

Taking Stalk of the Health Hazards associated with Traditional Male Circumcision: The case of 2016 Alice study, Eastern Cape

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Abstract

This article is taking stalk of health hazards associated with the rite of traditional male circumcision ritual. This paper was taken from the study that was conducted to explore the health hazards that are associated with traditional male circumcision. The study espoused a qualitative approach. The design of the study was explorative and descriptive. The researcher utilized one- to - one interviews guided by the interview guide that served as a research tool. The researcher sampled twenty five (25) participants for the study and a cross sectional procedure was utilized in the study. Thematic analysis was used to analyse the data themes were formulated as follows; amputation of manhood organs due to unbearable health complications; death of the initiates due to serious health hazards; contraction of diseases during traditional male circumcision; dehydration of initiates due to deprivation of water. It was recommended that, traditional male circumcision rite must allow the intervention of palliative care and medical measures, more especially on events of health hazards. Also, it was recommended that, government and nongovernmental health institutions that deal with traditional male circumcision work hand in hand with cultural custodians to ensure safe environment in the rite.

Keywords: Health Hazards; Traditional male circumcision; Palliative care

Study Aims and Objectives

This article is derived from the study that was done to explore the health factors that are associated with traditional circumcision of adolescent males in Alice, Raymond Mhlaba Local Municipality in Eastern Cape. This paper therefore seeks to take stalk of health hazards that are associated with the rite of traditional male circumcision, and the study domain was Alice, Raymond Mhlaba Local municipality in Eastern Cape.

Operational Definition

Traditional male circumcision refers to the rite of promoting boys from boyhood to manhood through the surgical process performed by a traditional surgeon referred to as "ingcibi" under culturally defined settings.

Problem statement

In the contemporary epoch, the world is under shock because of innumerable death of initiates, year in year out increasing hospitalization of initiates due to health hazards, clinical unbearable conditions compromising the health of initiates such as dehydration. Both initiates, parents and communities are equally confused. Regrettably, most initiates suffer clinical hazards due to careless handling by traditional nurses referred to as "amakhankatha". Apparently, initiates are getting exposed to diseases due to teachings and influence in the traditional house. It is important to engage into debates to discuss the phenomenon and perhaps co-operate traditional operations with palliative health care measures. Communities need to engage in debates where government and cultural leaders and even professional practitioners to establish quality solutions against the hazards associated with male adolescents.

Introduction

As an old rite, traditional male circumcision is widely considered the most significant practice that most cultures respect and perhaps consider as a must for their boys. Traditional male circumcision is practiced to boys once they reach the age of 18 according to the law

of South Africa. It is a removal of foreskin by a traditional surgeon referred to as "ingcibi" under culturally defined settings [1]. The healing takes place in the mountain, in a temporary built plastic hut referred to as "ibhuma", where the boy stays with traditional nurse referred to as "ikhankatha" who helps in the recovering process of the initiate.

The rite is meant for fulfillment of cultural and religious purposes. Apparently, from the lenses of Department of health, the rite has been seen as a way of preventing the spread of diseases such as HIV/AIDS (DoH, 2010) [2]. However, it appears that most initiates have been reported by the media to have suffered an array of health hazards under traditional male circumcision ritual. Initiates get hospitalized, suffer dehydration, contract diseases and infections, various sicknesses during traditional male circumcision practice and even die.

This paper therefore seeks to take stalk of health hazards that are associated with traditional circumcision of adolescent males and was extracted from the research study that was conducted in Alice, Raymond Mhlaba local municipality, Eastern Cape in the year 2016.

Methods and Study Settings

Research design and study settings

In this study, the researcher took use of qualitative design. The study was both exploratory and descriptive. The researcher used a case study design. In-depth interviews, focus groups and key informants formed method of data collection in this study. 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

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circumcision in Alice. The researcher took use of purposive sampling methodology.

Research instrument

During the research, the author utilized an interview guide as an instrument of data collection. Interview guide is the document where questions that the researcher used to interrogate the participants were listed. The researcher took use of open ended questions that allowed the participants to explain their responses excessively. Babbie et al. (2009) is of the view that, interview guide helps to ease one- on-one interviews. The researcher took use of narrative approach which helped the researcher to gain facts from the participants [3].

