The Notion of Manhood Embedment in the Practice of Traditional Male Circumcision in Ngove Village, Limpopo, South Africa

Tryphosa Siweya, MA1, Tholene Sodi, PhD1, and Mbuyiselo Douglas, PhD1

Abstract

Traditional male circumcision (TMC) is a cultural ritual that involves the removal of the penile foreskin of a male person undertaken as part of a rite of passage from childhood into adulthood. The aim of the study was to determine the notions of manhood in TMC by African adolescent boys in Ngove Village, Limpopo Province. This was a qualitative study that sampled a total of 20 adolescent boys through purposive sampling. Data were collected using semistructured interviews and analyzed through interpretive phenomenological analysis (IPA). Five main themes emerged from this study, namely: (a) TMC as a passage to manhood, (b) the role of TMC in role modeling, (C) fearlessness and aggressiveness as qualities of manhood in TMC, (d) TMC as indicating readiness for heterosexual relationships, and (e) the decline in the practice of TMC. The study concludes with discussion and recommendation of integration of both traditional male circumcision and medical male circumcision (MMC) with specific tactfulness and respect of the notion of manhood value embedment in the process to gain cooperation of the local community members affected.

Keywords

notion, manhood, gender issues and sexual orientation, embedment, traditional male circumcision

Received December 17, 2017; revised March 31, 2018; accepted April 2, 2018

Research has revealed that African men and boys experience comparatively greater social pressure than women and girls to endorse societal gendered prescriptions (Courtenay, 2000). Through both formal and informal means such as jokes, social ridicule, and insinuations, a man is made aware of what society expects from him and to let him know when he is failing to be a man (Shefer et al., 2007; Ratele, 2008). In Africa, “a man” is a designation that is given after a boy possesses characteristics and qualities, other than biological, that a certain society or culture considers as being marks of manhood (Bush, 1999). In South Africa, most societies mark the beginning of adolescence with pubertal rites, or what is commonly referred to as rites of passage that are intended to integrate a child into the adult world (Markstrom, 2011; Ramokgopa, 2001; Vincent, 2008). For example, traditional male circumcision (TMC) is one of the rites of passage through which African adolescents move from boyhood to manhood (Black, 1993; Nsamenang, 1998; Woodbury, 2002). Thus, TMC is more of a social ritual than an optional procedure to be decided about on an individual basis.

The practice of TMC involves seclusion of young men from their families (and from women and girls) into some camp where they learn about being a man; in the camps, older men pass on information and/or skills that are considered necessary for men in the society (Barker & Ricardo, 2005). The teachings usually cover issues such as conflict resolution, male-female relationships, family and community life, and adult roles (Langa, 2014). During the initiation process, boys are circumcised by men in the communities (usually very old men) who have
been trained by other men to carry out the process (Vincent, 2008). Although the operation is certainly painful, boys are encouraged to endure the circumcision trial without screaming or weeping (Black, 1993). Circumcised men are expected to take on greater social responsibility in their communities, acting as negotiators in family disputes, weighing decisions more carefully and cooperating with elders (Ramokgopa, 2001; Vincent, 2008).

While the age of 21 is regarded as the age of maturity in most Western societies, an individual is not regarded as a man in most African cultures until circumcised in the traditional way, no matter his age (Ramokgopa, 2001; Vincent, 2008). Research has revealed that the majority of boys in Africa are circumcised between 12 and 22 years of age, with most initiates running away from their homes to be circumcised at an initiation school, against the will or at least without the consent of their parents (WHO, 2009).

According to the World Health Organization (WHO), TMC for religious and cultural reasons is a relatively common practice in African countries, where 28 of 54 countries have a male circumcision prevalence exceeding 80% (WHO, 2009). Scholars have identified some challenges that confront the practice of TMC in South Africa and have been found retrogressive when viewed from public health’s point of view. Despite these and many other shortfalls associated with TMC, cultural identity and the desire to continue cultural traditions are the strongest determinants for continuing TMC. This article focused on the notion of manhood embedded in the practice of TMC in Ngove Village, Limpopo, South Africa.

