

## Evaluating the Health Hazards Associated with the Cultural Rite of Circumcision in Contemporary South Africa and other Eclectic Contexts

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**ABSTRACT** This paper, through a review of literature methodology, aims to discuss, debate and raise discourse associated with the health hazards associated with circumcision, primarily in South Africa. The paper calls for a cost-benefit analysis to be conducted in order to pit the benefits of the circumcision rite against possible loss associated with the norm. The paper has identified the following health hazards: damage to the penile structures, fatalities associated with the norm, inflicting bodily harm and violation of the initiates' human rights. As a way forward, the paper recommends establishing or enforcing policies to regulate the operations and the practice of traditional male circumcision, the government to launch effective monitoring and conduct periodic surveillances of the practice, ensuring collaboration of different stakeholders for consultation on the issue, and establishing circumcision based counseling services. The paper concludes by challenging the government to put more efforts in addressing the issue of deaths associated with circumcision in South Africa.

### INTRODUCTION

Incontrovertible facts from an array of scholars indicate that the cultural rite of circumcision continues to be a panacea, playing a significant cultural role in most African societies (Kang'ethe 2013a). In fact, the rite in some societies in South Africa that subscribes to the norm can be described as a road post maturity, a goal post to a directed and a defined society, a cultural badge, an identity marker, a symbol of peace, harmony, unity and societal cohesion, development and a socialization norm (Kang'ethe 2013a; Wodenmichael 2009; Nomngcoyiya 2015; Peltzer et al. 2007). Perhaps also why male circumcision is being viewed as a panacea in some settings is due to the fact that it has tilted its cultural goal post and earned new widespread recognition and role as a tool that can be used to fight HIV/AIDS (Kang'ethe 2013a). With some sub-Saharan African countries reeling under the weight of the HIV/AIDS epidemic, the circumcision strategy, which has been empirically proven to mitigate the impact by sixty percent has been received with policy, social and political joy, and therefore considered a panacea (Kang'ethe 2013a; Nomngcoyiya 2015). According to UNAIDS (2007), the World Health Organization (WHO) has recommended male circumcision as an addi-

tional tool in the fight against HIV/AIDS as it has been validated that men who get circumcised are sixty percent more resilient to HIV/AIDS infections (Kang'ethe 2013a; Peltzer et al. 2008).

### The Conceptual Framework

#### *The Social Norm Theory*

The Social Norm Theory is invaluable in exposing the cultural forces that influence people to get circumcised in most traditional African societies (Waldeck 2003). In her analysis of this theory, Waldeck (2003) contends that the parents' decision to encourage their children for circumcision is based primarily on cultural, rather than medical considerations. Waldeck further highlighted that societal norms can influence behavior the same way law often does. It is the researchers' contention therefore that social norms, or pressure to conform to such norms, have largely influenced people to get circumcised in African traditional societies. This could largely explain why societies that prescribe male circumcision refuse to let their children circumcised by the modern medical circumcisers. This could also explain the reason why more and more people in Africa continue to pursue female gen-

ital mutilation even when their rights appear to be undermined. As such, the theory is pivotal in exposing how women and young boys continue to yield to the pressure of getting circumcised by the traditional surgeons instead of having it hygienically done by the modern medical doctors.

### **Problem Statement**

Incontrovertibly, although the cultural rite of male circumcision plays a significant cultural role in most societies of the world, and today, as a clinical solution to mitigate the effects of HIV/AIDS, the researchers contend that a cost-benefit analysis to validate benefits against its perfidious ramifications is topical, critical and timely. It is perturbing, however, to note that the rite to circumcision in some African countries such as South Africa has been associated with several drawbacks, health hazards and human rights abuses that have put the practice into disrepute. It is therefore topical to elicit debates and discourses regarding the hazards associated with circumcision in South Africa and other eclectic examples with the hope of coming up with recommendations that can help the practice contribute to safeguarding and upholding human rights and thereby making the practice more credible.

### **Rationale of the Study**

The aim and objective of this paper is to elicit debates and discourses regarding the hazards associated with male circumcision in contemporary South Africa and other eclectic sources. This has been prompted and motivated by international, regional and national concerns of year-in-year-out spate of deaths associated with the traditional male rite of circumcision, largely in South Africa. The paper proposes to make possible recommendations as to how these hazards can be dealt with.

