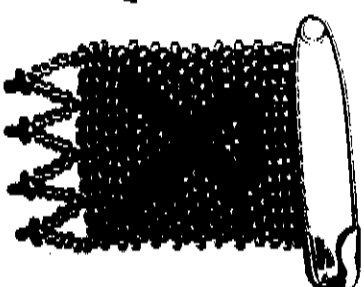


**Medical circumcision and
manhood initiation rituals in the
Eastern Cape, South Africa: a
post intervention evaluation**

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Background

little information about optimizing
medical circumcision

in the context of the existing
practice of medical circumcision
followed by traditional initiation

Objectives

- to report the adverse events reported following male circumcision performed by medical professionals (doctors and nurses) after a one-day training workshop;
- to report on the attitudes towards, beliefs surrounding and experiences regarding circumcision and initiation;
- to assess the HIV risk behaviour of young men attending initiation schools post medical circumcision

Sample

78 Xhosa initiates, median age 19.0 years, range 16 to 25 years and 5 (6.6%) were below 18 years; the number of years of formal education completed was mean 5.4 years (SD=3.8), range 1 to 17 years.

Procedure

After medical circumcision was conducted initiates were in most cases immediately (and in a few cases one to three days) after the operation taken to the traditional initiation school.

Almost all (n=76) were accommodated together with initiates who had also been medically circumcised and two were mixed together in the same hut with two traditionally circumcised initiates.

The traditional attendant (*Ikhankatha*) is responsible for the changing of (herbal) dressing and the general training of the youth at the initiation school.

At the 7th day after circumcision the designated medical officer, the clinical research nurse and the HSRC researcher visited the initiation school to introduce the study, consent, observation, individual interview and focus group discussions

Sample: Health care providers

6 medical doctors and 15 professional nurses (Nyandeni and Quakeni Local Service Area).

Male circumcisions performed past 12 months:
1586, mean = 122.

Eleven (52.3%) said that their clients (and/or their parents) undergoing male circumcision are always or almost always counselled about HIV.

Thirteen (61.9%) indicated that when using male circumcision instruments they were decontaminated in 0.5% chlorine solution for 10 minutes before cleaning and sterilization.

One day training health care providers

a) modules on: structure and function of the male sex organs; STIs/STDs, HIV/AIDS (Kanta 2004) and

b) modules from the WHO manual for male circumcision under local anaesthesia including surgical procedures for adults and adolescents, infection prevention and postoperative care and management of complications (WHO 2006).

c) not trained to include male circumcision as prevention of HIV and other sexually transmitted infections as part of sexual health education.

Measure

The assessment of initiates included a physical examination of the operation area following the WHO (2006) male circumcision adverse advent form including pain, bleeding, haematoma, swelling, wound infection, delayed wound healing, excessive skin removed, insufficient skin removed, problems with urination and problems with appearance (WHO 2006, UNAIDS 2007).

The interview schedule and focus group questions-initiates

socio-demographics,

sexual and HIV risk behaviour

expectations about male circumcision,

Body Parts Satisfaction Scale (Berscheid et al.1973)

Results

	7 nd day N=78	%
Medical Complication		
Pain	1	1.3
Excessive bleeding	0	0
Infection	1	1.3
Excessive skin removed	1	1.3
Insufficient skin removed	4	5.5
Swelling or haematoma (collection of blood)	0	0
Damage to the penis	0	0
Problems with passing urine	0	0
Dehydration	0	0
Appearance	0	0

Bandages

64 had their medical bandages removed and replaced with traditional herbal dressings when entering the traditional initiation school by the traditional nurse, 14 cases not removed.

Observations by the clinical nurses concluded that the herbal dressings may not have led to complications such as wound infection.

Satisfaction with circumcision

89.7% were very satisfied with the circumcision, 9% somewhat satisfied and one (1.3%) reported that he was somewhat dissatisfied

Appearance of their sex organs (after circumcision)

85.9% were extremely or quite satisfied
14.1% were somewhat satisfied

Attitudes towards circumcision	N	%
<i>Attitudes towards medical versus traditional circumcision</i>		
Hospital circumcision is safer than traditional circumcision	78	100
I may be ridiculed by peers if I am circumcised in a health facility	54	70.1
The relationship between peers circumcised traditionally and medically is bad or hostile	15	19.5
Those who have medical circumcision under anaesthesia are cowards	13	17.3
<i>Circumcision as protection against diseases</i>		
Prevention of STIs	68	87.2
Prevention of HIV	68	87.2
Prevention of penile cancer	52	67.5
Prevention of bladder or kidney infection	43	55.8
<i>Circumcision and body strength and hygiene</i>		
Better penile hygiene	78	100
Good appearance	73	96.1
Strengthens the urinary system	49	63.6
<i>Penile and sexual potency</i>		
Sexual potency in adulthood	65	85.5
Prevents premature ejaculation	55	85.5
Penile growth	43	55.8

Focus group discussions

**Attitude community towards medical male
circumcision**

Accepted

“The community does not treat people who are medically circumcised differently from those who are traditionally circumcised.”

