Challenges facing traditional male circumcision in the Eastern Cape

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Presentation Outline

• Introduction
• Study background
• Study design
• Data Collection
• Data Analysis
• Results
• Discussion
• Recommendations
• Conclusion
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Introduction

• Male circumcision is the oldest and most prevalent surgical procedure done in boys
• Performed throughout the world for ritual, traditional, cosmetic and medical reasons
• It is estimated that 33.3% of men worldwide have undergone circumcision
• Among the Jews and Muslim, circumcision is a religious ritual that is performed very early in a boy’s life
• Less common among Christians and rarely among other religions
• Among Africans male circumcision is common but other communities that were no longer performing circumcision are interested in doing it as HIV/AIDS prevention strategy
• In SA male circumcision initiation: rite of passage – transition from boyhood to manhood

(PhD thesis 2009 - 2013, WSU)
Study background

- Every year there are reported deaths of AmaXhosa male circumcision initiates, especially in the region of Pondoland in the Eastern Cape, a province in South Africa.
- The common deaths are in particular due to complications such as dehydration, sepsis and gangrene.
- The Eastern Cape Department of Health reported a total of 5035 circumcision initiates admitted to hospitals, 453 deaths, and 214 penile amputations between June 2006 and June 2013.
- 19 initiates have lost their lives in the Eastern Cape, 2 in Limpopo and 1 in Mpumalanga and 17 illegal schools have been closed in Gauteng alone, reported (SABC Online, 08/07/2015).
- Mushrooming of illegal initiation schools is viewed to be a serious challenge. This is a new trend seen in the 21st century.
- This led to the DoH to proclaim a legislation: The Application of Health Standards in the traditional circumcision Act (Act no. 6 of 2001).
- [Traditional leaders (custodians) are dissatisfied with this legislation because it gives powers to the DoH]
• DoH budget for circumcision 2014/15 – R385 million, R180 million for support traditional initiation schools

• High poverty and unemployment rate of: SA - 24,7% Nyandeni - 49,3% (2011).

• Illegal traditional surgeons (bogus doctors) paid R30 per snip, big business in Soweto, Nyaope addicts are paid to recruit boys

• Traditional practice has been hijacked by illegal rich kingpins and bogus doctors (EC, Gauteng, Limpopo – ransom letters sent to parents) (Sowetan July 13, 2015).
## Circumcision Statistics 2006 - 2013

<table>
<thead>
<tr>
<th>Year</th>
<th>Hospital admissions</th>
<th>Amputations</th>
<th>Initiate deaths</th>
<th>Legal initiates</th>
<th>Illegal initiates</th>
<th>Arrests</th>
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<td><strong>Total</strong></td>
<td><strong>5035</strong></td>
<td><strong>214</strong></td>
<td><strong>453</strong></td>
<td><strong>349785</strong></td>
<td><strong>19547</strong></td>
<td><strong>230</strong></td>
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</table>
Circumcision Village
Common Complications

Common complications at St Lucy's Hospital in the Eastern Cape,  n = 105

- Sepsis: 59
- Genital mutilation: 28
- Dehydration: 12
- Penile amputation: 6
The study Design

(PhD Thesis)

• Mixed methods research (Quantitative & Qualitative phases)
• Sequential transformative strategy
• Cross sectional survey (n=1036)
• Focus group discussions (7 groups) 3 uncircumcised + 4 circumcised = 84 participants
• Key informant interviews x 10 participants
• Study setting: EC, Libode rural communities (Nyandeni)
• Population of 209 309
• Target population- Boys Age (12-18 years)
Methods

• A qualitative approach with exploratory and interpretive components was followed.
• A simple random sampling to select 4 focus group discussions of circumcised boys x 12 participants (48)
• A purposive sampling was used to select 10 key informants for semi-structured interviews.
• One question was asked from the participants: *What are the factors (determinants) behind the deaths of traditional circumcision initiates?*
• The Tesch’s eight steps data analysis method was used.
Data Collection
## Sampling Frame for Data Collection

