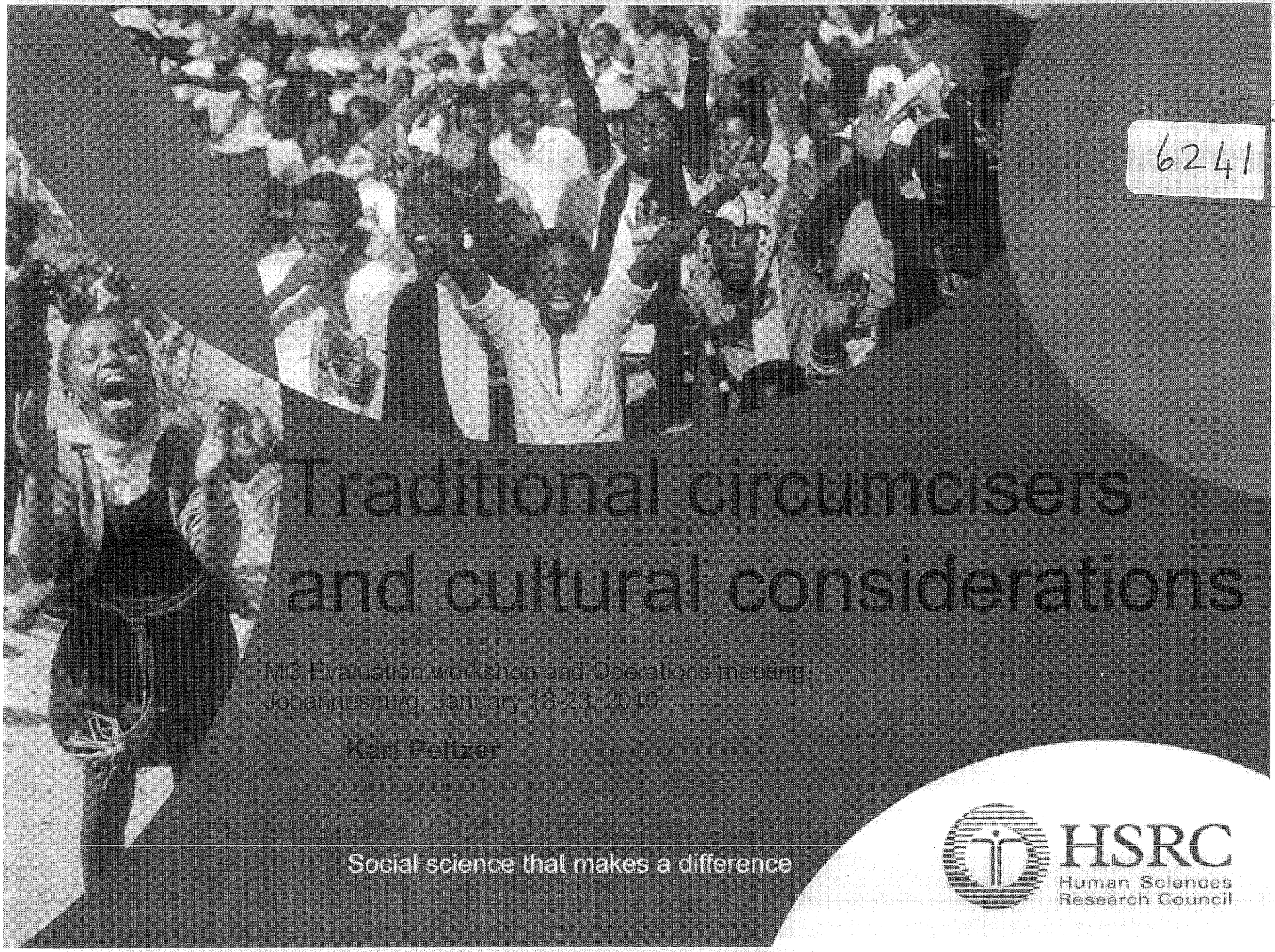


Traditional circumcisers and cultural considerations

MC Evaluation workshop and Operations meeting,
Johannesburg, January 18-23, 2010

Karl Peltzer

Social science that makes a difference

HSRC
Human Sciences
Research Council

Traditional circumcisers and cultural considerations

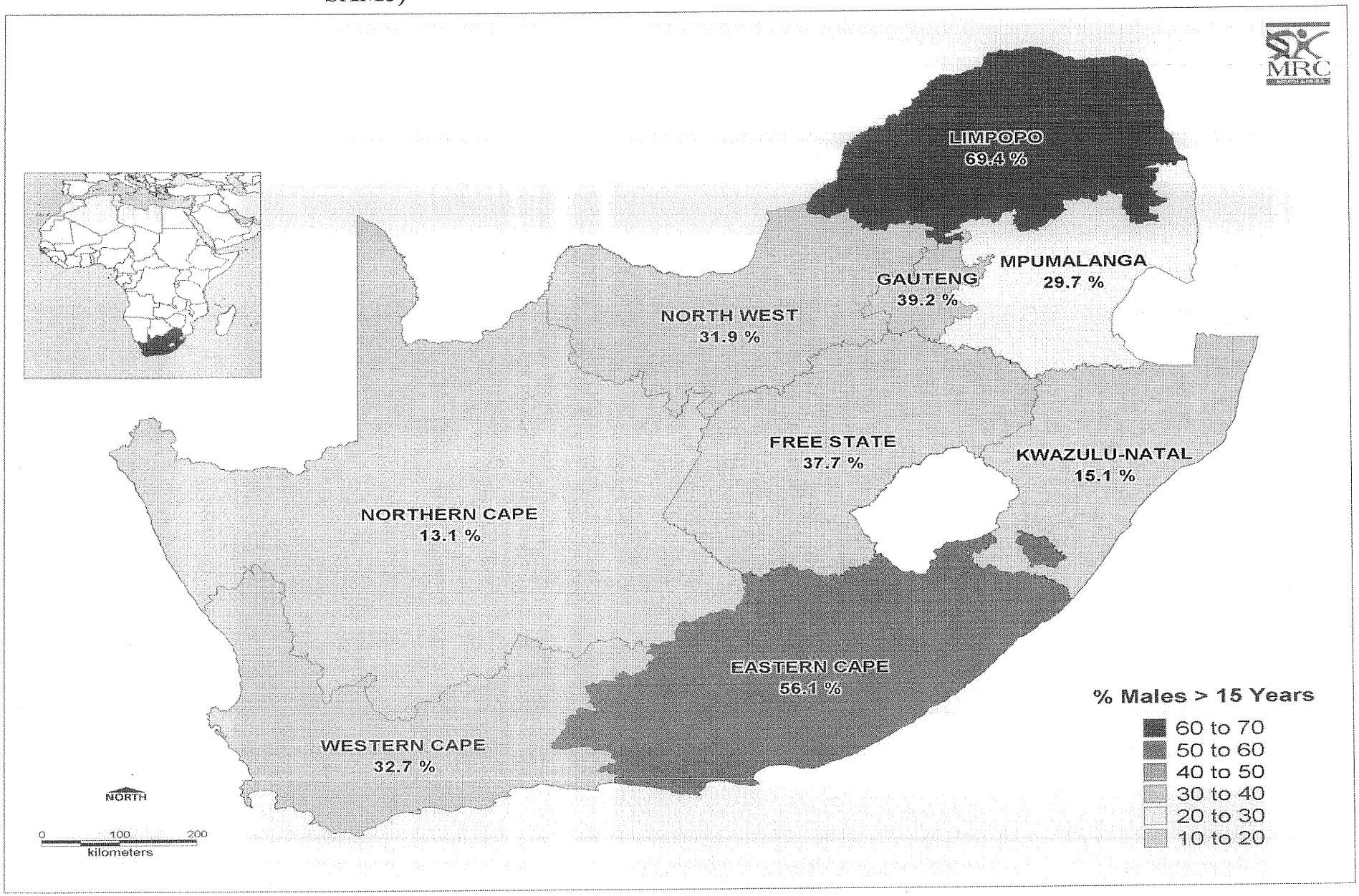
1. How traditional rites of passage and medical circumcision may be integrated.
2. Involvement of traditional circumcisers and leaders from traditionally circumcising and non-circumcising tribes in decision making processes

Prevalence of traditional male circumcision; mostly traditional

Table 1: MC prevalence (Halperin & Bailey, 1999; Measure DHS, 2006; Williams et al., 2006) and HIV prevalence (UNAIDS, 2006) in percent

