The intergenerational conversation amongst Xhosa women in Centane about contraception use over the past 50 years.

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DEDICATION

I dedicate this thesis to my late aunt, Thumeka Ntetho Mabandla, who took her last breath on the 27th of May 2024 due to heart disease. She was one of the participants who took part in this study. Her prayers, unwavering love, and words of wisdom have guided me this far. Lala Ngoxolo ntombi ka Nokhayinethe Mabandla kunye no Goliath Mabandla. Lala ngoxolo Mampehle, Cabahle, Nkombovu, olwakho ugqantso ulufezile.

I also dedicate this thesis to my late sister, Khanyile Ntetho, who took her last breath on the 13th of April 2024. Lala ngoxolo Mamcwerha, Magxarha, Siyoyo, Vambane.

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Ndiyabulela ku manina akuGcaleka athe athatha inxalenye koluhambo nam. Kungexayemfundiso nenzululwazi okwenze uba ndikwazi ufikelela kule ndawo ndikuyo. Ndiyabulela ngobutyebi bolwazi enindinike lona. Ndibamba ngazo zozibini, zinkondekazi zaku Gcaleka. Zenenze njalo nakwabanye.

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ABSTRACT:

To understand the culture, intergenerational beliefs, and attitudes towards contraception use among Xhosa women in Centane. This study is based on fifteen in-depth interviews with Xhosa women from Centane who identify themselves as amaGcaleka, a sub-tribe from the main tribe amaXhosa. This study used autoethnography which explores a culture's relational practices, common values, beliefs, and shared experiences to help the insiders (cultural members) and outsiders (cultural strangers) gain a deeper understanding of the culture. Thematic analyses provided two key themes: (1) AmaGcaleka culture and (2) Women's contraception. In this study I found that in Centane there is a lack of information about contraceptive use, and that the amaGcaleka women had their own traditional forms of contraception that they used before the modern contraceptives. The lack of access to contraception and cultural beliefs had an influence on the lack of conversation between the intergeneration's of mothers and daughters.

Key words: Xhosa women, Women's contraceptives, AmaGcaleka culture, Auto-ethnography.

CHAPTER ONE

INTRODUCTION

1.1. INTRODUCTION

This study explored the intergenerational conversation among Xhosa women in Centane about contraception use in the past 50 years. This study seeks to understand cultural, intergenerational beliefs and attitude of Xhosa women towards contraception. Literature that is examined in this study highlights persistent challenges that many people in Sub-Saharan Africa face when trying to use contraceptives. Limited access to contraceptive services, along with prevailing myths and deeply rooted cultural and religious beliefs, have been identified as key factors contributing to the low uptake of contraceptive among women (Holscher, 2020:21, Jonas et al, 2022, Clare et al, 2028). Despite extensive research on contraception access and use among women in South African, few studies have examined how intergeneration conversation influence contraceptive decision-making. In this chapter, I foreground my personal experiences with the research phenomenon: the use of contraception amongst Xhosa women. This chapter provides an autobiographical engagement with the research, drawing on Chang's (2016) perspective that "autoethnography is a form or method of social research that explores the researcher's personal experience and connects this autobiographical story to wider cultural, political, and social meanings and understandings" (Chang, 2016:1). Furthermore, this chapter outlines the purpose of the study and provides rationale for the significance of the study. Lastly this chapter introduces research questions, critical questions, and the main objectives.

1.2. BACKGROUND OF THE STUDY

1.2.1. AUTOETHNOGRAPHY INTRODUCTION

I was born in Centane, in 1997. I am the first of two children. My mother had me as a teenager and, due to a scarcity of employment, was forced to move to urban areas in search of work. I remained with my grandparents, believing they were my biological parents and that my biological mother was my elder sister. However, I was unsettled by the fact that my parents were very old compared to the parents of people who were my age. Despite their being old, I was loved and well taken care of. One evening, one of the elderly women in my village said "uyafana nonyoko uNokuphiwa" (Translated: you look like your mother, Nokuphiwa). I did not pay attention to this because I knew uNokuphiwa as my sister, not my mother. I kept hearing people making the same comment, so I decided to ask my grandparents if they were my

biological parents or not. I remember my grandmother laughing at me. The first thing she asked me was “uyithathaphi kelena undibuza yona” (Translated: where did you hear about this thing that you’re asking me?). I told her that it was from people in the village. She then explained why they never told me who my mother was. According to my grandmother, children born out of wedlock were stigmatized and mocked, therefore my grandparents feared that I might also experience the same stigmatization and be mocked. Despite knowing all this, I never saw my grandparents differently. They were still my parents. However, I felt hatred towards my mother because I believed she never wanted me in the first place and that my grandparents were just making excuses for her. It took years for my mother and me to fix our relationship, and the fact that unemployment had pushed her to move to urban areas did not help. Centane is one of those rural areas where culture is still preserved, though there are issues that need addressing, such as poor infrastructure. The scarcity of employment and inadequate infrastructure contribute to strained relationships between mothers and daughters.

I was 15 years old when I first experienced my period, and it happened while I was at school. I felt a sharp pain and my legs went numb, but I did not know what was happening. I screamed my lungs out when I could not stand, and my teachers came to check what was happening. One of the male teachers said “ane drama kanene amantombi” (Translated: girls are dramatic). Another teacher asked if it was my first period because there was a bloodstain on my school dress. I did not understand what she meant. The teacher explained what periods were and that what I was experiencing was period pain. The male teacher kept saying I was being dramatic and that I was not the first person to have a period, insisting that they needed to go back to class. I felt like I had done something wrong because of his comments. I was then sent home. When I saw my grandmother, I cried because I felt like I was experiencing my first period alone. She asked one of the neighbours to teach me how to use sanitary pads because she never had them growing up.

The period cramps were unbearable. After months of heavy bleeding and severe pain, I was sent to the hospital. The doctors recommended contraceptives since they couldn’t find the cause of the pain. I started taking contraceptives at 16 but stopped after three months due to mistreatment by a healthcare worker. The severe pain continued, so I asked my mother to buy me oral birth control pills to avoid going to clinics. During this time, we kept my contraceptive use a secret from my grandmother. When my mother eventually told her, she was furious and afraid I wouldn’t have children if I kept using contraceptives. Her fears were based on seeing

many women in our culture being treated poorly when they couldn't have children. My grandmother strongly opposed contraception and viewed my use of it as disobedience, which strained our relationship. It took time and the involvement of nurses to reassure her that contraceptives wouldn't affect my fertility. I realized then that decisions about contraceptive use affect not only us, but also those around us.

This study is informed by my personal experience of using contraception and the challenges I went through. Through this research, I wanted to understand the culture, intergenerational beliefs, and attitudes of Xhosa women in Centane towards contraception. I questioned whether the decision not to use contraception was influenced solely by side effects. The existing research showed that the non-use of contraception is influenced by a myriad of factors including religion, cultural norms, healthcare behaviour and family dynamics. While the existing literature demonstrates that different factors influence the use of contraception, little is explored, specifically in Centane, on how culture, intergenerational beliefs and attitudes influence contraception uptake, hence my interest in pursuing this study.

1.3. STATEMENT OF THE PROBLEM

Despite the advancement of modern contraception and access to contraception use, there is a gap in research regarding how culture, intergenerational beliefs and attitudes influence contraception use, specifically on the experiences and perspectives of Xhosa women in Centane. Jain and Muralidhar (2011) define contraception as the "intentional prevention of conception through the use of various devices, sexual practices, chemicals, drugs or surgical procedure" (Jain & Muralidhar, 2011:626). Furthermore, Jain and Muralidhar (2011:626) state that contraception allows couples to enjoy their physical relationship without the fear of unwanted pregnancy and provides the freedom to have children when they are ready.

In African societies, topics related to contraceptive use are considered taboo because of the cultural belief that bearing children is a woman's purpose and should not be interfered with. Cultural beliefs have been a major factor in the lack of communication about contraception between mothers and daughters. This absence of dialogue between mothers and daughters in the past has contributed to the continued silence around contraception today (Hölscher, 2020). According to Collins (2004), sensitivity is essential when discussing contraception, as different communities have distinct values, beliefs, and concerns. Nkosi (2015:113) explains that, traditionally, African parents did not play a direct role in teaching their children about sexuality.

Regardless of the accessibility of contraception in the South African context, we cannot ignore the history behind its development. According to Brown (1987:256), contraception in South Africa was developed with the specific aim of limiting the black population while maintaining a larger white population. While this study is not focused on the history of contraception, it is important to recognize how its development contributed to the demonization of traditional methods that African people used before the advent of modern contraception African societies had their own indigenous methods of contraception before Western methods were introduced. However, rather than being acknowledged, these traditional methods were demonized and portrayed as violations of human rights. Mtuze (1994:94) argues that colonization viewed black people as lacking civilization, religion, culture, and scientific knowledge. The imposition of Western ideologies was seen as a threat to African indigenous practices. Furthermore, Nkosi (2015:115) states that any sexual engagement before marriage, even within the constraints of traditional systems, was prohibited. Practices such as virginity testing, polygyny, and circumcision were also demonized and prohibited by missionaries, who viewed them as harmful to the youth (Nkosi, 2015:115-116). Therefore, this study aims to explore the cultural, intergenerational beliefs, and attitudes toward contraception among Xhosa women in Centane.

1.4. RATIONALE AND SIGNIFICANCE OF THE STUDY

With the rising number of teenage pregnancies in South Africa, the results of this study contribute to the field of sexual and reproductive health of amaGcaleka women, and the experiences and perceptions of Xhosa women towards contraception. This study explores the culture, intergenerational beliefs, and attitudes of Xhosa women in Centane regarding contraception use in the past 50 years. In its attempt to engage how womanhood amongst AmaGcaleka women in Centane is conceived, this study postulates discourses of contraception. It argues that pre-African communities had their indigenous ways of contraception before the infiltration of western modalities that currently pose a threat of erasure and pervasion of African indigenous practices. This study further positions the Nkosi (2015) argument, in which the author states that the infiltration of Western ideologies viewed African practices as violation of human rights. This research therefore uses Nego-feminist and Decolonial theorizations as an attempt to challenge prevalent Western constructions and practises that demonized African indigenous practises “because they lacked scientific language” (Nkosi, 2015).

1.5. RESEARCH TOPIC

What are the intergenerational conversations among Xhosa women in Centane about

contraception use over the past 50 years?

1.6. MAIN RESEARCH QUESTION

- Who are the Xhosa women of Centane?
- What are the conversations on contraception?
- What are the intergenerational conversations around contraception in Centane?
- What are the attitudes of Xhosa women in Centane towards use of contraceptives?
- What are the different sources of information Xhosa women in Centane relied on for contraception education?
- What factors influence the intergenerational communication and conversation about contraception among Xhosa women?
- How do culture and societal norms shape the intergenerational exchange of information about contraception among Xhosa women in Centane?

1.7. AIMS AND OBJECTIVES

The objective of this study is not to criticize or disparage the Xhosa culture or women, nor to belittle their beliefs and attitudes towards contraception. Instead, the goal is to gain insight into their perspectives on the use of contraception. Therefore, this study sought to understand the cultural, intergenerational beliefs and attitudes of Xhosa women towards the use of contraception.

The objectives of this research are:

i. To explore the intergenerational changes in knowledge, attitude, and practices of Xhosa women in Centane regarding contraceptives over the past 50 years.
ii. To investigate the cultural and social factors influencing the intergenerational conversations and adoption of contraception among Xhosa women in Centane.
iii. To identify the barriers and facilitators to accessing contraception among Xhosa women in Centane.

1.8. ORGANIZATION OF CHAPTERS

Chapter 1 of this study foregrounds my personal experiences with the research phenomenon, the use of contraception amongst Xhosa women. It also outlines the purpose of the study and the rationale for its significance. Lastly this chapter introduces the research question, critical questions, and the main objectives.

Chapter 2 provides extensive literature around contraception and the construction of

womanhood in Xhosa culture. This research unpacks the conceptual frameworks of Nego-feminism and decolonization theory to examine the intergenerational conversations among Xhosa women in Centane about contraception over the past 50 years, aiming to gain a deeper understanding of the current state of research and identify opportunities for further investigation.

Chapter 3 critically analyses the methodology used in this research. This chapter also outlines the research design and research methods employed in this study. Also, this chapter reflects on the researcher's reflexivity.

Chapter 4 of this study examines how Xhosa women, particularly within the amaGcaleka culture, construct their womanhood, given that their relationships with men are deeply embedded in cultural context. It uses African feminist theory, with a focus on Nego-feminism, to explore how Xhosa women in Centane engage with and challenge cultural norms shaped by patriarchy.

Chapter 5 foregrounds decolonial theory to unpack the complexities of contraception within Xhosa culture, challenging the dehumanizing Western portrayal of indigenous contraceptive methods in Africa. Also, this chapter explores how Xhosa women, particularly within amaGcaleka culture, use contraceptives. It examines the intergenerational use of contraception, unpacking both continued practices and changes over time. The chapter argues that indigenous contraceptive methods remain prevalent today. Additionally, it highlights the roles of grandmothers and mothers as custodians of knowledge on amaGcaleka womanhood.

Chapter 6 of this study is the concluding chapter. This chapter summarizes the findings which were presented and provides recommendation for future research.

CHAPTER TWO

LITERATURE REVIEW

2.1. INTRODUCTION

This section reviews the literature relevant to understanding the cultural, intergenerational beliefs, and attitudes of Xhosa women in Centane towards contraception. It then outlines Nego-feminism and Decolonization theory, using them to examine intergenerational conversations about contraception among Xhosa women in Centane over the past 50 years. The aim is to gain a deeper understanding of the current state of research and identify opportunities for further investigation.

2.2. REVIEW OF THE LITERATURE

2.2.1 Contraception

Moroole et al. (2020:174) define contraception as the prevention of pregnancy. The benefits of contraception, including reducing maternal and infant mortality, empowering women to make informed reproductive decisions, advancing economic progress, and lowering HIV transmission to children, are well-documented. However, this framing tends to overlook deeper sociocultural dynamics (Moroole et al., 2020). In many African societies, women often lack the decision-making power and access to resources needed to seek family planning services. Their use of contraceptives is frequently influenced by opposition to family planning, lack of family support, and cultural expectations that women should have children. According to Moroole et al (2020:171) the modern contraceptive consists of different methods such as sterilization (for both men and women), intrauterine devices, subdermal implants, oral contraceptives, condoms, injectables, emergency contraceptive pills, patches, and barrier methods like diaphragms, cervical caps, and spermicide. These methods are often promoted for their effectiveness, accessibility, and scientific backing (Russell, Thompson & Sobo, 2020), in contrast to indigenous contraception, which includes both natural and traditional birth control methods (Moroole et al., 2020:174).

2.2.2. History of contraception in South Africa

It is argued that Black South African women are reluctant to use contraceptives because of historical factors associated with the apartheid regime (Varga, 2003:169, Hölscher, 2020). Ellis (2019:63) describes apartheid in South Africa as a racial ideology enforced by the white government, which implemented segregation and discrimination against the black majority.

Black South Africans were denied political rights and subjected to systemic marginalization (Ellis, 2019:63). Hölscher (2020) argues that discussions on family planning must consider the oppressive implications of contraception for some women. For black women, contraceptive use became a job requirement, with medical staff administering contraceptive injections, such as Depo-Provera, without consent or explanation (Hölscher, 2020:7).

As contraceptive use among black women rose in the 1970s and 1980s, fertility rates in South Africa declined, remaining lower than in other sub-Saharan countries during the same period (Hölscher, 2020; Norling, 2019; Kaufman, 2000). In 1966, the government provided free contraceptives to hospitals and clinics to control the black population, while promoting white immigration and encouraging larger white families (Brown, 1987:256). These policies were motivated by a desire for more skilled labour and to maintain a favourable racial population ratio (Brown, 1978:256). Hölscher (2020:7) argues that poor black people were scapegoated for development issues related to reproduction.

Burns (1996:84) contends that understanding black women's reluctance to adopt contraceptive technologies requires considering the broader context of reproductive health services available at the time. Depo-Provera was primarily administered to black women despite its known cancer risks, while white women were offered other, less harmful contraceptive options (Burns, 1996:84; Hölscher, 2020:7). Over time, attitudes toward contraception in South Africa became more polarized, with some accepting it as a necessary tool and others continuing to resist it (Ramathuba, Khoza & Netshikweta, 2012).

2.2.3. Barriers to Use of Contraception

One third of adolescents in South Africa become pregnant before turning 20, despite the availability of modern contraception (Wood & Jewkes, 2006). Barriers such as side effects, opposition by male partners, traditional norms, religious practices, stigma, and misconception contribute to the non-use of contraception (Herbet, 2015). Campbell, Prata & Potts (2013:46) argue that side effects are one of the main reasons women do not use contraception. These side effects include weight gain, headaches, high blood pressure, and disruption of menstrual cycle (Engelbert Bain, Amu & Enowbyang Tarkang, 2021:9). Furthermore, societal norms are seen as powerful factors that contribute to the utilisation of contraceptives among young people (Engelbert Bain, Amu & Enowbyang Tarkang, 2021). According to Wood and Jewkes (2006:112) young girls feared injectable contraception because it affected their menstrual cycle. This lack of information about contraception and its side effects contributes to

unintended pregnancies. Providing women with comprehensive information about contraception through reproductive and sexual education, media platforms, or health facilities is crucial so that women can make informed decisions and use contraception more effectively (Wood & Jewkes, 2006:115). Jonas et al (2022) note that we can provide women with information about contraception, however, the negative attitude of the healthcare workers creates a significant barrier for adolescent girls seeking contraceptive services. The fear of judgment or being discouraged from choosing preferred contraceptive methods often deters young women from visiting public health clinics (Jonas et al., 2022). Moreover, Jonas et al. (2022:8) explain that the negative behaviour of healthcare workers is not the only challenge faced by women in disadvantaged socioeconomic conditions. These women rely on their partners for financial support which makes it difficult for them to use contraception without their partners approval (Jonas et al., 2022:8).

