
VIEWS OF MALE COMMUNITY ELDERS WITH REGARDS TO TRADITIONAL MALE CIRCUMCISION AT A CLINIC IN LIMPOPO PROVINCE, SOUTH AFRICA

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ABSTRACT

This study explored the views of male community elders on traditional male circumcision at a clinic in the Limpopo Province. A qualitative research was conducted. The researchers used exploratory and descriptive design to guide the process of this study. Purposive sampling was followed and 18 male community elders between the ages of 40 to 75 years were interviewed. Semi-structured individual interviews were conducted and data were analysed using the Tesch's open-coding data analysis method. One theme with six sub-themes emerged. The study found that traditional male circumcision had several unexpected and unsafe outcomes. It predisposes males to infections and bad environmental conditions. The period when the circumcision is performed could be viewed as a moral teaching session and the lessons learned could prepare boys for manhood. The study recommended that the National Department of Health should conduct workshops and training sessions for traditional circumcisers. This should include a focus on maintaining sterility during circumcision, in order to safeguard the initiates from becoming infected.

Keywords:

views, community elders, traditional male circumcision

INTRODUCTION AND BACKGROUND

Globally, circumcision is a practice found in many parts of the world especially amongst Jews, Arabs, Australians Aborigines, Indonesians, Malaysians and Americans. Amongst the Jewish community, it is mentioned that male Jewish babies are circumcised on the eighth day after birth, which symbolises Abraham's covenant with God (Nkosi, 2013). It was recommended by the World Health Organization (WHO, 2008) and the Joint United Nations Programme on HIV/AIDS (UNAIDS, 2008), that male circumcision is regarded as another method used to prevent HIV infection transmission. Most men who are not circumcised suffer a medical condition caused by their foreskins (Morries and Cox, 2012).

Different societies view male circumcision as a way of preparing adolescence boys to be responsible adult men. They hold a festival after circumcision which is viewed as an opportunity to educate all young men and boys about health issues that they must take care of, which include sexual and reproductive health. It is believed that these cultural practices could be merged with current medical male circumcision practices, to make sure that there is safe circumcision and the opportunity to educate young men about a number of sexual and reproduction health issues (WHO and UNAIDS, 2008).

In countries like Uganda; like other sub-Saharan countries, traditional male circumcision is practiced symbolising a passage to manhood. There are different practices during the performance of traditional male circumcision among the four ethnic groups in Uganda. The practice in the eastern group is that the circumcision is performed on older aged men and the tradition in Western Uganda, males are circumcised at a younger age (Sarvestani, Bufumbo, Geiger and Sienko, 2012).

In other countries, circumcision is performed by traditional circumcisers who use traditional techniques without anaesthesia. Circumcisions performed at camps and ceremonies are also held in those areas. It is also viewed that these circumcision ceremonies are a way of celebration and also a moment to educate the participants and the community at large. The aim is to recognise the men and or boys' physical and emotional adulthood and willingness to handle the challenges of adulthood, and also to care for them during the painful circumcision procedure (WHO and UNAIDS, 2008).

The practices of ritual circumcision are viewed differently as it is conducted in various cultures. In other cultures circumcision is seen as a cosmetic procedure. Circumcision in other cultures is performed at different developmental stages during the lifespan of males (Mavundla, Netswera, Toth, Bottoman and Tenge, 2010), which can affect overall health and well-being of males.

At Nyaza village, which is in the western province home of the Babukusu; Uganda, the elderly people view traditional male circumcision better than the medical male circumcision. The circumcision is performed in communities by a traditional "surgeon" who does not have formal circumcision training. It is said that during the procedure a lot of pain is experienced which is believed to be the important part of the ceremony, that the boys have to experience that pain so as to be introduced to manhood. Elders also view circumcision as the beginning of an adolescent boy to have the rights and take responsibility of becoming a man. Men are not allowed to marry before they could be circumcised because if they do, it becomes an embarrassment to the women they marry.

Circumcision is viewed as sign of courage and signifies how the boys are respecting their families and communities, and thus brings their relatives' honour (Bailey, Plummer and Moses, 2001).

In South Africa, the Xhosa tribe, male circumcision is believed to be a holy religious practice which symbolises transforming boys into respectful men in their communities. The circumcised men are given power and authority in their communities to be seen as more powerful than women and men who are not circumcised (Mavundla et al., 2010).

The traditional leaders and elders have indicated that those who refused traditional circumcision should be ostracised by the community. Members of the communities currently practicing the rituals have also refused to discuss traditional circumcision publicly (Ngeketo, 2008).

