

Community perception of traditional circumcision in a sub-region of the Transkei, Eastern Cape, South Africa.

Meel BL, MBBS, MD, DHSM (Natal), DOH (Wits), MPhil
HIV/AIDS Management (Stellenbosch). Department of Forensic Medicine,
Faculty of Health Sciences, Walter Sisulu University for Science and Technology

Correspondence: Dr BL Meel, Private Bag X1, Unitra, Mthatha 5100 Eastern Cape. e-mail: meel@getafix.ut.ac.za

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Abstract

The ritual of traditional male circumcisions (initiation) of young adults goes back generations among Xhosa people of South Africa. Xhosa tribe is committed to preserving the old cultural traditions. Recently, this ritual has been tarnished by serious complications that have occurred, leading to amputation of penis and even death of initiates. To estimate the community perception of traditional circumcision, an interview of 100 subjects was carried out. About 67% were unaware of risks of traditional surgery and 16% unsure about any existed risk. Only 17% knew about risks associated with it. Sixty-three percent favoured traditional surgeons and 13% medical practitioners. No opinion was given by 24%. Traditional surgeons and the community must be aware of the risks associated with traditional circumcision.

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Introduction

The practice of male genital mutilation is far older than recorded history and seems to have originated in Eastern Africa.¹ The first report of Xhosa circumcisions dates back to 1789. Petersen noted the age at which boys underwent circumcision (nine years!) and the dress they wore (penis cap and waist string). The first cases seen by Westerners were documented by sailors from shipwrecks.²

Circumcision, commonly known as "initiation", marks the transition from boyhood to manhood. There is often specific reference to this change, as a boy is told to say 'I am a man' just after the cut, and the surgeon answers 'you are a man'.³ The initiate undergoes a seclusion period during which he is looked after by an experienced person elected by the community (*Ikhangatha*). During this period, the initiate is only allowed to drink muddy water and eat salt-free food. After eight days, he has to search for traditional medicines (*Amacakathi*) to wrap around the wound to ensure faster healing. At the end of this period, usually four to six weeks, the initiate

is released, usually in early afternoon, and not allowed to look back. Young boys then burn the seclusion hut. On returning home, the initiate is given new clothes after bathing in a river. Singing, dancing and celebrations follow. The whole process usually costs a family between R3 500 and R5 000.

The Eastern Cape Circumcision Act of 2001 tightens the law on circumcision to stem causalities. A traditional surgeon was arrested, convicted and sent to jail after 21 initiates died. Penis amputations had to be done on 16 initiates as a result of botched circumcisions.⁴

This study is aimed at estimating the awareness of circumcision-associated risks in the population of region E in the Eastern Cape Province, and to assess preferences for either traditional surgeons or Western medical practitioners.

Methods

This is a descriptive study. One hundred randomly selected subjects from different age groups were interviewed during 2000 and 2001 by medical students using a pre-

structured questionnaire. It was a random, community-based sample. The medical students, who were posted to St. Patrick's and Mount Ayliff Hospitals, visited different villages in region E of the Eastern Cape Province. The Rural Research Development Institute (RRDI) sponsored this study, and ethical issues were taken into account in the form of anonymity and confidentiality.

Results

The interviewee population was males of different age groups (see Table I). Sixty-seven percent (67%) of the interviewed population was unaware of any risks associated with traditional circumcision. Sixteen percent (16%) were not sure about any existing risks,

Table I: Interviewed Subjects' age-groups (n=100).

Age groups	No. of subjects
10 to 15 yrs.	19
16 to 20 yrs.	33
21 to 30 yrs.	25
31 to 45 yrs.	17
46 to 65 yrs.	6
Total	100

Figure 1: Knowledge of risk-associated with traditional circumcision.