Methods

Setting and Sampling

The study population is composed of both circumcised and non-circumcised Xitsonga-speaking adolescent boys from Ngove Village in Limpopo Province, South Africa. The participants’ ages ranged between 13 and 18 years. Ten adolescent boys participated in focus group discussions (FGDs), with another 10 adolescent boys taking part in individual interviews (IIs). The participants were sampled purposively. All the participants were living at Ngove Village and had been residing there since birth. The village is estimated to be comprised of about 42,000 predominantly Xitsonga-speaking people. It must be borne in mind that due to small sample size used in this study, the findings cannot be generalized to the larger South African population. The findings however concur with those of other researchers in different regions of the country.

Data Collection Method

For the purpose of data triangulation, face-to-face IIs and FGDs were conducted using a semistructured interview guide. Field notes of the researchers’ observations and experience of the research process were done to complement the interviews. Interviews were conducted in participants’ home language (Xitsonga), at the participants’ homes; whereas, focus group interviews were conducted at a day-care center hall. All interviews were audio-recorded and transcribed verbatim. Transcripts were translated from Xitsonga to English by a language expert.

Individual (Face-to-Face) Interviews

Ten IIs were conducted to explore the notions of manhood by adolescent African boys at Ngove Village, Limpopo Province (see Table 1 for demographic details of the participants). Where necessary, the interviewer asked probing questions in order to pursue an idea or response in more detail. Data were collected using semistructured interviews. The following questions were asked: (a) Would you share with me your knowledge on what it means to be a man? (b) What is your understanding of the qualities that a man should have? (c) What is your understanding of the role that a man should play in society?

Focus Group Interviews

In addition to the IIs, data were collected in two FGDs with five participants in each group (see Table 2 for demographic details of the participants). A total of 10 boys participated in the two FGDs. The focus group interviews were used to generate information on collective views. The two FGDs contained the same questions as were asked in the IIs.

Ethics

The researchers obtained ethical clearance (TREC/190/2015:PG) from the University of Limpopo’s Research and Ethics Committee before the study was conducted. Gatekeeper consent and permission was
sought and granted by the Mabunda Traditional Council of Ngove Village. Written informed consent was obtained from all participants and respective guardians. Participants were assured that personal information would be kept confidential and that their identities would remain anonymous. Furthermore, participants were informed that participation in the study was voluntarily, and that they were free to withdraw their participation at any point.

Data Analysis

Data were analyzed using interpretive phenomenological analysis (IPA). The four steps of IPA as recommended by Biggerstaff and Thompson (2008) were employed during data analysis which included (a) familiarization and immersion, (b) inducing themes, (c) coding, (d) elaboration, (e) interpretation and checking. For example, in the first step of data analysis, the researchers familiarized themselves with the data by reading through the transcripts. The researchers read through the texts several times while attempting to suspend presumptions and judgments in order to focus on what was actually presented in the transcript data. In the second step, the researchers moved on to re-read the text and identified themes that best captured the essential qualities of the interviews. The researchers identified themes from within each section of the transcripts and sought for possible or likely connections between the themes. The third stage involved attempting to provide an overall structure to the analysis by relating the identified themes into “clusters” or concepts. Each cluster was marked using text highlighting colors. The aim, at this stage, was to arrive at a group of themes and to identify categories that suggested hierarchical relationships between them. The fourth stage was to develop a “master” list of themes. The themes were arranged in an ordered system that identified the main features and concerns identified by the research participants. Quotations of significant statements made by participants were made. The last step involved comparing the obtained data with that obtained in the chapter on literature review. The interpretation phase involved interpreting the intended meaning of research participants in terms of their perceptions. In this step, the researcher drew attention to the main aim of qualitative research, which is interpreting subjective opinions of research participants from a contextual point of view.

Trustworthiness of the Study

The quality criteria of credibility, transferability, dependability, and confirmability were observed in order to ensure trustworthiness. The researchers reflected on their own perceptions and ensured that potential sources of bias were acknowledged and clarified during data analysis. For example, when guarding against observer bias, the researchers remained aware of their bias by confronting personal opinions against the collected data.

Results

The results of this study are presented in terms of five main themes that emerged from data analysis, namely: (a) TMC as a passage to manhood, (b) the role of TMC in role modeling, (c) fearlessness and aggressiveness as qualities of manhood in TMC, (d) TMC as indicating readiness for heterosexual relationships, and (e) the decline in the practice of TMC. Even though the interview questions did not specifically talk about TMC, this theme stood out in the analysis and was extensively discussed by the participants. This theme emerged specifically on the question of “what is your understanding of the qualities that a man should have?”