West Africa			East & Central Africa			Southern Africa		
Country	MC	HIV	Country	MC	HIV	Country	MC	HIV
Benin	84	1.8	Burundi	2	3.3	Botswana	25	24.1
Burkina Faso	89	2.0	Rwanda	9	3.1	Malawi	21	14.1
Cameroon	93	5.4	Central African Republic	67	10.7	Namibia	15	19.6
Côte d'Ivoire	93	7.1	Chad	64	3.5	Swaziland	<15	33.4
Equatorial Guinea	86	3.2	Ethiopia	76	?	Zambia	16	17.0
Gabon	93	7.9	Sudan	47	?	Zimbabwe	10	20.1
The Gambia	90	2.4	Tanzania	70	6.5	Lesotho	48	23.2
Ghana	95	2.3	Uganda	25	6.7	Mozambique	56	16.1
Guinea	83	1.5	The Congo	70	5.3	South Africa	35	18.8
Guinea-Bissau	91	3.8	Dem. Rep. Congo	70	3.2	Angola	66	3.7
Liberia	70	?	Djibouti	94	3.1	Comoros	>80	<.01
Mali	95	1.7	Eritrea	95	2.4	Madagascar	80	0.5
Mauritania	78	0.7	Kenya	84	6.1	Mauritius	>80	0.6
Niger	92	1.1	Somalia	93	0.9			
Nigeria	81	3.9						
Senegal	89	0.9						
Sierra Leone	90	1.6						
Togo	93	3.2						

Prevalence of self-reported male circumcision: South Africa 2002. (Source: Connolly, Simbayi, Shanmugam & Nqeketo, SAMJ)



Traditional and medical male circumcision, South Africa 2002

Demographics		Traditional male circumcision				Medical male circumcision			
Age		all	0-11	12-17	18+	all	0-11	12-17	18+
All		24.8	8.8	33.1	58.2	13.2	48.3	17.1	34.6
African Black		31.9	8.7	33.3	58.0	9.3	22.7	25.9	51.8
-Xhosa		57.3	2.1	12.3	85.5	4.7	9.2	15.9	74.9
-Zulu		10.7	2.4	41.0	56.6	6.1	24.4	2.3	73.3
-Venda		71.1	53.0	34.8	12.2	25.6	8.3	91.7	0

Type of traditional male circumcision: full-partial

- **Lesotho:**
- **Only about 15% of men are "fully circumcised"**

- (MOHSW, 2008. Male circumcision, situation analysis report Lesotho)

Integration traditional rites of passage and medical circumcision

1. Training of traditional MC providers (safer MC)

2. Integration of medical MC with manhood initiation

3. Integration PICT, HIV SRH education into traditional circumcision rituals

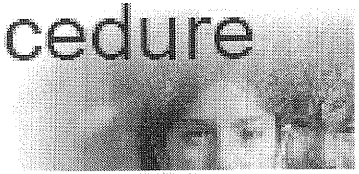
1. Training of traditional MC providers

- Anatomy, aseptic technique, control of blood loss and wound closure;
- Ensuring supply of necessary instruments and dressings;
- Rapid transfer to, or intervention by, clinical services if a medical complication arises;

(Male circumcision clearing house, 2010)

Decreasing complications

- Assessing complication rates using standardized protocols
- Training of traditional male circumcisers and other groups involved
  - General hygiene and infection control
  - More in-depth training (e.g. *Impilo ya Bantu*, Eastern Cape, 5 day training, evaluation indicated that more training required)
- Provision of sterile materials for the procedure and after-care



(Dick & Wilcken 2009)

Training for and collaboration between traditional and medical circumcisers would increase the level of quality and quantity of services offered, Namibia
(Pappas-DeLuca et al., 2009)

- Creating a certificate programme for traditional circumcisers to legitimize those with experience and prevent those who should not be practicing from doing so

- Fostering collaborative relationships between traditional circumcisers and health personnel

Proposed areas of collaboration between traditional surgeon and health workers, Tanzania (Mboera et al., 2009)

- Training and sensitizing of traditional practitioners on safety and hygienic circumcision procedures
- Provide traditional practitioners with surgical operation kits for circumcision
- Involvement of health personnel during traditional male circumcision (improve safety)
- Referral of cases from traditional practitioners
- Traditional practitioner to bring clients at health facilities for circumcision and thereafter continue with traditional rituals and adulthood coaching.