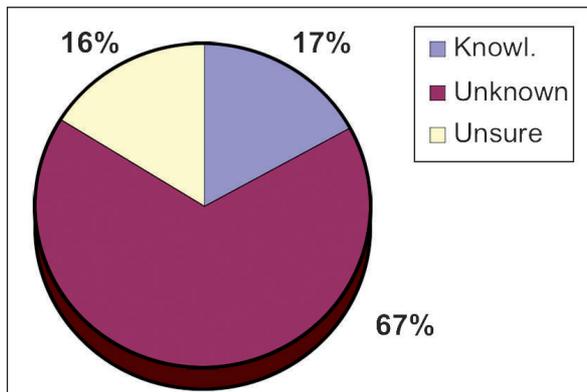
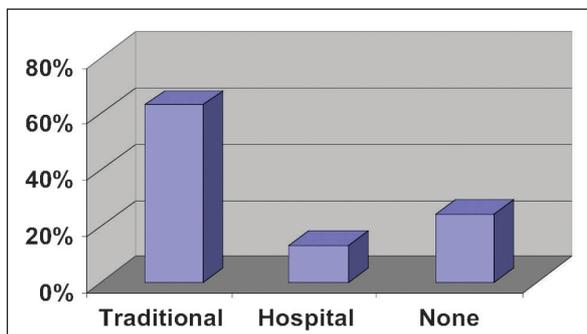


Figure 2: Circumcision practice in the region-E of the Eastern Cape, S.A.



and only 17% knew about the risks associated with the surgery (see Figure 1). Sixty-three percent of the subjects were in favour of traditional surgeons, 13% of medical practitioners, and 24% had no opinion (see Figure 2).

Discussion

Sixty-seven percent of the interviewed population was unaware of any risks associated with traditional circumcision. The Congress of Traditional Leaders of South Africa (Contralesa) in the province is extremely unhappy about the manner in which the province is dealing with the issue.⁵ Local people are committed to upholding the old cultural traditions, among them the ritualistic circumcision of young adult males. Recently, this ritual has been tarnished by circumcision-associated morbidity and mortality.

The fact that 67% of the participants in this study were unaware of any risks associated with traditional circumcision indicates that the practice is deeply imbedded in the hearts and

souls of the people and nobody thinks of it as a risk. Only 17% knew about the risks associated with traditional circumcision, and 16% were not sure about the complications. This high level of unfamiliarity with the complications indicates that the rural population needs education in order to make an informed choice between traditional or hospital surgery. In spite of the high mortality rate, the practice of traditional circumcision is still preferred by 63% of the interviewed individuals, and only 13% preferred to go to medical practitioners.

Circumcision is not only a cultural and religious belief, but also advisable for hygienic reasons.

There may be minor complications after circumcision that cannot be avoided even when the procedure is undertaken by qualified surgeons. Besides the well-known surgical problems associated with traditional circumcision, there is also a poorly known complication, namely voluntary dehydration. Because of powerful social pressure, which imposes a feeling of guilt and failure if medical attention is sought, these patients often present late and may simply appear drowsy and withdrawn, without evidence of penile sepsis. However, just because the penis is all right does not mean that the patient is.⁶

The traditional surgeons' schools should provide training in order for male circumcisions to be performed in a standard, careful and safe manner.⁷ Initiates may be unwell even before commencing the ritual. Bleeding disorders, tuberculosis and HIV-related illnesses should be ruled

out before admitting them to initiation school. The Eastern Cape Act on Circumcision stipulates that a doctor must see the initiates before the process starts and that the surgeons performing the function must have certificates for doing so, failing which they can be arrested. The police have arrested 30 traditional surgeons and traditional nurses in 2003, for operating without permission. The Act recommends fines of up to R10 000, or 10 years in jail.⁵ Five men were charged with murder and assault with intent to do grievous bodily harm in the magistrate's court at Heidelberg, South Africa for deaths after botched circumcisions.⁸

Conclusion

Circumcision is of significant cultural value to the Xhosa tribe, but it should be carried out safely. There is need for a well-planned prospective study to be carried out in this province to further explore circumcision-related knowledge and attitudes.

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