

# Susceptibility of Contracting Diseases during the Traditional Male Circumcision (TMC) Rite of Males in Alice, South Africa (Eastern Cape): Implication to Social Work



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## ABSTRACT

This paper, using an explorative and descriptive design facilitated by an interview schedule, explored the potential of male adolescents undergoing the rite of traditional male circumcision contracting diseases. In-depth interviews and focus group discussions (FGDs) were used to interview the initiates, traditional surgeons and nurses, parents, traditional leaders, and representatives from the Association of Iingcibi Namakhankatha. The findings revealed that the contraction of diseases during the traditional male circumcision rite of passage often occurs due to the sharing of the circumcising sword called assegai (*umdlanga*) by the traditional surgeons (*iingcibi*); the sharing of bandages by traditional nurses (*amakhankatha*); and teachings that condone maladaptive sexual behaviours. The hospitalisation of initiates also occurs because of diseases and infections contracted during the initiation. This paper recommends that the government and non-governmental health institutions collaborate with cultural custodians to ensure a safer environment for this rite. The study is a platform to extend more research into the domain of traditional male circumcision.

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## INTRODUCTION

Inopportunately, South Africa has been under blame for an array of gaps it manifests in the rite of traditional male circumcision, including the health hazards and bouts of immoralities in the rite. This accounts for year-in-year clinical hazards that happen to newly initiated adolescents. This has caused a crisis that is likely to disrepute the government of the day as well as the custodians and managers of the once-adored traditional circumcision rite. This article espouses bringing to the fore the dynamics associated with the potential of contracting diseases during the traditional male circumcision rite of adolescent males in Alice, South Africa. It considers the implications of social work and the dynamics that are posed.

Unequivocally, the global community, in an endeavour to annihilate or significantly mitigate the effects of HIV/AIDS, has increasingly been advocating for medical male circumcision (MMC) as an intervention to fight HIV/AIDS. South Africa has been such a target as it carries the highest number of people living with HIV/AIDS, warranting a spirited campaign for societies to consider MMC as a viable

intervention in the fight against HIV/AIDS.<sup>1</sup> This has faced a paradoxical crossroads as many circumcising communities have stuck to traditional male circumcision (TMC).<sup>2</sup> However, there are perceptions suggesting that the South African government is clandestinely undermining the rite of traditional male circumcision and trying to promote medical male circumcision (MMC) as an intervention to surmount HIV/AIDS.<sup>3</sup> Definably, TMC is procedurally defined as the removal of the foreskin under culturally defined settings by a traditional surgeon, using a circumcision sword known as an assegai (*umdlanga* in isiXhosa). The rite is performed on adolescent boys who are aged 18 years or older and represents a shift from boyhood to manhood, as those circumcised are expected to take on adult responsibilities within both the home and the broader community.<sup>4</sup>

The traditional male circumcision (*Ulwaluko*) performed on male adolescents has been viewed as an intervention to prevent the spread of diseases, including HIV/AIDS and other sexually transmitted diseases.<sup>5</sup> Despite the claims that the rite assists with disease prevention, there have been several reports, both in the media and academic literature, of initiates becoming victims of diseases such as HIV/AIDS and other similarly infectious diseases.<sup>6</sup>

If these reports can be validated to be true, this marks a significant shift in the primary purpose of the rite, thereby degrading its dignity.<sup>7</sup> It is no wonder then that today's youth traditional male circumcision rite (*ulwaluko*), unlike in yesteryears, is considered vulnerable to contracting sexually transmitted diseases.<sup>8</sup> Mpateni and Kang'ethe further assert that this increase in diseases among the initiates may be due to misleading attitudes that initiation graduates acquire a lease of freedom to sexual engagement, usually without condoms as a way of testing their manhood.<sup>9</sup> Many traditional surgeons (*iingcibi*) tend to be 'health blind' by sharing one circumcision sword (*umdlanga*) among initiates; while traditional nurses share bandages between the initiates.<sup>10</sup> The teachings in the initiation school ironically condone the consumption of alcohol, which can lead to risky behaviours.

There exists a great ignorance and/or lack of proper sexual education in the teachings that occur in the initiation school.<sup>11</sup> This lack of a scientific approach can have, and has already had, a negative impact on many initiates, their kin, or larger communities. The rite, therefore, has put its prevention measures into disrepute and has not assisted the country in fighting the higher incidences of HIV/AIDS and other sexual-related diseases.<sup>12</sup> Therefore, research must be conducted to assess the potential of the rite being an avenue of contracting the diseases instead of the rite being an intervention.