Culture and religion also pose barriers to family planning. According to Hölscher (2020:34) marriage in Xhosa culture comes with norms and standards for respectable femininity, where women attain recognition through reproduction and performing domestic duties. "Contraception norms are crucial for family planning yet are deeply affected by expectations" (Hölscher, 2020:36). According to Hölscher (2020:36) there is little room for resistance for women in Xhosa culture as men influence decisions to follow or unfollow norms. Topics related to contraception in Xhosa culture are considered taboo and they are not publicly discussed (Hölscher, 2020:36). This lack of discussion about contraception stems from the lack of conversation about contraception from the older generations which viewed topics related to sex as encouraging young children to explore sex. Thus, lack of communication about contraception from the older generation poses a barrier to contraceptive use.

Hölscher (2020) argues that some of the women do not use contraception because their partners assume that they are using contraception to have sexual affairs. Masculinity power shines through when it comes to contraceptive choices (Hölscher, 2020:38). Metusela et al (2017) state that in some cultures and religions women are not allowed to use contraception. "Talking about sex whether married or unmarried was viewed as disrespectful and culturally inappropriate" (Metusela et al, 2017:7). Religious values from Catholic and Muslim communities also dictate that God has a plan for the number of children each woman has, and that using contraception is an affront to God's will" (Engelbert Bain, Amu & Enowbyang Tarkang, 2021:6). In addition, Srikanthan and Reid (2008:135) state that in some religions such

as Orthodox Judaism and Islam, having multiple children is encouraged as long the basic rights of children are met, however, contraception must be used for medical reasons. In some more conservative Christian sects such as the Catholic church, they prohibit their congregants from using modern contraception. The opposition of modern contraceptive and family planning by the Catholic Church comes from the Doctrine of Faith which gives doctrinal guidance on ethical issues concerning artificial reproduction (Greguš, 2019:469).

2.2.4. Access to contraception services

Access to information, as well as psychosocial and administrative factors, are among the key influences on the accessibility of contraception services (Welsh, Stanback & Shelton, 2006). "Information access relates to the ability of an individual user to make informed choices about contraceptive use" (Welsh, Stanback & Shelton, 2006:327). To make informed choices, clients need knowledge about the benefits and risks of each method, the availability options, the characteristics of each method, and where and how to access these services (Welsh, Stanback & Shelton, 2006). Lack of access to information poses a barrier to contraceptive use as clients often avoid it for fear of side effects. "Counselling adolescents regarding expected side effects, especially from hormonal contraception, might alleviate this barrier to continued use and increased compliance" (Clare et al, 2018:3). Educating women about contraceptive methods and their side effects can enhance psychosocial access to these services. Psychosocial access generally refers to access based on the issues such as fear of modern contraception, women's positions in society and gender norms, and religious beliefs or dogma that may influence an individual woman's ability to freely choose a contraceptive method" (Welsh, Stanback & Shelton, 2006:327). According to Welsh, Stanback and Shelton (2006:327) the environment of a healthcare setting is often unfamiliar and intimidating to potential users, which can impact access to services. Further, Welsh, Stanback and Shelton (2006:327) explain that without strong motivation or positive experiences in such settings, clients may be hesitant to visit for the first time or return for subsequent services (2006:327).

Welsh, Stanback and Shelton (2006) argue that to be able to overcome psychosocial access, service providers should allow clients to make their own contraceptive choice and listen carefully to why the clients wants the method they want. Even though most "clients seeking contraception already have a method in mind, many are genuinely looking for advice" (Welsh, Stanback & Shelton, 2006:333). Administrative access has an influence on the accessibility of contraception services. "Inconvenient hours of operation, scheduling, waiting time and

overcrowding may impede a potential user's ability to access contraception" (Welsh, Stanback & Shelton, 2006:328). According to Dennis and Grossman (2012), clients who obtained prescription contraceptives reported that pharmacists and family planning clinics had convenient hours and were easily accessible by public transportation. However, the cost of contraceptives presents a barrier to their continued use, as clients who purchase the contraceptives over the counter often lack sufficient funds. Despite this, they prefer the convenient hours offered by pharmacists over public health facility hours. To improve access to contraceptives, Welsh, Stanback and Shelton (2006) suggest that service providers should "refrain from unnecessary examination, procedures and tests, minimize waiting times and unnecessary follow ups, and if possible, reduce costs for clients of limited means" (Welsh, Stanback & Shelton, 2006:333).

2.2.5. Xhosa women's identity

Mndende (2021:196) defines Xhosa women as "key role players in 'overseeing the smooth functioning of the community and as skilled problem solvers, whether they operate in visible roles or behind the scenes" (Mndende, 2021:196). The Xhosa culture is composed of various ethnic groups including amaBhaca, amaBomvana, amaGcaleka, amaMfengu, amaMpondomise, amaMpondo, and abaThembu (Mandela & Van Wyk, 2008). These groups collectively form the Xhosa nation. However, there are clear distinguishing factors that outline the differences amongst these groups such as their dialects, traditions, rites and rituals, and modes of dress. According to Zungu and Maphini (2020) in Xhosa culture a married woman is different from *intombi* (unmarried woman) based on how they perform womanhood. This is distinguished by how they dress, 'behave' and the kind of responsibilities they have within the homestead. Mndende (2021) states that the Xhosa women are illustrated as the "protectors and implementors of the indigenous tradition" (Mndende, 2021:192). Furthermore, these women's roles are multilayered, sometimes not age-bound and not always defined by marital status; instead, they are continuous and permanent across the gender divide (Mndende, 2021:196). For instance, the term *intombi* (girl) refers to any unmarried young girl. When you are in your birth home you are considered *intombi*. In addition, your role when you are in your birth home is not the same as your role in your marital home. "In spiritual and ritual performance activities, the term *intombi* (girl) refers to any female who is born within a specific clan irrespective of age or marital status" (Mndende, 2021:196). For instance, a sixteen-year -old and a seventy-four-year-old from the same clan are both referred to as "*iintombi*" (girls) of that clan (Mndende, 2021:196).

In Xhosa culture *umtshakazi* (bride) is a name that symbolises being welcomed into the family (Zungu & Maphini, 2020:67). When a bride arrives at her in-law's home, the relatives, particularly the older women, gather in the traditional house to greet and give the bride a new name, explain the rules of her household, and instruct her on how to conduct herself as a proper bride (Zungu & Maphini 2020:68). Xhosa bride names can symbolise family conflicts, as those who give the names expect the brides to embody their newly assigned identities (Zungu & Maphini, 2020). For instance, when the groom's grandmother bestowed the name Nosakhele (meaning "build for us"), she anticipated that the new bride would care for the family, contribute to its growth, and serve as a positive role model for other brides in the extended family (Zungu & Maphini, 2020). When the bride arrives in her in-law's family, they are not allowed to call their father-in-law and mother-in-law by their names. According to Bongela (2012) the custom of *uku-hlonipha is* observed towards the father-in-law, mother-in-law, father-in-law's brother and his spouse, as well as the mother-in-law's sisters and their partners. Mbinda (2021) argues that Xhosa women, particularly those residing in rural areas, remain deeply influenced by traditional beliefs and are strongly adherent to Xhosa cultural practices. These women desire to use contraceptives, but cultural expectations to bear many children and opposition from their husbands often hinder them from doing so (Mbinda, 2021). The Xhosa culture is noted as being male dominant or patriarchal, leading to women and girls taking up sexually subservient roles (Msutwana, 2021:8). Within African traditional culture, a wife is expected to bear children, and if she is unable to do so, she is not considered woman enough, nor is she a rightful wife (Chonco, 2007).

2.2.6 Rites of passage

In Xhosa culture when a young girl reaches puberty, they go through a ceremony called *Intonjane* (Matholeni, 2020). *Intonjane* is an initiation rite that girls undergo in preparation for and induction into womanhood (Matholeni, 2020:7). This ritual aims to educate a girl child on the essential and significant aspects of Xhosa womanhood, preparing her for marriage, responsibilities and rights of being a wife, a mother, and a leader (Matholeni, 2020). The *Intonjane* ceremony has three segments, namely: *umngeno* (joining), *umtshatiso wentonjane* (slaughter of a cow), and the last stage, *umgidi* (welcoming home ceremony) (Matholeni, 2020:8). The author further explains that the ritual usually "takes place after a girl has had her first period, however, the ritual can also be performed even if the woman has passed the stage of puberty" (Matholeni, 2020:8). Furthermore, Booi (2021) states that when a young girl experienced menstruation for the first time (menarche) it was an indication that the girl was

ready to become a woman, therefore the family would perform the ritual called *Intonjane*. Young girls in the past experienced their first menstruation at the ages of 14-16, however, in contemporary times, due to many reasons, it appears girls are having their menstruation younger (11-12) (Sotewu 2016:2, Booi, 2021:44). The South African constitution explicitly states that girls under the age of 16 cannot engage in consensual sexual relations (Sotewu, 2016:2, Booi, 2021:44), which would typically accompany marriage if an *Intonjane* initiate were to get married. This then brings tension between what is considered a cultural practice and the law (Booi, 2021). Booi (2021) argues that this in turn brings a decline in traditional values.

According to Mbinda (2021:58), to better understand the reproductive decision-making of women, it is important to first understand the cultural Xhosa norms and what it means to be "intombi yintyatyambo yekhaya" which in English is translated as 'a girl is a flower of the home'. "Growing up as 'a flower' is perceived as innocence because the worth of a girl was determined by her purity and reproductive abilities" (Mbinda, 2021: 61). In the olden days young Xhosa girls took pride in these rituals and maintaining their virginity, as this was integral to their cultural identity and sense of self. Mbinda (2021) argues that in the past, Xhosa women utilized virginity testing as a method to ensure their daughters remained virgins until marriage. Xhosa women were afraid to use contraceptives because "the introduction and use of contraceptives were often linked to mistrust and uncertainty" (Mbinda, 2021:105). Young women who were not virgins were often shamed, and if you were found using contraception you were then regarded as not a virgin and going against what you were taught about womanhood. According to these authors (Matholeni, 2020; Ncaca, 2014), the AmaXhosa initiation schools are institutions aimed at shaping and defining individuals' identity. Although the above-mentioned shapes identities, the *Intonjane* ritual is not as highly regarded as the *Ulwaluko* ritual. *Intonjane* is culturally constructed as *isithethe* (translation: culture) and *Ulwaluko* is culturally constructed as *isiko* (translation: ritual) (Booi, 2021, p.44). *Isithethe* is the common practice of the particular cultural group in a given community and is not only what brings the Xhosa together but also a practice that is accepted in a given social context" (Ntombana 2011:633). This means that performing *Intonjane* is not compulsory. It depends on the family and there won't be any negative cultural implications for girls who do not undergo the *Intonjane* ritual. On the other hand, *isiko* is linked with spirituality and religious practice, making *Ulwaluko* an important and compulsory ritual for Xhosa men.

2.2.7 Transmission of cultural beliefs

Mdhluli and Kugara (2017:9252) state that virginity testing is one of the strategies that is used to delay sexual initiation, and it poses fewer risks compared to using contraceptives. This tradition is passed down the generations because it is believed that if young girls keep their virginity, they are keeping their "mother's cows (*inkomo zikamama*), which makes them assets" (Mdhluli & Kugara, 2017:9252). Nnazor and Robinson (2016) argue that virginity testing is not only preserved and transferred to younger generations to keep young girls from falling pregnant, but to also protect them from sexually transmitted diseases including HIV/AIDS. The absence of virginity testing in some cultures affects the bride's price, which suggests that a woman's reproductive capacity has a monetary value (Mdhluli & Kugara, 2017:9253). Mokwena and Morabe (2016) state that parents encourage their children to abstain so that they can have a more promising future, which includes achieving academic success and securing a career. The promoters of abstinence include parents, teachers, guardians, and the Christian religion (Mokwena & Morabe, 2016:85). Abstinence prevents young people from being affected by HIV/AIDs. Moroole et al (2020:177) state that herbal contraceptives offer alternatives for women who have health problems or lack access to modern contraception (Moroole et al, 2020:177). These herbs were used by older generations to prevent pre-marital pregnancy, and they passed this knowledge down to their daughters and granddaughters (Moroole et al, 2020). According to Moroole et al (2020), some women prefer African indigenous contraception such as herbs and abstinence over modern contraceptives such as injections and oral pills due to concerns about potential side effects. Ndinda, Ndhlovu and Khalema (2017) argue that in Zulu culture when you have one child and that child dies, the woman's status is stripped. Therefore, using contraception is not ideal in some cultures because of the fear that it contradicts traditional beliefs about womanhood. "Women had to bear children to prove their worth, and not only giving birth was important, but bearing sons increased the value of a woman in Zulu culture" (Ndinda, Ndhlovu & Khalema, 2017:9). While culture is often viewed as a set of traditions and practices passed down through generations, it is important to recognize that these practices are also transformed each time they are transmitted from one person to another (Oyama, 2016:11).

2.2.8. Intergenerational conversation

"Several researchers have used intergenerational research as a method to explore the transmission of knowledge, values, culture, and ideas among populations" (Harris, 2013:259).

Beliefs and values related to culture and ethnicity are passed down to each generation, along with ideas about sexual activity and pregnancy (Harris, 2013). “Interpersonal communication/ intergenerational conversation is defined as the creation of meaning through verbal and nonverbal messages exchanged by individuals in a relationship” (Gumede, 2015:63). Research on communication indicates that individuals establish boundaries within interpersonal discourses, which dictate the extent to which they reveal personal and private information to others (Crohn, 2010:350 and Gumede, 2015:63). Makiwane (2011:1) argues that one fundamental aspect of African families is their tradition of intergenerational support and care, and the alterations in family structure have influenced the dynamics of intergenerational relationships. For example, grandparents become mothers and providers to their grandchildren because children have become orphaned due to HIV/AIDS (Bigombe & Khandiagala, 2004:8). Moller and Sotshangaye (1999:23) argue that in Zulu culture the grandmother is regarded as the right person to supervise granddaughters because the mother is still inexperienced and lacks knowledge (1982:82). According to Samandari, Spezier and O'Connell (2010:128) elders of the family can influence the contraceptive choice of women since they hold traditional ideas about childbirth. Muanda et al (2017) state that the husband’s side of the family expects the woman to bear children in return for their dowry. Newman (2012) notes that intergenerational studies originated in the 1960s, coinciding with an increasing interest in and development of programs designed to promote interaction between children and adults. As nuclear families evolve, there is a growing interest in intergenerational activities evolving both adults and children (Newman, 2021). According to Mbele (2004), historically African elders held more power and influence than anyone else.

2.3. THEORETICAL FRAMEWORK

In this study I used the Nego-feminism framework in conversation with the decolonial framework to explain the role of women in culture and how African culture is demonized. Using a decolonial framework, the findings of this study foreground indigenous knowledge in understanding contraception, womanhood and sexual reproduction.

2.3.1.NEGO-FEMINISM

To explore the barriers and facilitators to contraceptive access among Xhosa women in Centane, this study draws on Nego- feminism, a framework developed by Obioma Nnaemeka. Nego-feminism aims to resist and deconstruct patriarchal structures in society. Nnaemeka

(2004:377) defines this approach as "No ego" feminism, grounded in the principles of negotiation, compromise, give-and-take, and balance, which are shared values in many African cultures. Nego-feminists argue that women in African societies use negotiation as a tool to challenge patriarchy (Ajimakin, 2022:109). Nnaemeka (2004:378) stresses the importance of understanding "when, where, and how to negotiate with or around patriarchy in different contexts." Many African cultures embrace negotiation and compromise as central to reaching agreements (Doghudje & Elegbe, 2020:131). This underscores the fact that Nego-feminism prioritizes conflict resolution. Nkealah (2016:68) asserts that African women, raised in societies that value these principles, are likely to embrace Nego-feminism, as it aligns with their cultural worldview. Additionally, because Nego-feminism resonates with the South African concept of ubuntu, it is particularly relevant to South African women engaged in feminist scholarship and activism (Nkealah, 2016:68). Nego-feminism seeks to establish peace between the disagreeing parties through negotiation, reconciliation, and cooperation (Muhammad et al, 2017:147). Muhammad et al (2017) argue that Nego-feminism advocates for the process of negotiating and reconciling the disparities between gender. According to Ajimakin (2022:109), Nego-feminist theory appears to be applicable for resolving any type of conflict, not just those related to gender. Ajimakin (2022) claims that Nego-feminism extends beyond traditional feminist approaches by engaging and accommodating both sexes through negotiation, establishing a collaborative and non-egoistic framework. Nnaemeka (2004) adds that Nego-feminism is structured by cultural imperative and controls the dynamic demands of local and global exigencies. Nego-feminism adapts to the specific, social, economic, and political conditions of different communities, it addresses local issues such as gender roles and family dynamics while also engaging with broader global challenges such as gender inequality. For African feminism to win challenges, feminists must negotiate and sometimes compromise enough to gain freedom (Doghudje & Elegbe, 2020:131). The expected outcome of the theory is hoped to create a better and balanced society that accommodates sexes (Doghudje & Elegbe, 2020:131)

2.3.1.1. Application of Nego-Feminist theory in this study

Negotiation plays a crucial role in Nego-feminism for effectively resolving issues without conflict. Nego-feminism is applied in this study to understand how women navigate the barriers and facilitators in accessing contraception within their social and cultural context. Nnaemeka situates this theory within African traditional values, particularly concerning how women interact within society, particularly in navigating their roles within patriarchal structures

(Nnaemeka, 2004, Doghudje & Elegbe, 2020). Rather viewing resistance to contraception as purely oppressive, Nego-feminism advocates for a collaborative and cooperative approach, emphasizing mutual agreement over radical or aggressive methods (Doghudje & Elegbe, 2020). This approach values negotiation and cooperation, acknowledging that it may involve sacrifice but ultimately fosters understanding and inclusivity. Doghudje and Elegbe highlight that this theory "suggests that women are open to working with men to successfully achieve a goal" (2020:115). Overall, unlike some feminist frameworks that might emphasize confrontation or separation between genders, Nego-feminism advocates for a cooperative and pragmatic approach. It argues that sometimes within patriarchal and traditional structures, support from family members or community health workers can serve as key facilitators in the process. Mbinda (2021) did research on migrant Xhosa-speaking women's reproductive experiences and agency in the Cape 1950-1989. In his master's dissertation, he emphasizes the factors that impact decision- making regarding fertility and contraceptive use among Xhosa-speaking women. In Xhosa culture, marriage is legitimized by childbearing, with an expectation that women will fulfil their husband's desire for many children (Hölscher, 2020:36). This societal expectation significantly influences women's decisions regarding contraception. According to Mbinda (2021:9), over time the reproductive decisions and experiences of Xhosa-speaking African women evolved as they migrated to towns and cities in the Cape region. They were all raised in rural areas with the values of preserving their virginity until marriage and maximizing their fertility as wives (Mbinda, 2021:9). However, when they moved to towns and cities they learned about contraceptives and decided to use them for reasons associated with apartheid oppression such as restricted income and limited rights within urban areas (Mbinda, 2021:9).