Unit of Analysis

In the study, the researcher was able to interview ten adolescent males who recently participated in traditional male circumcision, two traditional surgeons referred to as “ingcibi”, five parents of initiates who have recently underwent traditional male circumcision, two traditional nurses referred to as “amakhankatha”, one chief and five health practitioners dealing with traditional male circumcision. All the units were drawn from Alice, Raymond Mhlaba Municipality in Eastern Cape which was the research domain. For the research guide, the researcher preferred taking use of open-ended questions to allow explanations from the participants. The interview process took about an hour.

Sample selection criteria

The researcher used a non-probability sampling methodology for the study (Maxwell, 2012) [4]. Non- probability sampling is the sampling procedure where not everyone in the population has a chance of being selected (Salkind, 2012) [5]. Purposive sampling was found to be well fitting the study as the author aimed at sampling all those people who have knowledge about the health hazards associated with traditional male circumcision. Purposively, the researcher sampled participants from Alice community.

Data Collection Methods and Procedure

The researcher collected data through one-on-one interviews and focus group discussions (Rubin & Babbie, 2011) [3]. Data collection took place in areas of close proximity to the participants. Areas such as CC Loyd Men's clinic which is situated in a town called Fort Beaufort near Alice, House of Ingcibi namaKhanakatha in Alice and in the community of Alice where participants were drawn. Factors such as culture, age and gender were considered very important; hence the researcher sampled AmaXhosa and gender wise and age wise traditionally circumcised male adolescents.

In- depth interviews helped the researcher to gain facts and meaningful information in a form of narrations (Stacey & Vincent, 2011) [6]. Focus group discussions take place in a form of group discussions and they help in maximum participation (Rubin & Babbie, 2011) [3]. In this study, focus group discussions helped the researcher in interacting with the participants and gain value laden information. The interactions helped the researcher to gain informed responses (Mikecz, 2012) [7]. During data collection, key informants enriched the findings as key informants were purposively selected for their experiences. Member of the Association of Ingcibi Namakhankatha, Health practitioners and traditional male circumcision attendants poured informed facts and knowledge. To keep data as it was, the author had to take notes and records during the interview. That helped the researcher not to forget or miss out some important facts.

Data analysis

The study took use of thematic analysis. Thematic analysis is a way of analysing data using themes that are formulated from the findings (Creswell, 2008) [8]. Thematic data analysis was useful because the researcher used qualitative methodology and responses were given in a form of stories, so 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 arranged the raw data into categories through coding. According to Scott and Usher (2011), coding is a way of classifying the findings and selection of important facts from the raw findings, looking at what is repeated and states it clearly to make sense [9]. Coding gave rise to themes and sub themes (Salkind, 2012) [5].

Data analysis helped the researcher to reduce the volume of the findings, shifting significant patterns and create framework for communicating the essence of what the data reveals (Thomson & Emery, 2014) [10]. In this qualitative study, data was done concurrently with data collection as analysis occurred when the data was being collected. To Myles (2015) [11], data analysis, in a qualitative study involves categorizing, harmonizing, grouping, rearrangement and ordering of data (Maxwell, 2012) [4].

Ethical and Legal Requirements

In this study, there were ethical standards that guided the researcher to maintain respect and avoid any harm to the participants (Creswell, 2014) [8]. The researcher had to take into cognizance the entire requisite administrative and ethical ethos in a scientific research endeavour. That protocol had to be observed to make the study both administratively and ethically correct. Ethical certificate from the University of Fort Hare and the Ethical clearance committee were applied for by the researcher.

The primary researcher also sought permission from the local chiefs and headmen that administered the research domain. This was because they were the community gatekeepers. Ethically also, the researcher had to get consent from the participants in order to engage them in the study. The consent had to be duly signed before any research process kicked off. 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 took into account research ethic such as confidentiality, avoidance of harm, respect of participants and privacy and autonomy (Maxwell, 2012) [4]. In a 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 Choice

The research domain in this study was Alice, Raymond Mhlaba local municipality, Eastern Cape and the study was contacted in the year 2016. Alice is a small town that is geographically located in South Africa, in Eastern Cape Province. The choice of Alice townships was relevant because it is the area that has most of its population participating in traditional male circumcision (AmaXhosa). The area was selected because it has relevant resources such as Men's clinic and an association that deals with traditional male circumcision named “Association of Ingcibi Namakhankatha”. Nevertheless, the principle researcher noticed that there was a need for more campaign efforts such as documenting these health hazards with the hope of coming up with measures to curb them.