Regrettably, the circumcision rite is increasingly being associated with health hazards, which have been broadcasted both by print and electronic media, including academic research. Regrettably, there are opportunities for contracting diseases due to health blindness of the traditional surgeons and education that condones maladaptive sexual behaviour resorting to initiation graduates engaging with multiple sexual partners post-initiation rite. Unequivocally also, poor training and hiring of unlicensed traditional

<sup>1</sup> A. Mpateni, "Health Factors Associated with Traditional Male Circumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality" (University of Fort Hare, 2017).

<sup>2</sup> Thandisizwe R Mavundla et al., "How Boys Become Dogs: Stigmatization and Marginalization of Uninitiated Xhosa Males in East London, South Africa," *Qualitative Health Research* 20, no. 7 (2010): 931–41.

<sup>3</sup> Salome Froneman and Paul A Kapp, "An Exploration of the Knowledge, Attitudes and Beliefs of Xhosa Men Concerning Traditional Circumcision," *African Journal of Primary Health Care & Family Medicine* 9, no. 1 (2017): 1–8.

<sup>4</sup> Simon M Kang'ethe, "The Panacea and Perfidy of Cultural Rites of Circumcision in African Countries: Examples from Kenya, Botswana and South Africa," *Eastern Africa Social Science Research Review* 29, no. 1 (2013): 107–23.

<sup>5</sup> Thembele Kepe, "'Secrets' That Kill: Crisis, Custodianship and Responsibility in Ritual Male Circumcision in the Eastern Cape Province, South Africa," *Social Science & Medicine* 70, no. 5 (2010): 729–35.

<sup>6</sup> Mpateni, "Health Factors Associated with Traditional Male Circumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>7</sup> Mpateni, "Health Factors Associated with Traditional Male Circumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>8</sup> Aphiwe Mpateni and Simon Murote Kang'ethe, "An Autopsy of Palliative Health Hazards Associated with the Contemporary Traditional Male Circumcision Rite: The Case of 2016 Alice Study," *Indian Journal of Palliative Care* 26, no. 1 (2020): 80.

<sup>9</sup> Mpateni and Kang'ethe, "An Autopsy of Palliative Health Hazards Associated with the Contemporary Traditional Male Circumcision Rite: The Case of 2016 Alice Study."

<sup>10</sup> T. Nomngcoyiya, "Exploring the Psychosocial Challenges Associated with Traditional Male Circumcision Practice (TMCP) through the Lenses of Newly Initiated Men: A Case of Lusikisiki, Phondoland Area - Eastern Cape." (University of Fort Hare, 2015).

<sup>11</sup> Aphiwe Mpateni, "A Comparison of Behaviour and Morality between the Yesteryear's Traditional Male Circumcision Initiates and Those of Contemporary Epoch in Cala and Mdantsane, Eastern Cape." (University of Fort Hare, 2022).

<sup>12</sup> UNAIDS, "Ending AIDS: Progress Towards 90-90-90 Targets," UNAIDS (2017), 2017, <https://www.aidsdatahub.org/ending-aids-progress-towards-90-90-90-targets-unaid-2017>; UNAIDS, "AIDS INFO," 2018, <https://www.unaids.org/en>.

surgeons and nurses to run the trade of circumcision rite have put the lives of the initiates at stake as they become prone to infections. Inopportunely, traditional surgeons, due to their blindness to health ethos, share the circumcising blade among the initiates without sterilizing them, and traditional nurses share the bandages, thereby heightening the opportunities of transmitting the infections from one initiate to the other. This poor handling of the initiates by the traditional nurses and surgeons leads to health hazards and infections. That has led most initiates and parents to doubt whether the rite maintains its goalposts. This calls for more research that seeks to suggest some recommendations to the government and cultural custodians to ensure that the circumcision rite achieves its goalposts without an array of gaps attributed to it. The following research questions underlie the study:

- What is the potential of male adolescents undergoing the rite of circumcision to contract diseases?
- What are the environmental factors driving the vulnerability that heightens the opportunities for adolescents to be exposed to especially contagious diseases such as HIV/AIDS and other debilitating sicknesses?

