

# Youth Traditional Male Circumcision (TMC) as a tool to fight HIV/AIDS in South Africa: Implications for Human Rights and Social Work Practice



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## ABSTRACT

Traditional Male Circumcision (TMC) as a feasible tool to increase HIV/AIDS response needs to be validated and advocated to especially its adherents who, from time immemorial, hold to the fact that its goal has been to achieve some socio-cultural goal posts and not HIV/AIDS response. The study investigated the perceptions of selected members of the Alice Town community and its environs on the role and position of traditional male circumcision becoming an HIV/AIDS prevention tool. The study adopted a qualitative paradigm and a case study design. With slightly differentiated interview guides, the researcher conducted seven in-depth interviews covering 8 participants and four focus group discussions involving 25 participants affiliated with Alice Hospice, Lavela Old Age Centre, and the University of Fort Hare. Findings established that TMC is grounded in achieving cultural goalposts, initiating a state of moral and ethical deficit, compromised HIV/AIDS prevention, clinical hazards heightened opportunities for HIV/AIDS infections, and commercialisation of male circumcision compromised HIV/AIDS prevention agenda. Recommendations made were that the government should ensure that cultural adherents understand the process of the biomedical process and its link with HIV/AIDS response. This study has emphasised the role of social workers in redressing the rights deficits experienced by the initiates and communities in general.

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## INTRODUCTION

Unequivocally, the information about traditional male circumcision (TMC) being a tool to fight off HIV/AIDS through traditional male circumcision has been a bone of contention in many countries.<sup>1</sup> However, it has ubiquitously and increasingly been embraced by different communities in South Africa, but with a pocket of its population, perhaps due to its cultural adherence amid some degree of clinical ignorance, denying its prevention capacity.<sup>2</sup> Such denialists have stuck to the grounds that although

<sup>1</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>2</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).

HIV/AIDS has been in existence since the early 80s, it is paradoxically considered “a new disease” compared to the existence of the culture of TMC in South Africa, which is an old culture among many communities practicing the rite.<sup>3</sup> Perhaps more social work engagement is imperatively crucial to help the communities understand succinctly how TMC is a plus in the prevention of HIV/AIDS.<sup>4</sup> This led to the quest to investigate members of the community living in Alice town of Eastern Cape who religiously believe in traditional male circumcision. This study thus investigates the perceptions of different stakeholders on the possibility or potentiality of using youth TMC as an intervention to surmount HIV/AIDS in South Africa. The findings are presented in this article.

## LITERATURE REVIEW

In South Africa, indigenous communities practicing TMC do not appear to relate the operation with a possibility of considering it as an opportunity to increase the HIV/AIDS response. Opportunely, these societies need to be succinctly informed that scientific evidence abounds that those who conduct TMC are 60% safe from HIV/AIDS infection compared to those who have not.<sup>5</sup> This was validated through a convincing scientific research study in 2003 where half of the study population was circumcised, while the other group acted as the research control group. Since then, the results have continued to be ubiquitously owned by many countries across the globe. This has presented a positive scorecard in the HIV/AIDS campaign as the information continues to influence the HIV/AIDS campaign, especially in African countries hard hit by HIV/AIDS such as South Africa.<sup>6</sup> This has given hope that HIV/AIDS, though declining, but still ravaging the youthful population of many countries, may soon significantly be surmounted through traditional male circumcision. It is then critical that the social workers and other stakeholders of social service professions unleash adequate education to these communities. It is within their human rights to understand how TMC is conducted for male youths, which can be a plus in preventing HIV/AIDS.

This researcher considers this validation critical in South Africa with 7.2 million people living with HIV/AIDS, a bigger percentage being youth in the 18-35 age bracket, in tandem with the country running the most expensive anti-retroviral drugs in the globe.<sup>7</sup> Further, South Africa experiences the highest rates of morbidity and mortality in the region from AIDS. Statistically in 2017, the country experienced 270,000 new infections and 110,000 deaths from AIDS-related illnesses.<sup>8</sup> This demands that social service professionals such as social workers and important community development practitioners be on the frontline in educating societies on how to effectuate behaviour change to reduce the opportunities of transmitting HIV/AIDS. Opportunely, social workers are well versed with skills in behaviour modification amid astute skills in psychosocial interventions to assist those who need help to facilitate living positively with the disease.<sup>9</sup>

On the adoption of traditional male circumcision as an HIV/AIDS fighting intervention, it is a stark-naked reality that the Western-based campaign machinery has taken advantage of the phenomenon by emphasizing the need to undertake circumcision as an HIV/AIDS mitigation factor. This has seen the campaign financing countries such as America investing heavily in African countries.<sup>10</sup> Commendably, American bodies such as PEPFAR, Bill and Melinda Gates Foundation, and Clinton Foundation, among

<sup>3</sup> Kang'ethe, “The Panacea and Perfidy of Cultural Rites of Circumcision in African Countries: Examples from Kenya, Botswana and South Africa.”