TMC as a Passage to Manhood

It would appear that one will need to go through TMC in order to be considered a man. This process usually takes place when boys reach adolescence, where they are expected to go to the mountain and camp for weeks or months.

Traditional male circumcision is important because in the mountain they are taught to follow traditional ways of being a man. We know that traditional practices are based on things that were valued and things that will continue to happen and which you won’t escape [Participant 8, FGD].

In the TMC camps one stay months without seeing their mothers, in order to become a man [Participant 9, FGD].

So what happens is that they spend much time talking about how a man should be and teach about matters related to that [Participant 3, II].

When someone has gone through the traditional male circumcision, one is recognized as a man, so traditional male circumcision is a good way to show that one is a man [Participant 6, II].

The FGDs revealed that there is an observable behavioral difference between an adolescent boy that has gone through the TMC process and the one that was circumcised by medical male practitioners. This point is reflected in the following excerpts:

The one that has gone through the traditional male circumcision has stayed in the bush for days, he experienced the cold and discomfort, while the one that has undergone for the medical male circumcision (MMC) has just done the surgery for a day. The one who has undergone to the MMC
may get well within a week’s time, whereas the one for the traditional male circumcision may even take months before they get well [Participant 2, FGD].

Undergoing for medical circumcision is not the same as undergoing for traditional circumcision as those who undergo through the traditional circumcision get to learn social norms and values that are men-related [Participant 9, II].

The one that has undergone through the traditional male circumcision will know more about lifestyle in our communities, more than the one that was circumcised by the medical doctors [Participant 5, FGD].

A boy that has gone through the TMC is expected to show bravery.

As for the one that has undergone through the traditional male circumcision, no matter how cold it becomes, he is strong enough to endure because he has learnt to bear pain. The one that was circumcised by the medical doctors, for example, if it gets a little bit cold, he will put on a jersey because he is weak and never spent the winter on the mountain [Participant 1, FGD].

Traditional circumcision tends to put pressure on those that have been initiated in that they are expected to outperform those who didn’t get initiated. They usually say that one cannot cry if one has undergone through traditional male circumcision [Participant 10, FGD].

There is notable social discrimination against adolescent boys who did not go through TMC.

These boys are called with names such as “xivuri” (the uncircumcised) while the traditionally circumcised adolescent boy is praised and respected [Participant 3, II].

The family and community tend to attribute every fault that one makes to the fact that he didn’t undergo through the traditional male circumcision. This discrimination is usually strong around the winter season, where most traditional male circumcision takes place [Participant 4, FGD].

When someone has not undergone through the traditional male circumcision, we say that this guy is useless; he didn’t even perform the custom of Ngomeni (traditional male circumcision) [Participant 5, FGD].

The traditional value placed on TMC is seen on the treatment received by the initiates when they return home from the camps.

Around that time when the initiates have just returned, the treatment differs. You find that the one who went to the initiation is treated with high regard [Participant 2, II].

### TMC in Role Modeling

It would appear that the ability to associate oneself with other men and the radical shunning of femininity is one of the critical goals of the TMC.

It is when one associates with other men that he can perform masculine tasks. If he is with fellows, he will be able display masculine behavior as they also do [Participant 7, FGD].

The process also helps in terms of knowing man’s customs and having to learn to relate with fellow men [Participant 5, II].

For most participants, becoming a man was demonstrated in the ability to identify with some role models and to associate with knowledgeable men in the TMC camps.

If a boy camps with males, he will be inclined to the masculine side and will internalize masculinity as he grows. By the time the camp ends, he must have learnt to hang out with boys and be surrounded by older men in order to learn from them [Participant 6, II].

The practice of TMC also demonstrates a cut-off from femininity as boys stay without interacting with female figures.

In the TMC camps one stay months without seeing their mother, so one becomes a real man [Participant 9, II].

When someone spends most of their time with women, they end up behaving like a woman, he may even do his nails and so forth. In that way, his manhood gets lost gradually, not so long he will begin to behave just like a woman [Participant 2, FGD].

