

EVALUATING ADHERENCE TO LEGISLATION GUIDING TRADITIONAL INITIATION AND CIRCUMCISION AMONGST MALE INITIATES IN THE EASTERN CAPE PROVINCE, SOUTH AFRICA

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BACKGROUND

Traditional initiation and male circumcision (TMC) is still widely practiced amongst many indigenous nations of South Africa. Many communities still view this practice a critical part of the rite of passage from boyhood into manhood amongst young men. The Eastern Cape House of traditional leaders has promulgated Application of Health Standards in Traditional Circumcision Act by the Eastern Cape Legislature (Act No 6 of 2001). The legislation provides for the safe conduct of TMC by governing over its practices, processes, in order to reduce deaths amongst initiates as well as curb the scourge of botched circumcision.

OBJECTIVES

The aim of this paper was to evaluate the extent to which recent initiates and their families were adhering to the guidelines and provisions of the act.

METHODS

A cross-sectional study was conducted among 1656 men who had undergone initiation and traditional male circumcision. Descriptive

statistics were used to evaluate adherence to the 5 key requirements that needs to be followed as per the legislation.

RESULTS

The mean age of the participants was 21.4 years. About 5% undergo TMC whilst they were below the age of 18 years. A total of 3.8% were not authorized by their parents to undergo TMC. About 34% did not register and received the permission to undergo TMC from their traditional leaders. About 19% did not do the medical fitness examination prior to the TMC. Of those who did the examination, 25.2% did not get a certificate. A total of 18.9% did not know if their traditional surgeon was accredited.

CONCLUSION

There is very poor adherence to the requirement to obtain a medical fitness certificate from a clinic ensuring that there are no underlying health problems that can lead to the death initiates. Over a third of initiates did not meet the requirement to register and obtain permission from the village leadership. There is a need to find ways to educate communities about the policies and establishing systems to enforce the legislation through collaboration with health care facilities, traditional leaders and the police.

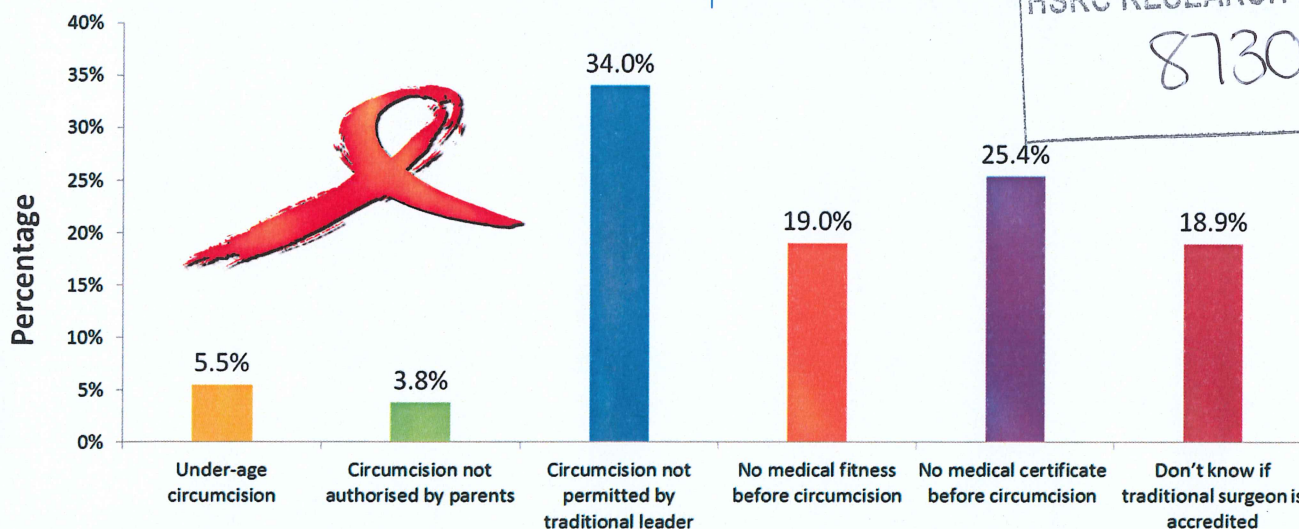


Figure 1: Proportions of Non-Adherence to the ACT amongst initiates

HSRC RESEARCH OUTPUT
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