According to the Xhosa tradition, a man who is not circumcised cannot be the inheritor of their father's wealth and cannot be officiated to marry a wife. In the Xhosa tradition a male circumcision is viewed as representing the formal introduction of males in their communities that they are grown up men. Xhosa women do not marry the uncircumcised men that they know (Funani, 1990).

In the Limpopo province of South Africa, traditional male circumcision is mainly practiced by black African groups. There is a difference among African ethnic groups with regard to the traditional male circumcision numbers. The Ndebele tribe's statistics range from 71.1% to 80% of young men undertaking the procedure. The age of traditional circumcision for Vhavenda ranges from 6 years to 50 years (Peltzer, 2009). Complications with traditional male circumcision is increasing at Pfanani clinic which indicated an increase from 10 to 20 complications of traditionally circumcised boys consulted in the month of July to August 2014 respectively. It seemed that the community elders strongly valued traditional circumcision despite the complications that occurs. This motivated the researchers to investigate the views of male community elders on traditional male circumcision.

Study site

The study site was Pfanani clinic which is situated at Ngovhela-Phindula Village under Sibasa Local area of Thohohandou, at Vhembe district in the Limpopo Province.

RESEARCH DESIGN

A qualitative research approach was used to understand the phenomenon in its entirety (Brink, 2012). The research aimed to get an in-depth understanding on the views of the community elders regarding traditional male circumcision.

The explorative design was used to explore the phenomenon of traditional male circumcision. The researcher explored the experiences of community elders to the phenomenon. The researcher asked one central question and probing questions followed as a response to the central question. The descriptive part of this study was aimed at eliciting complete and accurate information about the phenomenon studied through observation and description.

Population and sampling

The population was all community elders who came for consultation on health issues at Pfanani clinic. A purposive sampling technique which is one of the non-probability sampling techniques was used in this study, as male elders who came to the clinic, had information regarding male circumcision and agreed to be voluntarily included in the study (Babbie and Mouton, 2012). The researcher interviewed a total of 18 male community elders which were between 40 and 75 years of age. The community elders were residents of Sibasa local area of Vhembe district of Limpopo. The number of participants that partook was determined by reaching data saturation where new information was no longer elicited from the participants during the interview sessions.

Data collection method

Semi-structured one-on-one interviews with an interview guide, were conducted to collect data for a period of four weeks at the clinic. The interview sessions were conducted in a room away from distractions which provided privacy. One central question was asked: “*Could you kindly describe your views related to traditional male circumcision?*” This question was followed by probing questions which sought further clarity on experiences shared by participants. This elicited more information related to the views of community elders in relation to the phenomenon. Field notes captured non-verbal communication and a voice recorder was used to capture all the interview sessions conducted.

DATA ANALYSIS

Tesch’s open coding qualitative data analysis method was used. The eight integrated steps (Creswell, 2016) of this data analysis method were adhered to. The researchers read all the transcriptions and ideas that came out were written. A list of all topics and similar topics were grouped together and arranged in major and unique topics. The generated list was compared with the original data. Abbreviations of topics as codes were made and codes were written next to the appropriate segment of the text. A summary of the themes and sub-themes identified is presented in Table 1.

MEASURES TO ENSURE TRUSTWORTHINESS

In this study, three criteria to ensure trustworthiness, as outlined by De Vos, Strydom, Fouché and Delpont (2011), were used. *Credibility* was ensured through the researchers who stayed in the field for a period of two weeks and the interview sessions lasted for approximately 50 minutes to an hour. *Credibility* and *confirmability* were ensured by using the voice recorder to record all interview sessions conducted. Field notes were written for all non-verbal cues observed during interview sessions conducted. A complete description of the research design and methodology used were outlined to ensure *transferability*. Furthermore, *transferability* was ensured through purposive selection of the study participants using inclusion criteria. Audio-taped and field notes responses were kept as part of the audit trail and added to triangulation of data in the analysis.

ETHICAL CONSIDERATIONS

Ethical clearance was obtained from the University of Limpopo Research Ethics Committee (TREC) and the permission to collect data in the health facility was obtained from the Department of Health Limpopo province and the manager of the Pfanani clinic. The researcher outlined the purpose and objectives of the study to participants before starting with the interview sessions. The participants understood what was expected from them. The participants were informed that field notes would be written and a voice recorder used to capture all the interview sessions.

The participants voluntarily agreed to be included in the interview sessions and they were informed that they could withdraw from participating during the data collection session without any penalty at any time. Their identity was not revealed in any way in the study; this was ensured by allocating each one a code on the transcript, instead of the participant's name.