### **METHODOLOGY**

The paper has used an exploration and literature method to elicit debates and discourse on the contemporary situations of the traditional male circumcision in South Africa and a few other examples. It has used books, journals and UNAIDS publications.

## **OBSERVATIONS AND DISCUSSION**

### **Dynamics of Health Hazards Associated with Circumcision**

#### ***Cost-Benefit Analysis (CBA) of Traditional Male Circumcision in South Africa***

Even though male circumcision is increasingly becoming a panacea in the pursuit of mitigating the effects of HIV/AIDS, empirical validation indicates that it constitutes sixty percent resilience to HIV/AIDS infections (Kang'ethe and Gutsa 2015; Peltzer et al. 2008), the cost-benefit analysis (CBA) of its ramifications indicates a higher cost compared to the benefits accruing from the rite. Perhaps the infiltration of pecuniary factors in the domain of circumcision has attracted quacks and paraprofessionals who have not been able to understand and implement the circumcision terrain in the appropriate manner (Nomngcoyiya 2015; SA News 2013; Peltzer et al 2007). Such quacks or traditional surgeons especially in South Africa have not been able to observe the hygiene and other clinical oriented tips to ensure non-hazardous aftermaths of the rite. Many subjective commentaries and observations on the phenomenon suggest that they are largely motivated by money (SA News 2013; Nomngcoyiya 2015). The government in consultation with cultural custodian bodies needs to reconsider and beef up the guidelines and procedures for constituting schools of circumcision (Nomngcoyiya 2015). The researchers suggest that there should be innumerable items in the checklist of what is appropriate and what is not. It is the researchers' expectations that the government as the custodian of people's rights and privileges should stringently monitor the operations of all the traditional practitioners such as the healers, diviners, spiritualists and also the schools of circumcision. However, the Mpumalanga death saga in the winter period of May-June 2013 and other spate of deaths in both 2014 and 2015 especially in Lusikisiki area of Phodoland in Eastern Cape may have made the researchers doubtful about whether in need the government is on the ground with all the information pertaining to schools of initiation (Nomngcoyiya 2015). It has also been apparent that even the officially rec-

ognized body of traditional surgeons may not have been fully aware of some of the initiation schools. This, in the researchers' opinion, calls for more monitoring and surveillance of these schools to ensure that they are not abused. The lives of the young ones need to be protected as provided for in the country's constitution (Republic of South Africa (RSA) 1996). The initiates as important citizens, guarantee the future of the country and have inalienable rights to health and other hosts of rights that need to be guaranteed by the government, with parents being custodians to avail them to their young ones (Barrett-Grant et al. 2001; RSA 1996).

### ***The Phenomenon of Penile Hazards***

Some researchers have validated the phenomenon of many hazardous mutilations to the penile skin and in some cases the complete mutilation of the penis during the circumcision rite in South Africa. For example, a research conducted by Peltzer et al. (2010) involving 86 initiates, traditional surgeons and traditional nurses reported many incidences ranging from excessive bleeding, excessive skin being removed from the penis, mutilations from blotched surgery and immense damage to the penis. While the researchers would have thought that such research findings and their result implementation and operationalization would change the situation on the ground, the same scenario of excessive bleeding and penile damage and sometimes penile amputation have been a common stay in the Mpumalanga circumcision saga of the May-July 2013 circumcision session. Gravelly also, the same phenomenon has been reported in the following years of 2014 and 2015 in Lusikisiki (Sowetan 2013; IOL News 2013; Nomngcoyiya 2015). Apparently, and in the researchers' opinion, the situation surrounding the circumcision environment does not appear to change year-in-year-out. Perhaps the government has treated the phenomenon with a "go no zone" attitude allowing the traditional surgeons to take control of the situation without interference. If the researchers' contention has some grounds, then it is high time the government involves itself in the issue to ensure that the environment surrounding traditional circumcision is safe and devoid of the year-in-year-out recurrent hazards.