## LITERATURE REVIEW

### **Poor health standards in the initiation schools lead to the contraction of diseases.**

Traditional male circumcision (TMC) is performed in traditional settings without the use of modern medical assistance. This leads to high risks of contracting infections as initiates eat half-cooked food that is unhealthy.<sup>13</sup> In the initiation schools, TMC initiates live in plastic huts referred to as (*ibhuma*), which have no windows, and they have to stay inside for some days under any weather conditions.<sup>14</sup> Kanta further asserts that such conditions are unhealthy.<sup>15</sup> Traditional nurses who attend to the initiates do not wash their hands and have no sterilization to sanitize hands.<sup>16</sup> Regrettably, this is not a challenge facing only AmaXhosa because, in Lesotho, there were reports of HIV infections among TMC initiates.<sup>17</sup> This showed possible gaps in the teachings given to the initiates. In light of the above, the Lesotho government set some measures to fight against the prevailing infections of HIV/AIDS under the banner of traditional male circumcision.<sup>18</sup>

### **TMC initiates sent to botched circumcision schools susceptible to contraction of diseases**

Unequivocally, traditional male circumcision initiates who are sent to unlicensed circumcision schools are at stake of contracting diseases due to health blindness by incompetent surgeons.<sup>19</sup> Attendants in the botched initiation schools receive no training, and that puts the lives of initiates at a high risk of infections. Botched circumcision schools are run by surgeons and nurses who do not have expertise in running the trade. That leads to them handling the initiates carelessly, resorting to initiates suffering accidents and excruciating pain.<sup>20</sup>

### **Circumcision of boys under the age of 18 contributes to the death of initiates.**

Regrettably, parents send minors to initiation schools who are unfit to withstand the conditions in the initiation schools. Sending minors under eighteen (18) shows poor or no compliance with government

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<sup>13</sup> Aphiwe Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality, Eastern Cape" (University of Fort Hare, 2016).

<sup>14</sup> X.G.M. Kanta, "Challenges of Initiation School as Identified During Routine Health Inspection in Eastern Cape, Including HIV/AIDS and Male Circumcision," . . . *A Paper Presented in Initiation Schools Conference. East London, September 27- 29., 2004.*

<sup>15</sup> Kanta, "Challenges of Initiation School as Identified During Routine Health Inspection in Eastern Cape, Including HIV/AIDS and Male Circumcision."

<sup>16</sup> Aphiwe Mpateni and Simon Murote Kang'Ethe, "Behaviours of Traditional Male Circumcision Initiates of Cala and Mdantsane, South Africa," Inkanyiso, 2022.

<sup>17</sup> WHO & UNAIDS, "Progress in Male Circumcision Scale-up: Country Implementation Update," 2008, <http://www.avert.org/malecircumcision>.

<sup>18</sup> Mpateni, "A Comparison of Behaviour and Morality between the Yesteryear's Traditional Male Circumcision Initiates and Those of Contemporary Epoch in Cala and Mdantsane, Eastern Cape. ."

<sup>19</sup> Mavundla et al., "How Boys Become Dogs: Stigmatization and Marginalization of Uninitiated Xhosa Males in East London, South Africa."

<sup>20</sup> Nomngcoyiya, "Exploring the Psychosocial Challenges Associated with Traditional Male Circumcision Practice (TMCP) through the Lenses of Newly Initiated Men: A Case of Lusikisiki, Phondoland Area - Eastern Cape."

policy terms such as the Application of Health Standards in Traditional Circumcision Act No. 6 of 2001.<sup>21</sup> Minors cannot cope with harsh conditions as they are still not strong enough. Parents must practice compliance as scholars such as Mpateni have indicated that boys who were initiated at the right age were likely to be strong enough to withstand the pain and the surgical conditions associated with the rite and behave well.<sup>22</sup>

