



**Traditional circumcision and Nursing in South Africa**  
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The following excerpt was mentioned by one of the hospitalized initiate.

***"Men will tell me that they did not come to hospital for admission. They say we are disappointing them yet they have failed in their intervention strategies in the bush. "***



# **Brief History of Circumcision**

Visser (2012) defines male circumcision as the removal of the foreskin of the male penis. Male circumcision is a very old practice, traditionally done as a mark of cultural identity or for religious importance. The origin of the ritual is not clear but it seems that it was performed for religious or ritual reasons. Adler (1984) estimates that more than three hundred millions population of the world practise the circumcision custom and the Muslims alone number about 250 millions. Circumcision in ancient people was practiced as a punitive measure, a puberty or premarital rite, as an absolution against the feared toxic influence of vaginal blood (that is blood of the hymen), and as a mark of slavery (Milos & Macris, 1992). The Queensland Law Reform Commission (The QLRC) (1993) states that Egyptians practised circumcision as early as 3600 BC. The arrival of Abraham was 1600 years later when he was circumcised at the age of 80 years. Another view is that Abraham was 90 years when he circumcised himself and his son Ishmael was circumcised at the age of 13 years. Although, the Egyptians seemed to have started the custom, Adler (1984) believes that the custom could have started from the Hebrews, and they had to undergo it as a sign of covenant between them and God. Funani (1990) also states that the origin of circumcision could have been from the Hebrews and the Ethiopians, which eventually spread it to the Egyptians. The QLRC (1993) based its argument of circumcision and its origin from the bible. In Genesis 17 of the Old Testament, God is said to have directed Abraham to circumcise himself, his son and all other males in his house. He said "This is my covenant, which ye shall keep, between me and you and thy seed after thee; every child among you shall be circumcised". This meant that all male children in Abraham's house were circumcised presumably by the instructions of God.

Milos and Macris (1992) further state that circumcision is far older than the biblical account of Abraham as mentioned above. It seems as if it began in East Africa long before the time of Abraham. Funani (1990) states that circumcision began as a religious ritual but in Africa it is associated with male initiation into manhood. Circumcision was practiced long before Islam. It is estimated that about sixth of the population of the world can be considered circumcised on religious grounds.



For some inexplicable reasons the prepuce has been shrouded with controversy that encompasses many disciplines. In addition to the medical aspects, religion, aesthetics, sexuality, cultural sensitivity, social engineering, psychology, ethics, and constitutional right are all concerned with this small part of the anatomy (van Howe, 1999). Circumcision is practiced in many parts of the world among the Muslims, Jews, Arabs, Aborigines, Malaysians, Americans, West Africa and the sub-Saharan Africa (Funani, 1990). It is regarded as one of the oldest forms of surgery and is a common procedure performed for medical, ritual and religious reasons throughout the world (Adler, 1984; Boczko & Freed, 1979; Gerhard & Haarmann, 2000; Milos & Macris, 1992; Richards, 1996; William & Kapila, 1993).

Every year some in the Eastern Cape and in some provinces *male initiates are hospitalized or die from circumcision wounds undergone during traditional initiation rites. Whenever the male initiates are admitted in hospital, they do so against their will because of the stigma attached to it. Meintjes (1998) discovered that hospitalization of initiates is a last resort having delayed their admission dangerously. Men from the initiation school (who have themselves undergone traditional circumcision) take the initiates to hospital for admission. At times initiates steal their way to hospital without the knowledge of the traditional attendant or traditional nurse. Initiates that are transferred from the initiation schools to the hospital are usually taken at night, in order for the public not to see them (Ntsaba & Grainger, 2002).*

Warren-Brown (1998) mentioned that neither the belief of initiates being mentally strong, patient and uncomplaining nor the society that endorses traditional circumcision show mercy when the complications arise from the ritual.

Hospitalized initiates are ostracised and are denied the dignity of being called men. They are looked down on for going to hospital. Initiates are made to believe it is their fault when they do not heal and have to be hospitalized. It is said they have done something wrong and are being punished. According to Meintjes (1998) a hospitalized initiate is teased by his peer group and called a "hospital man".