Msutwana (2021:8) claimed that the Xhosa culture is recognized for its patriarchal nature, which results in women and girls assuming subservient roles. Some of these women are opposed to contraception because they believe that as a wife you are not allowed to use contraception: "you are a wife, you are in your marriage to have children" (Mbinda, 2021:118). Mbinda (2021:9) states that despite the implementation of family planning programs intended to reduce the fertility rates of the black population, the contraceptive decisions of Xhosa- speaking women were not influenced by the population control objectives of these programs. Their choice to use contraception was driven by factors related to apartheid oppression such as restricted income and limited rights within urban areas. Negotiation around use of contraception took place when women moved to cities and towns to live with their spouses. According to Mbinda (2021), some of the women he interviewed desired to use contraceptives but faced opposition from their

husbands, while others were permitted by their husbands to use contraceptives due to health concerns. Additionally, some women resorted to contraception due to financial constraints, as their husbands were the sole breadwinners and having many children was financially burdensome, necessitating the women's participation in the workforce. Nego- feminism presents a meeting point for both women and men to compromise and, ultimately, to liberate women (Ajimakin, 2022:115, Nnaemeka, 2004). The principle of this theory is important for this study since it examines the cultural, intergenerational beliefs and attitudes towards contraception among Xhosa women in Centane. This theory underscores how Xhosa women's decisions about contraception are influenced by cultural and intergenerational beliefs and attitudes. It will help analyse how Xhosa women navigate their reproductive choices within patriarchal structures, balancing respect for traditional values with the need for modern health practices. Through focusing on negotiation and mutual agreement, Nego-feminism highlights how women manage their reproductive health in ways that consider both individual autonomy and collective cultural norms. Nego- feminism asserts that feminism should not be perceived as an attack on men (Ajimakin, 2022:115). Unlike Western feminism, which often views men as the enemy, Nego-feminism emphasizes working alongside men to find solutions.

2.3.1.2. Criticism of Nego-feminist theory

Nego-feminism is highly relevant to this study. However, it introduces complexities that require careful consideration. Doghudje and Elegbe argue that "while the idea of collaboration and negotiation is the anthem of Nego-feminism, it has done little to create social change" (2020:133). Critics assert that negotiation is insufficient to dismantle the deeply entrenched structures of patriarchy or effect significant changes in the status quo for women (Doghudje & Elegbe, 2020:133). These critics argue that while negotiation may yield incremental improvements, it has often failed to challenge the fundamental power dynamics and systemic inequalities that sustain patriarchal norms. These authors (Ajimakin, 2022:15, Acholunu, 2001) argue that Nego-feminism reinforces gender stereotypes by positioning women in nurturing, humanistic roles while advocating for the involvement of their male counterparts.

In an issue of Shado Magazine (2018), Nego-feminism was illustrated through the story of a married woman in Nigeria who, just before giving birth, discovered that her husband had been unfaithful with another woman in London months before their wedding. Despite the betrayal and breach of trust, she chose to remain in the marriage and accepted her husband's child from the affair. This example is not meant to suggest that divorce is an inappropriate choice, nor does it

excuse the husband's actions. Rather, the woman's decision reflects the deployment of Nego-feminism, as her choice was influenced by her unborn child. In many African societies, it is believed that a child's life is better with married parents. For example, my grandparents raised me for fifteen years out of concern that I might face discrimination, stigmatization, and the derogatory labels often attached to children born out of wedlock. My participants emphasized that staying in marriage was not to please their husbands, but to protect their children from the societal shame associated with a failed marriage or illegitimacy. I do not mean to imply that all African women stay in marriage solely for their children or to encourage women to remain in marriages against their will. Instead, I aim to show how Nego-feminism is sometimes deployed in ways that may be overlooked by Western feminist perspectives.

2.3.2. DECOLONIAL THEORY

The primary theoretical framework of this study is Nego-feminism, as discussed earlier. However, in addressing the culture of the Xhosa women, it is essential to incorporate a discourse of decolonization through a decolonial framework. This approach will provide a deeper understanding of Xhosa women's relationship with both their culture and contraception. While contraceptives are currently studied as a western conception, Xhosa women have used various forms of contraception for years (Mbinda, 2021). A decolonial framework helps us to deconstruct the colonial discourses of white racist conceptualities in relation to black Xhosa women's relationship with contraceptives. Contraception, when intersected with culture, has often been vilified, with Xhosa women's agency, voices, and experiences framed as part of an oppressive dynamic. However, the literature calls for decolonizing these narratives, as many scholars argue against this portrayal. Welsh, Stanback and Shelton (2006) identified psychosocial access as a significant barrier to contraceptive use. Psychosocial access refers to factors such as fear of modern contraception, women's societal positions, gender norms, and religious beliefs that may limit a woman's ability to freely choose a contraceptive method (Welsh, Stanback & Shelton., 2006:327).

In African culture, womanhood is deeply tied to fertility, motherhood, and societal roles. African women have historically used traditional medicines for both conception and contraception. Indigenous contraceptives are methods based on local traditions, often involving a combination of herbs, amulets, charms, and magical medicine, typically provided by traditional healers (Capurchande et al., 2016:2). Decolonial theory is informed by the everyday practices of indigenous people, who engage in ongoing resistance and cultural continuance for self-determination, sovereignty, and healing from colonial impact (Mukavetz, 2018:126).

Decoloniality represents modes of thought, knowledge, existence, and action that originate with, but also existed before colonialism and invasion (Walsh & Mignolo, 2018:17). For instance, indigenous practices aimed at preventing pregnancy, such as virginity testing, have been criticised in academic literature for violating human rights. These are the practices that African people used to prevent pregnancy. Mkasi and Rafudeen (2016:119-120) argue that there's been debate about virginity testing, with one side of the debate stating that it violates a woman's bodily autonomy, it is unconstitutional, and it lacks scientific validity. Chisale argues that a "critical question that we need to ask is, whose rights are being violated? Who is the victim in this case, is it young women or the human rights organisation? (2016:223).

This debate over sexuality highlights the tension and resistance between human rights discourses and Africans who adhere to their indigenous theories of knowledge on the subject (Chisale, 2016:223). Chisale (2016:223) argues that the critics of these practices are often influenced by a Western worldview that portrays Africa as a primitive continent requiring constant monitoring. In 1966, the government offered free supplies of contraceptives to hospitals and clinics with the aim of limiting Black population while maintaining a large white population (Brown, 1987:256). This perception stems from colonial narratives that characterize African traditions and practices as primitive and inferior, necessitating external intervention and control. Such criticisms can undermine the legitimacy and value of indigenous knowledge systems, imposing Western norms and values on African societies and disregarding the cultural context and autonomy of African people.

Mtuze (1994) argues that imperialists claimed Black people lacked civilization, religion, culture, scientific language, and a concept of science. These views painted them as a threat to humanity, thereby justifying the widespread establishment of schools, churches, and other interventions to address this perceived menace (Mtuze, 1994:94). Mtuze (1994) further argues that this cultural imperialism was evident in various ways, such as missionaries opposing traditional practices like circumcision and *Intonjane* puberty rite (1994:94). Potential Black converts to Christianity were required to abandon traditional clothing and adopt Western attire before entering church (Mtuze, 1994:95). According to Mtuze (1994) this caused significant division between those who maintained traditional practices and those who embraced Western clothing (1994:95).

Mtuze (1994) argues that apartheid is largely responsible for much of the current chaos, as colonization caused Black people to lose their cultural identity. They were unable to fully assimilate into the oppressor's culture, as they were deliberately excluded from its core elements.

Mtuze (1994) notes that Black Africans who converted to Christianity were given Christian names because "their own names were regarded as pagan," which, in reality, was done to conceal the missionaries' ignorance of indigenous names and surnames (Mtuze, 1994:94). Rani (2023:169) asserts that the imposition of Western values led to a loss of identity and a disconnection from ancestral traditions. "Traditional customs, languages, and belief systems were devalued, marginalized, or actively suppressed in favor of Western norms" (Rani, 2023:169). However, Mtuze (1994:99) suggests that there is hope for a brighter future if we pause, reflect, and focus on rebuilding the country on authentic cultural foundations. The Xhosa culture, for instance, had its own contraceptive methods and practices, such as "Ukumetsha" and "Inciyo," which were traditionally used by Xhosa women. These practices, however, were demonized. The decolonial theory in this paper advocates for a more inclusive approach to reproductive health that respects and incorporates the cultural context and agency of Xhosa women, fostering a deeper understanding and appreciation of their traditional methods. Chisale (2016:224) argues that African feminist scholars like Kanyoro (2001) encourage African women to defend their liberating heritage, rather than accepting outside criticism that seeks to demonize it.

2.4. CONCLUSION

Although the existing research in South African has examined individual access to contraception, particularly among women. There is limited research on the role of family dynamics and intergenerational conversations in shaping contraceptive knowledge and decisions. The existing research focuses on cultural, structural or institutional barriers and pays limited attention to how beliefs and attitudes are passed down between older and younger generations. Therefore, this study addresses the gap by exploring intergenerational conversations among grandmothers, mothers and daughters as a site of influence and potential transformation in contraceptive use. The significance of this study is to deepen our understanding of how cultural knowledge and family relationship affect one’s contraceptives decisions.

CHAPTER THREE

METHODOLOGY

3.1. INTRODUCTION

The purpose of this study is to understand the cultural and intergenerational beliefs and attitudes towards contraception use among Xhosa women in Centane. I employed the autoethnography method to gather information by conducting focus group discussions and engaging in participant observation to gain a deeper understanding of the research topic from the respondents' perspectives.

3.2. RESEARCH DESIGN

To gain an in-depth understanding of the culture, intergenerational beliefs and attitudes of Xhosa women towards contraceptives, this study was guided by a qualitative research design. According to Maxwell (2013) the qualitative research design aims to gain a deeper understanding of how the participants make sense of their own world, and how their meaning influences their behaviour. Qualitative research design has its advantages and disadvantages. According to Pathak, Jena and Kalra (2013:192), the qualitative research design allows the researcher to gather data that thoroughly describes people's behaviour, beliefs, experiences, attitudes, and interactions. The qualitative research gives participants a voice in the study (Pathak, Jena & Kalra, 2013:196). In addition, the qualitative method allows a less formal relationships with participants. It allows the researcher to collect data through interviews and through observing behaviour, and to review all the data to make sense of it. The researcher reviews the data and organises it into categories or themes (Creswell and Poth, 2016). The use of qualitative research methods allowed me to give the participants a voice in the study.

3.3. AUTOETHNOGRAPHY METHOD/OLOGIES

To address the research question, I employed a literature review, theoretical frameworks, and methodological tools to analyse the lived experiences of Xhosa women from the amaGcaleka culture who participated in this study. Ellis, Adams & Bochner (2011:4) state that when researchers write autoethnographies, they aim to create aesthetic and analytically detailed descriptions of personal and interpersonal experiences. They achieve this by identifying patterns of cultural experiences through field notes, interviews, and artifacts, and then narrating these patterns using storytelling techniques (Ellis, Adams & Bochner, 2011). I conducted this study using autoethnography within the qualitative research framework. According to Denzin

and Lincolin (2000:3) qualitative researchers explore phenomena in their natural environments, trying to understand or explain them based on the meanings that people give to them. In qualitative research, a researcher can use different methods such as case study, autoethnography, grounded theory etc. In this study I employed autoethnography because I did not want to distance myself from the research, given that it is informed by my personal experience. According to Adams, Ellis and Jones (2015:1-2) autoethnography is a qualitative method that:

1. Uses a researcher's personal experiences to describe and critique cultural beliefs, practices, and experiences (Adams, Ellis & Jones, 2015: 1).

2. It acknowledges and values a researcher's relationship with others (Adams, Ellis & Jones, 2015:1).

3. Uses deep and careful self-reflection, typically referred to as "reflexivity," to name and interrogate the intersection between self and society, the particular and the general, the personal and the political (Adams, Ellis & Jones, 2015:2).

4. It shows people in the process of figuring out what to do, how to live, and the meaning of their struggles (Adams, Ellis & Jones, 2015:2).

5. Balance intellectual and methodological rigor, emotions, and creativity (Adams, Ellis & Jones 2015:2).

6. Strives for social justice and to make life better (Adams, Ellis, Jones, 2015:2).

Ellis, Adams & Bochner (2011:2) state that when you are writing an autobiography, "an author retroactively writes about past experiences" (Ellis, Adams & Bochner, 2011:2). Ellis and Ellingson (2000:3) argue that autobiography must be appealing and evocative, drawing readers in, through story telling elements such as settings, scene and plot development. Furthermore, Ellis and Ellingson (2000:3) argue that the autobiography should show moments of realization through identifying and addressing gaps in similar stories already told and it should offer fresh perceptions into personal feelings. An autobiography precisely and truthfully recalls details or facts of a person's life and expresses these in a way that highlights the uniqueness of their individual experience. "Sometimes autobiographers may use first-person to tell a story, typically when they personally observed or lived through an interaction and participated in an intimate and immediate eyewitness account" (Ellis, Adams & Bochner, 2011:4 and Caulley,2008:442). Ellis, Adams and Bochner (2011) state that sometimes autobiographers

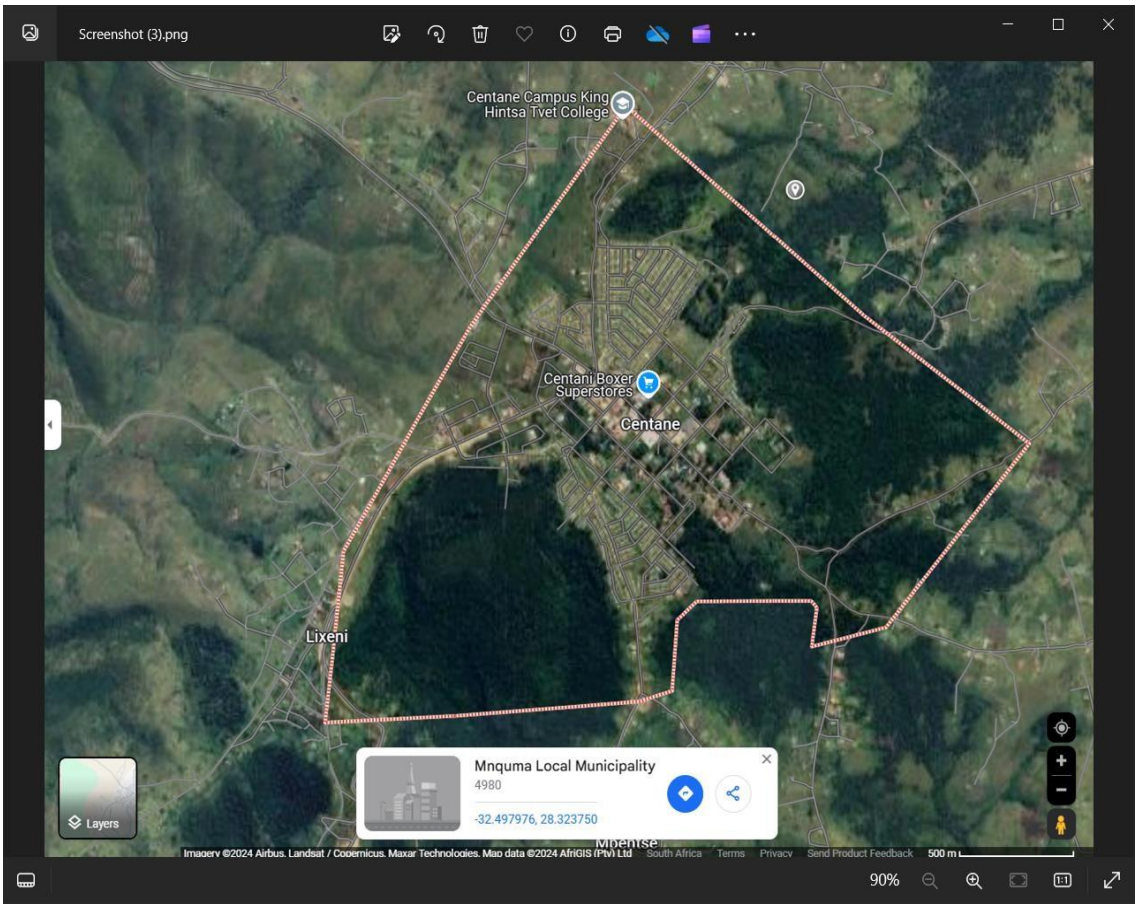
may use a second person "you" to make the readers feel like they are part of the scene.

