

An Autopsy of Palliative Health Hazards Associated with the Contemporary Traditional Male Circumcision Rite: The Case of 2016 Alice Study

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Abstract

Aim: This article examined the health hazards associated with the contemporary traditional circumcision rite in Alice, Eastern Cape, South Africa. **Methods:** The study from which this article was extracted was explorative, descriptive, and employed a qualitative method. The study took use of one-on-one interviews, with the use of interview guide as an instrument to ease focus group discussions and interviews. Data were then analyzed thematically. **Results:** The findings brought the following factors; hospitalization of initiates; contraction of diseases; amputation of manhood organs; and maltreatment leading to health hazards. **Conclusions:** This article then recommended that, government, cultural custodians, and parents are requested to work hand in hand to curb all these health hazards associated with the contemporary rite.

Keywords: HIV/AIDS, palliative health hazards, traditional male circumcision

INTRODUCTION

Despite the immense cultural value associated with the culture of traditional male circumcision, this value appears to increasingly been dwindling because of a constellation of palliative health hazards associated with the rite. Today, the rite is becoming like a death chamber where a number of the initiates succumb to death, have their male organs dysfunctional and therefore necessitating amputation, prompt hospitalization usually due to careless handling of the circumcision operation; with some becoming candidates of plastic surgery to get plastic penis.^[1] Regrettably, the rite has often led some of its participants to contract infections such as HIV/AIDS due to misleading teachings and methods used during the healing process.^[2] The rite therefore, presents a hallowing experience, not only to the initiates but also to their kins and the community they hail from. The government has also been seriously perturbed by the barrage of blame directed to it as the events of palliative clinical hazards associated with the rite become a year in and year out phenomenon.^[3] However, the rite has since time immemorial served as an embracement of culture where at a certain age, boys have to undergo the rite.^[4] The rite also serves both cultural and religious purposes. However, a further addendum advantage is

that, it is today used as a method to reduce the spread of HIV/AIDS.^[5] Operation wise, the rite defines the shift from boyhood to manhood and involves the removal of the penile foreskin by a traditional surgeon under culturally defined processes.^[6] The operation lasts for several days as the boy is taken to the mountain to undergo the process and allow time to heal the wound. In the mountain, the boy is kept under a makeshift hut referred to as “*ibhuma*” in IsiXhosa. Further, the boy is taken care of by a traditional nurse, who is selected by the parents from the community to guide the boy to expedite the healing process.^[7] The rite in South Africa is a respected one as it signals positive change and growth to the boy.

Apparently, in the contemporary epoch, the country has been hit with the year-in and year-out reports, detailing the health

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Table 1: Demographic profile the participants

Number of participants	Traditional nurses “ <i>amakhanankatha</i> ”, health practitioners, parents, initiates (adolescents), traditional surgeons “ <i>ingcibi</i> ”, member of association of Ingcibi Namakhankatha	Gender		Ages
		Male	Female	
1	Member of association of Ingcibi Namakhankatha	1	0	42
2	Traditional surgeon “ <i>ingcibi</i> ”	1	0	53
3	Initiates (adolescents)	5	0	18-24
4	Parents	3	2	55-70
5	Health practitioners	10	0	29-56
6	Traditional nurses “ <i>amakhanankatha</i> ”	2	0	40-42
7	Traditional leader	1	0	40
Total		23	2	

Table 2: Thematic findings

1. Amputation of manhood organs
2. Hospitalization of initiates
3. Contraction of diseases
4. Maltreatment of the initiates by traditional nurses

hazards that have been associated with the culture of traditional male circumcision including stereotypes that condone HIV/AIDS, which state that a man cannot get HIV/AIDS. Seemingly, the culture has become a forum of immoralities as initiates are treated or given values that are likely to lead them to immorality and other unethical conducts on completion of the rite.^[8] It is these moral and ethical lapses that continue to undermine the dignity and integrity of the traditional male circumcision.^[9]

This paper, then, seeks to examine the palliative health hazards associated with adolescent males who undergo traditional male circumcision in the contemporary epoch.

Problem statement

Unequivocally, South Africa is undergoing a state of shock due to year-in and year-out health hazards among the initiates undergoing traditional male circumcision. This has put the culture of traditional male circumcision under doubt. Apparently, both electronic and print media reports are rife indicating that boys undergoing traditional male circumcision face an array of hazards such as having their manhood organs amputated due to complications, hospitalization, and contraction of various diseases. A number of them also succumb to death usually due to dehydration. The scenario has put the parents in a painstaking position, doubting the significance of culture. This is because, in this context, the culture continues to violate the rights of the young by putting their lives at stake. This also leaves their parents in a psychological doldrums. This necessitates societal stakeholders' debates on measures of how to curb the challenge facing the rite. This is critical if the future of the rite is to be guaranteed.