Traditional circumcision among some Africans is an initiation rite in which there is a transition from boyhood to manhood and to a high state of responsibility. The initiates are taught the mysteries of tribal practices, customs and laws, and what is demanded by the man's estate in the forms of social responsibility and conduct. From the ceremony the boys must emerge as men, losing all signs of immaturity (Adler, 1984).

Initiates that are admitted with complications are referred to as "septic circumcisions" rather than calling them by their names. Health professionals often do this whilst there are other patients and this means that they disclose medical diagnosis of initiates in the public. Some doctors perceived and refer to hospitalized male initiates as uncivilized and responsible for the problems and complications emanating from traditional circumcision (Meintjes, 1998). How the health professionals, particularly the nurses and medical doctors should respond to the health care needs of the hospitalized initiates is crucial to their physical and psychological recovery.

The complications of traditional circumcision include mainly sepsis of penile wounds, septicaemia and dehydration.

There are often open arguments between staff and family members regarding the care of hospitalised initiates. Health professionals from cultures other than those who practice the custom and work in the hospital, often interact with the initiates in a **purely clinical perspective without considering their cultural needs. A range of attitudes on the part of health professionals towards initiates admitted with septic circumcision have been reported. Family members, doctors, nursing staff, traditional practitioners, and the initiates often end up in a situation of conflict.**

In the early mid 1990's there were reports in the media concerning traditional circumcision operations that have been performed incorrectly among the AmaXhosa male initiates (van Vuuren & de Jongh, 1999). Images of young *AmaXhosa male initiates of traditional circumcision with physical scars of abuse, stories of AmaXhosa initiates dying in the bush, and mutilations made headline news in regional papers such as Daily Dispatch of East London and Eastern Province Herald of Port Elizabeth (van Vuuren & de Jongh, 1999). Some of the initiates were admitted in the hospital for the treatment of sepsis and other problems related to traditional circumcision.*

Extensive review of literature produced no studies examining health professionals' cultural care of hospitalized *male initiates of traditional circumcision. Even more troubling, is the lack of academic and professional discourse on what was meant and/or understood by the term "cultural care" for hospitalized male initiates of traditional circumcision. There is a need for an empirical knowledge on cultural care in the delivery of healthcare among the hospitalized male initiates of traditional circumcision. This paper addresses the cultural care of once initiates are admitted to hospital.*

Statistics from the EC Department health reveals that from 2006-2013, 500 young men died due traditional circumcision.

**Table 1: The EC Yearly statistics of deaths due to traditional circumcision**

<b>Year</b>	<b>Hospital Admissions</b>	<b>Amputations</b>	<b>Initiate Deaths</b>	<b>Legal Initiates</b>	<b>Illegal Initiates</b>	<b>Arrests of illegal attendants</b>
<b>2006</b>	<b>800</b>	<b>12</b>	<b>58</b>	14713	993	0
<b>2007</b>	<b>640</b>	<b>52</b>	<b>32</b>	60281	2787	0
<b>2008</b>	<b>637</b>	<b>11</b>	<b>34</b>	55272	2399	74
<b>2009</b>	<b>713</b>	<b>49</b>	<b>91</b>	571119	3366	38
<b>2010</b>	<b>658</b>	<b>23</b>	<b>62</b>	71578	2781	19
<b>2011</b>	<b>651</b>	<b>20</b>	<b>62</b>	55789	3745	59
<b>2012</b>	<b>577</b>	<b>23</b>	<b>74</b>	37913	1097	21
<b>2013</b>	<b>656</b>	<b>31</b>	<b>83</b>	43795	2916	40
<b>Total</b>	<b>5332</b>	<b>221</b>	<b>496</b>	<b>381411</b>	<b>20149</b>	<b>251</b>



**Why is traditional circumcision  
important?**

Other studies indicate that male circumcision can reduce the chance of HIV infection in heterosexual men by 60% (WHO).

Circumcision reduces the risk of developing urinary tract infection which includes infections of any part of the urinary system such as bladder (Scholz, 2012).

Circumcision is also associated with a reduced prevalence of cancer causing type of HPV in Men.