<table>
<thead>
<tr>
<th>Research Instrument</th>
<th>Total number conducted</th>
<th>Total number of participant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Focus group discussion with circumcised boys (abafana)</td>
<td>4</td>
<td>48</td>
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<tr>
<td>Key informant interviews: Chiefs</td>
<td>3</td>
<td>3</td>
</tr>
<tr>
<td>Key informant interviews: Teachers</td>
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<td>3</td>
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<td>Key informant interviews: Senior Education Specialist</td>
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<td>1</td>
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<tr>
<td>Key informant interview: Church Pastor</td>
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<td>1</td>
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<tr>
<td>Key informant interview: Church Elder</td>
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<td>1</td>
</tr>
<tr>
<td>Key informant interview; King’s Liaison Officer</td>
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<td>1</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>14</strong></td>
<td><strong>58</strong></td>
</tr>
</tbody>
</table>
• The 10 key informants from the 10 villages of Libode rural communities (Pondoland) were identified.
• The key informants were the people with special positions in the communities. They had information relating to male circumcision and were willing to share information with the researcher.
• The key informants included three chiefs, a church pastor (who is also a retired psychologist) and a church elder, one of the king’s liaison officers, three life orientation teachers and one senior education specialist.
• They responded to the interviews in their own way and they expressed their personal views. In this study, 10 key informant interviews were conducted using a semi-structured interview guide.
Data Analysis

• Integration and synthesis of narrative and non-numeric data that was reduced into themes.
• The digital voice recordings were transferred into a computer.
• Tesch’s method of analysing data was used and the researchers followed the eight steps of data analysis.
• The data was organised and prepared for analysis by first transcribing the interviews verbatim and then translating the transcriptions from IsiXhosa into English.
Results

• The themes and sub-themes yielded four overall themes (Challenges) as follows:
  (1) Lack of proper programme planning and evaluation
  (2) Socio-economic determinants
  (3) Conflicting practices and leadership crisis
  (4) Poor environmental conditions
Lack of proper programme planning and evaluation

• The participants explained their concern about interference of health personnel into their custom

• “if boys have undergone hospital circumcision, they call them with unpopular names and they sometimes fight about it; they call them bats (amalulwane)”.

• “we do not want to be circumcised by medical doctors, we want our traditional surgeons (iingcibi), this is our custom (isiko lethu)”

• “Medical doctors and nurses must only show traditional surgeons of how to prevent infection, but most of them do not understand our culture”
Socio-economic determinants

• Commercialization of the practice is increasing; some parents are not aware that their children are taken to initiation school

• “The legal traditional surgeons charge high amount of money, about R500 because of that some boys cannot afford to pay their invoices.”

• “Some of the boys are from less privileged families; others are single-parented (mothers only), their parents are usually not even aware that the boy is in the initiation school.”

• “The illegal traditional surgeons take any amount of money from the small boys of 11, 12 years have, some charge R150 or even a chicken, the registered traditional surgeons want to be paid a lot of money.”
The democratic era is viewed as having a negative impact in the practice. Single mothers are no longer delegating responsibility to the uncles.

“As I am looking at this broadly, the democratic era has influence this situation we find our children in. The single parent mothers are highly vocal about protecting their sons and their rights; they do not yield the responsibility to their uncles during circumcision season.”
• Fathers are viewed as not playing their role to protect their children, there are areas where no deaths ever occurred, instead they are taught manhood values:

• The fathers are withdrawn here, they do not even visit the initiates in the initiation school; the responsibility is neglected to the unemployed, irresponsible newly initiated young men who were circumcised the previous six months.