When researchers conduct autoethnography, they explore a culture's relational practices, common values, beliefs, and shared experiences to help both insiders (cultural members) and outsiders (cultural strangers) to gain a deeper understanding of the culture (Ellis, Adams & Bochner, 2011: 3). Ethnographers achieve this by becoming participant observers within the culture, by taking field notes of cultural happenings, while also noting their involvement and others' engagement with these events (Ellis, Adams & Bochner, 2011:3). Gobo (2011) notes that "when doing ethnography, it is essential to listen to the conversations of the actors 'on stage', read the document produced by the organisation under study, and ask people questions" (Gobo, 2011:31). In addition, Gobo (2011:31) states that what sets ethnography apart from other methodologies is that it is not just an instrument of data collection, it became known at a specific time in society's history and embodies certain of its cultural characteristics.

In chapter one of this research study, I foreground my personal experience with the research phenomena, the use of contraception amongst Xhosa women. This provides an autobiographical engagement to the research as scholar Chang (2016:1) argues that autobiographical storytelling explores the researcher's personal experience. Autoethnography is a combination of both autobiography and ethnography, where the author looks back, reflects, and writes about their past experiences in a selective way (Ellis, Adams & Bochner, 2011: 2). To collect data, I employed ethnographic methods, using participants observation and interviews to gain a deeper understanding of the culture (Chang, 2016:1). According to Ellis, Adams and Bochner (2011), a researcher employs the principles of autobiography and ethnography to create and document autoethnography. Thus, as a method, autoethnography is both the process and the product (Ellis, Adams & Bochner, 2011:1). Although this study is grounded in autoethnographic methodology, the researcher's personal experience is not the focus. I reflect on my personal experience fully to understand what the participants are going through while centering their voices and lived realities. Chang (2008) argues that autoethnography focuses on self. However, self does not imply an isolated self, rather stories about the self often include various others, those who share similar values and experiences, those who differ, and those whose values and experiences appear completely opposed to one's own. This approach highlights how personal stories are intertwined with the lives and perspectives of others, making the researcher richer and more meaningful. Chang states that autoethnography has its pitfalls. One of the pitfalls of using autoethnography is the confusion in the use of the term

autoethnography (2008:56). The term has been used to refer to a variety of narrative inquiries that have sprung up in different academic disciplines" (Chang, 2008:56). Chang (2008) states that "researchers have the responsibility to become informed of the multiple usages of the term and to define their choice clearly to avoid confusion (Chang, 2008:56). According to Poulos (2021), autoethnographers often rely on various methods of data gathering and research tools common to other forms of qualitative social research, including participant observation, interviews, conversational engagement, focus groups, narrative analysis, artifacts, field notes, archival research, journaling, thematic analysis, description, context, interpretation, and storytelling (Poulos, 2021:5). In this thesis, the researcher collected data through participant observation and focus group discussions.

3.3 LOCATION



Centane is governed by the Umnquma Local Municipality, within the Amathole District. Situated along the coast of the Eastern Cape near Mazzepa Bay, it lies in the Southeast of the former Transkei. According to Njwambe (2016) the Umnquma Municipality has a population of about 250 390, with 99 percent speaking isiXhosa, and the rest speaking English, Afrikaans, Zulu and Sesotho. (Njwambe, 2016; RIDP, 2014-2015). Centane is a small town comprising roughly 49

ilali (villages), characterized by a high rural population density of 100-300 people per square kilometre (Drastically South Africa, 2011) with minimal development and infrastructure. Over half (54 percent) of the population lives in poverty, with the majority being Black Africans (53 percent) and Coloured (one percent) (Njwambe, 2016; RIDP, 2014-2015). According to Bowker (2000:197), the racial classification structured in the 1950s sought to divide people into four basic groups: Europeans, Asiatic, persons of mixed race or coloureds, and "natives" or "pure-blooded individuals of the Bantu race." The Bantu classification was further divided into eight primary groups, with amaXhosa and AmaZulu being the largest groups (Bowker, 2000:197). Bowker (2000) argues that the term "Bantu" was chosen to emphasize a nationalist desire to assert a collective African identity, based on linguistic and cultural commonality. While anthropologically problematic, it served to distinguish Africans from European settlers but also became a tool for controlling and segregating the population. The 53 percent of Black Africans in Centane are Xhosa-speaking people.

My research took place in the remote villages (*ilali*) of Centane namely, Nkonkwane and eSibhaxeni. These are some of the villages (*ilali*) that fall under Centane. These villages are characterized by scarcity of employment opportunities, leading residents to depend on social grants for their livelihood. Centane falls under the Gcaleka chiefdom, and the locals refer to themselves as AmaGcaleka (Njwambe, 2016; RIDP, 2014-2015). According to (Njwambe, 2016; RIDP, 2014-2015) Mnquma Municipality, located in the Eastern Cape Province faces significant socio-economic challenges, characterised by high levels of poverty, illiteracy, and unemployment. The employment landscape is particularly constrained, with only 25 percent of the population holding jobs. This leaves a substantial portion of the community, 75 percent, without unemployment (Njwambe, 2016). Specifically, 11 percent are actively seeking work but unable to find it (unemployed), while 64 percent are economically inactive, which often includes individuals not in the labour force due to various reasons such as attending school, caring for family, or being retired (Njwambe, 2016; RIDP, 2014-2015). The author further explains that consequently, many residents depend on welfare support to sustain their livelihoods (Njwambe, 2016).

3.4 SAMPLING

The sample of this research consisted of fifteen participants between the ages of 18 and 80 years old. The sampling was conducted from three generations: a grandmother, a mother, and a daughter. This study aimed to engage with grandmothers, mothers, and daughters, as their insights would be invaluable in understanding the cultural and intergenerational beliefs and

attitudes of Xhosa women toward contraception. Furthermore, the participants who took part in this study define themselves as AmaGcaleka from Centane. Centane is predominantly inhabited by Xhosa people. Based on the findings of Barley and Bath (2014), getting to know the field location and its residents is an essential and inherent aspect of ethnographic research. Knowing the field location, their culture, and their language made it easier for me to interact with the participants, and it made it easier for them to fully engage with me. This research employed purposive sampling. This is a non-probability sampling method that selects a sample from a population that is aligned with the objective of the research (Etikan, Musa & Alkassim, 2016:2). According to Taherdoost (2016), to be able to answer the research question, there is a need to select a sample. Purposive sampling allowed the researcher to target specific groups or individuals that have unique characteristics or experiences relevant to the research question. It was important to use purposive sampling in this study because it is more efficient and cost- effective than other sampling methods, and it enables researchers to focus on a specific subset of the population rather than sampling randomly from the entire population.

DEMOGRAPHIC TABLE

Table 1
Participation information

Participants names	**Age**	**Sex**	**Marital status**
Simnikiwe Bisani	19	Female	Single
Nophelo Bisani	56	Female	Married
Iviwe Bisani	19	Female	Single
Aneziswa Bisani	44	Female	Married
Khanya Ntetho	21	Female	Single
Nolitha Ntetho	54	Female	Married
Veliswa Nozewu	48	Female	Married
Asongezwa Kaleni	20	Female	Single
Nosiphiwo Vungama	35	Female	Single
Sinoxolo Vungama	18	Female	Single
Nantazana Malanti	82	Female	Widow

Nofanisile Ndayimani	78	Female	Widow
Nokhayinethe Mabandla	76	Female	Widow
Nophambili Siganeko	80	Female	Widow
Nongenile Siganeko	75	Female	Widow

Participants information,

3.5.DATA COLLECTION TOOLS

3.5.1.Participants Observation

This research used participant observation to collect data. This requires researchers to take on dual roles as both participants and observers. Kawilich (2005) defines participant observation as the process that enables researchers to learn about the activities of the people under study in the natural setting through observing and participating in those activities (Kawilich, 2005:2). The researcher becomes a participant by actively participating in a community and immersing themselves in its daily activities and routines, building relationships with members who can explain and demonstrate the community dynamics (Rock & Rock, 1979:167). As an observer, the researcher observes the community or participant by "sitting back and watching activities that unfold in front of their eyes, recording their impressions of these activities in field notes, photographs, or other forms of material evidence" (Rock & Rock, 1979:168). The observation took place in my household during the *Umbulelo wabaphantsi*, a traditional ceremony to thank the ancestors. My grandmother, who served as my research assistant, played a key role in recruiting the elderly participants, and she strongly recommended that we invite the participants to the ceremony for the observation phase. Because I was the one doing the ceremony, I had to participate in the housework. I fully engaged in the task performed, making it easier to interact with and observe the participants. Using participant observation was beneficial for this research because it enabled me to understand my culture and how elderly women engage with each other during traditional ceremonies. By watching the participants, I was able to understand how intergenerational beliefs and culture are transmitted through generations. There was one observation session with all the participants.

3.5.2. Focus group interviews

This study used focus groups to collect data. Morgan defines focus groups as a research

technique that collects data through group interaction on a topic determined by a researcher (1996:130). According to Morgan, this definition has three essential components: 1) it clearly states that the focus groups are a research method devoted to data collection;2) it locates the interaction in a group discussion as the source of the data; and 3) it acknowledges the researcher's active role in creating the group discussion for data collection purposes (1996:130). Based on the findings, focus groups gather a group of individuals in a nurturing environment (Dennis & Chen, 2017:220). The facilitator or moderator of focus groups ensures the discussion remains on topic, but the discussion otherwise adopts a non-directive approach, allowing the group to examine the subject from various perspectives (Longhurst, 2003:14). During data collection, my grandmother assisted me by helping to recruit elderly women in the village. The researcher carried out two sets of focus groups: one with five mothers and their daughters, and one with five grandmothers. The focus groups were conducted in IsiXhosa with the use of open-ended question guidelines. The first focus group served as an introduction for participants to get to know me and feel comfortable with me before the observation phase. The first focus group was facilitated by my research assistant, who introduced me to the participants and this research study. General questions such as their age and who they live with were asked.

The second focus group discussion took place in multiple locations: one at the chief's residence, "KwaSibonde/Komkhulu," with elderly women, and the other at participants' homes with mothers and their daughters. Each focus group interview took an hour and 30 minutes. The researcher facilitated the focus group discussions with the assistance of her grandmother, who served as a research assistant. The interview schedule provided a foundation for the conversation (Dennis & Chen, 2017), consisting of open-ended questions designed to encourage detailed responses. The focus of these interviews was to examine and understand the cultural and intergenerational beliefs and attitudes of Xhosa women towards contraception. Experiences shared by participants allowed the researcher to explore and follow up on new topics of interest while also adding, clarifying, and validating information throughout the focus group experience (Dennis & Chen, 2017:220–221). Focus groups were chosen as a method of data collection because they are useful in generating a rich understanding of participants' experiences and beliefs (Gill et al., 2008:293). According to Gill et al. (2008), when focus groups are moderated well, participants possess valuable perspectives and the capacity to respond actively, positively, and respectfully. The venues for the focus groups were free from distractions, acceptable, comfortable, private, and quiet (Gill et al., 2008:294). Interviews were recorded and transcribed verbatim. Verbatim transcription is a method of recording interviews

and transforming them to a text (i.e., word-for-word) transcription prior to coding and analysing (Loubere, 2017:1).

3.6. THEMATIC ANALYSIS

Thematic analysis was employed in this study to analyse the data collected. Clarke, Braun and Hayfield define thematic analysis as a "method for identifying, analysing, and interpreting patterns of meanings (themes) within qualitative" (2015:1). It illustrates which themes are important in the description of the phenomena under study (Daly, Kellehear & Gliksman, 1997; Joffe, 2011:2). This method focuses on uncovering the underlying meanings and relationship patterns, aiming to identify latent themes. The researcher used Creswell six steps to analyse the data.

Creswell six steps

Phase 1: Familiarization with the data. Entails the organisation and preparation of data collected from interviews (Creswell, 2014). This stage also involves sorting the data as well as the transcription of the recorded interviews and preparing it for analysis.

Phase 2: Generating initial code

In this stage the researcher reads and look through all the data to see the tone, general ideas and credibility (Creswell, 2014). Furthermore, during this step the data were read through several times to obtain a general sense of the information (von Solms & van der Merwe, 2020:848).

Phase 3: Identifying themes

This stage involves the beginning of detailed analysis which includes a process. The data about intergenerational conversation among Xhosa women in Centane were coded to identify the important aspects (von Solms & van der Merwe, 2020:848). Coding is the process of organising data, grouping things together based on similarity, but also can be done based on commonality (Saldaña, 2021:3). The researcher in this stage is labelling and categorizing codes into broader theme.

Phase 4: Reviewing the identified themes

After coding the data, the researcher organizes the codes into bigger themes or categories (Creswell, 2014). In this stage, codes were used to generate the themes (Creswell, 2014). These themes provide a narrative structure.

Phase 5: Defining themes

The analytical findings were conveyed using a narrative passage that included the findings of the analysis (Creswell, 2014). In this step the researcher explores ways to address the findings from the analysis (Cresswell, 2014).

Phase 6: Writing up research findings

The final step on the analysis involves the interpretation of the findings. In this step the researcher asks herself what they have learnt from this report (Creswell, 2014). The researcher may have obtained these lessons from their own interpretation or by comparing data literature or hypothesis (Creswell, 2014).

3.7. VALIDITY AND RELIABILITY

To ensure validity and reliability, "qualitative researchers should ensure rigor and quality in their work, as it is the main standard for determining trustworthiness" (Dodgson, 2019:220). Golafshani (2003:601) defines reliability as a concept used to evaluate quality in qualitative research, aiming to generate understanding. Validity, on the other hand, measures whether the research "measured what it intended to measure or how truthful the research results are" (Golafshani, 2003:599). Golafshani (2003:602) further argues that qualitative researchers sometimes interpret validity in terms of rigor, quality, and trustworthiness. "Validity and reliability are two factors any qualitative researcher should be concerned with while designing a study, analyzing results, and judging the quality of the study" (Golafshani, 2003:601). Trustworthiness, therefore, lies in the validity and reliability of the research. The trustworthiness of this study was achieved through engaging with participants, researcher reflexivity, and member checking. Birt et al. (2016) explain that member checking involves verifying, validating, and assessing the trustworthiness of qualitative results.

3.8 LIMITATIONS

3.8.1. Time consuming

The data collection took longer than I had anticipated. The participants were not available the whole of December because it was during the festive season. Some participants frequently postponed their participation due to apprehension about the questions they would be asked. Due to the nature of this study, there were moments where I had to go back to my respondents to clarify some things. The elderly women who participated in this study were unable to say some words due to cultural reasons requiring me to frequently return to them for clarification.

3.9 DATA AMANAGEMENT

I collected data using a tape recorder, and all the recordings will be securely stored and protected in this format. I have decided to preserve the data for a period of 10 years from the date of the approval of the thesis, allowing for verification of the results. Additionally, I plan to maintain this data to help preserve the indigenous knowledge shared by the elderly women who participated in the study, as their valuable insights can benefit future generations.

3.10 ETHICAL CONSIDERATIONS

Given the nature of this study, there were certain ethical considerations that needed to be observed, such as informed consent, confidentiality, and anonymity. Feminist research places a significant emphasis on understanding women lived experiences, making it crucial for researchers to prioritize avoiding any harm to the individual under study while conducting their research. The feminist ethics of care has a radically different view of human nature and thus a very different view of the objectives of moral deliberation (Parton, 2003:10). It has much in common with the versions of postmodernism and social constructionism (Parton, 2003:10). The ethics of care posits that openness to others is fundamental and, as such, places significant emphasis on acts of communication, interpretation, and dialogic exchange (Parton, 2003). Tong (2003) states that feminist ethics aim to reassess and redefine elements of conventional western ethics that dim or underestimate the morals of women. Feminist philosophers, such as Allison, fault traditional western ethics for failing women; first, it shows little concern for women's as opposed to men's interests and rights (Tong, 2003:105). Feminist ethics encompasses a diverse range of ethical approaches that have emerged, which include designations such as feminine, maternal, political, and lesbian (Tong, 2003). Tong (2003) argues that feminist ethics does not enforce a singular normative standard for women but instead offers diverse perspectives that validate women's moral experiences, acknowledging both the strengths and weaknesses of values traditionally associated with femininity (Tong, 2003:111).

3.10.1. Informed consent and voluntary participation

A strategy of informed consent was adopted in this study, with the aim and methods of the research being made clear to all participants. Consent was given voluntarily, with participants clearly informed about the study's nature, purpose, procedures, risks, and benefits (Arifin, 2018:30). Participants in this study were given the freedom to withdraw their participation at any time without consequences. Participants were given an appropriate amount of time to ask questions and address their concerns. Consent to record the interviews was requested and

received. Informed consent was written in English however, the researcher explained informed consent in IsiXhosa. According to Nijhawan et al. (2013), the objective of an informed consent procedure is to supply an adequate amount of information to a potential participant using language that is easily comprehensible to them. This allows them to freely choose whether the want to take part in the research (Nijhawan et al., 2013). In addition, traditionally, informed consent is represented by the paperwork signed and dated by participants. Such documents outline the study's purpose, advantages, disadvantages, and any other pertinent information, enabling participants to opt-in or opt-out of the research based on their informed and voluntary decision (Nijhawan et al., 2013).