<sup>4</sup> T. Nomngcoyiya, “The Impact of Cultural Attrition on Youth Behaviours: The Case of Ulwaluko and Intonjane Cultural Practices in Mthatha and Mount Frere, Eastern Cape, South Africa” ( University of Fort Hare, South Africa, 2018).

<sup>5</sup> Kang'ethe, “The Panacea and Perfidy of Cultural Rites of Circumcision in African Countries: Examples from Kenya, Botswana and South Africa.”

<sup>6</sup> Karl Peltzer, Xola Kanta, and Mercy Banyini, “Evaluation of a Safer Male Circumcision Training Programme for Ndebele Traditional Surgeons and Nurses in Gauteng, South Africa: Using Direct Observation of Circumcision Procedures,” *African Journal of Traditional, Complementary and Alternative Medicines* 7, no. 2 (2010).

<sup>7</sup> Mark S Blecher et al., “HIV and AIDS Financing in South Africa: Sustainability and Fiscal Space,” *South African Health Review* 2016, no. 1 (2016): 203–19.

<sup>8</sup> Simon Murote Kang'ethe, “Disclosure Deficit Experienced by People Living with HIV/AIDS in Alice and Its Environs in Eastern Cape Province, South Africa: Perceptions of Selected Stakeholders,” *Indian Journal of Palliative Care* 26, no. 1 (2020): 28.

<sup>9</sup> C. Zastrow and K.K. Kirst-Ashman, *Understanding Human Behaviour and the Social Environment*, 5th ed. (Belmont, CA : Thompson Learning, 2013).

<sup>10</sup> E. M. Moodley, “An Assessment of Students’ Perceptions of the ABC Prevention Strategy: Towards Students’ Participation in HIV/AIDS Message Design at the University of Kwazulu Natal.” (University of Kwazulu Natal, South Africa, 2007).

others, are on record as contributing a lion's share of the funding of the HIV/AIDS campaign, with a bigger share of the resources going to for male youth circumcision.<sup>11</sup> Largely, the campaign has been advocating for communities to adopt medical male circumcision as a feasible and effective strategy to reduce HIV/AIDS transmission.<sup>12</sup> This has added fresh impetus and grease to the traditional HIV/AIDS campaign strategies such as the adoption of the ABC strategy (Abstain, Be Faithful, and Condomise).<sup>13</sup>

However, it is not just enough to suggest that youth TMC is indeed a feasible intervention to surmount HIV/AIDS. This is because some countries, such as Zimbabwe, present a paradox, with some studies indicating that some communities that undergo traditional male circumcision experience higher prevalence than those communities where circumcision is not practiced.<sup>14</sup> Perhaps what needs to be processed is that penile circumcision only mitigates and is not a foolproof intervention to reduce HIV/AIDS.<sup>15</sup> One must obligatorily use a condom because unprotected sexual engagement will full throttle and unequivocally cause a transmission. This places the role of social workers amid other members of social service professionals to aptly engage communities and educate them on the interplay between youth penile circumcision and its preventive capacity. Unequivocally, the hygienic environment in which TMC is carried is an outright determinant of the safety of the initiates; or their exposure to the virus.<sup>16</sup> Some studies have pointed out that in the Southern African context, some traditional male circumcisers fail to observe stringent hygienic ethos and standards, leaving the initiates exposed to possibilities of infection.<sup>17</sup>

The situation becomes pernicious with the increased phenomenon of TMC being hijacked by circumcisers who are motivated by pecuniary gains and therefore interested in the number of initiates they operate, rather than facilitating the culturally ordained goal of ensuring that the male youth initiates are operated safely and meticulously.<sup>18</sup> It is undeniable, therefore, that the commercialization of male circumcision in the Eastern Cape is increasingly gaining mileage. This has largely compromised the achievement of the cultural goalposts that, from time immemorial, embedded TMC and offset the youth initiates' cultural and health rights.<sup>19</sup> Perhaps, other perfidious information is the fact that most of the initiates among the Amakhosa subgrouping come from the initiation schools with mal-adaptive behaviours such as substance-consuming behaviours that do not endear them to observe HIV/AIDS prevention protocols, as well as compromise their health rights, as well as imposes cultural deficits.<sup>20</sup> It is both ironic, as it is paradoxical to process some advice that initiates who graduated need to test their working penises by sleeping with women without any prevention.<sup>21</sup> This scenario, therefore, makes it difficult to answer whether the scientific finding that male youth who are penile circumcised are more resilient to the virus, is valid and tenable. It would be important if a synergy between the Department of Traditional Affairs and that of Social Development is initiated to conduct massive education on the values and ethos that circumcision is supposed to impart to the youths undertaking the rite. Negative behaviours only portray a cultural rights deficit among the youth initiates and society in general.