He loses his manhood, he no longer behaves like a man, he begins to live like a woman, he may engage in feminine tasks such as cleaning the house and washing his children’s clothes [Participant 4, FGD].

### Fearlessness and Aggressiveness as Qualities of Manhood in TMC

Among other lessons in the TMC camps, boys are encouraged to be strong, tough, and ready to take risks. These qualities are seen as essential for a man as they enable him to fulfill other masculine roles such as protecting the family and working for the community.

They teach us that a man must also be strong and tough so that if maybe thieves come, he may be able to defend himself and his family [Participant 8, FGD].
A man is fearless. The family may be in trouble if the man of the house is fearful. He must be able to defend his family at all times [Participant 10, II].

Manhood is also seen in the ability for a boy to display his physical strength among other males such as when fighting on the streets.

When a man starts a fight he must stand for it until it ends or until others stop the fight. That shows that he can stand for himself, that he is able to stand for whatever comes his way [Participant 5, FGD].

The one that is not man enough may start a fight and run away. A man is someone that is able to stand for what he does. If he cannot stand for what he does, then his manhood is not complete [Participant 3, FGD].

During initiation, the initiates suffer harsh conditions with others boys and men as a sign that they are men indeed.

Traditional circumcision leads to manhood because one learns hardship as an essential quality for a man [Participant 1, II].

So being a man implies that you are tough, a man, and independent and being able to stand situations [Participant 7, FGD].

Other participants shared the view that it is understandable for a man to engage in some risky behavior in order that they may play the provider role in their families. The following extracts support this point.

A man is a go getter, whether it is by hard working or whatever, but he does all he can to ensure that the family does not suffer [Participant 1, II].

Yes, a man may be involved in theft because he may want to provide for the family [Participant 10, FGD].

A man is brave and not a coward, he will be able to help widowed women in case they are in trouble, for example, if a thief breaks in [Participant 8, II].

Other participants were against the use of physical strength and violence as a way of demonstrating one’s manhood.

Being a man does not refer to just being physically strong and fighting people, “a man” refers to someone who knows who he is and someone that acts responsibly [Participant 4, FGD].

If someone is interested in street fighting, he is regarded as a man only because he is wearing a trouser, or because of beards. But in an actual fact, he does not qualify to be called a man. A man is well mannered and respectable [Participant 6, FGD].

**TMC as Indicating Readiness for Heterosexual Relationships**

One of the symbolic values attached to the practice of TMC is to convey readiness for African boys to engage in heterosexual relationships.

It is also when someone begins to follow girls and make relationships with them that we can tell that he is on the way to becoming a man [Participant 7, FGD].

I can say that for some of the people who have been through the traditional male circumcision, you may find that he was a coward before he went, but comes back brave. When he comes back, he is able to approach girls [Participant 6, FGD].

For example, if he is a group of friends that all have girls, they may call him names. Women may also undermine your manhood if they know that you are not involved in any sexual relationship with girls. But if one can have a girlfriend, other girls will start to like him, they begin to see a man in him [Participant 2, FGD].

The above extracts show that in the TMC camps, adolescent boys experience strong social and peer pressures to begin showing interest in people of the opposite sex.

**Decline in the Practice of TMC**

Although traditional circumcision plays a culturally significant role as a rite of passage to manhood, other participants indicated that the practice is not strong in modern days.

It is not a must to undergo for traditional male circumcision, the issue is being circumcised. It does not matter whether in the traditional circumcision camps or at the medical doctor [Participant 10, FGD].

I think that traditional circumcision is just unnecessary suffering because you come back thin and malnourished [Participant 8, FGD].

The educational value of the TMC is notably falling out in modern days:

You may be unfortunate to find that by the time you go for traditional circumcision, the supervisors are people that are generally not concerned about community’s well-being or manhood, so of course you won’t learn about that. You would expect however that there be knowledgeable people who will teach you and equip you [Participant 10, II].
It is not like they learn any special things at the traditional circumcision schools; sometimes it is even things that will not add value to one’s life that they teach. In some cases, having not gone there may be a good thing because it may help one to be well behaved [Participant 4, FGD].