3.10.2. Confidentiality and anonymity

In this study the participants asked for their real names to be used instead of pseudonyms. Therefore, this study did not use pseudonyms or anonymized data. This study allowed participants to choose whether they wanted their identities to be protected or wanted this research to use their names. Kaiser (2012) states that confidentiality means agreeing with an individual on what can be done with their data. It refers to the act of making certain that the researcher is the only one aware of the participants involved in a study (Kaiser, 2012). Throughout the research process, it is the researcher's responsibility to make sure the identities of the participants in this study are safeguarded (Kaiser, 2012). Confidentiality was implemented in this study to avoid any potential harm. Kaiser (2012) states that it is the researcher's duty to ensure their study is not causing harm to the participants. Maintaining confidentiality in research is important to safeguard the privacy of all the participants, establish trust and rapport with the study participants, and uphold ethical principles and integrity throughout research journey (Kaiser, 2012).

3.10.3. Cultural sensitivity

In this study cultural sensitivity was employed to ensure respect for participants, enhance the accuracy and validity of data, and uphold ethical standards. According to Zuurbier et al (2023) cultural sensitivity addresses cultural diversity in research, which can be defined as "employing one's knowledge, consideration, understanding, respect, and tailoring after realizing awareness of oneself and others when encountering diverse groups or individuals" (Zuurbier et al., 2023:249). The researcher and participants share a cultural background. Despite sharing common values and traditions, there were certain topics, such as sex, that the researcher felt uncomfortable discussing with the elderly women because these are the topics that are very

sensitive to speak about, especially with the elderly. The researcher recognized the importance of culture; therefore, the research used respectful communication to honour the cultural norms of the elderly participants. The researcher employed an assistant who is closer in age to theelderly participants to facilitate communication and explain the study purpose and questions in a culturally appropriate way.

3.11 REFLEXIVITY

The concept of reflexivity highlights the researcher's role in qualitative studies, emphasizing how their identity and experiences influence the research process (Palaganas et al., 2017). Reflexivity requires researchers to recognize how their perspectives shape, and are shaped by, their work, fostering greater awareness of biases and deeper engagement with the subject matter.

As umXhosa and a woman from the amaGcaleka tribe, I approached this research with insider knowledge of cultural nuances, including the construction of womanhood and its intersection with contraception. However, I acknowledged that my experiences might differ from those of my participants, ensuring that their perspectives were prioritized. Dodgson (2019) asserts that acknowledging positionality enhances credibility, particularly when researchers describe intersecting factors like race, socio-economic status, and cultural context.

Facing personal fears about how the research would affect me—and vice versa—I postponed data collection to prepare mentally. Revisiting my school, where significant memories shaped my perspective, was a crucial step. Despite concerns about age-related dynamics and sensitive topics, participants exceeded my expectations, engaging openly and transforming interviews into conversational exchanges.

Translation presented significant challenges during the writing phase, with some cultural meanings being untranslatable. Spivak's (2023) *Can the Subaltern Speak?* informed my approach, interrogating the colonial nature of research and Western misrepresentations of African cultures. Mtuze (1994) reinforced these concerns, noting how colonial narratives undermined African civilizations. These reflections prompted ongoing questions: Why am I doing this research? Who is it for? Am I presenting these participants in a way that respects their complexity? Is this work accessible?

3.12. CONCLUSION

This chapter discussed the methodology of the study, focusing on research design, population and sampling, data collection and analysis methods, study limitations, data management, and reflexivity. It also addressed key ethical concerns. The following chapter will present the findings of this research.

CHAPTER FOUR

RESULT AND DISCUSSION

4.1 INTRODUCTION

This chapter utilizes African feminist theorization, with a particular focus on Nego-feminism, as an analytical tool to explore how Xhosa women in Centane, especially those from the amaGcaleka culture, construct their womanhood. It further examines how these constructions interact with and challenge the patriarchal frameworks traditionally embedded in their culture. Additionally, the chapter engages with the unique nuances of amaGcaleka women's experiences, particularly in how they define their womanhood in relation to men within their cultural context. The findings, derived from a thematic analysis of interview data, will be presented to address the main research question and the critical questions of this study.

4.2 DISCUSSION OF FINDINGS

Table 1. Framework of analysis.

4.3 AmaGcaleka (Main theme)

The participants in this study all identified as belonging to the amaGcaleka tribe. As noted by Mandela and Van Wyk (2008), the Xhosa Nation is composed of various tribes, including amaBaca, amaBomvana, amaGcaleka, amaMfengu, amaMpondomise, amaMpondo, and abaThembu. However, this study specifically focuses on amaGcaleka, a subgroup within the broader Xhosa grouping. According to Bongela (2001), the Xhosa people traditionally settled along the coastal areas, which later became known as Transkei and Ciskei. The Xhosa language is named after uXhosa, the leader of the Xhosa nation, and is subdivided into various subgroups, such as amaGcaleka, which is named after Gcaleka, a significant leader who played a key role in preserving Xhosa culture (Bonga, 2001). Lestrade (1937) further explains that these tribes, although originally part of the Xhosa people, gained independence over time and developed distinct identities.

> *"Singathi kaloku singaba kuGcaleka ngoba kaloku xa ungapha ku Nciba kuthiwa kukuGcaleka". Nokhayinethe*
>
> *Translated: We can say we are amaGcaleka because people from Nciba call this side u Gcaleka" (Nokhayinethe)*
>
> *"Ewe singamaGcaleka" Nongenile*
>
> *Translated: Yes, we are amaGcaleka" (Nongenile)*

The amaGcaleka tribe vary from other tribes based on how they speak, dress, and their customs. For example, one of the features that distinguishes amaGcaleka from the bigger Xhosa framework is the ritual and rite ceremony of *Intonjane*. *Intonjane* is one of the customs that is practiced within amaGcaleka culture. "*Intonjane* seeks to teach a girl about the proper and important aspects of womanhood of umXhosa, preparing her for a life of marriage and the responsibilities and rights of being a wife, mother and a leader" (Matholeni, 2020:7). According to amaGcaleka women, the rite of passage into womanhood is an important ritual as it speaks to your relationship and acknowledgement of your womanhood to your ancestors. One of the participants highlighted that in the past they used to go to a traditional healer when a young girl became sick, and they would be told that the child wants her home ritual ceremony. The positioning of women as custodians and knowledge imparters during the *Intonjane* provides an understanding of how Nego- feminism situates women within the locus of power that is usually alluded to patriarchy and men. It is important to note that despite this ceremony being one of

the characteristics that distinguish amaGcaleka from other Xhosa tribes, within amaGcaleka culture, this ritual is done differently by different clan names. Some of the participants highlighted that in some families this ceremony was conducted when a young girl fell ill, while in other families it was done when a female child began menstruation. The participants highlighted that the ceremony experienced a decline due to the rising cost of living.

Booi argues that the decline in the ceremony is due to *Intonjane* being culturally regarded as *isithethe* (translated: culture) (2021:40). *Isithethe* is the common practice of the particular group in a given community and is not only what brings the Xhosa together but also a practice that is accepted in a given context" (Ntombana, 2011:633). Booi states that in Xhosa culture, *Intonjane* is not a compulsory obligation; whether or not it will be done depends on the family (2021:44). However, for the amaGcaleka women, *Intonjane* is still practised. The key difference is that while in ancient times this ceremony was performed when a young girl experienced her first menstruation, today women can undergo the ceremony even when they are older. According to amaGcaleka women, in the olden days families had livestock making it easier to conduct the ceremony which required one cow and three goats for completion, namely: *Umngeno* (joining/ slaughter of goat), *Umdudelo* (slaughter of cow), A*maphinda omngeno* (slaughter of a goat), and *Umdudelo* (slaughter of a goat). According to Sotewu (2016:2), the cost involved in this ritual presents a significant financial burden for the parents. Therefore, the decline of the *Intonjane* ceremony cannot be assigned solely to the perception that it is not ritual, as there are families and communities that continue to practice it. Focusing only on the decline of the rite pertaining to its perceived lack of traditional status diminishes the significance and values inherent in this ceremony. AmaGcaleka women's negotiation of feminism manifests in empowering young women through knowledge sharing during the traditional ceremony of *Intonjane.*

4.3.1. The social construction of womanhood in AmaGcaleka culture

This theme speaks on the social construction of womanhood in AmaGcaleka culture. In amaGcaleka culture, womanhood is constructed through femaleness but demarked by cultural significance and roles. In amaGcaleka culture, *umfazi* (a wife) is distinguished by her status of being married, while *inkazana* is identified by her status of having a child out of wedlock. In contrast, *intombi* (girl) is characterized by her status of not having a child. However, the roles of these women are interchangeable depending on the setting. For instance, a married woman's roles change when she is in her birth home compared to her role when she is in her marital

home. This illustrates that roles are created and maintained through social interaction. The participants shared that in Xhosa culture, the social construction of womanhood is structured in these three parts: *Umfazi (*a wife*), Inkazana (*unmarried woman with a child*) and intombi (*unmarried young girl*)*. This can be seen from Nofanisile and Nantazana statements

> "*Umfazi? Wohluke njani na enkazaneni nasezintombini? Wohlukile kaloku umfazi, wohluke kwangoku endiswayo, kuyathethwa naye ayalwe. Ogqiba uyalwa kengoku ke akhutshelwe abafana noba babini, kuziwe nelitye lembola azoqatywa. Kubakho kengoku omama abazothetha nawe uyalelwe uba usiya kulamzi okokuba ungenzi ezizinto ubuzenza apha ekhayeni. Kufuneka wenze umthetho walandawo uya kuyo" Nofanisile*
>
> *Translated: Wife? How is she different from an unmarried mother and a virgin? A wife is different from the moment she gets married, when she is given wifely advice. Once they give her advice then the family will send a young man to accompany her. During the process of imparting teachings (uyalwa) by the elderly women who are married, the newly wedded woman will then be painted with red ochre. The newly wedded wife is then taught how to behave since she is now married, and she is told that she must respect the rules of the family she will be joining. (Nofanisile)*
>
> *"Inkazana itheni? Ibeyi nkazana? Inkazana kaloku kumitha xa ithe yamitha. Kukumitha ungendanga, injajoku into yomitha yayikhona kudala kodwa yayingaxhaphakanga. Wawuthi wakumitha kwakufuneka umbhaco uwuthobe, ujikile. Ungahambi nezinye intombi ngoba kaloku uyinkazana. Naxa umithiyo kufuneka (silent) uzazi ba umithi kengoku awuhambi nezinye intombi ngoba kaloku ezintombi uhambo nazo azikayifumani lento uyifumeneyo, nizocokola nicokole ngento eningazaziyo" Nofanisile.*
>
> *Translated: A woman who is not married with a child becomes inkazana because she gave birth before marriage. When you fall pregnant before marriage you then become inkazana. In the olden days, pre-marital pregnancy did exist, but it was not common. When you fall pregnant before marriage, your dress had to be long not short(minidress) anymore, because you have a new role of being a mother. You were not allowed to be with women who do not have children because you are now inkazana. When you are pregnant you were not allowed to be with the virgins because the virgins do not know*

anything about pregnancy, your conversation as a pregnant woman would be different to these women who are virgins. (Nofanisile)

"Intombi yintombi ngehlobo loba ayikabi namntana" Nantazana. Translated:

You are a girl because you do not have a child (Nantazana).

Image 1. AmaGcaleka women in a traditional ceremony in Centane. This photo was taken by Athini Mabandla in Centane in a village called Centule in the Eastern Cape. Permission to use this picture was given by those photographed.

The above image is a picture of amaGcaleka women in Xhosa attire. These women are all married. In amaGcaleka culture when there is a ceremony for a male ancestor, all the married women of that family are expected to wear *isikhakha* (skirt) which is made of a cow skin. These women wear *isikhakha* (skirt) with *ifaskot*i and *incebeta.* They wear *ibhayi* to cover the upper body which protect their breast from being exposed. These women wear this attire in respect of the male ancestors of their husbands' families.

Image 2. This is picture of an unmarried woman in traditionally ceremony in Centane in a village called Centule. Permission to use this picture was granted.

The above picture is another picture which shows Xhosa attire. In Xhosa culture *umfazi* (a wife) and *inkazana* wear the same attire, the only difference is that *inkazana* does not wear *incebeta* (apron) as you can see in the above image.

Cahill (2022) states that womanhood is a social construction to ensure subservient status to patriarchal institutions (2022:2). However, for amaGcaleka women, the social construction of womanhood goes beyond just subservient status to patriarchal institution. Mndende (2021:196) argues that the social construction of womanhood in the West is limited to prejudice and very superficially analysed. As an articulation of Nego-feminism, the women interviewed in this study position how the construction of womanhood in amaGcaleka culture goes beyond just gender norms. "The duties of a woman in Xhosa culture are multilayered, sometimes not age-bound, sometimes not defined by marital status, but they are continuous and permanent across gender divides" (Mndende, 2021:196). This demonstrates that the social construction of womanhood in Xhosa culture is very complex. According to amaGcaleka women, what makes *umfazi* (a wife) different from *inkazana* and *intombi* is her marital status and her role when she is in her marital home. However, when a married woman visits her birth home, she is not a wife, instead she becomes *intombi* and she does any work that is done by an unmarried girl in her home. This demonstrates that the social construction of womanhood in amaGcaleka culture is not only limited to the women's status in the society, it goes beyond that, and it is also

complex. The amaGcaleka women demonstrated the negotiation of their femininity and womanhood through supervision in the smooth running of the culture whether in-front or behind the scenes. For instance, in amaGcaleka culture no ceremony can be performed without involving women as they are the custodians of customs and rituals. For instance, the aunts and *intombi* (girls) of the family are always included in family meetings and ceremonies. When a family experiences problems, *intombi* (girls) are called to solve the problems. Mndende (2021:196) states that the Xhosa language is a very complicated language, where some terms play dual roles based on the context and space in which it is used. The term *intombi* generally refers to a young unmarried girl (Mndende, 2021:196). However, "in spiritual and ritual performance activities, the term refers to any female who is born within a specific clan irrespective of age or marital status" (Mndende, 2021:196). For instance, "a sixteen-year-old and a seventy-four-year-old, who belong to the same clan are both called *intombi* (girls) of that particular clan" (Mndende. 2021:196). What this means is that when you are in your birth home you are not a wife, you are a wife in your husband's home.

Swai (2007:1) states that women across the globe have taken a diverse role within society, and like everyone they have varying interests, positions, desires, and roles. Swai (2001:1) further explains that as the society has evolved and became more organized, women have been given a specific "womanhood" identity which serves to categorize and assign them roles and positions that are different from men. In amaGcaleka culture, pre-marital pregnancy was discouraged as it was considered shameful to have a child outside marriage. In amaGcaleka culture, when a young girl becomes pregnant before marriage, she is advised to distance herself from her childless peers, as their experiences and conversations differ. This shift in social role reflects traditional gender roles and expectations, where motherhood alters a woman's social standing and responsibilities (Lestrade, 1937; Bonga, 2001). The concept of womanhood within Xhosa culture, as in many other cultures, is socially constructed and tied to specific norms that define women as either "normal" or "abnormal" (Swai, 2001). These standards often create systems of social positioning that can lead to oppression or suppression (Swai, 2001). The social construction of inkazana, or young women, within Xhosa culture varies depending on the context. For example, an inkazana may be a young woman dating a married man or someone who has a child outside of marriage. In Mpondo society, the term inkazana (or idikazi) refers to women who reject the responsibilities and limitations of marriage and are seen as more "liberated" (Lamla, 1985). These varying definitions of womanhood reflect how cultural norms

and values can influence societal views on gender roles, particularly with regard to marriage and sexuality.

To understand the role of culture in the construction of womanhood and masculinities within Nego-feminist theorization, Mndende (2021:196) argues that the Xhosa language is complex, with terms often carrying multiple meanings depending on context. In amaGcaleka culture, inkazana can refer to an unmarried woman who has had a child before marriage, but it is also used to define a mistress (a woman dating a married man). In other Xhosa tribes, such as amaMpondo, inkazana refers to women who reject marriage and are seen as "liberated." In amaGcaleka culture, the term was used to shame single mothers, as premarital pregnancies were discouraged. Similarly, the term intombi (girl) in other Xhosa cultures refers to an unmarried virgin, whereas in amaGcaleka culture, it refers specifically to an unmarried girl without a child. Mndende (2021) highlights that all these terms play a dual role depending on their context.

4.3.2. Transmission of Traditional knowledge

This theme speaks to the transfer of traditional knowledge, specifically how traditional knowledge is transmitted by elderly women during traditional ceremonies. According to Eyssatier, Ladio and Lozada (2008:1), the transfer of traditional knowledge begins at an early age as part of a family/ community tradition, with women playing a leading role. Eyssatier, Ladio & Lozada. (2008:2) further explain that cultural transmission occurs between individuals of different generations within a family line, such as from parent to child, as well as between individuals of the same generation, regardless of their familial relationship. For example, during observation, one of the elderly ladies kept on staring at my legs and commenting on them. Nantazana said "*unemilenze yentombi nyani*" (translated: You have the beautiful legs of an unwedded woman).

> "*Intombazana uyibona ngemilenze nangamabele xa iseyintombi, imilinze yakho ayibaleki njenge ntombi zangoku" (Observation: Nantazana)*
>
> *Translated: You can see a virgin through legs, your legs do not shake like young girls of nowadays" (Nantazana)*
>
> *"Sasinjengawe kwendini ukhula kwethu, umlemze wentombi mawube ngumlenze wentombi" (Observation: Nophambile)*

Translated: We were like you when we were still young girls, your legs should show you are a virgin" (Nophambili)

"Uzawutya ngawe unyoko mntanam, uzigcine kanje" (Observation: Nantazana).