<sup>11</sup> Moodley, "An Assessment of Students' Perceptions of the ABC Prevention Strategy: Towards Students' Participation in HIV/AIDS Message Design at the University of Kwazulu Natal."

<sup>12</sup> Kang'ethe, "The Panacea and Perfidy of Cultural Rites of Circumcision in African Countries: Examples from Kenya, Botswana and South Africa."

<sup>13</sup> S M Kang'ethe and Gutsa Takudzwa, "Exploring the Stumbling Blocks on the Way to a Successful Male Circumcision Campaign in Zimbabwe," *Journal of Human Ecology* 49, no. 1–2 (2015): 71–76.

<sup>14</sup> T. Nomngcoyiya, "Exploring the Psychosocial Challenges Associated with Traditional Male Circumcision Practice from the Lenses of the Newly Initiated Men: The Case of Lusikisiki, Phondoland Area, Eastern Cape, South Africa" (University of Fort Hare South Africa, 2015).

<sup>15</sup> Kang'ethe, "The Panacea and Perfidy of Cultural Rites of Circumcision in African Countries: Examples from Kenya, Botswana and South Africa."

<sup>16</sup> Peltzer, Kanta, and Banyini, "Evaluation of a Safer Male Circumcision Training Programme for Ndebele Traditional Surgeons and Nurses in Gauteng, South Africa: Using Direct Observation of Circumcision Procedures."

<sup>17</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

<sup>18</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

<sup>19</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

<sup>20</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

<sup>21</sup> Aphiwe Mpateni and Simon Murote Kang'ethe, "Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools," *African Journal of Social Work* 11, no. 5 (2021): 307–12.

## METHODOLOGY

The methodology emphasizes the study's research design, methods of data collection, and analysis. On design, the study followed the principles and ethos of a naturalistic research paradigm that allows the study to follow a naturalistic or qualitative approach to understanding phenomena in context-specific settings.<sup>22</sup> This paradigm and approach fit into the study because the researcher sought the insights and perceptions of selected participants in their natural milieu, on whether youth penile circumcision was an astute tool for HIV/AIDS prevention. The specific design used was a case study because only a few of the residents of Alice Township were subjected to in-depth interviews and focus groups to facilitate answering the study's research questions.

The data collection process was achieved with a semi-structured interview guide/schedule with open-ended questions that facilitated different in-depth interviews and focus group discussions with individuals representing a few of the 42 villages that constitute Alice Town.<sup>23</sup> Regarding the methods and techniques used to execute data collection, the study applied a non-probability sampling methodology, specifically a purposive technique.<sup>24</sup> The researcher, in cohort with his two research assistants, took advantage of the powers accorded to him as the primary data collection instrument, to settle on the most appropriate samples for answering the research questions.<sup>25</sup>

In the process of data collection, the principal researcher, and his research assistants, after seeking permission from the interviewees, audiotaped the interviews and discussions. These were later transcribed and translated into English for the sake of the principal researcher, who was not Xhosa-speaking. Also, the principal researcher and his assistants complemented data collection by observing the participants' gestures and cues. This was important to enrich the qualitative findings of the results.<sup>26</sup> Data was collected cross-sectionally within a short space of time in 2015 and part of 2016. This was for convenience and cutting down the costs of the research process.<sup>27</sup>

## Data Analysis

Data analysis in this study involved collecting a large volume of transcribed data and piling it into recognizable categories, usually with the help of a coding process.<sup>28</sup> Then the data was stringently and scientifically arranged, rearranged, and organized in a way that the data with the same meaning were grouped into their category to form a theme.<sup>29</sup> Specifically, this study used content thematic analysis. This is a form of analysis in which the answer to the study's research questions depends on the content that the participants generate.

## Ethical Considerations

This researcher sought ethical permission through a letter from the Head of the Department of Social Work. Further, the researcher and his two research assistants also easily got informed consent from the participants as they had met many other times during their community engagement sessions. The researcher also enlisted their social work prowess to ensure the participants were not hurt, knew well that they could abandon the research process any time they felt uncomfortable, and had due rights to be respected, and their work was treated both confidentially and anonymously.<sup>30</sup>

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<sup>22</sup> J.W. Creswell, *Research Design Qualitative, Quantitative & Mixed Methods Approach*, 4th ed. (Thousand Oaks, CA: Sage Publications Ltd, 2014).