## THEORETICAL FRAMEWORK

### *Ubuntu Theory*

This paper used the African theory of *Ubuntu*, defined by Letseka as a custom of human engagement that allows for critical thinking, non-domination, and the optimal development of human relationships.<sup>23</sup> According to the concept of *Ubuntu*, everyone's humanity is ideally expressed in relationships with others. This resonates well with the assertion *umntu nguntu ngabantu*, meaning a person is a person by others. This further finds support from the Xhosa saying that says *isandla sihlamba esinye* meaning that one hand washes the other. Perhaps this is a clear definition of the connectedness among human beings, which marks unity and social capital. Letseka further asserts that *Ubuntu* is cognizant of not only one's being but also of one's duties toward one's neighbour.<sup>24</sup> In the same vein, Mbigi concedes that *Ubuntu* is a concrete manifestation of the interconnectedness of human beings, which is apparent in African societies.<sup>25</sup> This theory fits well in this study because it looks at the culture from the two fronts. First, the practice of the traditional male circumcision ritual is a manifestation of cultural development. It widens the scope of Africa's social capital by displaying love, togetherness, and trust, and it is the epitome of cultural development using African lenses.<sup>26</sup> On the other front, the theory is very important in that it lays bare the gaps inherent in the culture today of year-in, year-out clinical hazards among the initiates, meaning that the process is carried out without love, dedication, and, perhaps, by incompetent traditional surgeons and nurses.<sup>27</sup> These characteristics do not constitute *Ubuntu*. The way the culture is being handled today in some Southern African contexts raises many questions with the feeling that the tenets of *Ubuntu*, such as love, humanity, trust, and being there for one another, are lacking.<sup>28</sup> (It may also signify poor interconnectedness with different stakeholders, but importantly, the societal deities. This theory can be used to explain the lacunae that exist in African societies today, where traditionally circumcised initiates contract infections in the initiation school.<sup>29</sup> Parents sending boys to be circumcised by unlicensed traditional surgeons heralds a serious gap in *Ubuntu*. The phenomenon of unlicensed traditional surgeons running the trade of circumcision for profit gain is a symbol of the poor embracement of *Ubuntu*.<sup>30</sup>

## METHODOLOGY

This study used an interpretive paradigm with an explorative and descriptive design to gain findings from indigenous participants who have direct involvement with adolescent traditional male circumcision and who have historical knowledge of the rite.<sup>31</sup> The researcher for this study used two separate research

<sup>21</sup> Karl Peltzer et al., "Editorial Review: Male Circumcision, Gender and HIV Prevention in Sub-Saharan Africa: A (Social Science) Research Agenda," *Sahara-J: Journal of Social Aspects of HIV/AIDS* 4, no. 3 (2007): 658–67; Mpateni, "Health Factors Associated with Traditional Male Circumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>22</sup> Mpateni, "Health Factors Associated with Traditional Male Circumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>23</sup> M Letseka, "Educating for Ubuntu: Open Journal of Philosophy," Available at [Ww.Scirp.Org/Journal/PaperDownload.Aspx](http://Ww.Scirp.Org/Journal/PaperDownload.Aspx), 2011.

<sup>24</sup> Letseka, "Educating for Ubuntu: Open Journal of Philosophy."

<sup>25</sup> L. Mbigi, *Ubuntu: The African Dream in Management, Knowledge Resources* (Randburg, 1997).

<sup>26</sup> Mbigi, *Ubuntu: The African Dream in Management, Knowledge Resources*.

<sup>27</sup> Mpateni, "A Comparison of Behaviour and Morality between the Yesteryear's Traditional Male Circumcision Initiates and Those of Contemporary Epoch in Cala and Mdantsane, Eastern Cape. "

<sup>28</sup> Jacob Rugare Mugumbate and Admire Chereni, "Now, the Theory of Ubuntu Has Its Space in Social Work," *African Journal of Social Work* 10, no. 1 (2020).

<sup>29</sup> Mpateni and Kang'ethe, "An Autopsy of Palliative Health Hazards Associated with the Contemporary Traditional Male Circumcision Rite: The Case of 2016 Alice Study."

<sup>30</sup> L Feni and B Fuzile, "Ritual of Death: Plans to Stop Initiation 'genocide'," *Daily for the Human Services. 7th Ed. Belmont: Thompson Wadsworth*, 2013.

<sup>31</sup> N Goduka and B Chilisa, "Locating African Voices and Worldviews within the Academy. EZiko SiPheka SiSophula: National Library of South Africa's Centre for the Book," 2016.

(interview) guides with open-ended questions, one for the interviews and the second for the FGDs.<sup>32</sup> This researcher enriched this study's qualitative outcomes by making participants' observations and taking note of their gestural cues. This study used a purposive sampling technique of non-probability sampling method with the principal researcher discretionally choosing 10 newly initiated adolescent male youths, two traditional surgeons, five parents of initiates who recently underwent circumcision rite, two traditional nurses (*amakhankatha*), one chief, five health practitioners who deal with traditional male circumcision, and one representative from the *Association of Ingcibi Namakhankatha*. This study excluded parents who did not have any traditionally initiated sons, boys who were not circumcised, and girls. The study excluded men who underwent medical male circumcision.