Findings

Profile of the participants

Age: In this study, the age played a significant role in that, only adolescent males who have participated in the rite and experienced individuals such as traditional nurses and surgeons who helped in giving informed responses. The information was factual.

Gender

The study sample was mostly made up of 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 (Table 1).

Theme

Amputation of manhood organs due to unbearable health complications

Death of the initiates due to serious health hazards

Contraction of diseases during traditional male circumcision

Dehydration of initiates due to deprivation of water

Amputation of Manhood Organs due to unbearable Health Complications

The research findings indicated that, in the process of traditional male circumcision, most initiates end up having plastic surgeries due to the removal of their manhood organs as a result of unbearable complications in the mountain. The victims have faced difficulties in coping with living with fake penis as they could not live the normal life again. The study brought to the for the following sentiments.

“In as much as traditional male circumcision is our rite, there are painful stories around it. Some of the adolescents in my community have had to get their penis amputated due to complications that emanated from wound”

“During December and June seasons, we receive cases of initiates who are referred to hospitals due to complications that lead to amputation of manhood”.

Sadly, there are people who have not enjoyed participation in traditional male circumcision ritual. They have been gravely victimized and left despondent forever. Their families have regretted sending them to the practice in as much as it was seen important that they should undergo it.

Death of the initiates due to serious health hazards

Despite being published by electronic and print media, the research findings revealed that, there are year in- year-out local reports of dying

initiates under the hands of traditional male circumcision ritual. It was evident that, deaths emanated from the health hazards that are agonizing. Some initiates have died in the mountain and others have died in hospital after attempting resorts. The study generated the following sentiments from the participants.

“There are initiates who face difficulties in coping with the traditional male circumcision complications and they end up dying”

“We doubt and pray endlessly that, our children survive in the mountain because some of them have died before”

“I do not trust the rite because I have seen initiates dying instead of surviving the traditional practice”.

It is widely shocking that people have and are losing confidence in the rite of traditional male circumcision practice because of death tolls. Most people appeared to favour medical male circumcision to loss of confidence in the rite of traditional setting of male circumcision.

Contraction of diseases during traditional male circumcision:

During traditional male circumcision practice, it was found by the study that there are initiates who contract diseases such as HIV/AIDS and other infections. However, also flu, asthma and other illnesses due to conditions the initiates live. That has been as a result of sharing of assegai by traditional surgeons referred to as “ingcibi” and the sharing of material such as bandages by the traditional nurses referred to as “amakhankatha”. The following sentiments were drawn from the participants;

“The healing techniques that are used in the mountain increase chances of spread of infections and diseases because there is a sharing of material such as assegai by traditional surgeon and bandages by traditional nurse”.

“In the mountain I was feeling cold and I caught flue. Western medicine is not allowed there and I had to suffer”.

Meaning, in the hands of the rite, traditional male circumcision initiates face an array of health challenges as a result of the rite procedures. The way the initiation process is conducted negatively affects the initiates. That has defined traditional male circumcision as an unfriendly process.

Dehydration of initiates due to dispossession of water

Research finding revealed that, procedurally, after the removal of foreskin, initiates are not allowed to drink water as it is believed to delay the healing. That has never been conducive for initiates as they have narrated excruciating experiences of dehydration in the mountain that had given them less hope of surviving the process. The following sentiments were revealed in the study:

Table 1: Participant's profile.

No of Participants	Traditional nurses “amakhanankatha, Health practitioners, Parents, Initiates (adolescents), Traditional surgeons “ingcibi”, Member of Association of Ingcibi Namakhankatha	Gender	
		Male	Female
1	Member of Association of Ingcibi Namakhankatha	1	0
2	Traditional surgeons “ingcibi”	1	0
3	Initiates (adolescents)	5	0
4	Parents	3	2
5	Health practitioners	10	0
6	Traditional nurses “amakhanankatha”	2	0
7	Traditional leader	1	0
Total		23	2

“The traditional nurses told us not to take any drop of water and that was a punishment because we were getting dry and losing energy”.