<sup>23</sup> Creswell, *Research Design Qualitative, Quantitative & Mixed Methods Approach*.

<sup>24</sup> Creswell, *Research Design Qualitative, Quantitative & Mixed Methods Approach*.

<sup>25</sup> W. Neuman, *Social Research Methods: Qualitative and Quantitative Approaches* ( Essex, UK: Pearson, 2014).

<sup>26</sup> Zastrow and Kirst-Ashman, *Understanding Human Behaviour and the Social Environment*.

<sup>27</sup> Neuman, *Social Research Methods: Qualitative and Quantitative Approaches*.

<sup>28</sup> Neuman, *Social Research Methods: Qualitative and Quantitative Approaches*.

<sup>29</sup> Creswell, *Research Design Qualitative, Quantitative & Mixed Methods Approach*.

<sup>30</sup> Neuman, *Social Research Methods: Qualitative and Quantitative Approaches*.

## Study Area

Through community engagement sessions, the principal researcher and his two research assistants settled on the communities of Alice Town, with whom they had ample rapport for many years.<sup>31</sup> Alice town consists of 42 small villages, but the research team chose the nearer villages, such as Ntselamanzi, Gaga, etc., to cut costs and convenience. The researchers also biasedly selected those in the villages near Alice town metropolis as they were deemed to be more knowledgeable about TMC and HIV/AIDS debates.

## PRESENTATION OF FINDINGS

This section presents the attitudes, perceptions, and insights of 33 participants involved in interviews and focus group discussions. The results involved arranging mountains and mountains of data, through coding, into piles, depending on the content of each data category. This gave rise to themes. This followed content thematic analysis.<sup>32</sup> The first section of the findings presents the demographic characteristics of the participants.

**Table 1: Demographic Profile of Participants**

Method of Data Collection.	Organizational affiliation	Participants		Total
		Males	Females	
In-depth Interviews	Victoria Hospital	0	1	1
In-depth Interviews	University. of Fort Hare Clinic	0	1	1
In-depth Interviews	University of Fort Hare (staff)	1	0	1
In-depth Interviews	University of Fort Hare (student)	1	0	1
In-depth Interview	South African Police Services (SAPs) (Alice Station)	2	0	2
In-depth Interview	Alice Victim Support Centre	0	1	1
In-depth Interview	Community Leader	1	0	1
Focus Groups	Alice Hospice	1	4	5
Focus Groups	Lavela Old Age Centre	2	11	13
Focus Groups	University of Fort Hare	1	6	7
Total		9	24	33

Although age was not computed, the principal researcher considered it important that the youth were also included. This saw some interviews and focus group discussions allotted to the University of Fort Hare students, who were all youths. Perhaps why the age was not computed because the principal researcher and his two research assistants considered as prime important in selecting participants who were considered to have modest knowledge about youth penile circumcision as a tool for HIV/AIDS. Although the researcher may have held bias that the students were likely to be aware of the current government policy on persuading people to adopt penile circumcision, through medical male circumcision, the researcher wished to tap into the insights of the relatively older individuals who knew or had interests of culture at heart. This also ensured fair diversity of the participants.<sup>33</sup>

On gender, the study did not achieve parity despite the efforts of the principal researcher and his two assistants to settle on relatively elderly men who were assumed to be custodians of culture and, therefore, richly knowledgeable about penile circumcision. Moreover, more women availed themselves more than men. This is a notable characteristic of people in Alice town and its environs, where women are overrepresented in many community development platforms, with men portraying apathy.<sup>34</sup>

<sup>31</sup> Syed M Ahmed and Ann-Gel S Palermo, "Community Engagement in Research: Frameworks for Education and Peer Review," *American Journal of Public Health* 100, no. 8 (2010): 1380–87.

<sup>32</sup> Neuman, *Social Research Methods: Qualitative and Quantitative Approaches*.

<sup>33</sup> Zastrow and Kirst-Ashman, *Understanding Human Behaviour and the Social Environment*.

<sup>34</sup> Zastrow and Kirst-Ashman, *Understanding Human Behaviour and the Social Environment*.

### Thematic Findings

1	Traditional Male circumcision is largely grounded in achieving cultural goals rather than clinical goals.
2	Initiates' state of moral and ethical deficit compromises HIV/AIDS prevention.
3	Clinical hazards heighten opportunities for HIV/AIDS Infections.
4	Commercialization of male circumcision compromises prevention endeavours.