## **Relations of admitted initiates with men, women in hospital (nurses)**

The circumcision of males is a ritual that is performed in the *bush*, out of the public eye. Traditionally, it has to be attended by circumcised men only, no one is allowed to see the initiates before they are officially released or discharged. Today initiates have been admitted to hospital following complications during the circumcision process. In the hospital, they are cared for by nurses. Hospitalisation of initiates creates problems for men who accompany the initiates as well as the nurses who are expected to care for them ([www.ncbi.nlm.nih.gov](http://www.ncbi.nlm.nih.gov) accessed on 13 April 2013).

African cultures that practice circumcision dictate that the initiates are not to be touched or even seen by women before the completion of the initiation. The reason for secluding initiates from women is to promote and facilitate the healing process. In hospitals where they are cared for the nursing staff is composed of predominantly female nurses. This means they come in to contact with females, which is against their culture. For many of the boys who are hospitalised, they experience a feeling of failure and shame, and feel that they are not proper men. The nurses also experience problems, when they harass and insult by the escorts of the initiates, who normally demand that male nurses should attend to the initiates. In many cases this is practically impossible because the nursing profession consists mainly of females as opposed to few males.

The nurses are subjected to considerable stress and emotional trauma which affects their productivity and the interest of their work. Nurses are obliged to care for all patients without fear or favour. However, these nurses are also social beings themselves with community affiliations.

They want to respect and adhere to their community's cultural values. The confidence of the initiates is reduced because female nurses dress their wounds in hospital ([www.readperidicals.com](http://www.readperidicals.com) accessed on 13 January 2016).

# Psychological effects

Hospitalized initiates were unhappy and angry of being admitted

Hospitalized initiates lost hope and were lonely

Initiates had suicidal tendencies

Some health professionals were rude towards initiates

Communities do not welcome them back to the society

# **Nursing care of hospitalized initiates**

(Leininger, 1991) defines Cultural care as "the broadest holistic means to know, explain, interpret, and predict nursing care phenomenon to guide nursing care practices. It means the subjectively and objectively learned and transmitted values, beliefs, and patterned life ways that assist, support, facilitate, enable individuals, groups and communities to maintain their well being, health, or to deal with illness, handicap or death" (p. 47).



# **Cultural care preservation and-or maintenance**

Leininger (1991) postulates in her Culture care Diversity and Universality Theory of nursing that there are three modalities, cultural care preservation and-or maintenance, cultural care accommodation and-or negotiation and cultural care restructuring and-or repatterning which should be applied in dealing with culture. They guide nursing judgements, decisions, or actions so that nurses could provide cultural care.

Leininger and McFarland (2006) state that the first requisite is to preserve and-or maintain the cultural values and practices that promote health and well being of the client.

The findings from this study indicate several areas of generic cultural care of hospitalized *AmaXhosa male initiates of traditional circumcision that could help nurses and other health professionals to preserve and maintain naturalistic folk practices. Therefore, in this study cultural care preservation and-or maintenance refers to:*

Preserving the seclusion of  
hospitalized male initiates by  
admitting them in a separate ward

# Maintenance of secrecy and privacy

Maintenance and respect of  
cultural care beliefs associated with  
women



Maintenance of cultural care by  
male nurses who have undergone  
traditional circumcision

Maintenance of cultural food for  
hospitalized initiates, and

Preserving culturally non-  
consistent visitors from seeing  
initiates

**Preserving the seclusion of  
hospitalized initiates by admitting  
them in a separate ward**

Adler (1984) states that the seclusion period of initiates from the community takes place in the bush for a period of about two to three months. From the traditional circumcision the initiates should emerge as men losing all signs of immaturity. This will enhance the principle of continuing with the seclusion period of traditional circumcision. Care patterns:

General informants prefer a separate ward because it looks like an initiation school. In the separate ward mimic the Lodge, because only initiates and men who have undergone traditional circumcision visit and deliver culturally congruent care. This could also increase the morale of the hospitalized initiates to feel as if they are in the Lodge.