One can still fulfill other elements of manhood even if they have not gone through the traditional circumcision. For example, his manhood may be more visible in that he is more involved in family matters even though he didn’t go to the traditional initiation. So of course the family and community is going to give high regard to such a person. They will be able to see that he has received lot better teaching in his life even though he did not go to the mountain [Participant 7, II].

The decline in the cultural value placed on TMC could be the reason why other families opt for taking their sons for the MMC. Other reasons may include religious concerns and the health challenges associated with the practice of TMC.

Going to the mountain is just traditional, but there are cases where one would not have interest on such. Actually, lots of people are no longer following the traditional circumcision in our days, because most of the traditional activities are against their church principles or basis of faith [Participant 3, II].

In most cases people would just go to the doctor to be circumcised rather than going to the mountain where there are high chances of illness and death [Participant 7, FGD].

It would also appear that the decision whether or not to go for TMC is becoming increasingly left to the individual or his family.

Discussion

As a rite of passage, the practice of TMC is meant to integrate African boys into the adult world with the status of being “a man.” In the context of the community where the study was conducted, the focus of TMC camps extends beyond the removal of the penile foreskin into educating, preparing and initiating boys into manhood. Langa (2014) concurs that one of the main focuses of TMC in South Africa is to expose boys to community traditions and to prepare them for manhood.

The study revealed that TMC involves the inclusion of young males from their families (and from women and girls) into the initiation camp (mountain) where they receive some informal learning process during which older men pass on information and/or skills that are considered necessary to be a man in their societies (Barker & Ricardo, 2005). The practice also extends to orientating boys into their multiple identities as sons, brothers, lovers, and prospective fathers (Vincent, 2008).

It would appear that associating oneself with other men is one of the critical goals for one to become a man. For some of the participants, becoming a man was demonstrated by a quest to identify with some role models and to associate himself with knowledgeable men in their community. This appears to help the developing young man gain a positive self-identity. In the mountains, boys are encouraged to negate qualities that are perceived as feminine. Thus, the avoidance of femininity is a crucial component of manhood. This study also revealed that feminine qualities are seen as a threat in the preservation of manhood. According to Barker and Ricardo (2005), boys who have gone to the mountain are expected to refuse to take on tasks that are considered female. It appears that a boy ought to be careful how he associates himself with female figures for the development of a healthy manhood character.

Among other qualities, a man is expected to be strong, tough and ready to take risks as these qualities enable him to fulfill other masculine roles such as protecting the family and working for the community. This view concurs with Woodbury’s (2002), that a real man is one who is physically strong and fearless. Qualities such as being lazy, soft, and fearful are seen as feminine. It is understood that the physical strength that men have allows them to carry out masculine activities. According to Chitando (2011), boys are still celebrated for their valor, courage, and physical strength that they exhibit as potential future men, and those who fall short of this standard are deemed cowards. Thus, an adolescent boy’s sense of manhood may suffer due to his inability to display warrior attitudes and toughness. It is also indicated that the ability to endure pain for an adolescent boy serves as an indication that he will be able to withstand difficulties in the future. Boys who get circumcised medically in hospitals are usually not considered men because they did not learn to tolerate pain (Barker & Ricardo, 2005).

Most participants shared the view that it is understandable for a man to engage in some risky behaviors in order to play the provider role in their families. For example, one participant indicated that a man is a go getter, who does whatever it takes to ensure that his family does not suffer. According to Roets (2014), young adult African men often engage in these activities to gain access to other socioeconomic resources like material needs to provide for their girlfriends, wives, or their families. According to Ratele (2008), the notion that manhood is seen in aggression has influenced a lot of violent behaviors among African men, which also determines when and how males in South Africa die.

The initiates are given special gifts when they return from the circumcision camps. According to Vincent (2008), these gifts symbolically imply that as a man, he is capable of receiving property and owning it in his
personal capacity without control from parents. It is also indicated that when the initiates return from the mountain, they are treated with more respect in honor of their strength and tolerance. Furthermore, Vincent (2008) also concurs that traditionally, circumcised men are expected to take on greater social responsibilities in their communities, acting as negotiators in family disputes, being able to weigh decisions more carefully and to cooperate with elders.