#### Traditional male circumcision achieved cultural goals rather than clinical goals.

Findings established that the culture of youth traditional male circumcision was stringently grounded in achieving society's cultural goals and paltry clinical goals.<sup>35</sup> This achieved society's cultural rights. Though information about youth male circumcision was increasingly usually disseminated through medical male circumcision as an intervention to prevent HIV/AIDS, this information is still not adequately processed, especially by individuals from the deeper rural areas. Participants were still casting aspersions on whether the goal of youth traditional male circumcision should play the role of HIV/AIDS prevention, and not achieve its well-known cultural goal of a rite of passage for young men to adulthood. The following sentiments bear testimony to the finding above:

*We should not be told to use circumcision as a prevention strategy to surmount HIV/AIDS.*

*Circumcision is as old as history, yet AIDS found our culture in operation. We are not convinced of this turn of events.*

*Yes, even though the blind cultural custodians are diluting our culture, it has, from time immemorial, held us together and achieved the noble goal of maturing our young boys to motherhood. Through it, we embrace our constitutionally guaranteed cultural rights. The information about circumcision becoming a tool of HIV/AIDS prevention is still far from being processed in our minds. We conceive it as a cultural deficit instead of achieving our cultural rights.*

Communities in rural areas are still to process the reality that the cultural goal post of youth traditional male circumcision could be turned to achieve some clinical goals, such as that of surmounting HIV/AIDS prevention advocated by the government through medical male circumcision.

#### The Indiscipline Nature of Initiates Compromises the Health Status of the Initiates

Inopportunistly, some selected participants bemoaned the ill-discipline apparent among the youth initiates that exited from the circumcision schools.<sup>36</sup> The scenario, some participants observed, was a betrayal of culture and its goalposts. This, they quipped was because, since time immemorial, the rite was a beacon of chastity and a vanguard of morality and ethical standards. The scenario, therefore, scuttled the opportunity of the rite to achieve other goals, such as the government's desirable clinical goal of HIV/AIDS prevention. The following sentiments attest to the finding above:

*We are not sure whether the school of initiation is teaching the young initiates ways of prevention from various sexually transmitted diseases. They come with all kinds of weird behaviours that defy the observance of both health and cultural rights.*

*It appears that, in the initiation schools, issues of sexual chastity and being vanguards of ethical and moral ethos are increasingly downplayed. The behaviours the newly initiated youth portray compromise both their health and cultural rights.*

The sentiments above seem to point fingers at the custodians of the rite for failing to stick to the cultural tenets and principles of ensuring the newly initiated youth come back from initiation schools already equipped with culturally desirable habits, ethos, and discipline. This questions the validity of youth traditional male circumcision as a full-throttle intervention to prevent HIV/AIDS and other sexually transmitted diseases among the youths.

<sup>35</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

<sup>36</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

### **Clinical Hazards Heighten Opportunities for HIV/AIDS Infections**

Inopportunately, an array of stakeholders doubted how traditional youth male circumcision could be expected to achieve the prevention of HIV/AIDS in its current environment when the rite was facing a fate of burgeoning statistics of clinical mishaps that compromise the youth's health rights.<sup>37</sup> These stakeholders indicated that the initiation house was in disarray and was unabatedly facilitating the maiming of many youthful initiates. The stakeholders were concerned that the government should be addressing the epidemic of clinical hazards instead of being concerned with rerouting the cultural goal of the rite to a clinical one. The rite perniciously affected their health rights. The following sentiments attest to the finding.

*The culture of traditional male circumcision is today becoming a laughingstock. Our boys cannot continue to be killed unabatedly. Something is seriously perfidious and haywire. Their health rights are being compromised.*

*It is painstaking to face the stark-naked reality that some of the youths suffer immense hospitalization while others must go for plastic penises. Culture is becoming atrocious, making one wonder whether it will ever hold on to its goalposts once again. Their health rights have also faltered.*

Issues of the rite failing societies through the many clinical hazards that the youthful initiates face, take away the mind of the society regarding how the goal of youth penile circumcision could be rerouted to achieve the clinical goal of preventing HIV/AIDS.

### **Commercialisation of Youth Penile Circumcision Compromises Prevention Endeavours**

Inopportunately, many participants across the interviews and focus discussions expressed disappointment and despondence that the youth traditional male circumcision that was adored and held with esteem sometimes was slowly succumbing to a new culture of commercialization, where the traditional custodians responsible for the rite absconded their cardinal responsibility of wishing to perform the ritual with all the dignity it deserved.<sup>38</sup> Other participants were convinced that commercialization was responsible for a constellation of clinical mishaps that grossly compromised their health and cultural rights. The following sentiments bore testimony to the finding above:

*Unfortunately, the culture we have adored and held in esteem has been hijacked by younger men who are commercializing it. Therefore, so many clinical mishaps compromise their cultural and health rights.*

*With the gear of commercialization on, how can the practitioners observe the requisite health ethos and reduce the chances of infection with diseases such as HIV/AIDS?*

Undeniably, commercialization denied the rite of circumcision opportunities to take stringent and due clinical precautions that would ensure zero tolerance to infections of all kinds, HIV/AIDS notwithstanding.