Medically circumcised initiates were looked down upon as compared to traditionally circumcised.

“The community perceives us (medical initiates) as *abadlezana* (women who just gave births).”

“They regard the traditionally circumcised people as real men.”

Attitudes girls or young women

1) [Most] Accept irrespective of medical or traditional circumcision

“Girls have no negative concerns about whether or not one gets circumcised medically or traditionally. They expect us to behave as men, that is all, irrespective of how you are circumcised.”

2) [Some] Prefer medically to traditionally circumcised
“Women say medical circumcision is a right thing to do because one gets medically examined before being circumcised. They have positive expectations about it therefore.”

3) [A few] Prefer traditionally to medically circumcised
“Some women expect males to be circumcised traditionally for them to be regarded as real men and regard medical circumcision as a sign of being a coward.”

“Have you heard about circumcision as a preventive measure for HIV?” [MOST]

1) circumcision as an (complete) HIV prevention,

“Its true, being circumcised can set one free from contracting HIV/AIDS.”

2) circumcision as a partial HIV prevention measure,

“Yes, I once heard that; I think one can contract HIV even if he is circumcised but one cannot just get it anyhow. I say that because the foreskin can keep a lot of infections. The foreskin can keep a lot of dirt that may result to infections and eventually the HIV contraction.”

3) circumcision as a non-HIV prevention measure.

“It is not true that circumcision is a preventive measure for HIV.”

Reported sexual behaviour of initiates

	N	%
Sex		
Ever had sex	72	92.3
First sex at 17 years and below	69	88.5
Had sex in past 12 months	62	80.5
Number of sex partners in the 12 months		
0	16	20.5
1	14	17.9
2	26	33.3
3 and more	22	28.2
Condom used at last sex	41	66.2
During the past 12 months has a doctor or other health professional told you that you had a sexually transmitted disease (STD)	23	29.5
Past month alcohol use	11	14.3
Past week alcohol use	6	7.8
Sex under the influence of alcohol	24	33.3
Have you previously received AIDS education?	60	89.6

Focus group discussions: sex after circumcision
two main groups:

1) Resumption of sex after delayed period (1-3 months)
“Our elder brothers told us that it is wrong to have sex shortly after being discharged from here. Therefore we will not do sex after being discharged from here.”

2) Abstaining from sex until later
“I don’t even have a girlfriend. I will never do sex. Because I am still young; also, they discourage sexual practice before marriage at home.”

Condom use and manhood

The sexually active,

almost all indicated that they would use a condom to prevent HIV and or pregnancy and a few would not use a condom depending on whether they trust the partner when resuming sexual activities.

“My attitude is positive towards condom use because it prevents one from disadvantages associated with sexual practice.”

Discussion: Medical circumcision

- It appears one day workshop for medical professionals (doctors and professional nurses) was not sufficient to avoid adverse events from male circumcision.
- In this study it was commonly practiced that medical bandages were removed and replaced with traditional herbal dressings when entering the traditional initiation school by the traditional nurse. This could also have contributed to certain adverse events such as infection. It is, however, possible that the herbal dressings had antibacterial effects preventing infections. Dilika, Bremner and Meyer (2000) found antibacterial activity of linoleic and oleic acids isolated from *Helichrysum pedunculatum*: a plant used during circumcision rites in South Africa.

Discussion: Sexual behaviour

Only 7.7% were to be circumcised before their sexual debut
great deal of sexual risk behaviour (STI, multiple partners,
lack of condom use) similar to other studies (e.g. Jewkes et al.
2006)

Although initiates did not receive sexual health education
on male circumcision and its preventive effects from HIV and
other STDs, most initiates (87%) responded affirmatively to
these survey questions.

Abstain and delay resume sexual activities and intended
condom use was high.

?behavioural disinhibition or risk compensation intentions.
Follow-up studies needed

Discussion

- The community perception that medical circumcision should be looked down upon → community education programmes.
- Initiates were immediately discharged from the outpatient setting to the initiation schools and oftentimes bondages were replaced with herbal preparations.
 - to better perform medical after care: youth should be discharged to their homes for two weeks and medically monitored before going to the initiation school.
- Some of the adverse events may have resulted from inappropriate wound dressing and care by the traditional nurses → Traditional nurses should be trained in wound dressing and care.

Discussion

- -Further studies acceptability and feasibility of medical circumcision and traditional initiation
- -Sufficient training of health care providers and traditional nurses or attendants in the initiation schools; also include comprehensive sexual health education including male circumcision and a prevention of HIV.
- -To reduce the chances of behavioural disinhibition or risk compensation: advocacy campaigns about the need for circumcised men to continue engaging in safe sex practices
- -Findings are promising for scaling up integrated medical circumcision with traditional initiation into manhood.

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