The data collection process was cross-sectional, where data was collected quickly. It was indigenously informed, and data was captured using the participants' mother tongue. The data collection process respected the saturation principle, where further data collection on a particular theme would be stopped when the samples appeared to repeat the same idea or thought. The principal researcher had applied and was granted an ethical certificate No. KAN101SNYA01, which he used to request the participation of this study's research participants in both one-on-one interviews and focus group discussions. Interviews were conducted in health centers such as the Men's Clinic, the House of traditional male circumcision council (Ingcibi nama Khanakatha), and the Alice community. The selection of the participants took into consideration factors such as age and culture but did not subjugate women as genders were both included in the study. The researcher ensured that the participant's responses were audiotaped. The study adopted a thematic data analysis that facilitated grouping the responses into themes and sub-themes.

The study adhered to all the laid down administrative processes to conduct a study, such as ensuring informed consent, allowing the participants to withdraw anytime they felt distressed by the interviewing process, and ensuring access to a social work counsellor for any debriefings in case of any traumatic nuance in the research process.

Data for this article was obtained from Alice, situated in the Raymond Mhlaba Local Municipality of the Eastern Cape. The research fieldwork was conducted in 2016. The researcher chose Alice due to its geographical location as it is predominantly occupied by the amaXhosa population- the majority of whom participate in the circumcision rite. The Alice community boasts of health facilities, such as a men's clinic (CC Loyd Men's Clinic), that are equipped to handle traditional male circumcision cases during the initiation season. The Alice community is also where the traditional male circumcision administrative council (*Association of Ingcibi Namakhankatha*) is situated. The War Memorial Clinic was instrumental in treating initiates who experienced health hazards around the Alice region.

## PRESENTATION OF FINDINGS

**Table 1: Presentation of demographic information**

| Participant number | Units of analysis                                  | Gender    |          |
|--------------------|--|-----------|----------|
|                    |  | Male      | Female   |
| 1.                 | Member of the Association of Ingcibi Namakhankatha | 1         | 0        |
| 2.                 | Traditional surgeons " <i>ingcibi</i> "            | 1         | 0        |
| 3.                 | Initiates (adolescents)                            | 5         | 0        |
| 4.                 | Parents  | 3         | 2        |
| 5.                 | Health practitioners                               | 10        | 0        |
| 6.                 | Traditional nurses " <i>amakhanankatha</i> "       | 2         | 0        |
| 7.                 | Traditional leader                                 | 1         | 0        |
| <b>TOTAL</b>       |  | <b>23</b> | <b>2</b> |

<sup>32</sup> C. Bless, C. Higson-Smith, and S.L. Sithole, *Fundamentals of Social Research Methods. An African Perspective*, 5th ed. (Cape Town, South Africa: Juta, 2013).

Research findings showed possibilities and opportunities of contracting diseases by initiates during TMC practice. Sharing of circumcision sword by the traditional surgeon (*ingcibi*) increases the opportunity of contracting diseases. Research findings revealed hospitalization of initiates due to infections contracted as a result of the negligence of palliative care in the initiation schools. The sharing of bandages has been identified as another driver of the contraction of diseases in the initiation school. Lastly, teachings that condone maladaptive sexual behaviour have been uncommon in the initiation schools, leading to the contraction of diseases.

### Thematic Findings Table

|   |  |
|---|--|
| 1 | Contraction of diseases during traditional male circumcision due to the absence of palliative care.  |
| 2 | <i>Sharing of the circumcision sword (assegai) by the traditional surgeon (ingcibi) due to health blindness, leading to the contraction of diseases.</i> |
| 3 | <i>Hospitalisation of initiates due to palliative care negligence.</i>   |
| 4 | Contraction of diseases due to the sharing of bandages.  |
| 5 | <i>Teachings that condone maladaptive sexual behaviour in the initiation school.</i>   |

### Contraction of diseases during traditional male circumcision

The research findings revealed that the absence of palliative health care increased the initiates' risks of contracting diseases, particularly due to a lack of medical arrangements to ensure the hygienic treatment of wounds during the circumcision process:

*The absence of medical kits in the initiation schools compromises the hygienic standards in the rite of circumcision, exposing initiates to infections and diseases.* (Health practitioner).

*The absence of sanitisers may mean that we transfer infections from one initiate to another if one is infected. That means compromising the lives of others* (Traditional nurses).