## **DISCUSSION OF FINDINGS**

Study findings established that although information about youth male circumcision through medical male circumcision as an intervention to prevent HIV/AIDS was rife, this information is still not adequately processed, especially by individuals living far from the centers of development in South Africa, with the majority holding deeper grounds that youth circumcision, especially through traditional modus operandi largely achieved religious-cultural goals and less of clinical ones.<sup>39</sup> Culturally, youth traditional male

<sup>37</sup> Mpateni and Kang'ethe, "Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools."

<sup>38</sup> Nomngcoyiya, "The Impact of Cultural Attrition on Youth Behaviours: The Case of Ulwaluko and Intonjane Cultural Practices in Mthatha and Mount Frere, Eastern Cape, South Africa."

<sup>39</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.

circumcision was deemed to espouse immense social capital, with concomitant cultural prescriptions such as achieving social order, social cohesion, status, respect, collectivism, and co-existence and interdependence.<sup>40</sup> Another cultural prescription the rite displays is the fact that the newly initiated men are welcomed home ceremoniously with bliss and dancing, amid immense feasting. This is a gross expression of the society's cultural rights enshrined in the South African Constitution.<sup>41</sup> Further, the circumcision rite allows those who have undergone it to pass the litmus test of conducting traditional rituals and be decision-makers within their families and the community at large.<sup>42</sup> Religious prescription is important in that the rite is believed to be an avenue to connect the newly circumcised to their societal deities. These deities are believed to be custodians of societal peace and tranquility.<sup>43</sup>

Contrastingly, while the government of South Africa has invested heavily in the campaign of youth male circumcision, through medical male circumcision, to scale up the war against HIV/AIDS, most adherents of traditional male circumcision have viewed the gesture as an attempt to condescend and undermine the social-religious prescriptions, as well as the social capital that is inherent in the rite of youth traditional male circumcision.<sup>44</sup> They have, therefore, wished to distance themselves from the campaign, or the reality it is deemed to portend. Perhaps this holds imperative that social workers, alongside other social service agencies, intensify information dissemination to the communities undertaking the TMC rite so that they can understand the interplay between the cultural position of the rite and the clinical dynamics.

Inopportunistically also, the rite is deeply interwoven with intricate metaphysics with strong bonds that motivate most of the cultural custodians and cultural adherents to turn a blind eye and close their ears to any mayhem or quagmire associated with the rite. This, therefore, means that the rite imposes social, cultural, and health deficits on society.<sup>45</sup> However, some miniature empirical literature suggests that the rite also achieves some clinical goals. Studies by Mielke align with the thinking of some perceptions that, indeed, the practice also achieves some prophylactic goals in tandem with cultural and religious ones.<sup>46</sup> However, such goals have not endeared the rite of circumcision to be viewed as a tool to fight HIV/AIDS. Any health goal is swept by an avalanche of cultural tide driven by the cultural adherents' perceptions and insights about the novelty and cultural orientation of the rite of youth traditional male circumcision. The above scenario also finds support from studies by Mark et al., whose study participants established skepticism and low acceptability of circumcision as a strategy to mitigate HIV/AIDS.<sup>47</sup> Their capacity to make out the biomedical aspects of circumcision and its relationship to HIV/AIDS prevention was confounding.

Unequivocally, the entrenchment and phenomenon of ill-discipline presented perfidious outcomes that are paradoxical to the expectations of the outcomes of the rite, especially those of yesteryears.<sup>48</sup> Literature by Mpateni holds that most of the initiates exit from the schools of initiation with deeply paradoxically entrenched weird behaviours, such as the need to test their working manhood by engaging in unprotected sexual endeavours.<sup>49</sup> Moreover, scores of researchers hold that most of the initiates, instead of learning the perfidy of substance abuse, come to society with an attitude that the rite opens the

<sup>40</sup> Thandisizwe Redford Mavundla et al., "Rationalization of Indigenous Male Circumcision as a Sacred Religious Custom: Health Beliefs of Xhosa Men in South Africa," *Journal of Transcultural Nursing* 20, no. 4 (2009): 395–404.

<sup>41</sup> Republic of South Africa (RSA), *The Constitution of South Africa (Act 108 of 1996)* (Pretoria: Government Printers, 1996), <https://www.gov.za/sites/default/files/images/a108-96.pdf>.