Whenever initiates are admitted with other patients, they are more likely to be seen by members of the community when they visit their relatives. Therefore, admission of hospitalized initiates in a separate ward from other patients should be preserved as part of the expectations of traditional circumcision custom. The benefits of a separate ward are more related to cultural care of hospitalized initiates. Again, a separate ward could contribute to a more positive psychological attitude for hospitalized initiates, health professionals and the community that practice *traditional circumcision*.

Warren-Brown (1998) states that within their communities the hospitalized initiates are ostracised and are denied the dignity of being called men instead they are called "hospital men". They are sometimes rejected by their peer group and parents. After being discharged from hospital if they are sent back to the Lodge sometimes the initiates who were left in the bush could kill them. It is against this background that a separate ward is recommended so that initiates could be secluded from the community especially women and other men who are more likely to despise them for being admitted in hospital.



There is a potential improvement of the stigma attached to them if admitted in the seclusion ward and cared by males that have undergone traditional circumcision.

# **Maintenance of secrecy and privacy**

A "secret is something not known or seen or not meant to be known or seen by others. Secrecy is the action of keeping something secret, or the state of being kept secret" (The Oxford Dictionary of English, 2003, p. 1595). According to the custom of traditional circumcision, secrecy is very important because women and other people who have not undergone the custom should not know what is taking place in the ritual (Funani, 1990; Warren-Brown, 1998). That is why the lodges are located far away from the villages.

# **Maintenance and respect of cultural care beliefs associated with women**

As stated elsewhere it is taboo for women to attend to initiates. According to the traditional circumcision custom, only men who have undergone the ritual may attend initiates in the initiation school. Funani (1990) states that women, especially married ones, are not allowed to go to the lodge. The belief is that the wounds of the initiates will not heal if women are permitted to see initiates hence only girls are introduced to novices.

Another belief is that, the circumcision wounds of initiates will not heal if attended by people who practise sexual intercourse. Men who have undergone traditional circumcision are aware of this cultural practice as opposed to females. It is a traditional circumcision cultural practice because men especially traditional nurses who attend to initiates in the Lodge abstain from sexual intercourse.

In order for health professionals to ensure that culturally congruent care is delivered to the hospitalized initiates, the health system needs to respect and maintain the beliefs associated with women. The health system could allocate more male nurses that have undergone traditional circumcision to the wards that admit initiates.

**Maintenance of care by male nurses  
who have undergone traditional  
circumcision**



The reason for initiates to prefer men is purely on a cultural belief system of the people who practice the ritual.

Although hospitalized initiates and health professionals preferred the delivery of cultural care by male nurses they do not mention whether they would accept female medical doctors or not.

The professional system could therefore accommodate this aspect provided nurses educate hospitalized initiates regarding basic scientific principles of wound care. Both professional nurses and initiates they prefer hospitalized initiates to be attended by male nurses especially in the care of circumcision wounds.

**Maintenance of culturally  
appropriate food for hospitalized  
initiates**

Hospitalized initiates reported that they were not getting enough food in hospital compared with the lodge and or at home. Some health professionals also reported that initiates' food intake is very high compared to other patients and were not given enough food. This could be related to adequate availability of food in the initiation schools at all times. In the initiation school initiates eat as much as they want at any time they so wish. This could be the reason why they felt that food was not enough in hospital.

**Preserving cultural non-consistent  
visitors from seeing initiates**

Cultural non-consistent visitors refer to visitors that are not wanted by hospitalized initiates as opposed to those they do want. The majority of general informants preferred not to be visited by traditional nurses, women and friends.

# **Cultural care accommodation and- or negotiation**

Leininger (1991) refers to "cultural care accommodation and/or negotiation as those assistive, supporting, facilitative, or enabling creative professional actions and decisions that help people of a designated culture to adapt to or to negotiate with, others for a beneficial or satisfying health outcome with professional caregivers" (p. 48). Leininger and McFarland (2006) state that accommodation and/or negotiation is the second mode of culture care actions and decisions.