Study aim and objectives

The aim of this study was to examine palliative health hazards associated with the contemporary traditional male circumcision practice. The objectives of the study were to document the

health hazards experienced by male adolescents undergoing traditional male circumcision in Alice, Raymond Mhlaba Local Municipality in Eastern Cape; interrogate the attitudes and perceptions of people on palliative health hazards associated with and to document the psychological, emotional, and behavioral impacts of palliative health hazards.

Study contextualization

The study from which this article was derived took place in Alice and its environs, in Eastern Cape. Alice is a rural town that participates in traditional circumcision practice and there is an evidence of palliative health hazards associated with those who undergo the practice of traditional male circumcision.

METHODS

Methodology seeks to answer how the research study was undertaken, from conceptualization to data analysis.^[10] It consists of three important section, including research design; methods of data collection; and third, data analysis. The study espoused a qualitative research design that was both exploratory and descriptive,^[11] but specifically a case study design. During the study process, the author used in-depth interviews, focus groups, and key informants as a method of data collection in an identified study domain. The details that were received from the participants helped the researcher to gain more facts about the health hazards associated with the process of traditional male circumcision in the contemporary epoch. Samples for research were selected using a purposive sampling methodology.

The author used an interview guide as an instrument of data collection. Interview guide is the document that contains a list of questions that the researcher used to interrogate the participants. Interview guide was made up of open-ended questions that allowed the participants to explain their responses excessively. According to Babbie,^[12] interview guide helps to ease one-on-one interviews. In this study, narrative approach helped the researcher to gain understanding of the phenomenon from the participants.

With the instrument, the researcher was able to interview 10 adolescent males who recently underwent traditional male circumcision, 2 traditional surgeons, 5 parents of initiates who have recently underwent traditional male circumcision, 2

traditional nurses referred to as “*amakhankatha*,” 1 chief and 5 health practitioners dealing with traditional male circumcision and all of them were drawn from Alice, the research domain. In the interview guide, the researcher took use of open-ended questions to allow explanations from the participants. The interview process took an hour.

The study espoused a nonprobability sampling methodology. Specifically, purposive sampling was found to be fitting the study. This is justifiable because the author aimed at sampling all those people who have knowledge about the health hazards associated with traditional male circumcision. The author purposively sampled participants from the Alice community.

On data collection procedure, the principle researcher wrote a letter to seek permission from the research domain gatekeepers such as community headmen. The author used phone calls to arrange meetings with community significant figures who were to be involved in the study. The researcher sought permission to engage the participants through them signing consent forms. This was in adherence to the research ethos laid down by research protocols and policies.^[13] One-on-one interviews and focus groups interviews helped the researcher to gain information from the participants.

Data were collected through one-on-one interviews and focus groups. This took place in areas of close proximity to the participants. This took place in Men's clinic where Alice receives help, which is situated in Fort Beaufort, named L Loyd Mens Clinic House of Ingcibi nama Khankatha and in the community of Alice where participants were drawn. In this study, the researcher took into consideration factors such as culture, age, and gender as most of participants were males.

With the use of in-depth interviews, the researcher was able to gain information in the form of stories from the participants. Interviews helped the researcher to gain facts in a meaningful manner.^[12]

Focus group discussions enabled the researcher to gain the facts in the form of group discussions through group interactions. The interactions helped the researcher to gain informed responses.^[14] The researcher also took use of key informants to enrich the findings as key informants were purposively selected for their experiences.^[15] Member of the Association of Ingcibi Namakhankatha, Health practitioners, and traditional male circumcision attendants boosted the findings with facts and knowledge.

The author took notes and records during the interview so as to keep the data from the participants. That helped the researcher not to forget or miss out on some important facts. In note-taking, the researcher jotted down all the important facts as they were stated rather than writing everything, even repetition. The record was there to make sure that any statement that the researcher failed to note down be recorded.

Data analysis

In analyzing the data, the researcher employed thematic analysis.^[15] Thematic analysis is a way of analyzing data

in the form of themes.^[16] This was justifiable because the researcher used qualitative methods and responses were given in stories, and hence the researcher had to break the raw, mixed up information down and create themes to bring order and effortlessness in understanding the presentation of the raw finding. The author started by arranging the crude data into categories through coding. Tesch^[17] contends that coding is a way of classifying the findings and select the important facts from the findings, looking at what is repeated and state it clearly to make sense. This allowed the formation of ideas of the same nature into their categories. This gave rise to themes and subthemes.^[10]