Translated: Your mother will get a lot of cows through you, keep yourself pure. (Nantazana)

"The transmission of indigenous knowledge is threatened and replaced by Western knowledge and ideologies" (Malapane, Chanza, & Musakwa, 2024:1). One of the participants shared that in ancient times, it was easy to tell whether a woman is still a virgin by looking at her breasts and legs. This knowledge was shared in passing as the elderly women admired the young women participating in the ceremony. According to Malapane, Chanza, and Musakwa (2024:1), indigenous knowledge has been transmitted orally from generation to generation over centuries. Furthermore, Malapane, Chanza, and Musakwa (2041:1) state that indigenous knowledge is deeply rooted in culture, language, and land, and is transmitted through oral tradition and cultural activities. The amaGcaleka women have their traditional ways of seeing when a woman is still a virgin without examining her hymen. In foregrounding Nego-feminist engagement and understandings, the amaGcaleka women are positioned as the representatives of not only indigenous knowledge, customs and cultural practices but also the embodiment of womanhood. This locates these women, through upholding oral traditions, as archives of AmaGcaleka culture and their co-constitution of womanhood. They still utilize indigenous mythologies as a means to surveil whether a girl is a virgin or not. While these practices are demonised and contested as inhumane, these women demonstrated pride in being able to uphold their non-invasive cultural practices of detected ideal girlhood which is embedded in notions of purity.

4.3.3 Isihlonipho Somama

This theme addresses the socially constructed nature of amaGcaleka womanhood in relation to masculinities. In amaGcaleka culture, womanhood is mutually constructed through women's respectability towards the men in their households. Participants noted that upon marriage, women were expected to refrain from calling their father-in-law by name. Using a Nego-feminist lens to understand isihlonipho somama, this theme illustrates how Xhosa culture is intertwined with patriarchal norms in the construction of both womanhood and masculinities.

However, the women framed respectability not as a submissive duty, but as a means to access idealized expressions of womanhood.

> *"Otatazala ke asibabizi noba sewukwa Centane kwa Gqirha, awukwazi umbiza u Bawo. Ndathi zendimbize ndadise umntana ogulayo kwa Nxumalo kufunwa ifani ka Bawo ndabaxelela igama lomntana. Ndancama ndaya e ofisini ndiyofuna ubawo u yise ka Nohlwempe ndeza naye. Wathi yena mfazana ndathi mna Bawo, wathi ungaze uphinde ungayibizi le fani futhi le fani ayingobawo wakho ngubawo wakho omkhulu" Nophambili.*
>
> *Translated: We do not call our father-in-law by their names, even in hospitals when they want the child's surname. When I was at the hospital, the doctor asked me for the child's surname, but I could not say it, so I only gave the child's first name. I could only say the surname after my husband's brother told me that in places like hospitals, it is okay to say the surname" (Nophambili).*
>
> *"Wawuvova isikhondo xa uzobeka isitya phambi ko Bawozala, asitsale kengoku ba akukho mntana. Njengo molokazana ubuncedwa ngumntana ukusa isitya" Nokhayinethe*
>
> *Translated: You had to kneel as the daughter-in-law when you give food to your father-in-law, then he would pull the plate closer to him if there was no child available to give him food. As a daughter-in-law you had to ask for a child when you are about to give your father-in-law food" (Nokhayinethe).*
>
> *"Kude kuthi ngelinye ixesha lento kufuneka ikhulunyelwe ngoba ngelinye ixesha ndizoqhawuka ndinalomntana (molokazana) akhohlwe kukundibamba" Nophambili.*
>
> *Translated: Sometimes, there would be a ceremony done that will allow the daughters-in-law the ability to engage with their father-in-law. This ceremony was necessary because it allowed the daughter-in-law to assist the father-in-law if he is sick or in need of anything" (Nophambili).*

According to Dowling (1988) "*isihlonipho sabafazi* (the Xhosa women's language of respect) is a language where women avoid using syllables that appear in men's names. The findings above show that the culture of "*isihlonipho somama*" is still one of the cultures in amaGcaleka culture that is preserved. Gunnink states that it is only married women who practiced physical

and linguistic avoidance of their in-laws" (2020:15). Based on the findings, participants indicated that married women were prohibited from addressing their father-in-law by name and were also not permitted to serve him food directly. Instead, they had to ask a child to assist with serving. The women could only serve their father-in-law food if there is no one available and they had to receive permission from the eldest male family members. *Isihlonipho sabafazi* (women's language of respect) is practiced by Nguni and Southern Sotho communities: Xhosa, Zulu, Swati, Ndebele, Southern Sotho" (Gunnink, 2020:15). Even though the practice of *isihlonipho sabafazi* used to be common within these groups, in modern times some groups have become more relaxed about these restrictions. This may result from a natural evolution overtime or from the autonomy of different groups or families in deciding how they choose to participate in or refrain from this practice. Despite modernity, amaGcaleka women continue to uphold this tradition.

In Xhosa societies men are the head of the house, therefore a wife is expected to respect her husband and the husband's parents. "In Xhosa culture, there is a phrase that is used when a woman enters her in-laws' household, even in this day and age, namely *umfazi kufuneka ahloniphe indoda yakhe* (A woman must respect her husband), illustrating the discrimination imposed on women, and which goes beyond respect because the woman is also expected to be submissive" (Made, 2019:146). Made (2019:146) argues that the custom of *hlonipha* in Xhosa culture extends beyond just showing respect to the father-in-law. As a newlywed wife, you are not permitted to walk, sit, or sleep on the man's side. This clearly indicates that isiXhosa society is both patrilineal and patriarchal (Made, 2019). The custom of *ukuhlonipha* does not only influence the woman's life and relationship with her husband's relatives, but also emphasizes that she is seen as an outsider, reinforcing her subordinate position in both her husband's household and broader community

4.3.4. Uzuziphathe kakuhle.

The theme of "*uzuziphathe kakuhle*" speaks on how young girls in AmaGcaleka culture are made aware of the changes that will take place in their bodies such as growing of breasts, menstruation and the appearance of pubic hair. Linked to the above theme of *isihlonipho somama* we see the intergenerational performances of womanhood and girlhood constituted through respectability. These girls view respect as way of constructing an ideal access to girlhood. We see the correlation of girlhood and womanhood constituted through the

intergenerational conception of respectability: where older women do not call the name of the father or the patriarch, these girls do not engage in sex.

> *"Kuba xa ukhulayo uba… ude…uba kwi stage, ubekwi stage soba ufumane ama boyfriend, ubekwi stage soba ubekwi periods, bathi xa ulele nenkwenkwe akufunekanga ulale nayo ngaphadle kwe condom, u prevent… ntoni enye, yes, ba uziphathe kakuhle ngomzimba wakho" Sinoxolo*
>
> *Translated: When you reach the puberty stage, you are entering a stage where you will start having boyfriends, and periods. I was also told that when one is sexually active, they must use a condom" (Sinoxolo)*
>
> *"Ndava into yoba xa ungena ebuntombini uba kwi stage, kutshintshe nomzimba kukhule namabele" Simnikiwe*
>
> *Translated: "I was told when you are older you will enter to a puberty stage, your body will change, and your breasts will grow" (Simnikiwe).*
>
> *"Baye bathi xa…xa…xa ungena kwi stage uqala xa una 13, ukhule amabele then kengoku u menstruate" Iviwe*
>
> *Translated: They said that when you reach puberty stage you start when you are 13 years old, your breasts will grow and then you will also menstruate" (Iviwe).*
>
> *"Babesithi kaloku xa usewumdala uba ngumntu omdala ngokuba namabele, mense (menstruate), then umithe, bathi kengoku uzulumke uziphathe kakuhle" Nophelo*
>
> *Translated: Our parents used to tell us that when you reach the puberty stage you are an adult. You become an adult by having breasts and menstruation, then they would say you must be careful, and you must carry yourself with dignity" (Nophelo).*

This theme "*uzuziphathe kakuhle*" highlights how young girls, even in Africa, are informed about the changes and shift in the female body. However, they are not made aware of the realities associated with these changes, particularly the emergence of sexual desires that accompany puberty. These conversations focused heavily on the cultural expectations of how amaGcaleka women should conduct themselves. According to Lorber (2008:3), our bodies, personalities, and ways of thinking, acting, and feeling are gendered. *Uzuziphathe kakuhle* as a theme means that when these young women reach puberty, they must behave in a certain way.

One of the participants shared that women of nowadays are the ones who approach men unlike in the olden days.

"Zintombi ezi zifuna abafana, zizinto ezikhoyo ebezingekho ngaphambili. Kaloku ezinto zikhoyo asizazi, kuthiwa ngoku kukho into ezizi condom yakhumbula. Ngoku ezi condom thina sithe nqa uba zinto zothini, kuzube kuthiwani xa kuzofakwa condom andiyazi noba izofakwa emkwenkweni na okanye entombini na uyayiqonda. Thina ke sasingena condom inkwenkwe yayisiza kuwe injalo ingena condom" *Nongenile*.

Translated: *Young women nowadays are the ones who approach men, and this is not how we used to do things in the olden days. We do not know these things that young ladies are doing. I heard that there are things like condoms, and we do not know condoms and what are they used for. I have heard about its insertion, but I am not sure if is it the lady or the man who puts the condom. We did not have condoms back in the day: Nongenile*).

This participant's statement dismisses the natural sexual desires that emerge during puberty. When such statements are made by elderly women, young women who are experiencing this desire as their bodies reach puberty are told that they are the ones actively seeking these men. This takes away the emergence of wanting and suppresses sexual desire. Several young girls who participated in this research indicated that they do not engage in detailed conversations about sex with their mothers. Additionally, they noted that their mothers did not receive sex education from their own mothers. The silence on sex education forms a barrier to effective sexual education between mothers and daughters. According to Welles (2005), discussions on sexual desires are important because they allow teenagers to navigate their own sexual health and promote informed and responsible decisions. Furthermore, sex education helps young girls to talk openly about their sexual experiences, allowing them to understand how culture affects their sexual choices (Taylor, Gilligan & Sullivan, 1995).

4.3.5. Intergenerational silence on sexual education

Through engaging with these women about their methods of communicating sex education, I discovered that in the amaGcaleka culture there was intergenerational silence on sexual education, and that they considered this intergenerational silence as a form of knowledge and as a way of respecting their parents. Participants highlighted that growing up they never had any conversation related to sex and contraception with their mothers. In positioning Nego-Feminist theorizations, this theme provides an understanding that sex education is not a lacking

component of girlhood in the AmaGcaleka culture. However, these women monitored the growth and development of their girl children. After these girls had reached the age of puberty and were perceived as ready to enter their stage of being a woman, the elder women were entrusted with the role of teaching them how to construct and perform their womanhood through social and cultural expectations. Through deploying a Nego-Feminist lens, I challenge the scholars that surfaced African cultures as lacking conversations around sex education. I posit that sex education in African cultures is constituted through the examination of girls' development and whether or not are they ready to embody the socio-cultural expectation of womanhood interlinked with sex and sexuality.

> *"Yhoo hayi thina sasingayenzi into yocokola nabazali ngelethu ixesha. Kaloku thina yayingekho kwalento uba umntana abe free njengani, athethe nje nabazali. Asiyazi kaloku, wawungathethi namzali wakho…. because naxa wawusiya esibhedlele wawusiya xa ugula" (Veliswa)*
>
> *Translated: Yhoo growing up we never had conversations with our parents. As children we were never free to speak with our parents like you guys. You were not allowed to have a conversation with your parent, as a result you would only go to the clinic when you were sick" (Veliswa).*
>
> *"Hayi zange ndathetha nomama kuba wayengekho, umama ngabantu bakudala, wayengenayo into ethi mntanam uzungayenzi into ethile, wayevesike athule nje akujonge qha. Kwakungekho nto siyicokolayo kumama ngento edibene nenkwenkwe and uba udibuza into edibene nenkwenkwe, kwakubangathi kuye undifundisa uba mandimetshe" (Thumeka).*
>
> *Translated: I have never had a conversation with my mother because she was not at home most of the time, my mother is one of those people who would never say my child do not do this, she would let you be. We did not have a conversation with my mother about anything related to boys and she did not want to have conversation with us about boys because to her it was as if she is teaching us to have boyfriends" (Thumeka).*
>
> *"Hayi zange ndacokola no Sabhayi, uzoyazelaphi u Sabhayi into edibene nalonto" (Nosiphiwo).*
>
> *Translated: No, I have never had a conversation with my mother, because she does not know anything related with contraception" (Nosiphiwo).*

The literature reveals that conversations related to sex education in African societies are considered a taboo because the society expects young people to be virgins until they are married, therefore conversations related to sex education are prohibited (Nalwadda et al, 2010:6). For the amaGcaleka grandmothers who participated in this study, their parents discouraged discussions about sex, fearing that such conversations would encourage their children to engage in sexual activity. While the generation of mothers mentioned that their mothers lacked knowledge about sex education, which led to a lack of discussions on the topic within their families. These women believed that the absence of such conversations helped them avoid early sexual activity and pregnancy before marriage. However, their daughters did not have an opinion on silence. According to Zuniga (2015), factors such as religion, cultural beliefs, and generational traditions often contribute to the avoidance of sexuality-related discussions. Although conversations related to sex were avoided in amaGcaleka culture to avoid early sexual activity, scholars such as Zuniga (2015) argues that this silence can hinder young women from accessing essential information, support, and resources, ultimately limiting their ability to make informed and healthier choices about their sexual health. Framing this silence solely as a barrier ignores many positive roles in communication and culture. It is important to recognize that such silence may be rooted in broader cultural, moral, and protective values aimed at preserving social norm and discouraging early sexual activity an opinion on silence.

4.4. Conclusion

In this chapter, amaGcaleka women demonstrate the negotiation of feminism through the transmission of indigenous knowledge. Through ceremonies such as *Intonjane*, these women empower young girls by teaching them how to embody womanhood in their culture, imparting values that promote female agency and autonomy. The following chapter will delve into the findings regarding Xhosa women's experiences with contraception, particularly within amaGcaleka culture.

CHAPTER FIVE
5.Findings on Women's Contraception

5.1. INTRODUCTION

Chapter Four engaged with the nuances of how amaGcaleka women construct their womanhood alongside their relationship with men which is embedded in culture. Chapter Five will center on decolonial theory to unpack the complexities surrounding contraception within Xhosa culture, challenging the Western perspectives that have historically marginalized indigenous methods of contraception in Africa. This chapter focuses on the use of contraceptives by Xhosa women, specifically within the amaGcaleka community, and explores both the continuity and evolution of these practices over time, emphasizing intergenerational knowledge transfer. It argues that indigenous contraceptive methods continue to play a significant role in contemporary Xhosa society. Additionally, the chapter highlights the role of grandmothers and mothers as key custodians of cultural knowledge, especially regarding amaGcaleka womanhood.

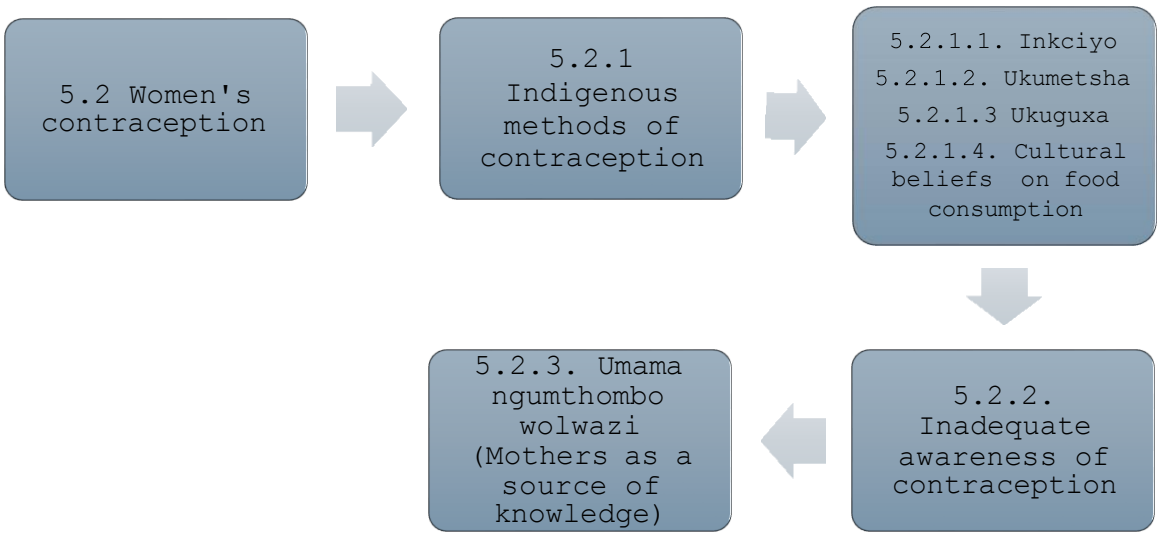


Table 2. Framework of analysis

5. 2. Women's Contraception

Existing literature is centred on modern contraception, neglecting traditional forms of contraception. This study highlights the importance of acknowledging and advocating for inclusive education that combines modern contraception with sensitivity towards traditional methods. Jütte (2008:3) states that for a long time, conversations about contraception were a

taboo in Western societies. Furthermore, Jütte (2008) states that even though this subject was once considered a taboo, is now freely discussed. However, the findings of this study demonstrate that there is an intergenerational silence around this topic of contraception in amaGcaleka culture and in African societies. This silence around contraception stems from the lack of open conversation between mothers and daughters about contraceptives, and insufficient family planning services in rural areas. This theme examines the use of indigenous contraceptive methods among amaGcaleka women, with a focus on traditional practices like herbs, amulets, and charms. Agadjanian (1999) highlights the gap in current literature, which predominantly centers on Western contraceptive methods in developing countries while neglecting these indigenous alternatives. In this study, elderly amaGcaleka women shared their experiences, revealing that before the advent of modern contraception, they relied on traditional methods to avoid premarital pregnancies. These practices were a crucial part of their cultural framework and played an essential role in managing reproduction within their communities.