Increasing control

- **National level**: legislation focusing on what can be done and who can be circumcised eg. South Africa *Application of Health Standards in Traditional Circumcision Act*, 2001
- **Local level**: self-regulation e.g. *Isiko loluntu*, Easter Cape, system of self-regulation with reporting of unauthorized practitioners and sanctions on use of alcohol etc.

(Dick & Wilcken 2009)

Act to regulate traditional circumcision (Eastern Cape, South Africa)

- Each prospective initiate must be examined by a medical doctor to ensure that he is "fit and health" to undergo circumcision and initiation into manhood
- Designated health officers have a right to inspect each and every circumcision school, and to institute whatever remedial action is necessary if the health of the initiates is at risk
- The initiate(s) must, at least within the first eight days of the circumcision, be allowed by the traditional nurse "to have a reasonable amount of water to avoid the initiate suffering any dehydration."

Act to regulate traditional circumcision (Mpumalanga Province, South Africa)

Person who may perform circumcisions:

- a medical practitioner who has previously attended an ingoma or a person registered in the prescribed manner as a traditional surgeon …
- Must observe due care and diligence and maintain appropriate health and safety standards
- Is wholly responsible for the medical treatment and care of the initiate…
- Must not use the same instrument on more than one initiate

1. Training of traditional providers: curriculum

- Introduction into initiation rites; Social, legal and cultural context of the practice; Roles and responsibilities of stakeholders;
- Normal anatomy and physiology of the male genital, with emphasis on structure of the penis;
- Congenital and acquired abnormalities of the male sex organs;
- Traditional circumcision instruments and their care; Recommended procedure of safe traditional male circumcision;
- Infection control measures; Sexually transmitted infections and blood borne infections, e.g. viral hepatitis B; HIVand AIDS;
- Aftercare of the initiate including after care of the circumcision wound and initiate as a whole; Detection and early management of common complications of circumcision;
- Nutrition and Fluid Management; Code of conduct and ethics for traditional health practitioners;
- Sexual health education; Role of alcohol and drugs; Human rights issues (Kanta, 2004).
- Certificate, length of training, supervision, registration, accreditation

1. Training of traditional providers: Tool kit

- a disposable instrument (surgical blade) with a handle
- alternatively the surgeon will have to have several traditional circumcision instruments so that each initiate is circumcised by an unused cleaned and sterilized instrument;
- to use disposable latex gloves;
- a proper cleaning and sterilizing procedure;
- sterilization chemicals and disinfectants, and paper towel rolls (Peltzer et al. 2008)

Traditional MC training evaluation

- Traditional surgeons and nurses were trained
- Initiates examined & interviewed on 2nd, 4th, 7th and 14th day after circumcision.

- From 192 initiates physically examined at the 14th day
- →high rates of complications:
- 40 (20.8%) had mild delayed wound healing,
- 31 (16.2%) had a mild wound infection,
- 22 (10.5%) mild pain and
- 20 (10.4%) had insufficient skin removed.
- did not use the recommended circumcision instrument.

(Peltzer et al., 2008)

Traditional male circumcision procedures, training evaluation, Gauteng, South Africa

(Peltzer et al., 2010)

	N	%
Use of gloves		
Yes	31	36.0
No	55	64.0
Type of circumcision instrument:		
Knife	55	64.0
Surgical blades (without handles)	31	36.0
Use of gloves and surgical blades	31	36.0
Used a new instrument on each initiate		
Yes	80	93.0
No (rinses knife in hand basin with water)	6	7.0
Wound dressing (none)	86	100

2. Integration of medical MC with manhood initiation

- Medical circumcision in initiation school
- Medical circumcision in health facility and subsequent manhood initiation
- Medical circumcision in mobile facility and subsequent manhood initiation
- Medical circumcision in hospital with features of manhood initiation

2.1 Medical circumcision in initiation school

The medical provider conducts the male circumcision inside the initiation school (instead of a traditional provider);