The analysis helped the researcher to reduce the volume of the findings, shifting significant patterns, and create the framework for communicating the essence of what the data reveals.^[18] Data analysis is important because it helps with the arrangement of the findings. In this qualitative study, data analysis worked concurrently with data collection as analysis occurred when the data were being collected.^[19] Data analysis, in a qualitative study involves categorizing, harmonizing, grouping, rearrangement, and ordering of data.^[15]

Ethical and legal requirements

In any social research dealing with human beings, there are ethical standards that guide the researcher to maintain respect and avoid any harm to the participants.^[10] The researcher had to take into cognizance the entire requisite administrative and ethical ethos in a scientific research endeavor. This was to make the study both administratively and ethically correct. The principle researcher had also applied for an ethical certificate from the University of Fort Hare and the Ethical clearance committee, which was granted. The principle researcher also sought permission from the local chiefs and headmen that administered the research domain. This is because they were the community gatekeepers.^[20] Ethically also, the researcher had to get consent from the participants to engage them in the study. The consent had to be duly signed before any research process kicked off.^[16] Since the study was of health nature, the principle researcher had also to get an authorization letter from the area's Department of Health.

The author respected the research ethic such as confidentiality, avoidance of harm, respect of participants and privacy, and autonomy. According to Marlow,^[20] in social research, dealing with human beings, one has to put to the fore the significance of the ethics to avoid harming, hurting, disrespecting, deceiving and lie to the participants.

Research domain and justification of the choice

This article was contracted from the research study that was conducted in Alice, Raymond Mhlaba, local municipality, Eastern Cape, in the year 2016. Alice is a small town situated in South Africa, in Eastern Cape Province. It is surrounded by many Xhosa rural areas. The choice of Alice townships was relevant because it is the area that has most of its population participating in traditional male circumcision (Ama Xhosa). The area was selected because it has resources such as Men's clinic

and an association that deals with traditional male circumcision named "Association of Ingcibi Namakhankatha." However, the principle researcher noticed that there was a need for more campaign efforts such as documenting these palliative health hazards with the hope of coming up with measures to curb them.

RESULTS

Demographic profile of the participants

This section presents the findings that were given by the participants associated with the contemporary traditional male circumcision ritual.

Age

As indicated on table 1 and 2, the researcher took into account the ages of the participants in the process of data collection. The age played a significant role in that only adolescent males who have had participated in the rite, and experienced individuals such as traditional nurses and surgeons who helped in giving informed responses.

Gender

The study was predominated by men with only two women who were the parents. This was because men are the recipients of the rite. Culturally, the rite by design has tried to avoid women as the culture is viewed as purely a male domain.

Amputation of manhood organs

Study findings revealed heart-breaking information of the rite driving the initiates to become candidates of plastic surgery to replace their penises after they suffered amputation through the clinical accident of the circumcision process. The finding attracted the following sentiments:

Some of the participants gave the following sentiments;

- "It was never a good experience. It was a harrowing experience
- "I even preferred that my penis be amputated."

It is poignantly clear that the rite was violating the health rights of the initiates, more specifically the reproductive sexual health. This is largely dealing with a strong blow to the culture of traditional male circumcision.

Hospitalization of initiates

Findings decried a number of hospitalizations as a result of clinical hazards emanating from the process of the rite of traditional male circumcision. This finding attracted the following sentiments

- "I was giving up, as a result, I asked my father to take me to hospital as I could not stand the pains that were inflicted to me"
- "Most initiates are sent to the clinic for help during the seasons of the rite as some of them cannot endure pains and some face complications"
- "As traditional nurses, some complications are beyond our control and we take them to the hospital as a last resort."

That reveals that with the traditional male circumcision practice, initiates face difficulties in enduring the pains. The

rite inflicts pain to the initiates as most of them get hospitalized. Apparently, regardless of the experience that one as a traditional nurse can have, it appears that some of the health hazards cannot be dealt with under culturally defined settings, and that forces them to send initiates to hospitals.

Contraction of diseases

Historically, male circumcision, both traditional and medical has been meant to prevent the contraction of diseases such as HIV/AIDS. It is embarrassing that the rite has opened a way for males to contract diseases due to false teachings and myths that, after being conventionally circumcised, one has to go and sleep with several sexually experienced females for the testing of the penis. That has gravely had a negative impact on the lives of initiates because they fall victim to HIV/AIDS and other sexually transmitted diseases.

Participants gave the following sentiments;

- "Traditional surgeons used one spear from one initiate to another that put us at a risk of disease transmission as we don't know one another's status"
- "The environment in the mountain is not clean and we use unwashed dishes to eat."

This phenomenon necessitates that cultural custodians and government have to stand bold and work with communities to curb the shame that is masking the rite and the culture. It is evident that the health challenges and the pain that initiates experience impact negatively on the initiates leading them to suffer enormous psychological imbalances.