The lack of palliative health care during the rite may be due to traditional nurses' ignorance of poor exposure to the health ethos e.g., the need for sterilising tools during the surgical stage of initiation and/or changing or sterilising bandages during the healing process.

### **Traditional surgeons (*iingcibi*) use one circumcision sword (*assegai*) to operate many initiates**

The findings revealed that many of the participating initiates contracted diseases during the removal of their foreskin due to the traditional surgeon (*ingcibi*) using one circumcision sword (*assegai*) for numerous initiates without applying sterilisation chemicals or taking into consideration different health statuses. Participant responses are as follows:

*"The traditional surgeon uses the same circumcision sword (assegai) to operate on my older brother and for others without ever sterilising it"* (Newly initiated man).

*"I could not question the surgeon for not cleaning the assegai (circumcision sword) before circumcising me, despite having used it to operate another initiate"* (Newly initiated man).

*"Some of the initiates who come to hospitals and clinics are diagnosed with diseases such as HIV/AIDS* (Health Practitioner).

Seemingly the rite has violated the rights of some of the traditionally circumcised adolescents, as they contracted diseases because of the carelessness of their attendants. This degraded their human rights to health, safety, value, and dignity. The fact that initiates often contract diseases from this rite has undermined the practice of traditional male circumcision.

### ***Palliative Care Negligence***

The study revealed that during the initiation season, initiates were often hospitalised due to a lack of requisite palliative care services such as a lack of sterilising the bandages they used on the initiates. Participants stated the following:

*When some of the initiates are brought here to the clinic, we notice that they have been infected by diseases (Health practitioner).*

*Most initiates are rushed to the hospital because they do not heal and when they get there; they are told that they have infections (Traditional nurse).*

*Some of the initiates whom we test in the hospital are found to be infected... A lack of proper palliative care services is dire (Health Practitioner).*

Adolescent male circumcision was overly exposing the initiates to an array of health deficits due to negligence from the side of the traditional nurses and also a lack of proper palliative care interventions.

### ***Contraction of diseases due to the sharing of bandages***

The study found that traditional nurses were responsible for the contraction of diseases and infections because they often used the same bandage among different initiates, thereby heightening opportunities for infections. They were also blind to using hygienic processes such as sterilising the bandages. Some participants indicated the following:

*Most initiates get infected with various diseases because of the carelessness of the traditional nurses (Representative from the Association of Ingcibi Namakhankatha).*

*In the initiation school, there is not enough material to help in the healing of wounds. As a result, traditional nurses use the same bandage from one initiative to another (Community Leader).*

*As an initiate, I could not ask him to clean the bandages as he would punish me for controlling him (Newly initiated man).*

This means that the aetiology of the infections was largely due to poor health disposition due to the carelessness of the traditional nurses. There is also a clear absence of palliative health care, both during and after the rite.

### ***Maladaptive sexual behaviour in the initiation schools***

Study findings revealed that many initiates after undergoing the rite perceived the rite as a lease to engage in unprotected sexual intercourse with multiple partners, usually without protection. This heightened their opportunities to contract diseases. The following sentiments support the finding.

*My seniors told me that I was a weak man if I had only one girlfriend (Newly initiated man).*

*I was advised to go and test my penis by having sex with sexually experienced women without using a condom (Newly initiated man).*

*I was told that a condom is unnecessary post-traditional male circumcision as the removal of the foreskin prevents contraction of diseases (Newly initiated man).*

The negative teachings presented to the initiates by their seniors were hoodwinking. This perhaps points to the need for sex education.

## DISCUSSION OF FINDINGS

The absence of palliative health care during the traditional male circumcision process has been found to contribute to the contraction of diseases by many traditional male circumcision initiates.<sup>33</sup> Traditional surgeons (*iingcibi*) and traditional nurses (*amakhankatha*) underplay the observation of hygiene and safer ethos during the actual circumcision and subsequent healing process. This lack of scientific medical practice has increased initiates' chances of contracting diseases. The practice is also devoid of the tenets of ubuntu.

