



## Traditional male circumcision in the Eastern Cape – scourge or blessing?

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**Background.** Traditional male circumcision is still widely practised in the Xhosa population throughout South Africa. It is a rite of passage from boyhood to manhood. Unfortunately, botched circumcisions are a public health hazard and lead to tragic mutilations and deaths.

**Objective and methods.** The present study was undertaken to assess the extent of circumcision-related complications and fatalities in the Eastern Cape. Health care data were provided by the Eastern Cape Department of Health. Hospital admissions, amputations and deaths per circumcision season were recorded as well as causes of death and the number of legal and illegal initiation schools, respectively. The aim was to establish if the Application of Health Standards in Traditional Circumcision Act of 2001 has been successful in reducing the health risks of the ritual.

**Results.** The findings show that the incidence of circumcision-related complications and fatalities has remained virtually

unchanged in the observation period 2001 - 2006. Unqualified surgeons, negligent nurses, irresponsible parents and youths medically unfit for the hardships of initiation continue to contribute to tragic outcomes. One of the main problems is the perception that government interference in the ritual is undesirable, and the fact that a stigma is attached to non-completion of the procedure.

**Conclusion.** Progress is only possible if all the relevant stakeholders – traditional surgeons, traditional nurses, traditional leaders, traditional healers, representatives of the Department of Health, medical officers, police, parents, initiates and the communities concerned – can be made aware of the problem and rendered willing to work together in preserving a cultural tradition in the spirit of the Constitution, that is, without violating fundamental human rights.

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Male circumcision is an old Xhosa tradition that is still widely practised in this population group throughout South Africa. It is a rite of passage that prepares the initiate for the transition to manhood.<sup>1</sup> While it may be difficult for the Western scientific mind to appreciate the socio-cultural value of the ritual, it is definitely a public health hazard, as reflected in health care statistics in the Eastern Cape.

Traditional male circumcision occurs mainly during the summer and winter season. It involves traditional surgeons, traditional nurses, the parents of the initiates and the initiates themselves. It takes place at initiation schools where it is performed by experienced traditional practitioners. Unfortunately, in the past few years young and inexperienced traditional surgeons have been conducting the ritual, either openly or clandestinely. This process has been paralleled by a high prevalence of deaths and mutilations as a consequence of botched surgery. The Application of Health Standards in Traditional Circumcision Act, passed in 2001 by the Eastern Cape legislature, has so far been largely ineffective in reversing this development. The present study was undertaken to

establish the extent of botched circumcisions during the period 2001 - 2006, and to find a more successful solution to the problem.

### Methods

The ritual and its cultural significance were studied through an extensive literature review of African traditional male circumcision.<sup>2</sup> At the same time, health care data were gathered from the Eastern Cape Department of Health. In addition, a fairly accurate account of circumcision-related health problems was provided by the print media. The observation period was from 2001 to 2006. Hospital admissions, deaths and mutilations consequent on traditional circumcision and the causes of death among initiates were recorded.

### Results

Table I shows clearly that the incidence of circumcision-related complications and fatalities has remained largely unchanged, perhaps with a slight decline in the number of mutilations.

Analysis of causes of death for the June 2005 circumcision season yielded the results shown in Table II.

Data for the summer season 2005/2006 were reported in the Eastern Cape newspaper the *Daily Dispatch*. These figures were later confirmed by the Department of Health (Eastern Cape circumcision co-ordinator – personal communication) (Table III).

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**Table I. Seasonal statistics for 2001 - 2005 (source: Department of Health, Eastern Cape)**

	Hospital admissions (N)	Mutilations (N)	Deaths (N)
2005 June	288	9	23
2004 December	260	2	13
2004 June	118	3	14
2003 December	84	7	20
2003 June	227	22	21
2002 December	156	19	17
2002 June	291	14	33
2001 December	200	11	12
2001 June	124	20	24

**Table II. Causes of death during June 2005 (source: Department of Health, Eastern Cape)**

Cause of death	Deaths (N)
Septicaemia	8
Pneumonia	5
Dehydration	4
Malnutrition and dehydration	1
Meningitis	1
Hypothermia	1
Pericarditis	1
Suspected poisoning	1
Carbon monoxide poisoning	1
Total	23

**Table III. Causes of death for December 2005 - January 2006 (source: Department of Health, Eastern Cape)**

Cause of death	Deaths (N)
Circumcision-related complications	17
Lightning	2
Assault by traditional nurses	2
Clashes with community members	3
Total	24

The various district municipalities were compared (Table IV). As can be seen, the O R Tambo District Municipality had the highest proportion of fatalities (56.5%) in the Eastern Cape.

Seven per cent of the 3 556 initiation schools operating in June 2005 were illegal. Of a total of 10 609 initiations done in June 2005, 92% were legal and 8% illegal. An analysis comparing fatality rates between legal and illegal initiation schools showed no significant difference, with totals of 11% and 12%, respectively.

Findings for the 10 609 June 2005 initiates are set out in Table V.