<sup>42</sup> Mpateni and Kang'ethe, "Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools."

<sup>43</sup> Nomngcoyiya, "The Impact of Cultural Attrition on Youth Behaviours: The Case of Ulwaluko and Intonjane Cultural Practices in Mthatha and Mount Frere, Eastern Cape, South Africa."

<sup>44</sup> Mpateni and Kang'ethe, "Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools."

<sup>45</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

<sup>46</sup> Ruth T Mielke, "Counseling Parents Who Are Considering Newborn Male Circumcision," *Journal of Midwifery & Women's Health* 58, no. 6 (2013): 671–82.

<sup>47</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.

<sup>48</sup> Mpateni, "Health Factors Associated with Traditional Circumcision of Adolescent Males in Alice.."

<sup>49</sup> Mpateni and Kang'ethe, "Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools."



floodgates of their indulgence in drugs such as alcohol.<sup>50</sup> This makes it imperative for the services of the social workers and other members of other social service agencies to unleash an educational campaign to correct this negative attitude that compromises the initiates' cultural and health rights.

Study stakeholders feared that the burgeoning statistics of clinical mishaps were hugely opening an opportunity for viral proliferation, thereby grossly compromising the initiates' health rights. Literature by Nomngcoyiya established that in many initiation schools, especially the illegal ones, initiates were denied their human rights as enshrined in South Africa's Bill of Rights.<sup>51</sup> They were grossly assaulted, both physically and emotionally, usually resulting in hospitalization, penis amputation, and even death.<sup>52</sup> This imposed serious health rights deficits on the initiates. Perhaps a worrying situation is the dragging of the feet by the government in rooting out these illegal schools that are perennially and perpetually sacrificing and condemning young South African citizens into a state of oblivion.<sup>53</sup> Social workers should stage strong campaigns to educate society to stop sacrificing their children at the altar of illegal schools.

Many participants bemoaned the new culture of commercialisation by the youthful custodians who abandoned the once-adored cultural path of making the initiation graduates well-behaved young men. These youthful custodians have been doing the ritual for pecuniary gains.<sup>54</sup> The elderly custodians are to blame for hijacking the rite by the inexperienced youthful custodians. This has opened doors for various clinical mishaps as possible. This has seen the culture lose its credibility. The country has also lost its international regard and credibility as a vanguard and beacon of cultural ethos and principles that are well spelled out in bodies such as the United Nations Educational, Scientific, and Cultural Organizations (UNESCO). Undeniably, the year-in-year pandemonium of initiates' deaths continues to shock not only the families but the government of the day, as well as news about clinical mishaps continues to hit headlines in many countries' newspapers.<sup>55</sup>

Glaringly, these clinical mishaps have raised opportunities for HIV/AIDS infections. This is because the practice is bereft of precautions or has been driven by utter negligence. For example, the practice suffers immense safety deficits that increase the opportunities for HIV/AIDS.<sup>56</sup> The cultural managers have failed to observe the health and hygiene ethos, thereby aggravating the challenge. Further, the culture and by extension the cultural custodians must also have failed in their *modus operandi* of maintaining a stringent and professionally informed selection criterion to choose respectable managers of the rite. They have failed to maintain their moral ground.<sup>57</sup>

### Implications for Human Rights and Social Work

The study carries immense human rights and social work implications. Since youth circumcision is carried out in many countries, the knowledge of using the practice for HIV/AIDS prevention has not sunk into many societies, especially those practicing the rite traditionally in the South African context. Such communities need to be educated to realize the human rights opportunity that the practice presents. This is critical in South Africa, which has the highest number of people living with HIV/AIDS, with the youths carrying the lion's share in tandem with AIDS, contributing to the highest mortality and morbidity rates

<sup>50</sup> Samkelo Bala, "Ramifications of Substance Abuse among Female Adolescents in Mission Location, Mquma Municipality, Eastern Cape, South Africa" (University of Fort Hare, South Africa, 2017).

<sup>51</sup> Nomngcoyiya, "Exploring the Psychosocial Challenges Associated with Traditional Male Circumcision Practice from the Lenses of the Newly Initiated Men: The Case of Lusikisiki, Phondoland Area, Eastern Cape, South Africa"; Republic of South Africa, "The Bill of Rights of the Constitution of the Republic of South Africa," *Government Gazette (No. 17678)*, 1996.

<sup>52</sup> Andrea Wilcken, Thomas Keil, and Bruce Dick, "Traditional Male Circumcision in Eastern and Southern Africa: A Systematic Review of Prevalence and Complications," *Bulletin of the World Health Organization* 88, no. 12 (December 1, 2010): 907–14, <https://doi.org/10.2471/BLT.09.072975>.