• “In Cofimvaba where I am coming from, there are no circumcision deaths. We have matured, adult traditional surgeons and traditional nurses who take care of the initiates, teaching them manhood values”. 
Conflicting practices and leadership crisis

- The health professionals are enforcing their policy and medical practice without considering the culture.
- Traditional leaders claim to be the custodians of the practice:
  - “What we see here is that the government is pushing us to follow their circumcision policy which is not respecting the custodianship of chiefs.
  - “The medical doctors are taking over our practice, they use their knives and stitches, hospital bandages with savlon and betadine, they undermine our traditional herbs.”
  - “The illegal traditional nurses hide and run away with the initiates especially when they see the oncoming vehicles from the department of health.”
  - “But our feeling is that we do not want this hospital circumcision provided by the government.”
Poor environmental conditions in the initiation schools

• Children are not used to sleep on the dusty ground nowadays. Very hot in winter and very hot in summer:

• “A child who grew up well, used to sleep on a bed at home then all of a sudden, the child is instructed to sleep on the dusty ground and dwell in small plastic covered shacks (amatyotyombe).”

• These plastic covered bush huts are very hot in summer and in very cold in winter. Yhoo!!!, it very hot in summer and it contributes to sweating and dehydration of our children in the bush.”
• The unskilful practitioners and the environmental conditions added up more suffering to the initiates who were not even allowed to drink clean water.

• “I like the traditional nurses in the olden days. We had no deaths here, I can mention few of them here at Nyandeni, for example, X, Y and J. These elderly traditional nurses had good hands. They knew what they were doing; they knew what to do and not to do.”

• “In summer these plastic covered bush huts are very hot and in winter there are very cold. In December summer holidays, Yhoo!!!, it was very hot and contribute to sweating and dehydration of our children in the bush.”
• The initiates were given half cooked maize which is full of starch and very hard to chew. In addition to that any food with salt was not allowed:

• “This is common in this area of Pondoland; initiates are given half cooked maize (inkobe ezinqum), food with no salt.

• I said that an initiate should eat food with nutritious substances and drink fruit juices in order to speed up the healing process.”
Ethical Considerations

• Research committee WSU for registration and approval.
• Research Ethics Committee for ethical approval in WSU.
• Permission from the House of traditional leaders and Contralesa, community leaders and youth leaders.
• Informed consent to be signed and assent by all participants, parents will sign for boys under 18 years
Discussion

- Insufficient approaches are repeatedly used by the health sector. Lack of concern, respect and understanding of traditional practices
- Health sector has other priorities of high concern, burden of diseases, ↑TB, HIV, maternal deaths, NCDs ↓ Doctors, Specialists, Nurses & others
- Bio-medical and clinical approaches are dominating - with less/no empowerment, motivational and social action approaches (health promotion and community development approaches)- presently clinicians are leading the circumcision programmes without indepth understanding of health promotion approaches
- Decentralized to provincial Department of Health
- Budget allocation for The House of Traditional Leaders and Department of Traditional Affairs is not known
• The vulnerable groups are dying, children of the poor and single parents (mothers)
• There are cultural restrictions in the traditional male circumcision practice, not only limited to restriction of fluids, clean water and certain foods.
• For example, even mothers of the initiates are restricted not to visit their children in the initiation school - taught manhood values.
• The mothers and women in South Africa are among concerned groups of people who are desperately in need of urgent solutions
• It is a known social determinant that initiation school attendants fast (avoid sexual contact with partners) especially during the first week of circumcision
• Legal, matured and experienced traditional attendants are able to prevent dehydration, sepsis and gangrene at the initiation school
• 92.2% of boys prefer traditional circumcision in Libode, only 4% prefer MMC
• Bogus doctors are young, inexperienced, not concerned about health and welfare of the initiates, they assault, restrain initiates to death
• An average amount of R250.00 per initiate was declared to be paid to all registered traditional surgeons as a stipend. No surgeon should be paid a higher or lower price than others (Ndamase, 2009). Parents who do not have the money to pay the stipend but need to circumcise their children, they should report to the designated authorities for assistance.
<table>
<thead>
<tr>
<th>HEALTH PERSUASION</th>
<th>LEGISLATIVE ACTION</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Professionals; Medical practitioners, Surgeons, registered Nurses, Social Workers, Psychologists, Urologists - Health advice, health education, Information-giving <em>(Conservatism)</em> (Prescribers) ← Individual</td>
<td>House of Traditional Leaders, working with Gov. Departments e.g. Traditional Affairs, DoH, DoE, Police, Justice, Agriculture and Forestry, Water and Sanitation, Local Municipality (Policies, Regulations) <em>(Reformism)</em> (Custodians)</td>
</tr>
<tr>
<td>PERSONAL COUNSELLING</td>
<td>COMMUNITY DEVELOPMENT</td>
</tr>
<tr>
<td>Empowerment: Youth Health Workers, peer educators, (One-on-one), Education, Group Work <em>(Liberalism)</em> (Enablers)</td>
<td>Enfranchise or emancipate (set free) Groups, organizations, Clubs, residence association, Churches, Group Work, Action Research, Lobbying <em>(culture)</em> <em>(Radicalism)</em> (Advocacy)</td>
</tr>
</tbody>
</table>
Mode of intervention