Boys that are circumcised medically are often criticized of having a weak or incomplete manhood. Barker and Ricardo (2005) further state that these boys stay at home as usual and may still interact with women; therefore their manhood is doubtful. Some studies in the field of public health revealed that non-circumcised males may be psychologically traumatized as a result of the ridicule and harassment they experience at the hands of peers and elders who have already undergone TMC (Ratele, 2008; Vincent, 2008). The participants identified that one of the symbolic values attached to the practice of TMC is to convey readiness for African boys to engage in heterosexual relationships. For example, even young women are attracted to a circumcised young man in the community and usually undermine the manhood of a non-circumcised man. But if one is circumcised and has a girlfriend, other girls will start to like him, they begin to see a man in him. It is also when a young man begins to follow girls and make relationships with them that the society can tell that he is on the way to becoming a man.

Although TMC is regarded as playing a culturally significant role as a rite of passage to manhood, some participants indicated that the practice is not strong in modern days. Others recommended that it is not compulsory to go for TMC as circumcision could still take place at the MMC health facility. This perception is in support of the modern HIV prevention strategy which promotes voluntary MMC. Another challenge that faces the practice of TMC in modern South African communities is that of conflicting religious and cultural interests. With South Africa comprising of a wide range of religious views, the relationship between culture and religion is not always a harmonious one.

Some challenges have been identified that confront the practice of TMC in South Africa. For example, according to Sibiya (2014), the practice of TMC has been associated with complications that have led to hospitalization, penile amputations, and death of initiates. Other critical issues include the crisis of disease, injuries, and death suffered by some initiates, and the crisis of the tension between the government (law) and traditional leaders with regards to government intervention in TMC. Another challenge is that of the uncontrolled and negative way in which societal changes have impacted on the practice of TMC. These issues may raise problems concerning the appropriateness of the practice in terms of the age of initiates and their capacity for informed consent. In view of the associated health problems, some scholars have advocated for the extensive involvement of medically trained personnel in the surgical component of TMC, as well as strong traditional leadership involvement in the overall control and directing of the ritual (Roets, 2014; Sibiya, 2014). The WHO and the joint United Nations program on HIV/AIDS (UNAIDS) recommended MMC in 2007 as an add-on strategy for HIV prevention, based on the evidence from three randomized clinical trials demonstrating that MMC reduces the risk of acquiring HIV infection by 51%–60% among heterosexual men (UNAIDS, 2015). Therefore, this study recommends the integration of both TMC and MMC with specific attention and respect of the notion of manhood values embedment in the process to gain cooperation of the local community members concerned.

**Conclusion**

The practice of TMC as a passage to manhood has strong cultural and historic background, with its significance seen at the individual and community levels. The social status accorded to male circumcision is of crucial importance in the socialization of boys and men in traditionally circumcising communities. The consequences of not keeping with cultural versions of manhood are serious as they may affect one’s sense of personal and communal identity. The study reported a qualitative significant decline in cultural adherence to traditional manhood rigidness which is a potential opportunity to the societal implementation MMC as an HIV prevention strategy. The study findings also revealed that in the modern days most males would just go to the medical doctor to be circumcised rather than going to the mountain where there are high chances of illness and death. In public health point of view, there is currently an observed paradigm shift from cultural rigidness and awareness of circumcision illnesses and deaths to a notion of safe male circumcision and disease prevention.

**Demographics of Participants**

The study participants were Xitsonga-speaking adolescent boys from Ngove Village in the Greater Giyani Municipality of Limpopo Province, South Africa. The participants’ ages ranged between 13 and 18 years (see Tables 1 and 2 for demographic details). In both the FGDs and IIs, participants were secondary school learners.

**Limitations of the Study**

One of the limitations of the present study is that the findings are based solely on adolescent boys’ subjective experiences.
This limitation could be mitigated by conducting further research that will involve older and possibly more experienced males who may be in a better position to shed more light on the study topic. Another limitation is the small sample size which suggests that the results of this study cannot be generalized to the larger South African population. Last, this study only focused on boys. This means that the female voice in respect of TMC could not be heard.

Declaration of Conflicting Interests
The author(s) declared no potential conflicts of interest with respect to the research, authorship, and/or publication of this article.

Funding
The author(s) received no financial support for the research, authorship, and/or publication of this article.

ORCID ID
Tholene Sodi https://orcid.org/0000-0001-7592-5145

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