“The hut was extremely hot, I was sweating, and I was dehydrated”.

It is a poignant datum that, initiates have witnessed and experienced homeostatic imbalances due to procedures that are followed in the mountain. Such pinching impacts of participating in traditional male circumcision ritual can never be celebrated and indeed government and cultural custodians need to come into grasps with measures that will mitigate all the negativities associated with the practice. Seemingly, the traditional lenses of the rite will fail as medical alternative appears to be friendly.

Discussions of the Findings

Amputation of manhood organs due to unbearable complications

The manifestation of complications in the initiates has led to the resort of amputation of their manhood organs as a way of saving their lives. Some initiates have had their penis amputated and they have plastic surgery that assists them. Amputation of manhood organs has impacted negatively in the lives of the victims as they have lost even their relationships due to inability to reproduce sexually. They suffered psychological and emotional doldrums due to confusion and inability to cope with the new state that they have found themselves having to accept (Ntombana, 2011) [12].

DoH (2013) stated that instead of dying, initiates would rather have their manhood organs amputated in that if they are not amputated they will inflict pain and that might kill them [13]. Subjective knowledge states that, loss of manhood organ before marriage means that, the person will not have a family due to inability to sexually practice his rights. That has actually led the victims to lose hope and see the rite as a dangerous practice.

Death of the initiates due to serious health hazards

The findings of the study revealed that, initiates die as a result of health hazards that defeat them. These health hazards are due to rejection of medical apparatus in the premises of traditional male circumcision. Mpateni and Kange' ethe (2020) assert that, there is a need for government to intervene in cultural practices, particularly on events of hazards [14]. World Health organization and Department of Health yearly report the cases of deaths of initiates and that is becoming more prevalent than getting slower. It is a pain that, the Xhosa ritual has been a death cause. The families of the victims have never accepted losing their sons as they were trying to build family leaders. Although WHO/UNAIDS have not yet explicitly made recommendations on traditional male circumcision, but they have made it clear that, the safety of the procedure is of paramount importance (WHO/UNAIDS, 2011) [15].

It is clear that, government needs to do more and host campaigns that seek to address the problems that lead to increased death rates. It cannot be that the rite of traditional male circumcision must continue killing the future leaders of the country instead of condoning positive outcomes (Ntombana, 2009) [16]. A right to life as stipulated by the RSA constitution has to be embraced, and if culture alone can kill through ritual circumcision that means, palliative health care and medical kits can be included in the rite.

Contraction of diseases during traditional male circumcision

The findings of the study revealed that, in as much as the rite is meant for the reduction of chances of contracting diseases, it seems that

the methodologies within the process create high risks of contracting the diseases as a result, it has been stated that, initiates suffer an array of diseases in the hand of traditional male circumcision ritual. HIV/AIDS and other infections and debilitating sicknesses have been reported to be condoned by traditional male circumcision ritual.

The spread of diseases is as a result of lack of knowledge and health blindness of the attendants such as traditional surgeons and nurses. According to Nomngcoyiya (2015), botched circumcision schools have led to spread of diseases as they are blind of health ethos due to absence of training and workshops [17]. Seemingly, government responses to these problems appear to be at a snail phase. Sadly, that affects the ritual badly as it has lost its dignity (Feni & Fuzile, 2015) [18].

Dehydration of initiates due to dispossession of water

Research indicates that, during the healing process, initiates are not allowed to drink water. There is a belief that, if an initiate takes water, it will delay the healing and that is isolating the fact that it has never been easy to survive without water as it is a basic need for human survival.

For those initiates who got circumcised in December season, it has been difficult to survive because temperatures were too hot and they were sweating losing water in the body whereas they were not given a chance to take water (Mpateni & Kang' ethe, 2020) [14]. This study therefore revealed that, the manner in which the rite takes place procedurally needs to be considered and revised because it is sad that there is a continuous occurrence of health hazards whereas there is no change in the procedures.

Conclusion

Undeniably, the rite of traditional male circumcision continues to harm, violate and disappoint the world. As a respected ritual, it is surprising that people cry tears and succumb to distress as a result of the rite of traditional male circumcision. The health hazards will never be accepted equally as people will not just run away from such a respected ritual because of the hazards. Government needs to stand up and invest on better ways of conducting the rite of traditional male circumcision ritual.

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