5.2.1. Indigenous methods of contraception

Participants highlighted that in the past, premarital pregnancy was considered shameful. The participants shared that to avoid such outcomes, they used the traditional contraceptive methods which will be further explored in this sub-theme. According to these participants, the lack of awareness about modern contraceptives meant that they exclusively relied on traditional practices. For amaGcaleka women, the primary purpose of contraception was to prevent pregnancy, not to protect against sexually transmitted diseases.

5.2.1.1. Inkciyo as a traditional contraceptive

Inkciyo is a traditional form of contraception used by amaGcaleka women, described by participants as a beaded apron worn by Xhosa women. Its dual function included covering the vaginal area and serving as a means to measure how far a man could ejaculate without inserting his penis into the vagina. This practice underscores the intricate ways in which traditional forms of contraception were employed, blending cultural beliefs with practical applications to control reproductive outcomes within amaGcaleka society.

The use of Inkciyo reflects broader indigenous contraceptive practices, which often remained outside the scope of Western research and discourse, as noted by scholars like Agadjanian (1999). Traditional methods like these were integral to maintaining social and cultural norms, particularly regarding premarital pregnancy and women's roles in reproduction. The literature review defines *Inkciyo* as a practice that invades a girl’s privacy and controls women’s sexuality by keeping their

bodies for male pleasure in marriage (Nduna, 2014). However, for amaGcaleka women *Inkciyo* served to cover the vaginal area and limit how close a couple could be without vaginal penetration. This traditional contraceptive method was designed to regulate sexual intimacy and prevent premarital pregnancies by restricting physical contact between partners, thus serving both as a cultural and practical form of contraception. It reflects the intersection of cultural beliefs and reproductive control within Xhosa society, as seen in the literature that critiques the marginalization of such indigenous practices in favor of Western methods (Agadjanian, 1999). The concept of using clothing and objects as mechanisms for controlling intimacy is also documented in other African cultural practices, where physical boundaries are employed to manage sexual behavior and reproduction in accordance with social norms (Agadjanian, 1999). *Inkciyo* became a measure of how these women were aware of their sexualities, safety, and sense of feminine self.

> *"Wawuba nenkciyo" Nokhayinethe*
>
> Translated*: You would wear a beaded apron (Nokhayinethe)*
>
> *"Panty yakho yayiba yinkciyo" Nophambili*
>
> Translated: *Your underwear would be the beaded apron(inkciyo) (Nophambili).*
>
> *"Ooh utsho ungabi namntana, sasithatha umntindili lona thina (Inkciyo) sithi ngawo (showing us how they used umntindili) inkwenkwe yakho yayizazi uba kuthe kuzakuthi. Kengoku uyatsho ngomlomo wakho uba indoda ingagqithi apha kumntindili lona. Futhi kufuneka uyixelele indoda uba ike yagqitha kulomntindili uzoyilahla okanye nizokohlukana" Nofanisile*
>
> Translated*: Ooh you mean not having a child, we would wear a beaded apron (Inkciyo) we would do this (showing is how they used to wear the beaded apron.) Your boyfriend knew that if he were to touch the beaded apron then something would happen. You had to tell your boyfriend that they must not go above the beaded apron, and you had to tell your boyfriend that if they were to go above the beaded apron you will end the relationship" (Nofanisile).*

The participants were asked to share the methods of contraception that they used to prevent unwanted pregnancy. *Inkciyo* was one of the traditional forms that was mentioned by the

participants. According to amaGcaleka women they used *Inkciyo* to protect themselves from unwanted pregnancy. “Traditional girls do not wear panties, but a loincloth made of string around the waist, with a series of short, loose strings or frills that fall in front and are designed to cover the pubic area. This was known as Inkciyo” (Bongela, 2001:101). On the other hand, Padmanabhanunni, Jaffer and Steenkamp (2018:706) define *Inkciyo* as an examination of the vaginal area to assess whether the hymen remains intact, with the aim of discouraging premarital sexual activity. As discussed above, this is not the case for amaGcaleka women. According to these women, the skirt covered only the vaginal area, and if a man went beyond the limits imposed by the dimensions of this skirt there were consequences such as paying damages (*intlawulo*). The practice of *Inkciyo* was used by amaGcaleka women as a method to prevent unplanned pregnancies. Limiting *Inkciyo* to a practice that involves physical examination of the hymen takes away the true definition of this practice and its broader cultural tradition (Nduna, 2014). In amaGcaleka culture, virginity was not determined by an intact hymen. Based on the findings of this study, *Inkciyo* holds cultural significance in amaGcaleka culture, in contrast to other Xhosa sub-tribes that link *Inkciyo* to virginity testing.

5.2.1.2. Ukumetsha as traditional contraceptive

Ukumetsha is another method that the amaGcaleka women used to protect themselves from unwanted pregnancies. While the custom of *Ukumetsha* was demonized in the nineteenth century by missionaries who perceived this African indigenous practice as a violation of the youth (Nkosi, 2015:115-116), the elderly women of amaGcaleka discussed *Ukumetsha* as a contraceptive method in which intercourse takes place between the woman’s thighs (as opposed to vaginal penetration).

Ukumetsha provides a decolonial pathway to understanding how the amaGcaleka women challenged Western normative constructions of African women sexualities. Beyond the construction of this tool as a means to avoid pregnancy outside of wedlock, these women provide an understanding of *Ukumetsha* as a method through which they engaged in sexual activities while maintaining respectable girlhood and womanhood. *Ukumetsha* understood through decolonial praxis enables engagement with African sexualities beyond the singular and dominant narrative of male/masculine sexuality and pleasure. It highlights how amaGcaleka women do not position themselves as mere objects of male sexual satisfaction but as active participants in sexual and heterosexual relationships, engaging without facing dire

repercussions that would deprive them of the opportunity to masturbate or engage in heterosexual relations.

> "*Thina sasimetsha namakhwenkwe ethu simetsha emathengeni, kungayiwa pha ngaphambili" (Nofanisile)*
>
> Translated: *We used to have sex within the thighs with our boyfriends without penetration (Nofanisile)*
>
> *"Wawungalali nendoda wenjenje (opening legs) kwakufuneka wenjenje (showing where a man was supposed to have sex). Kwakufuneka imetshe apha emathangeni" Nongenile*
>
> Translated: *You were not allowed to sleep with your partner with wide open legs, you had to only allow your man to have sex within the thighs (Nongenile).*
>
> *"Yhoo thina kudala sasizikhusela njani uze singamathini? Kaloku thina sasingayenzi like ledlela yenzeka ngayo lento (sex) sasiyenza but hayi ngaledlela nenza ngayo nina gabalala. Thina ngelaxesha lethu sasiyibetha emathangeni, ingayi straight ibeyi mistake uba mayiye, kutsho kengoku kufumaniseke uba uyamitha" Veliswa.*
>
> Translated: *Yhoo are you asking how we protected ourselves from pregnancy? We did not have sex like the way you guys nowadays do it, we used to do it but not the way young people do it, like freely. When we were young……we used to have sex within the thighs, not straight. If it went straight that would mean a mistake and that would result in unwanted pregnancy (Veliswa).*

Gumede (2019) states that *Ukumetsha* "was a form of expression between young, unmarried individuals who engage in external intercourse" (2019:42). This was an important practice in Xhosa culture because it meant that virginity was preserved and the shame of pre-marital pregnancy was avoided (Gumede, 2019:42). For amaGcaleka women, this practice did not only mean keeping their virginity but also it was a way of protecting themselves from pre-marital pregnancies. Hoernlé (1993) defined *ukumetsha* "as the custom by which pre-marital sexual relations are allowed, provided no pregnancy results" (1993:372). However, *ukumetsha* for amaGcaleka women meant no penetration of the vagina, they were only allowed to have sex between the thighs. Gumede (2019:23) argues that even though the practice of *ukumetsha* did not involve penetration, it involved a lot of harassment where male partners would force

themselves on female counterparts. Since this practice was historically viewed as not "real sex" because it did not involve penetration, the emotional impact it had on women was ignored (Gumede, 2019:27). Gumede (2019) states that some young female participants disclosed that their male *ukumetsha* partners would coerce or even threaten them if they refused to participate. According to Gumede (2019:32), this practice is similar to rape because both scenarios position women as victims and objects of male sexual expression and satisfaction. The practice *ukumetsha* mainly benefited man more than women because it focused on man's sexual desire while leaving women with little to no pleasure. In this custom, men were able to engage in intimate acts without fully committing to a sexual relationship, as penetration was not allowed. Even though this practice in amaGcaleka culture did not cause any emotional harm, the existing literature revealed that there were harmful effects of this custom, but they were ignored as the custom was considered as "playing" (Gumede, 2019:34). Furthermore, Gumede (2019:43) states that this custom reinforced the idea that the women's role is to serve the men's needs, placing women in a passive role without considering their own desires.

5.2.1.3 Ukuguxa as a traditional contraceptive

In the past, to show support and solidarity with a young girl who became pregnant before marriage, amaGcaleka women would remove their jewelry, cut their hair, and refrain from visiting their romantic partners. This custom, known as *ukuguxa* (mourning of pre-marital pregnancy), served two purposes: to teach and punish young girls about the consequences of pre-marital pregnancy. The participants shared that, although *ukuguxa* was meant to teach and punish young girls, it also served to hold the man who impregnated the girl accountable. Any unmarried girl without a child had to follow this custom. Unmarried girls were only allowed to grow their hair, wear jewelry, and visit their partners once the man who had impregnated her took responsibility for the pregnancy. According to the participants, *ukuguxa* also served as a means to prevent pre-marital pregnancies within amaGcaleka culture. Viewed through a decolonial lens, *ukuguxa* helps us understand how tradition and modernity have shaped the control and appropriation of African women's bodies. This practice highlights that women in amaGcaleka culture were not seen as sex objects to be discarded without consequences. Instead, women mourned the shame of the pregnancy when one of them became pregnant, ensuring that the man who had impregnated her faced the repercussions of his actions.

> *"Ubuntombi bethu bohlukile kobangoku, thina sizintombi ngokuya sasikhula sitshotsha, kwakuthiwa kothiwa kukho intombi emithiyo emveni kokuba ibuziwe*

kowayo…. Sasiguxa kwanto singayi nasebantwini, emandodeni esimetsha nawo" Nantazana.

Translated: *The traditional conception of girlhood is different from this modern practice of girlhood. When we were young, we used to go to a celebration which converts Xhosa boys into men. Once we hear that there is young girl in the village that is pregnant, we had to mourn, and that means we were not allowed go anywhere (Nantazana)*

"Ukuguxa kususa into oyixibileyo, ususe amacici, sasiwakhulula kwawona, singayi mntwini, ndawo ngaphandle kokuba ivume lankwenkwe ibimithise lentombi siqale kengoku sixibe into zethu" Nantazana

Translated: *Mourning means taking off any jewellery, your clothes, you were not allowed to visit anyone. You had to stay at home until the man that impregnated the young girl takes responsibility of the pregnancy (Nantazana).*

Magudu (2004) states that mourning rituals among the Nguni people are patriarchal and seem to have men's interest at heart (2004:141). Magudu (2004:141) further argues that men make decisions on women's actions and are expected to observe shorter mourning periods compared to women. One of the participants highlighted that the practice of *ukuguxa* was also used to discourage young girls from having sex before marriage, as this practice would let the whole village know if a girl became pregnant. Young women in amaGcaleka culture feared pre-marital pregnancy because of this practice. Although this practiced played a key role in discouraging young girls from engaging in sex, no action was taken against the men who were responsible for such pregnancies. In African societies, the cultural rites of mourning and cleansing are gendered, discriminatory, and life-threating for women (Magudu, 2004:141). Although this practice had its advantages, it also had significant disadvantages. The young girls who were pregnant were publicly humiliated, as participants pointed out that when an unmarried girl became pregnant, their entire village knew, and all young girls were forced to mourn in solidarity. When a man denied responsibility for a pregnancy, the entire village would know because the young women were only allowed to wear their jewellery, grow their hair, and visit their partners once the man had either accepted or rejected the pregnancy.

5.2.1.4. Cultural beliefs on food consumption

There were certain foods that the amaGcaleka women who were not married were not allowed to eat as young girls because there was a belief that consuming this type of food would make them fertile/hypersexual. One elderly woman remarked that, nowadays, young women consume this type of food, which she believes contributes to the high rate of teenage pregnancies.

Food has been linked to sex for years. The participants highlighted the type of food young girls in amaGcaleka culture were not allowed to eat, such as eggs and milk. Through a decolonial lens, this theme demonstrates that the amaGcaleka women had their indigenous ways of improving their fertility without any involvement of western medicine. This type of food was only eaten by those who are married to increase their fertility.

> *"Awulityi iqanda xa uyintombazana, awuliseli ubisi and xa usexesheni (periods) awuwatyi amasi, so yinto abazali ababesixelela yona bakudala, abantwana bethu asikwazi uba controller because bakhala ngoba ubisi bayalifuna into ezinjalo. So yiyo lento kethina into esasizikhusela ngayo ngexesha lethu ukuze ungamithi and thina ngelaxesha lethu sasingamithi ngoba kaloku zezizinto ezenza ungamithi uyabona mors" (Veliswa).*
>
> Translated: *As girls, we were not allowed to eat eggs or drink milk, and during our periods, we were prohibited from using sour milk—these were the rules we were taught by our parents. Nowadays, we cannot control our children in the same way, as they still want to consume these foods. We believed these restrictions helped us avoid pregnancy, and during our time, we did not experience unintended pregnancies because we adhered to these practices (Veliswa).*
>
> *"Amaqanda afunisa amadonda, thina amaqanda sasingawamundi, sasimunda umvuba womphothulo, simunda inxhoxha (Nophambili)*
>
> Translated: *Eggs make you sexually active, we did not eat eggs growing up, we used to eat pap particles(umphokoqo) with sour milk and pumpkin (Nophambili).*

The existing literature primarily focuses on the food that pregnant women should or should not eat. In contrast, in amaGcaleka culture, young unmarried girls were taught to avoid certain foods believed to contribute to pregnancy. Although these food taboos seem to contradict each other, their aim was to help women with their reproductive health. The food the amaGcaleka

women were not allowed to eat included eggs and milk. According to de Diego-Cordero et al. (2021:954), mothers, mothers-in-law, grandmothers, and senior male community members were responsible for enforcing food avoidance for pregnant women. One participant noted that elderly women believed eggs and milk made women sexually active, and to prevent premarital pregnancies, unmarried girls were discouraged from consuming these foods. Chakona & Shackleton (2019) explain that in many communities, cultural taboos and practices influence the food choices of pregnant women. Certain animal products, such as meat, fish, and eggs—rich in protein, vitamins, and minerals—were avoided due to fears of causing disability in children, behaviors resembling animals, or early maturity. Some participants mentioned that, despite these practices being from earlier times, they still believe consuming these foods contributes to the high rate of teenage pregnancies today.

5.2.2. Inadequate awareness of contraception

Participants expressed that they did not have enough knowledge about modern contraception. This lack of knowledge about modern contraception in amaGcaleka culture is largely shaped by cultural norms and beliefs, and limited access to contraception. Most participants shared that not having enough knowledge on contraception discourages open discussion. Elderly women possessed knowledge of indigenous methods of contraception, while younger girls expressed a lack of adequate information about modern contraception. Through a decolonial lens, these findings highlight the erasure of African indigenous methods. They demonstrate how the arrival and dominance of Western knowledge have marginalized African indigeneity, positioning it as "othered," while simultaneously restricting young African girls and women's access to both indigenous and modern medicine and contraception.

> *"Into endiyaziyo ngayo into edibebene nesithintelo kukhwi naliti eziyi three (ezintathu) nari, depo, petogene uyabo, so kuthiwa nari yeyabantwana abancinci, abangenabantwana then kuthiwa thina sihlaba yona thina sibancinci bangenabantwana singamithi, then kubekho condom esiye sizinikwe for ungafumani HIV/ AIDS" (Asongezwa).*
>
> Translated: *What I know about contraception is that there are three injections, noristerat, depo, and petogen. So, I was told that the noristerat is for young people who do not have children, and we who were still young were told to use it so that we do not fall pregnant. Then there are condoms which we would then be given to protect us from HIV/AIDS (Asongezwa).*

"Ayikho into endiyaziyo ngesithintelo, qha ndava kuthiwa xa ucwagcisa uye uhlabe inaliti" (Simnikiwe)

Translated: *There is nothing that I know about contraceptives, but I heard that when you use contraception you use an injection" (Simnikiwe).*

"Into endiyaziyo, kukuba kufuneka ndihambe ndiyocwagcisa" (Aneziswa)

Translated: *What I know, is that I must go and take contraception (Aneziswa).*

"Ndandiyive esikolweni eDalibango, baye bathi xa unenkwenkwe kufuneka ucwagcise" (Iviwe).

Translated: *I heard about it from the school. They told us that when you have a boyfriend you must use contraceptives (Iviwe).*

It was interesting to note that, despite modern contraceptives being widely accessible to anyone who wishes to use them, many participants in amaGcaleka culture lacked sufficient information about contraceptives. Participants shared that the only thing that they knew about contraception was that it prevents pregnancies. Friends and teachers were considered sources of knowledge on contraception. However, the amaGcaleka women shared that, despite teachers being a primary source of information, they too lacked sufficient knowledge on the subject. According to the amaGcaleka women, the limited information on contraception was partly due to inadequate communication between mothers and daughters, as well as a lack of access to contraception services. In Centane, there is only one clinic, which is distant and requires transportation, further limiting access to contraceptive care.

