 2019; Roy, 2020). In this scenario, counselling may be necessary for initiates and their families to adequately prepare them physically and psychologically for the transition from their familiar home environments to new and unfamiliar ones. Counselling is also a mandatory legal requirement imposed by section 12(9)(b) of the Children's Act, which provides for circumcision of male children above the age of 16 to be circumcised only after, among other things, proper counselling of the child has been provided; social workers are therefore distinctively positioned as suitable to render counselling (RSA, 2006).

A healthy and secure environment for children to grow in must be promoted through social cohesiveness. Children have direct interaction with neighbours, friends, distant relatives and the greater society (Ulhaq, 2021). In African communities, children are raised communally, reflecting the proverb, "It takes a village to raise a child". Thus, every adult has a duty to protect children (Ulhaq, 2021). To promote this cohesion, social workers must capacitate broader communities through training in collaboration with relevant TMC role players. Such training may present topics on children's rights (not to be compelled to participate in TMC), as well as the rights of children with disabilities. This is of particular importance given the stigmatisation and labelling of children who, for whatever reason, are unable or unwilling to participate in the TMC. Thus, social workers can play the role of advocate for children's rights through educational programmes.

As indicated earlier, during the reintegration stage, initiates are welcomed back to the communities and households. Reintegration services for children and their families is one of the crucial roles of social workers. Reintegration is defined in the Collins Dictionary (2010) as the process of "making or becoming whole again". Just like the subject of TMC itself, reintegration services have not received scientific scrutiny in the context of TMC. Studies focus

primarily on offenders and correctional services (RSA, 2020). In the context of offenders, the primary aim of reintegration is to assist and supervise offenders to desist from crime, reintegrate successfully into the community and avoid relapsing into criminal behaviour. Within the context of TMC, reintegration entails supporting the initiates by reuniting them with their families and the community. To fulfil this role, an environment conducive to reintegration is required both within the families and throughout the community. On return from the initiation schools, venues such as community halls may be required for social workers to collaborate with community authorities and other stakeholders to coordinate community conversations on TMC issues. This places social workers at the centre, as pointed out by Zastrow and Hessenauer (2019), since they play several relevant and crucial roles.

CONCLUSIONS

This article sought to describe the legislative and constitutional imperatives regulating TMC in South Africa, outline the process of TMC in South Africa, ascertain the role of social workers in the TMC process and explain the process of TMC from the ecological systems theoretical perspective. TMC is outlined as an African customary practice seeking, among other things, to enhance the transition of boys and young men into manhood. The literature has shown that TMC is a complex sacred cultural practice, with details known only to those who have observed it. By its nature, the practice and its associated challenges suggest that it requires the involvement of social workers, because they are particularly mandated to protect marginalised populations at risk of harm. Based on what has already been written, especially about the ecological systems theory and how the systems change over time in response to the challenges of each stage, it is clear that social workers can step in at any point during the four stages of the TMC process to deal with problems that emerge.

This conceptual article was motivated by a knowledge gap about TMC within the discipline of social work. We conducted an integrative literature review to talk about the laws and rules that govern TMC in South Africa, to describe the process of TMC in South Africa, to find out what role social workers could play in the TMC process, and to explain the process of TMC in terms of ecological systems theory. Having found that the TMC process is characterised by various challenges typically of the kind addressed by social workers, it is concluded that the involvement of social workers throughout the TMC process is essential to, among other things, provide psychosocial support to children and their families, and to render training on dealing with TMC-related challenges. Drawing from these conclusions, we propose a number of recommendations.

RECOMMENDATIONS

- Cultural competency is essential for social workers to recognise and acknowledge the cultural practices of the communities they serve. Social workers should therefore consider culturally responsive practices to address TMC-related challenges within the scope of their practice.
- To mitigate limited knowledge on the roles and functions of social workers during the TMC process, social workers should be proactive by marketing their services through various platforms, such as social media and community gatherings.

- To meet the needs of initiates and their families, a holistic, coordinated and integrated service involving various role players should be promoted.
- In view of the limited social work literature on TMC, social work academics should conduct intervention research on TMC. Lessons learned may guide the development of educational programmes.

LIMITATIONS OF THE STUDY

This article was based on TMC as practised in South Africa. Although the article is informative about TMC and possibly its related practices, the applicability of its findings in settings other than South Africa should be undertaken with caution.

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