### ***Loss of Life Due to Traditional Male Circumcision in South Africa***

In the researchers' perspective, complications and deaths during traditional male circumcision in South Africa have lingered around longer than expected (Mayatula and Mavundla 1997; Ngqaza 1997; Nomngcoyiya 2015). According to the researchers', loss of life in South Africa during male circumcision sessions should no longer be accepted. The worrying state of affairs is that despite several researchers, politicians, individual citizens and international communities loudly voicing their concern for a number of years for the need to change the environment surrounding circumcision, the problem appears to recur year-in-year-out (Peltzer et al. 2007; Nomngcoyiya 2015). The researchers believe that the government should not just accept the defense raised by the traditional surgeons especially pertaining to possible closure of some inappropriately constituted circumcision schools, but should enforce, not only for them to take responsibility, but also make them accountable for the numerous deaths that have been a common phenomenon during the winter months of May to June every year. As a way out of the stalemate also, perhaps the negotiation machinery between the government officials and custodians of culture, under whose cultural domain rests, needs to be reviewed and revisited. The scope of this consultative process needs to be widened. This is because the death episodes are increasingly causing public panic and concern. Even though the South African government respects culture and gives it its space and niche, as well its democratic dispensation, cultural rights should not supersede constitutional rights (RSA 1996; Barrett-Grant et al. 2001). For example, nobody among the blotched circumcisers was brought to book after the death of close to three dozen initiates in Mpumalanga in the April-June 2013 period. This, in the researchers' opinion should not happen in the modern and a globalized era of today. The country and the world cannot just wait to hear how many deaths will be experienced every winter. The researchers think that the cultural custodians, although their practice is covered under the cultural acts, should not operate outside the mainstream constitutional terrain (RSA 1996).

### ***Possible Infections of the Initiates in South Africa***

In a research to evaluate safer male circumcision for Ndebele Traditional surgeons by Peltzer et al. (2010), it was observed that the circumcision was done by a traditional surgeon using traditional instruments usually a spear or a sharp knife. These surgeons normally used bare hands to handle the penis, circumcision instruments and the wound. The initiates were also circumcised using one instrument, usually without anesthesia, while the circumcision instrument was usually washed and cleaned with soap, and sometimes without detergents or sterilizing solutions (Kanta 2003, 2004). These presented a lot of infection-prone challenges such as mutilations, wound infections, gangrene of the penis, hemorrhage, dehydration, delayed wound healing, torture and the ordeal of the whole circumcision process (Bailey et al. 2008; Nomngcoyiya 2015). The scenario above poses a possibility of the initiates becoming vulnerable to HIV/AIDS (Bailey et al. 2008; Kang'ethe 2013a; Peltzer et al. 2008). With the government having accepted the roles of traditional practitioners into the mainstream health sector, this unhygienic approach to traditional male circumcision should be something of the past (Kang'ethe 2006). Once again, these researchers recommend that the government machinery through its supervisory, monitoring and evaluation, as well as ensuring the health rights of the initiates, needs to enforce certain standards in the practice

### ***Female Genital Mutilation among Women is a Human Rights Violation***

Although South Africa societies do not circumcise women, these researchers contend that it is important to explore and understand the health hazards associated with the norm, more so that many countries in Africa continue to practice the norm (WHO 2008). According to Elsayed et al. (2011), Female Genital Mutilation (FGM), which refers to the procedure of removing all, or some parts of the vulva and/or clitoris, is intended to terminate or reduce feelings of sexual arousal in women so that they would be much less likely to engage in premarital sexual activities of adultery (Wodenmichael 2009; WHO 2008). Viewed in this perspective, the practice could positively contribute to effectuating positive

behavioral change, which could have a bearing towards mitigating the effects of HIV/AIDS. However, the practice, though outlawed in many countries of the world such as Kenya, unfortunately continues to be practiced, though clandestinely (Kang'ethe 2013b). Although female circumcision is not a cultural practice in South Africa, it is practiced in countries especially at the horn of Africa such as Djibouti, Ethiopia and Somalia. Kenya has a few communities still practicing the norm, although clandestinely (Kang'ethe 2013a,b; WHO 1997). Perhaps more literature of the health hazards and possible deaths associated with FGM is prevalent than regarding male circumcision (Kang'ethe 2013b). It is therefore worrying that the situation of male circumcision in South Africa is being associated with more fatalities than the known cases of FGM. In the researchers' contention, during this era of modernization and globalization where rights of all are supposed to be guaranteed by the countries' constitutions, the people of the world should understand that female cutting or female genital cutting physically interferes with the genital constitution of women who undergo the rite.