RESULTS

A theme and six sub-themes related to the views of male community elders on traditional male circumcision emerged from the data analysis using Tesch's open coding data analysis method as described by Creswell (2016).

Table 1: Theme and sub-themes

Theme	Sub-themes
Views of male elders related to traditional male circumcision	<ul style="list-style-type: none"> • Safe versus unsafe procedures in circumcision • Negative outcomes of the procedure • Traditional male circumcision predisposes to infections • Poor environmental conditions • Traditional male circumcision viewed as a moral teaching school • Lessons learned prepares for manhood

Traditional male circumcision safe versus unsafe procedure

The findings revealed that traditional male circumcision sometimes predisposes males to physical ailments which are curable. However, sometimes they find themselves being admitted to hospital with serious health issues emanating from how the circumcision was done. This challenging situation was confirmed by participants who said: *"boys are losing their lives out there in the mountains because practitioners don't know how to cut the foreskin. They cut too deep and that results in severe bleeding and ultimately painful death. Sometimes they can recover from injuries that they suffer from the circumcision sometimes they cannot recover"*.

In support of the views that the traditional male circumcision is unsafe, one participant said: *"You know some of these boys suffer terrible pains on the area where they have been circumcised and you find that they develop infection and they are supposed to be taken to*

hospital. You know that if an infection is not treated an individual might complicate and die". Another participant indicated that: *"Traditional male circumcision is good because if the traditional practitioner knows what he is doing, and had gained experience over the decades, they didn't experience any complications but only heard those stories of complications when watching television"*.

Negative outcomes after procedures

Participants had negative outcomes surrounding Traditional male circumcision. The outcomes were compared to economic, financial and physical health benefits. One participant indicated that: *"By the look of things medical male circumcision as compared to traditional male circumcision is the best, safest and the cheapest, it is also pain free unlike the barbaric cruel torture in the mountains where the boys are exposed to a lot more trauma where they are circumcised without localising the pain on the area with pain killers"*.

Another participant confirmed physical complications: *"What I know about the circumcision in mountains is that most of the boys develop infection on the circumcised area and when things are really bad they end up taking them to the hospital and I am asking myself why are we subjecting our boys to such a trauma and pain while Medical Male circumcision exists and it is safe"*. A participant pointed out complications: *"There are a lot of complications with traditional male circumcision where you find that the boys become weak and they sometimes catch flu and colds because of the environment they find themselves in"*. Another participant indicated that: *"Always when the boys are in the mountain we always anticipate some of them will be sick as an outcome of the circumcision and that is the reason whereby the parents of these initiates are relieved when they are back home being healthy after circumcision"*.

Traditional male circumcision predisposes to infections

The findings pointed out that traditional male circumcision predisposes boys to infection, and the lack of competency of a physician was mentioned: *"Young boys are circumcised by unskilled people and afterwards are smeared with ashes as medication which results in the wound being septic"*.

A participant highlighted the risk of infection: *"I prefer medical male circumcision than Traditional male circumcision. When boys are being circumcised traditionally they are been exposed to high risk of infection"*. Similarly, a participant mentioned the risk of getting infections due to the area where the procedure was conducted: *"What I know about the circumcision in mountains is that most of the boys develop infection on the circumcised area and when things are really bad they end up taking them to hospital"*. Another participant described that there is infection that develops when boys undergo traditional male circumcision: *"What I know about the circumcision in mountains is that most of the boys develop infection on the circumcised area and when things are really bad they end up taking them to the hospital"*. Another participant said: *"The practices during and after traditional male circumcision are the ones that predisposes these boys to infection, for example, the cleanliness of the items used to perform the circumcision is questionable. Additionally during performance of the procedure at the mountains where you cannot really maintain cleanliness in such environment predisposes the boys to infection"*.

Traditional male circumcision predisposes to poor environmental conditions

Traditional male circumcisions predispose males who partake in the procedure under poor environmental conditions: *“being exposed to chilly winter weather is more than enough for modern baby boys as they might catch all sorts of diseases related to coldness which may result in death”*. Another participant indicated the implication of weather conditions: *“The problem with the traditional male circumcision is that they go to the mountains for circumcision during winter, which is not really good for the health of anyone to be exposed to extreme cold conditions while you don’t have anything to maintain the body to be warm. This situation is not really good for human beings; it is bad treatment to our boys”*. Another participant indicated that: *“To be honest with you the weather conditions are bad at the mountains during that period, and that is the reason why you find that the boys catch flu and other diseases like pneumonia because some die of pneumonia and it is bad because you have to go to the family and report about that death while they are expecting their children to come back home”*. As the participants indicated, traditional male circumcision occurs during winter season when it is very cold and that exposes the male who goes there to cold weather which predisposes them to respiratory conditions.