Inopportunistly, the tendency of sharing one assegai (circumcision sword) (*umdlanga* in IsiXhosa) between several initiates has been reported as one of the factors that increase the contraction of diseases by the initiates.<sup>34</sup> Studies by Mpateni revealed that due to the health blindness of traditional surgeons, most initiates have contracted infections (including HIV/AIDS and other infectious diseases).<sup>35</sup> The absence of sterile chemicals for cleaning the circumcision sword has been blamed as a cause of infection. The lack of sterilisation, along with the absence of palliative health care in traditional male circumcision practice, is seen as highly problematic and a contributor to the high rates of disease in initiates. In a study by Mpateni, it was found that if the first initiate is HIV positive, the likelihood of subsequent initiates being infected was high, as the blood of the first infected initiate is exposed to the other initiates' wounds.<sup>36</sup> Since this happens under the watch and direction of the cultural custodians, it is a sheer sense of irresponsibility and a lack of observance of the spirit of ubuntu that stands for being there for one another, as well as standing for morality and diligence.

Botched circumcision schools have been reported as a cause for many of the noted infections. The fact that some cultural custodians commercialise the TMC practice to maximise profit and thereby compromise the lives of boys is a symbol of poor embracement of humanity (*ubuntu*). Inopportunistly, it is a sign of selfishness that transgresses the social capital embedded in the spirit of *ubuntu*. Kanta and Nomngcoyiya have indicated that most initiates are sent to circumcision schools run by unlicensed traditional surgeons who have received little to no training to conduct the circumcision procedure. Their parents cannot escape the blame for allowing such adolescents to put their lives at stake.<sup>37</sup>

Mpateni concedes that the circumcision rite has been commercialised, with most unlicensed surgeons circumcising boys for monetary gains as opposed to ensuring the quality of the circumcision school.<sup>38</sup> This practice of aiming towards making money has negatively impacted the quality of the circumcision act by increasing the opportunities for exposing the initiates to an array of diseases and infections.<sup>39</sup> This is a cruel act that cannot be celebrated if the right to life and unity, which is a sign of *ubuntu* is respected.

The current study's findings revealed that there have been yearly reports of hospitalisation. Indeed, most initiates who are infected by disease during the rite find themselves hospitalised,<sup>40</sup> due to various clinical hazards, with contraction of deadly diseases such as HIV/AIDS being uncommon. Being diagnosed with infections (e.g., HIV/AIDS or others) has left initiates not proud of having taken part in the rite of circumcision. These initiates' families have often not been able to accept that these young men have found themselves infected with, oftentimes, an incurable disease. The number of hospitalisation

<sup>33</sup> Mpateni, "Health Factors Associated with Traditional Male Cicumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>34</sup> Luvuyo Ntombana, "An Investigation into the Role of Xhosa Male Initiation in Moral Regeneration" (2011).

<sup>35</sup> Mpateni, "Health Factors Associated with Traditional Male Cicumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>36</sup> Mpateni, "Health Factors Associated with Traditional Male Cicumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>37</sup> Kanta, "Challenges of Initiation School as Identified During Routine Health Inspection in Eastern Cape, Including HIV/AIDS and Male Circumcision"; Nomngcoyiya, "Exploring the Psychosocial Challenges Associated with Traditional Male Circumcision Practice (TMCP) through the Lenses of Newly Initiated Men: A Case of Lusikisiki, Phondoland Area - Eastern Cape."

<sup>38</sup> Mpateni, "Health Factors Associated with Traditional Male Cicumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

<sup>39</sup> Nomngcoyiya, "Exploring the Psychosocial Challenges Associated with Traditional Male Circumcision Practice (TMCP) through the Lenses of Newly Initiated Men: A Case of Lusikisiki, Phondoland Area - Eastern Cape."; Ntombana, "An Investigation into the Role of Xhosa Male Initiation in Moral Regeneration."

<sup>40</sup> Daniella Mark et al., "Low Acceptability of Medical Male Circumcision as an HIV/AIDS Prevention Intervention within a South African Community That Practises Traditional Circumcision," *South African Medical Journal* 102, no. 6 (2012): 571-73.

cases related to the circumcision rite has also been found to increase yearly.<sup>41</sup> Due to incidences of hospitalisation and deaths associated with the rite, Mavundla et al. refer to the rite of traditional male circumcision as a 'secret that kills' when noting the dangers embedded within this practice.<sup>42</sup> This description holds some weight when considering that over 30% of traditionally circumcised adolescent males are hospitalized due to complications contracted during the ceremony.<sup>43</sup>

Due to the noted health issues associated with the rite, traditional male circumcision has lost much of its value and, according to both participant assertions in this current study and other research, for example, that of Ntombana, there is little hope and confidence in the part of most initiates about the future of the traditional male circumcision ritual.<sup>44</sup> The study, therefore, recommends that campaigns and training should be undertaken to address the issue of health blindness on the part of attendants, to ensure that the rite does not become a cause of health issues or even death.