Health professionals need to understand and accommodate or negotiate the care needs of hospitalized initiates' to assist in providing care within a health care system that is efficient and culturally sensitive. In order to promote culturally congruent care, health professionals should earn the confidence of hospitalized initiates by negotiating or accommodating the following care patterns:

Health professionals need to assist hospitalized initiates to carry out their own self-care of wounds in the absence of male nurses

Health professionals need to negotiate with hospitalized initiates to remove the gangrenous tissues of the penis,

Health professionals need to accommodate the tradition of frequent reviews of wounds in order to check whether dressings are still in situ, at of at least twice or three times a day.

**Health professionals to negotiate the  
removal of gangrenous tissue**

Gangrene is a complication of necrosis, characterised by the decay of body tissues due to infection and ischaemia.

**Health professionals to negotiate  
frequent reviews and dressings**

Hospitalized initiates preferred their wounds to be dressed every five to ten minutes or three times a day because this was the practice in the initiation hut. Shaw (1997) discovered that tight thongs which were carried out during wound dressings were the cause of sepsis, gangrene and amputations of penises. Meintjes (1998) also reported that wounds were dressed every five to 10 minutes.



Health professionals need to negotiate with hospitalized initiates about this harmful traditional circumcision practice. Preferably dressings need to be carried out once a day or twice for the severe septic wounds. The general informants stated that if wounds were dressed in the morning then nurses need to review them in the evening to ascertain whether the bandages are still in place. Health professionals need to negotiate the frequent review and dressing of the wounds with initiates in order to educate them about the benefits of not dressing the wound every five minutes. Health professionals need to explain to hospitalized initiates that wound care in hospital is usually carried out once a day or less frequently than that. This is to allow the healing process to take place by promoting granulation of tissues. According to traditional circumcision belief frequent dressings of wounds would facilitate wound healing.

promoting wound healing.  
Hospitalized initiates suffer from  
excruciating pain whenever  
circumcision wounds are attended,  
and therefore there is no need to  
expose them two to three times a  
day.

# **Negotiating with cultural consistent visitors**

Culturally congruent visitors mean the preferred visitor such as traditional surgeons, male parents and male relatives to visit them. Some hospitalized initiates reported that relatives would maintain confidentiality and privacy about their admission in hospital.

# **Cultural care restructuring and-or re-patterning**

Leininger (1991) refers to "cultural care re-patterning or restructuring to those assistive, supporting, facilitative, or enabling professional actions and decisions that help a client reorder, change, or greatly modify their life ways for new, different, and beneficial health care pattern while respecting the client's cultural values and beliefs

# Restructuring of the admission and hospital discharge of initiates

# Developing a culturally congruent care policy



# **Restructuring of the admission, in ward processes and hospital discharge of initiates**

# ***Admission and in ward processes***

As discussed elsewhere in this study, the admission of initiates could be beneficiary if admitted in a separate ward where they will be comfortable. The health system and health professionals need to make arrangements of not admitting initiates with other patients. Preferably, from the bush initiates need to be admitted in a separate ward exclusively meant for them. Therefore, the present set up of wards which admit initiates is not offering care that is culturally congruent.

***Discharge***

The absence or shortage of medical doctors contributes to a lack of referral of hospitalized initiates to medical specialists such as the Urologists and consequently this leads to the delay of discharge of hospitalized initiates.

The education of medical doctors regarding the consequences of long periods of hospitalization of initiates needs to be addressed. The implications of long periods of hospitalization have negative consequences because hospitalized initiates are looked down by their peer group and the community at large.

There should be collaboration between nurses, medical doctors and parents regarding the discharge of hospitalized initiates. Hospitalized initiates need to be discharged when the time is right for them to go home or to go back to the initiation school. The discharge process needs to be in the evening or during the night when no one can see that the initiate has been discharged from hospital. Hospitalized initiates need to be accompanied by parents or relatives in order to protect them from being victimised or killed by their peers (Meintjes, 1998). Some general informants mentioned that if there were more medical doctors to carry out surgical procedures that would reduce their hospital stay and would ensure that initiates are discharged quickly to join other initiates in the bush.

# **Developing a culturally congruent care policy**



From the information given by informants, it appears that there are no policies that exist within the hospitals for the delivery of cultural care among the hospitalized initiates of traditional circumcision.