"Abantwana esikolweni bayamitha ngoba kubanzima uba mabaye eThafalofefe hospital ngoba kukude" (Asongezwa)

(Translated: some kids in my school fall pregnant because it is hard for them to visit the Thafalofefe hospital because it is far, Asongezwa)

Centane is a rural area with a high rate of unemployment, which drives many individuals to leave in search of better opportunities. One participant explained that their relationship with their mother had deteriorated because they were forced to move to urban areas to live with their sisters. The participants shared that the high unemployment rate, the long distance to healthcare services, and inadequate education facilities were key factors in their decision to relocate to urban areas. This highlights how broader societal issues contribute to challenges in rural

communities. Hlongwa et al (2020:8) state that in South Africa the negative attitude of healthcare workers created barriers to uptake of contraception. “Younger women may likely be discouraged from seeking family planning services in public health clinics due to fear of being judged/or discouraged from receiving their preferred contraceptive services” (Hlongwa et al, 2020:8). One of the participants shared that, in their youth, they would lie to their parents when seeking contraception. They also had to avoid all the nurses from their village, fearing that the nurses might inform their parents that they were using contraceptives.

Based on the findings of this study, several factors contribute to the emotional disconnection between mothers and daughters. Young unmarried girls participating in the study shared that they felt too embarrassed to ask their parents for money to cover contraception costs, as their parents were unaware of their use of contraception. According to Silumbwe et al. (2018:8), the long distance to some health facilities remains a significant challenge in accessing and using contraceptive services in many rural areas.

5.2.2. Umama ngumthombo wolwazi (mothers as source of knowledge)

This theme focuses on mothers as sources of knowledge. According to the participants, *umama ngumthombo wolwazi* (mothers as sources of knowledge), as they received most of their information regarding puberty from their mothers. One participant highlighted that when a young girl reaches puberty, the rite of passage called *Intonjane* is performed to teach young girls about the changes that will occur in their bodies, and this process is led by the mothers. From a decolonial perspective, this theme shows that in amaGcaleka culture, *umama* (mother) plays a crucial role in transmitting knowledge and education, helping girls navigate the critical transition of puberty. While amaGcaleka women may not be well-versed in modern contraception, they are well-equipped with knowledge about the bodily changes young women undergo.

> *“Ndachazelwa ngumama nasesikolweni, uba kukho izinto ezizotshintsha emzimbeni wam” (Asongezwa)*
>
> Translated: *I was told by my mother and at school that I will have changes in my body when I grow up” (Asongezwa*
>
> *“Ndandiziva ngomama uba xa ndikwi stage kuzotshintsha umzimba ndikhule namabele” (Simnikiwe)*

Translated: *I heard from my mother that when I reach the puberty stage, my body will change, and I will have breasts." (Simnikiwe)*

"Ewe sasixelelwa, ngomama ngomzimba yethu" (Nophelo)

Translated: *Yes, I was told about my body by my mother. (Nophelo).*

When a Xhosa child reaches puberty stage, it is customary in Xhosa culture that s/he undergoes initiation to adulthood (Mndende, 2021:202). Furthermore, the initiation ritual is a religious practice that involves direct communication between the clan and the spiritual realm to notify ancestors that the individual is now an adult and, therefore, should act accordingly (Mndende. 2021:202).

When a child is born into amaGcaleka culture, they are introduced to their ancestors through a ceremony called *Imbeleko* (birth rite). Unlike gendered initiation rituals such as *Ulwaluko* and *Intonjane*, *Imbeleko* is non-gendered and performed for both male and female children. During the *Intonjane* ritual, women play a central role throughout, as the ritual is entirely conducted by women who take the responsibility of educating young girls about adult life, including sexuality, in a secluded setting (Mndende, 2021:203). One participant revealed that it was easier for mothers to discuss sexuality with their daughters in the context of this ritual. Mirzaee et al. (2021:365) argue that while all family members contribute to the education of adolescents about puberty, the mother's role is especially significant, as adolescent girls are more likely to adopt healthy behaviors from their mothers. In addition, parents are primary sources of information about reproductive health for their children (Mirzaee et al., 2021:365). The participants emphasized that mothers found it more comfortable to discuss bodily changes associated with puberty when they were alone with their daughters, as this allowed for more private and open conversations. However, they still faced challenges when addressing topics related to sexuality, revealing a complex dynamic in these crucial discussions.

Additionally, some participants recalled that their parents had warned them about certain precautions to take when interacting with boy.

"Sasicokola, futhi sasixelelwa kaloku uba xa udlala nenkwenkwe kufuneka ungenzi ngelihlobo wenze ngelihlobo" (Nofanisile)

Translated: We used to speak with our mothers, and we were told that when we play with boys this is how you play, not this way (Nofanisile)

These women shared that when they reached puberty, they were instructed on what they must and must not do with boys, but the information provided was not detailed. Furthermore, despite the cultural restrictions on conversations about puberty and sex between mothers and daughters, as legitimized through *Intonjane*, the findings of this research reveal that mothers and daughters still engage in discussions about puberty outside these cultural constraints. These mothers are then positioned by their daughters as sources of knowledge on how they navigate initiation to womanhood through puberty

5.3 Conclusion

Chapter Five of this study presented the findings on indigenous practices used by amaGcaleka women to prevent unwanted pregnancies. Many of these practices remain prevalent in amaGcaleka culture today, despite the influence of Western ideologies. Through a decolonial lens, this chapter allowed us to appreciate the value of indigenous knowledge, highlighting the richness of African societies in terms of their traditional wisdom and practices. It reinforced the importance of preserving and understanding these indigenous ways, as they continue to shape cultural identity and offer valuable insights into health and social practices.

CHAPTER SIX

CONCLUSION AND RECOMMENDATION

This study aimed to explore the culture, intergenerational beliefs, and attitudes of Xhosa women in Centane towards contraceptives use in the past 50 years. Although existing literature addresses traditional forms of contraception in Africa, this research focused specifically on South Africa, particularly within Xhosa culture in Centane, due to a gap in the literature regarding indigenous forms of contraception. While the literature argues that religion plays a role in reproductive choices, it was neither the focus of this study nor identified by participants as a significant barrier to contraception use. The findings of this study are therefore based solely the disparities between indigenous and modern forms of contraception within the amaGcaleka culture, providing a deeper insight into their unique perspectives and experiences. By examining this specific cultural context, the research contributes to a more comprehensive understanding of contraceptive practices in the region. According to Mtuze (1994:94), colonization regarded Black people as lacking culture, religion, scientific language, and a concept of science. Consequently, traditional forms of contraception used by African people were prohibited and demonized (Nkosi, 2015). This rejection of indigenous knowledge not only undermined the value of African cultural practices but also contributed to the erasure of alternative methods of contraception, positioning them as inferior to Western medical practices. The impact of this colonial perspective continues to shape attitudes toward traditional contraceptive methods in many African communities.

This study applied qualitative methods to uncover the nuances in the construction of womanhood within amaGcaleka culture and their relationship with contraception. The study aimed to understand how these cultural nuances impact women's experiences. To recap, the main objectives of this study were:

- To explore the intergenerational changes in knowledge, attitudes, and practices of Xhosa women in Centane regarding contraception over the past 50 years.
- To investigate how the cultural and social factors influence the intergenerational conversations and adoption of contraception among Xhosa women in Centane.
- To identify the barriers and facilitators to accessing contraception among Xhosa women in Centane.

The main finding of this research is that, despite the availability of modern contraception, amaGcaleka women had traditional forms of contraception that they used before the development of Western contraception. These methods were part of their cultural practices, and they existed alongside other health practices in their communities, serving as effective ways to manage reproductive health.

This thesis argues that, despite the availability of modern contraception, amaGcaleka women still face challenges in accessing it. Using Nego-feminism, which focuses on negotiating shared values to resist patriarchal structures, this study explored how Xhosa women, particularly in amaGcaleka culture, construct their womanhood and engage with cultures that have been shaped by patriarchy. Through a decolonial lens, this thesis unpacked the nuances of contraception within Xhosa culture, particularly amaGcaleka culture, moving beyond the Western-imposed dehumanization of indigenous methods of contraception in Africa. The findings revealed that with the adoption of modern life, there was an intergenerational shift in the practice of contraception among women belonging to amaGcaleka culture, highlighting the ongoing tension between tradition and modernity.

In amaGcaleka culture, when one of the young girls became pregnant all the unmarried young girls had to cut their hair, take off their jewelry and refrain from visiting their partners until the man who impregnated the young girl accepted or denied the pregnancy. This practice was called *Ukuguxa*, but, over time, the occurrence this practice declined. As a result, young girls in amaGcaleka culture do not practice *Ukuguxa*. It was the generation of *omakhulu* (grandmothers) that did *Ukuguxa*.

Nkosi (2015:116) argues that the infiltration of Western ideologies led to the perception that African indigenous practices violated the rights of the youth. Furthermore, Mtuze (1994:119) states that the adoption of modern lifestyles had a significant impact on traditional approaches to African children's sexualities. The introduction of Western values created a divide between traditional practices and modern influences, challenging the way African communities viewed sexuality and the upbringing of children. This shift continues to affect the ways in which African societies address issues related to sexual education and cultural identity.

Despite the intergenerational change in the practices of Xhosa women regarding contraceptives over the past 50 years, Xhosa women, particularly in amaGcaleka culture, have not changed their attitude towards the use of contraception. In the past, when Iintombi (girls) in amaGcaleka

culture became pregnant before marriage, they experienced hostilities from the elderly women. Similarly, in contemporary times when a young girl becomes pregnant, she experiences similar hostilities from the elderly women. This statement demonstrates that these attitudes have not changed in the amaGcaleka, as traditional norms regarding premarital pregnancy and contraception continue to persist, illustrating the cultural resistance to modern contraceptive methods.

Shame became a traditional social deterrent in amaGcaleka culture, discouraging young girls from engaging in behaviors that could lead to unwanted pregnancies due to the fear of hostilities from elderly women. The amaGcaleka women, specifically omakhulu (grandmothers), had knowledge of preventing unwanted pregnancies through traditional methods, such as Inkciyo and Ukumetsha. The findings demonstrate that mothers and daughters in amaGcaleka culture lacked knowledge about Western contraception due to significant barriers related to accessibility and awareness. These challenges, deeply rooted in cultural and geographical constraints, have limited the adoption of modern methods.

This research examined how cultural and social factors influenced intergenerational conversations and the adoption of contraception among Xhosa women in Centane. Historically, premarital pregnancy in amaGcaleka culture was strongly discouraged for a variety of reasons, one of the most significant being the lack of access to one's child as the mother. Children born out of wedlock were subjected to stigma and discrimination, and the social pressure to avoid premarital pregnancy stemmed from a desire to protect children from such negative treatment. No mother wanted her child to endure the hardship of societal rejection.

When an unmarried woman, or inkazana, had a child outside of marriage, the child was regarded as umntana wekhaya, meaning "child born in the maiden home." This designation signified that the mother had no rightful relationship with the child, which contributed to a fractured bond between the mother and her offspring. This practice deeply impacted the way mothers communicated with their daughters, creating a barrier to open dialogue. The cultural expectation of maintaining distance between mothers and daughters was rooted in this tradition, further limiting the possibility of meaningful communication on sensitive topics such as contraception. As a result, the lack of communication between mothers and daughters in amaGcaleka culture can be directly linked to these long-standing cultural norms and practices.

The findings of this thesis revealed that in amaGcaleka culture, intergenerational conversations were influenced not only by cultural factors but also by social factors. One significant social factor was the inadequate infrastructure in the region, particularly the presence of only one clinic in the village, which required young girls to travel to access modern contraception. This lack of accessibility greatly impacted migration patterns, leading many to seek better opportunities in urban areas. As noted in Chapter Two, Centane is a rural area with a high rate of unemployment, further exacerbating these migration trends.

These social factors had a profound effect on the mother-daughter relationship. Many mothers were forced to migrate to urban areas in search of employment, leaving their children in the care of their grandparents. This shift in family structure influenced the dynamics of intergenerational conversations, especially regarding the adoption of contraception. The absence of mothers in the home created gaps in communication, which were particularly evident in the context of amaGcaleka culture, where intergenerational exchanges around contraception were often limited.

This thesis also identified several barriers and facilitators that influenced access to contraceptives in Centane. Among the participants in the study, Omakhulu (grandmothers) shared that they utilized traditional forms of contraception, such as Ukumetsha, Inkciyo, and Ukuguxa, to prevent premarital pregnancies. These traditional methods were readily available to the women who practiced them. However, despite the presence of traditional contraception and the availability of modern contraception, both mothers and daughters in amaGcaleka culture still struggled to access modern contraceptive methods. The findings indicate that modern contraception remains largely inaccessible in "remote black areas," meaning that Xhosa women in Centane are effectively unable to obtain it. This lack of access to modern contraception further underscores the broader social and infrastructural challenges faced by women in the region.

Moreover, the findings of this study highlighted a gap in the existing literature, particularly regarding the theme of "cultural beliefs on food consumption." This theme has been underexplored through an indigenous lens, with existing research primarily focusing on the foods that women should or should not consume during pregnancy. However, in amaGcaleka culture, there were specific foods that unmarried women were prohibited from eating due to cultural beliefs. It was believed that consuming certain foods could increase a woman's sexual activity and fertility. Among the foods restricted for unmarried women were dairy products and

eggs, which were thought to have these effects. This specific aspect of food consumption within the amaGcaleka culture remains largely unexplored in the literature, marking a distinct gap in understanding the intersection of cultural beliefs, food, and sexuality in indigenous communities.

The findings of this research revealed how Inkciyo and Ukumetsha are often misrepresented in research, with authors treating these practices as one-size-fits-all. This study argues that different Xhosa tribes practice Inkciyo in distinct ways. For instance, authors like Padmanabhanunni, Jaffer and Steenkamp (2018) and Nduna (2014) define Inkciyo as a virginity test involving the physical examination of the vaginal area to check for an intact hymen. However, in amaGcaleka culture, Inkciyo does not involve such an examination. Instead, amaGcaleka women used Inkciyo as a way to guard against penetration while engaging intimately.

Hoernlé (1993:372), from the perspective of a white scholar, defines Ukumetsha as a practice that allowed premarital sex, as long as there was no pregnancy. In contrast, authors like Gumede (2023) and Mbinda (2021) define Ukumetsha as a practice that did not involve penetration and was considered not real sex. Spivak, in *Can the Subaltern Speak?*, critically analysed Western cultures' ability to write about non-Western cultures and the standpoint from which they write. Spivak (2023) addresses the politics of representation, questioning who speaks for whom. She argues that while those in power should engage with marginalized voices, they must be cautious of privileged intellectuals claiming to know or speak for the "other."

The findings revealed an intergenerational silence on sex education within amaGcaleka culture, primarily stemming from older generations. This silence was viewed as a measure to preserve purity in amaGcaleka culture, with women believing that not discussing sex with their children would prevent them from engaging in sexual activity. For amaGcaleka women, this silence served as a way to prevent premarital pregnancies. Some participants noted that their parents believed talking about sex would give children permission to engage in sexual activity. Traditionally, parents were not expected to discuss sexuality with their children (Nkosi, 2015:113). In African cultures, discussing sexual matters with one's parents was considered taboo (Nkosi, 2015:113). Instead, trusted mentors from the village were designated to guide children on sexual matters and transition them into adulthood (Nkosi, 2015:114). Additionally, Nkosi (2015) argues that Western ideologies reinforced the expectation that sex education

should occur between mothers and their children. Through a decolonial lens, this silence can be seen as an opportunity to advocate for women's spaces to discuss contraceptives.

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APPENDIX A: Interview Guide

What is your name?

Is that your maiden or married name?

Do you have Children?

How many?

Which tribe or ethnic group do you belong to or identify with?

Were you ever informed about your body and the changes it will go through as a young girl?

What is your understanding of contraception?

When did you first hear about contraception? What did you think about it?

Did you ever speak about contraception with your parents?

Did you speak about contraception to your daughters?

Have you noticed any specific patterns or trends in the way that different generations of Xhosa women discuss contraception?

How have the attitudes towards contraception and family planning changed over the past 50 years, particularly among different generations of Xhosa women in Centane?

What factors do you think have influenced the way in which intergenerational communication about contraception has changed in Xhosa communities over the past few decades?

In your opinion, has there been any improvement in the communication and conversation about contraception among Xhosa women in Centane?

How do cultural or traditional beliefs impact the way that contraception is discussed among different generations of Xhosa women in Centane?

Can you provide any specific examples of how the communication and conversation about contraception has evolved or changed in Xhosa communities over the past 50 years?

In your experience, what are some of the most significant challenges faced in promoting open and positive communication about contraception among different generations of Xhosa women in Centane?

From your perspective, what strategies or initiatives have been most effective in improving intergenerational communication about contraception in Xhosa communities?

How do you think communication and conversation about contraception among Xhosa women in Centane will continue to evolve in the future?

APPENDIX B: Interview form

CONSENT TO PARTICIPATE IN THIS STUDY

I, _____ (participant name), confirm that the person asking my consent to take part in this research has told me about the nature, procedure, potential benefits, and anticipated inconvenience of participation. I have read (or had explained to me) and understood the study as explained in the information sheet. I have had sufficient opportunity to ask questions and am prepared to participate in the study.
I understand that my participation is voluntary and that I am free to withdraw at any time without penalty (if applicable). I am aware that the findings of this study will be processed into a research report, journal publications and/or conference proceedings, but that my participation will be kept confidential unless otherwise specified.
I agree to the recording of the interview.I have received a signed copy of the informed consent agreement.

Participant Name & Surname…… (please print)

Participant Signature…….Date……

Researcher's Name & Surname……(please print)

Researcher's signature…….Date……