Further, Mpateni and Kang'ethe found that the teachings presented to initiates appear to condone maladaptive sexual behaviour which led to the contraction of diseases by initiates.<sup>45</sup> This is because some traditional nurses motivated the newly graduated initiates to go and practice unsafe sex with multiple partners as a way of 'testing' the working of their penises post-initiation ritual.<sup>46</sup> Many initiates were taught to have multiple sexual partners as a symbol of being a 'real man'. Such teachings indicate that the rite of traditional male circumcision can be a forum used for condoning immorality and unaccepted behaviours that can, in turn, increase the spread of diseases and infections amongst adolescent initiation graduates. The fact that initiates are taught to disrespect women by engaging with them without a condom can put the lives of women at risk. Sadly, compromising their health is a sign of the transgression of *ubuntu*.

### Discussion Summary

Ironically, the rite of adolescent traditional male circumcision has been associated with the contraction of diseases that compromise the health of the initiates. Health blindness has increased the opportunities of contracting diseases as traditional male circumcision attendants such as traditional surgeons and nurses share the kit such as the circumcision sword (assegai) and bandages. The study findings have further revealed increased cases of hospitalization due to negligence by the rite attendants. This necessitates training of the attendants such as traditional surgeons and traditional nurses to run the trade of circumcision with expertise.

### RECOMMENDATIONS

Based on the findings revealed by this paper, it is recommended that the profession of social work partner with traditional leaders and the government, including the DoH, to effectively address the health hazards associated with the rite of traditional circumcision. Such collaboration may cause the government to focus more on putting in health and safety measures for the rite and inject funds into bodies responsible for monitoring the circumcision processes. Training is needed for traditional surgeons and nurses, as this may help to minimise cultural blindness related to health concerns that occur amongst them.

It is also necessary for the Government to respond decisively to botched circumcisions that are headed by untrained and/or incompetent attendants. Social workers' educational role should also be implemented, to facilitate obedience to Government's policies. Social workers should teach parents to not send minors to initiation school. Social workers through their educational role, advocacy role, mediator, and broker role as important roles of social work must be utilized by social workers to link communities with relevant offices such as the House of Traditional Leaders. The government must inject

<sup>41</sup> Mpateni and Kang'ethe, "An Autopsy of Palliative Health Hazards Associated with the Contemporary Traditional Male Circumcision Rite: The Case of 2016 Alice Study."

<sup>42</sup> Mavundla et al., "How Boys Become Dogs: Stigmatization and Marginalization of Uninitiated Xhosa Males in East London, South Africa."

<sup>43</sup> Ntombana, "An Investigation into the Role of Xhosa Male Initiation in Moral Regeneration."

<sup>44</sup> Luvuyo Ntombana, "Xhosa Male Initiation and Teaching of Moral Values: An Exploration of the Role of Traditional Guardians in Teaching the Initiates: IKS in Other Contexts," *Indilinga African Journal of Indigenous Knowledge Systems* 8, no. 1 (2009): 73–84.

<sup>45</sup> Mpateni and Kang'ethe, "An Autopsy of Palliative Health Hazards Associated with the Contemporary Traditional Male Circumcision Rite: The Case of 2016 Alice Study."

<sup>46</sup> Mpateni, "Health Factors Associated with Traditional Male Circumcision of Adolescent Males in Alice, Raymond Mhlaba Local Municipality."

funds into the NGOs to work in synergy with the departments to enforce transparency of the programs that address cultural matters. The involvement of professionally trained nurses and surgeons who have expertise both in the traditional practices of the rite and the broader scientific health ethos should be mandatory, as their involvement could significantly minimise cases where initiates contract diseases during the initiation ceremony.

## CONCLUSION

This paper has explored the potential of male adolescents undergoing the rite of traditional male circumcision contracting diseases. The findings have revealed that the contraction of diseases during the traditional male circumcision rite of passage often occurs due to the sharing of the circumcising sword called assegai (*umdlanga*) by the traditional surgeons (*iingcibi*); the sharing of bandages by traditional nurses (*amakhankatha*); and teachings that condone maladaptive sexual behaviours. It was noted that the absence of palliative health care has hurt initiates who have undergone traditional male circumcision – with many reported cases of infections associated with the practice. This calls for government intervention to work hand in hand with traditional leaders and address the health hazards associated with the rite of circumcision.

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## Conflicts of interests

There are no conflicts of interest.

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