Examples have been reported in various parts of South Africa

2.2 Medical circumcision in health facility and subsequent manhood initiation,Eastern Cape, South Africa

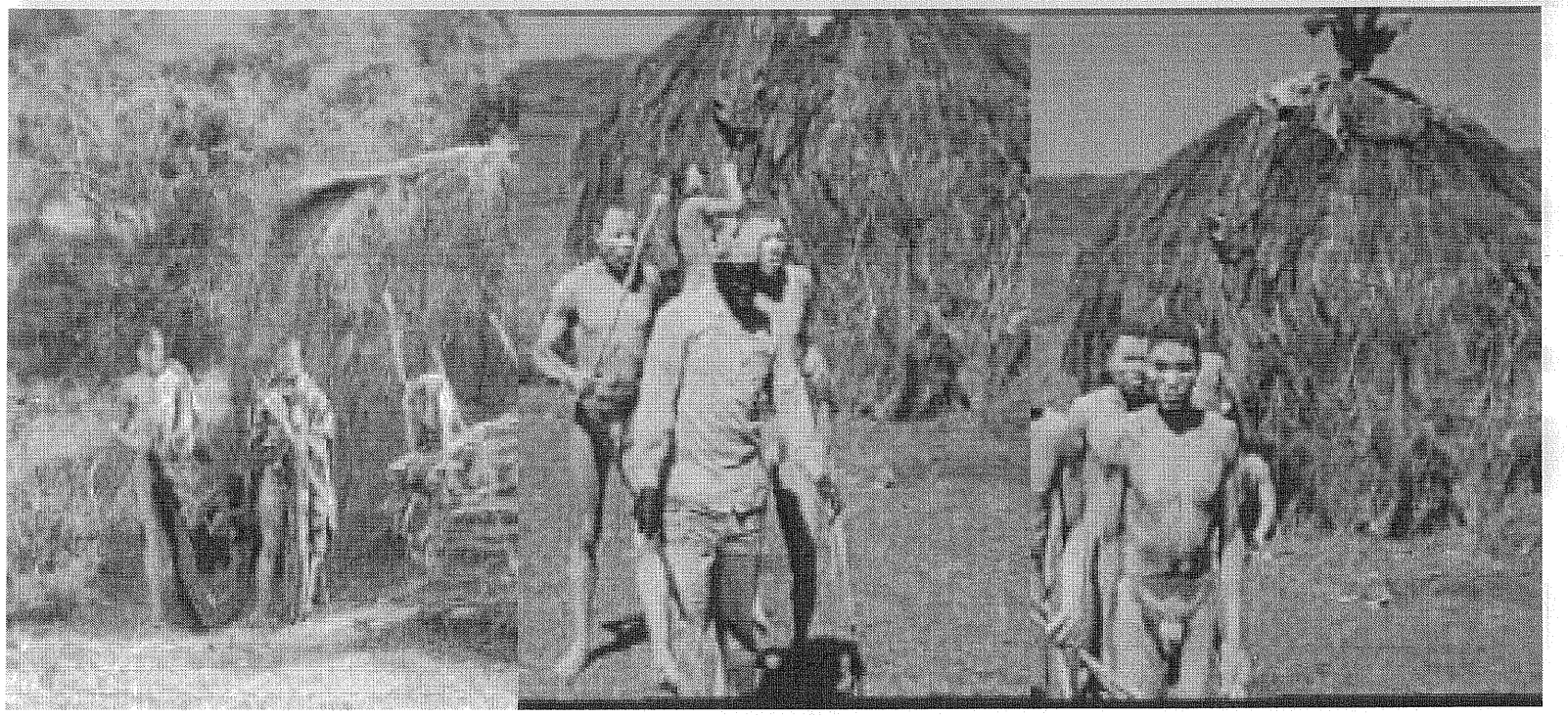
In the context of the existing practice of medical circumcision followed by traditional initiation (Peltzer & Kanta 2009)

Study example, Eastern Cape, South Africa

After medical circumcision (n=76)
→immediately after the operation taken to the traditional initiation school.

Most (n=64) had their medical bandages removed and replaced with traditional herbal dressings

At the 7th day after circumcision examined (Peltzer & Kanta, 2009)



Initiates live in seclusion in the bush. Traditionally grass huts are built to live in at the circumcision lodge. These are torched at the conclusion of the process. Grass is cooler than the plastic sheeting which is often used at contemporary circumcision lodges, particularly those closer to urban areas.

(Vincent, 2008)

Medical Complication	7nd day N=78	%
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

Focus group discussions

Attitude community towards medical male circumcision

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."

2.4 Medical circumcision in hospital with features of manhood initiation

Integration of traditional and clinical male circumcision among Meru people in Kenya.

Hospital circumcision is combined with the traditional seclusion period (20-30 boys secluded in a special hospital ward)

Offer young men modern-day education on reproduction health and life skills.