Circumcision viewed as a moral teaching activity

The traditional male circumcision could be seen as a moral teaching session: *“For a start, Traditional male circumcision is a school, that’s the reason they leave home to go to this mountain school, and the boys learn rules to be better man. At the mountain school young men are also taught respect and how to handle themselves in the presence of elders and how to take care of their families”*. Another participant explained: *“Tradition male circumcision doesn’t only concentrate on circumcision, but they also teach the boys manhood related aspects such as how to take good care of your family and wife when time comes, how to interact with the entire family and community as a men. You see that it is about morals than only circumcision and with medical male circumcision this part of morality it is not covered”*. Additionally another participant said: *“We teach these boys good morals when they are in the mountain school, remember they must return back home as real men who can solve problems when they have families of their own”*. The participant with the same view said: *“What you need to know with the traditional male circumcision is that the boys are not going there to be circumcised only but a lot of things are involved, especially the fact that the morals are taught during the process that they have to respect their elders’ instructions in the family, their own partners and how to take care of them and lastly they are taught on how to interact with the entire community as men not as like before they were circumcised”*.

Lessons learned prepares for manhood

The finding of this study revealed that participants viewed the traditional male circumcision as a “school” where boys got the lessons that prepared them for manhood: *“I have been circumcised traditionally up the mountains and that makes me a real man because I was taught how to behave as a man and you can mark the difference between men who did, and didn’t go to the mountain school for circumcision”*. Another participant added by saying: *“Traditional circumcised converts a young man into a real man as they spend the whole month and an extra-week being given rules to live as a better man”*. One participant explained that: *“The initiates are taught about manhood during circumcision, this involves*

all aspects such as how to deal with male related challenges throughout your man's journey and you know very well that it is a taboo that I can disclose that but know that manhood is taught during circumcision". Another participants indicated that: *"It is expected that these boys after circumcision they should portray a matured manhood behaviour which will confirm that during the process they were well prepared to be responsible men in the communities and that they also will confirm that there is a difference between a man and or a boy who underwent medical male circumcision and the one who underwent traditional male circumcision.*

Discussion

The views of participants included the fact that sometimes males who opted for traditional circumcision were predisposed to experiencing minor ailments to more serious health issues. When they have their foreskin cut, they might end up bleeding to death or maybe have to be admitted to hospital so that they can receive treatment. Some adverse events associated with traditional male circumcision are excessive bleeding and incompetent circumciser; pain - due to psychological trauma, deep cutting and wound infection which delay wound-healing, or lead to death (WHO, 2009).

On the contrary to the study findings, Nwanze and Mash (2012) found that even though complications of traditional male circumcision existed, the percentage of complications after the procedure has declined. It was indicated that in the study of 2012, from a total of 90 boys that were circumcised, only two boys had minor complications and they were not treated at outpatients' department.

The study findings concurs with the findings of Meiseener and Buso (2007) who outlined that Male circumcision is an old Xhosa tradition that is still widely practised by several population groups throughout South Africa. The participants pointed out that the males go to the mountains during winter for traditional male circumcision, which predispose them to poor environmental conditions due to the cold season. The study conducted by Mangena, Mulaudzi and Peu (2011), on the experiences of nurses caring for circumcised initiates admitted to hospital with complications, revealed that participants indicated that initiates come to hospital half dressed in a cold winter weather, shivering.

The period when the traditional male circumcision is performed is viewed by male elders, who participated in this study, as a moral teaching session to the boys. In South Africa among the Xhosa tribe, views related to male circumcision include sacred religious customs which symbolically transform boys into respected men in the community. Furthermore, it is indicated that boys are taught respect and also to be brave men that could protect their family members (Mavundla et al., 2010). Furthermore, elders also viewed circumcision as the initiation of a boy into the rights and responsibility of manhood. No man should marry until he has been circumcised (Bailey et al., 2001).

CONCLUSION

The findings revealed that community elders viewed traditional male circumcision in a different way than an informed decision to undertake a male medical circumcision. Although different cultures and traditions should be respected, the health of the community

is a priority. This, therefore, requires education and advice to the role-players in these traditional procedures.

RECOMMENDATIONS

The study recommends that the National Department of Health should conduct workshops and training sessions for traditional circumcisers on how to maintain sterility during circumcision to avoid the initiates not having infection. They must also be educated related to the measure they could take to arrest haemorrhage. The awareness campaign should also be conducted to inform the community about the importance of medical male circumcision to avoid infection. It is further suggested that during the health talk sessions the aspects related to how safe the medical male circumcision should be emphasised.

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