### ***FGM Inflicts Bodily Harm***

The hazards associated with it are immense. The practice, for example of infibulation is cruel, painful, sometimes with fatal consequences. It presents a human rights violation, and is therefore a drawback towards the realization of health related Millennium Development Goals and women empowerment (Kang'ethe 2013b). It violates women and girl children's sexual reproductive health rights. For example, research has validated that babies born to women who have undergone the rite suffer a higher rate of neonatal deaths compared with babies born to women who have not undergone the procedure (WHO 2008; Talle 2007; Kang'ethe 2013b). In the researchers' subjective contention, and viewed from the lenses of modernization and globalization, the practice is degrading, awkward, barbaric, unmethodical, naïve, uncivilized and inhumane. It is also a very painful exercise and has maimed, disabled and even killed the initiates (Wodenmichael 2009). It also poses a developmental dimension in that in many countries where it is practiced, it becomes a certificate to stop important life meaningful activities such as

schooling for marriage (Kang'ethe and Rhakudu 2010). This impedes the realization of Millennium Development Goal number two that aims to achieve universal access, as well as goal number three that envisages women achieving and enjoying equality of resources with their male counterparts (UNDP 2004; Kang'ethe 2013b).

### CONCLUSION

It is thus evident that although the cultural rite of circumcision has formed an integral part of African traditional society, it continues to face an array of challenges in its quest to achieve widespread credibility and cultural rights. It appears that traditional circumcisers in South Africa, for example, are taking too long to heed the calls by human rights activists to respect and uphold people's rights when conducting the rites. It also appears that the government is not doing enough to monitor, evaluate and conduct periodic surveillances of the sites of ritual operations. As such, a paradigm shift is needed with regards to the way in which traditional circumcisers view the issue of human rights and hygiene. However, the recommendations proposed in this paper could serve as a platform from which efforts to address such concerns can be initiated. Through effective partnerships, these researchers believe that the governments in Africa and human rights activists can win the hearts of traditional circumcisers to promote and uphold human rights during circumcision rituals.

### WAY FORWARD

#### Establishing or Enforcing Policies that Regulate Circumcision

It is succinctly clear that the human rights abuses associated with the cultural rite of circumcision are many and need to be timeously addressed. For example, It has been highlighted that circumcision has robbed women of their femininity, particularly with regards to their sexual pleasure and sensitivity. Furthermore, young girls have their rights violated in that they are circumcised without consenting to the practice. To this end, it is critical that most governments in Africa take a lead in protecting and upholding the rights of women and children by establishing policies or if some are in place, reinforce them to ensure that circumcision is carried out with-

out undermining the people's rights. It is also pertinently important that the custodians of culture who drive these practices are also educated on their countries' bill of rights that the practice may be trampling on. They need to understand how the countries' constitutions relate to cultural rights. Perhaps, in the researchers' lenses, if the practices are hygienic and do not violate anybody's constitutional rights, they would be digging deeper to suggest how the rite could be used to create forums to achieve various aspects of development.

#### Effective Monitoring, Evaluation and Surveillance of the Practice

Motivated and incensed by many commentaries regarding the deaths of initiates in Mpumalanga in the 2013 winter months of May-July, prompted the researchers to ask the government machinery, besides having a policy in place to intensify its monitoring, evaluation and surveillance of what goes on in the domain of schools of initiations. The government should no longer trust the validity and jurisdiction of the traditional custodians of culture in this regard. Gravely, they have made the South Africa initiation issue to be viewed with skepticism, embarrassment and failure.

#### Collaboration of Stakeholders

Realistically, it may be unlikely that African governments can influence traditional circumcisers to promote human rights of people without establishing a stringent partnership with these traditional circumcisers. These researchers contend that efforts should be made to bring together various stakeholders in an attempt to widen the scope of consultation on the issue. The fate of the initiates should not merely be left in the hands of traditional circumcisers. Traditional circumcisers, NGOs, governments, and other role players should come together and collectively craft such policies, or if such policies are in place chart out a stringent path to either operationalize or enforce them.

#### Establishing Circumcision-based Counseling Services

Since some subjective information especially in the Southern African region continues to



spread the myth and misconception that male circumcision equips them with an invisible condom, the researchers, however, believe that one answer to such faulty perceptions could possibly be to introduce circumcision-based counseling in African societies, aimed at educating the masses about circumcision, particularly with regards to the protection, or lack of it, that it offers in relation to HIV/AIDS infection. This could be an invaluable intervention that could help realign faulty perceptions of men and young boys regarding the practice of circumcision.

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