Brown (2002)

2.3 Medical circumcision in mobile facility and subsequent manhood initiation

For example, there have recently been plans in the Eastern Cape to set up tents in locations where medical circumcision can be performed within a hygienic health-care environment nearer to initiation schools.

However, traditional leaders had been against this plan

(Dweba, 2008)

3. Integration PICT, HIV SRH education into traditional circumcision rituals

- HIV risk reduction group counselling prior to discharge from initiation school, South Africa (Simbayi et al., in progress)

- HIV prevention, sexual and reproductive health integration into traditional circumcision ceremonies Kenya (Bett et al., 2009)

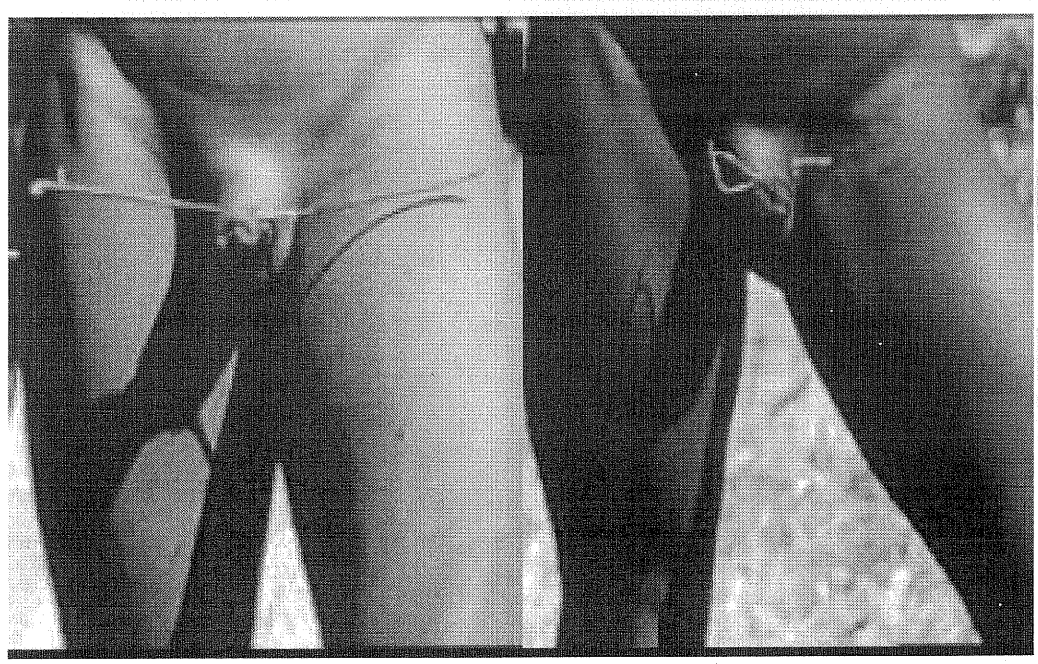
2. Involvement of traditional circumcisers and leaders from traditionally circumcising and non-circumcising tribes in decision making processes

- Consult and Involve traditional leaders & traditional MC providers in medical circumcision scale up; message of medical MC; community mobilization
- Traditional leaders orient boys prior to medical circumcision (Botswana, KwaZulu-Natal, South Africa)

Training traditional MC providers (for medical MC facilitation)

- Similar to traditional birth attendance (facilitate facility delivery), facilitate medical circumcision and traditional rituals and adulthood coaching.

Thank you



Traditional materials are used to bind the circumcision wound. The wound is not stitched in the Xhosa rite. If a man is found to bear 'cats claws' – the scars from stitches that point to a hospital circumcision – he risks assault for avoiding the pain of the traditional rite but dressing like one of its graduates.

(Vincent 2008)

Strategies to link traditionally circumcising communities to medical services

The LINK starts at a very high level

-Dialogue with Traditional leaders/circumcisers/organisation/ representation in Ministry

-inclusion of medical circumcision in initiation rituals, various models:

-Zambia medical in manhood rituals

-Botswana medical MC and traditional guidance

-Zimbabwe: Medical C in school, Medical care in school, bring to health facility

-South Africa: Orange farm model Med C in school

Training of traditional providers to reduce complications

Traditional birth attendants example

Dialogue, pilot Trad & Medical side by side, learn from each other.

Utilizing cultural institution of initiation for manhood education

SADC regional meeting Traditional leaders and cirumciors