<sup>53</sup> E. Ross and A. Deverell, *Health, Illness, and Disability: Psychological Approach*, 2nd ed. (Hatfield, Pretoria: Van Shaik, 2010).

<sup>54</sup> Nomngcoyiya, "The Impact of Cultural Attrition on Youth Behaviours: The Case of Ulwaluko and Intonjane Cultural Practices in Mthatha and Mount Frere, Eastern Cape, South Africa."

<sup>55</sup> Mpateni and Kang'ethe, "Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools."

<sup>56</sup> Peltzer, Kanta, and Banyini, "Evaluation of a Safer Male Circumcision Training Programme for Ndebele Traditional Surgeons and Nurses in Gauteng, South Africa: Using Direct Observation of Circumcision Procedures."

<sup>57</sup> Peltzer, Kanta, and Banyini, "Evaluation of a Safer Male Circumcision Training Programme for Ndebele Traditional Surgeons and Nurses in Gauteng, South Africa: Using Direct Observation of Circumcision Procedures."

in the country.<sup>58</sup> It is critical that the reality of the role of male youth circumcision as an HIV/AIDS prevention intervention is spread by community development practitioners, with social workers taking a frontline position. Perhaps the greatest social work implication, as well as a human rights deficit, is the revelation of the ignorance by some parents who take their children to be circumcised in the illegal schools of circumcision. This has resulted in deaths and hospitalizations, with some initiates even losing their private parts.<sup>59</sup>

Perhaps human rights advocates such as social workers and some NGOs need to unleash strong advocacy campaigns to ensure that governments bring those running illegal initiation schools to book. Social workers, through their educational community development endeavours, should ensure they address the ignorance that takes away the health and cultural rights of the initiates.<sup>60</sup> There is also a strong need for social work interventions that will reduce conflict between the government advocacy of medical male circumcision and adherents of youth traditional male circumcision. Cooperation rather than competition can bring a healthy interplay that will allow the adherents of traditional male circumcision to trust the government machinery of using circumcision as an HIV/AIDS prevention intervention.

Unequivocally, TMC, accompanied by other prevention methods such as correct and consistent use of a condom, should be considered an important health intervention to ward off HIV/AIDS, especially in countries such as South Africa practicing the rite and hard hit by the pandemic. The trade to win off the cultural custodians to tilt their attitudes, insights, and thoughts and timeously advance the culture of youth-administered traditional male circumcision to respond to the quagmire of HIV/AIDS presents an arduous and daunting challenge in South Africa, especially in Eastern Cape Province, in domains practicing the rite of traditional male circumcision. The Department of Social Development needs to ensure it deploys social workers and other members of social service professions to unleash some advocacy campaigns to make societies practicing the rite understand the interplay between the culture and clinical dynamics surrounding the rite. This is to help them appreciate that they could be heightening the prevention of HIV/AIDS through youth traditional male circumcision. Perhaps the deepest message should be to conduct the rite as healthily as possible and to make it uphold the erstwhile moral and ethical standards to guarantee the youthful initiates' enjoyment of health and cultural rights.

The campaign should also interrogate the community perception that the government machinery campaigning for HIV/AIDS response is bent on condescending and undermining the culture of traditional male circumcision per se. Further, the challenge of cultural adherents failing to comprehend the biomedical interventions and their implications for HIV/AIDS poses another huge challenge.

## CONCLUSION

Axiomatically, the article has positioned the role of culture through youth traditional male circumcision, as an intervention to fight HIV/AIDS. However, since, YTMC has since time immemorial been practiced for cultural reasons, and not for any clinical reason, such as the fight against HIV/AIDS, social service professionals, need to strongly unleash their educational and advocacy potency to especially the traditional communities to tilt their thinking, attitudes, and predisposition, to accept the knowledge and reality that indeed traditional male circumcision, is an important interventional avenue to fight off HIV/AIDs if it is conducted both ethically and hygienically.

## DECLARATIONS

The principal researcher had official permission to conduct community engagement sessions that resulted in the study. Further, participants gave oral consent to participate and publish the work.

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<sup>58</sup> Kang'ethe, "Disclosure Deficit Experienced by People Living with HIV/AIDS in Alice and Its Environs in Eastern Cape Province, South Africa: Perceptions of Selected Stakeholders."

<sup>59</sup> Mbuyiselo Douglas et al., "Opinions and Perceptions Regarding Traditional Male Circumcision With Related Deaths and Complications," *American Journal of Men's Health* 12, no. 2 (March 26, 2018): 453–62, <https://doi.org/10.1177/1557988317736991>.

<sup>60</sup> Mpateni and Kang'ethe, "Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools."

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