Maltreatment of the initiates by traditional nurses

Study participants decried a lot of maltreatment subjected to the initiates by the traditional nurses. Further finding reflected that during the healing process, initiates faced unbearable maltreatment from the traditional nurses that usually led to clinical health hazards. Findings also indicated that traditional nurses beat, insulted, embarrassed, condescended upon, and denied them food and water for livelihood.

Findings found support from the following sentiments:

- "My traditional nurse used to insult me, telling me that I am unfit and I am a sissy because I demanded food"
- "Extreme tightening of bandages made me have no hope of healing because I was also thirsty and feeling dehydrated."

Seemingly, there is a great need for government and cultural custodians to work hand in hand to attend to the way initiates live in the mountain. Enduring pain, hungry in the stomach and dehydrated is an unbearable circumstance, more especially when it is in line with abuse and torture. Life has not been easy for most of the initiates.

DISCUSSIONS

The study revealed that health factors continue to harm the initiates who participate in traditional male circumcision. The responses were gained from people who have understanding and experience of the rite. Although the response rate was low

when it comes to women because they just get affected than being infected by these challenges. A recent study by^[21] has indicated that women are mostly subjugated in the process of traditional male circumcision. In as much as the women subjugation has never been a recommended idea, but with the gaining of facts, the study had to consider more men due to facts and experiences.

Amputation of manhood organs due to challenges that affect the initiates has become one of the most unforgettable challenges that have faced the initiates.^[22] Sadly, that has had a very painful impact on the initiates as most life aspects depend on the apparent amputated organs. Marriages, reproduction, and even participation in social activities has been a challenge to them as most of them ended up divorcing their counterparts.

The World Health Organization (WHO)^[5] revealed that more males who participate in contemporary traditional male circumcision rite are in danger of health hazards. Department of Health reported painful incidents of initiates who die on the hand of the rite, and further to that, the department highlighted some critics on the government's response to these challenges. Stacey and Vincent^[23] contended that attendants are blind of health ethos and miss treat the initiates in the mountain.

Selection criteria used by parents to select the traditional nurses has been criticized as parents choose irresponsible nurses who are incompetent.^[24] Traditional nurses appear to be the primary cause of health hazards. They inflict unbearable pain to the initiates; they beat them, insult them and shout at them.

Year in and year out reports by the Department of Health and print or paper media have reported an array of cases leading to the hospitalization of initiates.^[22] Apparently, due to a lack of health philosophies and carelessness by the attendants, most initiates have been rushed to hospitals for help. Dehydration was reported to be the cause of hospitalization.^[22] The WHO^[25] reported that, as a result of unbearable pains, diseases, and other painful conditions, most traditional nurses and families have preferred to take their sons to hospital, and that has destroyed the boy's confidence, and dignity as most of them have felt that the culture has victimized them.

In contradiction with the expected outcomes of the rite, traditional male circumcision has been broadcasted to be the mere cause of the infection of diseases. Undeniable, diseases such as HIV/AIDS and other infections appear to be easily contracted during the rite process.^[26] Careless mistakes by the attendants have heinously impacted negatively to the initiates. Sharing of bandages, assegai, and ignorance of hygiene in the environment.

Traditional surgeons are careless and lack knowledge. There are botched circumcision schools where initiates are being circumcised by incompetent surgeons.^[27] The findings in this study revealed that most initiates, although not hospitalized but have had their manhood organs deformed and looking very funny or disfigured due to manifestation of the hazards.

The findings of the study revealed that attendants such as traditional nurses abused the initiates and most of the initiates ended up regretting undergoing the rite. Brutal beating, insults, and torture were reported to be the form of maltreatment by the traditional nurses. Such a treatment was seen to be the most unexpected one as the initiates feel multiple victimization, first, they have to endure pain, second eat food that is not nice without water and sadly, they have to endure maltreatment from the nurses. Cultural custodians are ignorant.^[28] The culture fails and violates the rights of the initiates. The dignity of the culture wanes bit by bit as people appear to alternate for medical male circumcision. That, therefore, signals cultural breakdown as Western culture becomes more favorable than South African ones.

There are no programs to campaign against these challenges. Although in Alice, there are health institutions such as hospitals and men's clinic to actually address these health challenges, there is still an increase in a number of hospitalizations.

CONCLUSIONS

It appears that there is a need for more focus to be made on cultural practices such as traditional male circumcision. Seemingly, instead of achieving significant goal posts, there appears to be an array of health challenges that are experienced by those who undergo the practice. That may perhaps signify the reason even for traditional practices to work in tandem with medical interventions and minimize cultural stigmatization presented to those who have suffered clinical hazards. It is, therefore, vital for the government to address these ills through campaigns that may be done by cultural custodians and also the department of health.

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Conflicts of interest

There are no conflicts of interest.

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