## Discussion

Male initiation is still widely practised and is probably the purest remaining example of a traditional institution.<sup>3</sup> Even in

**Table IV. Comparison of deaths per district municipality in June 2005 (source: Department of Health, Eastern Cape)**

District municipality	Deaths (N)
Nelson Mandela Metropole	1
Chris Hani	4
Amathole	4
O R Tambo	13
Alfred Nzo	1
Total	23

**Table V. Circumcision-related complications in June 2005 (source: Department of Health, Eastern Cape)**

	Number	%
Hospital admissions	288	2.7
Amputations/mutilations	9	0.08
Deaths	23	0.2

urban areas initiation rites are still conducted to a remarkable extent.

Traditionally, among most peoples in southern Africa, a man could not marry until he had been initiated. Initiation conferred socially approved adult status, and with it marriageability. Likewise, an uncircumcised male could not inherit and had to be treated as a minor. In present-day Xhosa tradition, initiation has remained a ritual transition from boyhood to manhood indicating the youth's incorporation into full membership in the community.<sup>4</sup> On initiation the male obtains greater rights and responsibilities. He gains higher standing in society. Once he is circumcised and has been through the initiation ceremony he can sacrifice to the ancestral spirits – for it is considered that only men can speak with the ancestors. Both men and women look down on uninitiated males and treat them with contempt.

During the circumcision period the initiate is tutored by the elders on cultural and health issues such as taking care of the genitals, sex education, and information on the dangers of promiscuity. Secrecy is imperative during the entire procedure and must be strictly maintained. It is taboo to ask questions about male initiation lodges, to discuss these in public, or to disclose the secrets of men's initiation to uninitiated persons. It



is also taboo for women and uninitiated males to intrude into men's initiation lodges.<sup>5</sup>

Those responsible for the circumcision and for providing the herbs used afterwards as dressing are expected to follow a professional code in order to minimise risks to the initiate and to prevent fatal accidents. For example, it is considered unprofessional and dangerous to use non-sterile instruments, to employ the same blade when cutting more than one person, not to be sober during surgery, and to cut without having the necessary experience. Unfortunately, however, lack of this professionalism has harmed the reputation of the institution and has often led to tragic consequences. The statistics given above are witness to this worsening development.

In 2001 the legislature in the Eastern Cape passed the Application of Health Standards in Traditional Circumcision Act intended to control the hygienic standards of circumcision, and to regulate the conduct of all those involved. Traditional practitioners have to apply for written permission to perform circumcisions, to hold circumcision schools and to treat initiates. Permission is granted by the medical officer designated for the area. One of the preconditions is the guarantee of sterile instruments. Prospective initiates have to undergo a pre-circumcision medical examination by a medical doctor to establish their fitness for the procedure. In the case of initiates below the age of 21 years the written consent of a parent or guardian is required.

Problems with the Act are based on non-compliance by traditional surgeons and nurses, parents and the initiates themselves, leading to the above complications and fatalities. A recent crackdown by the Department of Health has revealed how extensively the law is flouted in various ways. Illegal circumcision schools, unqualified surgeons, negligent traditional nurses and irresponsible parents are contributing to tragic outcomes in some cases. While some concerned parents assist in having their children rescued, others hide afflicted initiates to prevent them from being removed by Department officials and admitted to health care facilities. In other cases initiates themselves do not accept outside intervention, refuse to take fluids when dehydrated and resist hospital admission although their lives are at stake. Complicating the situation is the fact that a stigma is attached to non-completion of the ritual. Likewise, botched circumcision often leads to alienation from successful initiates, which in turn may result in gangsterism and crime, with avenging bands attacking the more fortunate initiates.

The Provincial House of Traditional Leaders has commented on the problem on various occasions. While acknowledging the value of the Health Department's campaign against illegal circumcision schools and illegal surgeons, it felt that initiation sites and other matters should be allocated and administered by local chiefs (*Daily Dispatch*, 20 October 2005). One chief criticised the Department for interfering in the circumcision ritual (*Daily Dispatch*, 11 January 2006). He said the ongoing deaths showed that the ancestors did not approve of what health officials were doing in closing down unregistered schools and prosecuting unregistered surgeons. In response to this the Department's spokesperson pointed out that these steps had been successful in saving lives and helping to reduce fatalities.

### Conclusions and recommendations

Traditional male circumcision has retained its cultural value and may even have a place in the fight against the AIDS pandemic.<sup>6</sup> At the same time, however, the associated public health risks are unacceptable and have not been minimised by the relevant legislation. It seems essential, therefore, that training workshops and the provision of sterile material by the Department of Health be complemented by awareness campaigns directed at all the stakeholders involved. Traditional surgeons, traditional nurses, traditional leaders, traditional healers, officials from the Department of Health, the police and the community must work together in order to improve the situation. Community education should be allocated a prime place in the struggle. While the ritual as such is not objected to it must be remembered that the Constitution prevails as the supreme law of the country and that cultural rights may not be exercised in a manner inconsistent with the provisions of the Bill of Rights.

### References

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