AUTHORITATIVE (top down)

Health persuasion (Conservative ideology)
Focus on why behaviour happens, not just on risk behaviour e.g. smoking cessation

Legislative action (Reformist ideology)
Top down method to improve health e.g. seatbelt legislation

INDIVIDUAL

Personal counselling (Libertarian ideology)
Empowering individuals to make changes

COLLECTIVE

Community development (Radical pluralist ideology)
Working with communities to identify changes they can make

NEGOTIATED (bottom up)
Recommendations

• Combination of top down and bottom up approaches, strengthening of families and community actions and empowerment of vulnerable groups

• Proper planning, development, implementation and evaluation of health promotion programmes that also include budgeting and economic evaluation

• A professionally designed preventive programmes aimed at achieving behavioural and environmental objectives primarily targeting boys at schools and traditional practitioners based on community needs.

• Male public health practitioners with in-depth formal knowledge and understanding of health promotion, environmental health need to facilitate (catalysts) and work together tactfully with traditional practitioners at a ward based – community level of PHC in prevention of any circumcision health related problems.

• Advocacy for policy makers to build and proclaim policy statements, for example, that obligate traditional practitioners to allow circumcision initiates to drink fluids, clean water and consume nutritious foods according to the basic principles of nutrition and harm minimization strategies.
• Appointments of socially accepted trained and experienced traditional practitioners and circumcision peer educators to take responsibility and custody of circumcision initiates in the initiation school.

• Medical practitioners need to play their meaningful role at secondary level of PHC in the health care system and in advising the traditional leaders as custodians of the culture and alarming them on epidemiological trends of circumcision in general.

• Police patrol should be in place to guard against violation of law by culprits responsible for assaults, restraints and any form of abuse targeted to circumcision initiates.

• All relevant stakeholders including parents should play their meaningful role in protecting the children and affording them good shelter whilst in the initiation schools.
An ideal bush hut
Trained Peer educators
Initiates/Abakhwetha
Amakrwala/ New man from the initiation school going back to the community, the bush hut is burnt
New men in the Community
Conclusion

• Circumcision deaths and complications are preventable and avoidable.
• Waiting for the manifestation of complications is very costly both to the public, the affected groups and individuals.
• Combined approaches, work together and find a suitable and actual strategies until no deaths and complications are reported.
• More studies to be done on implementation and evaluation to find out about how do the survivors of penile amputation live, their families and loved ones.
Acknowledgement

• HSRC
• PHHSI Management and colleagues
• Research Use and Impact Assessment Personnel
• WSU and my supervisors
• DST/ NRF (RAVAC)
• Nyandeni Royal Place and communities
• HTL & Contralesa
• DoH & DoE
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Thank you