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ORIGINAL ARTICLE

Fatality as a Result of Traditional Circumcision in Mthatha Region in South Africa (2004-2014)

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ABSTRACT

CONTEXT: The practice of culture is to protect people and preserve life. No culture allowed becoming a danger to human beings, sacrificing young lives year after year. The community keeps turning a blind eye to one death after the other because of tradition and culture.

OBJECTIVE: The main objective of the study was to describe the deaths that occurred between 2004 and 2014 due to traditional circumcisions.

METHOD: This is a record review descriptive study. The data were collected from the Forensic Pathology Laboratory of Hospital Complex from 2004 to 2014.

RESULTS: A hundred and fifty-five cases of circumcision related deaths were reported over a period of 11 years (2004-14) in the region of South Africa. The causes of death included septicaemia (66-42.6%), blunt trauma (6-3.9%), dehydration (4-2.6%), renal failure (3-1.9%), hypothermia (2-1.2%), and pulmonary thrombo-embolism (2-1.2%).

CONCLUSIONS: Death due to circumcision is unethical and unacceptable conduct due to unacceptable cultural practices. This practice must be banned. A strong political message needs to be sent to the community as well as to the practitioners of circumcision.

KEYWORDS | circumcision, sepsis, death, ukwaluka, xhosa tribes

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INTRODUCTION

Over half a million traditional circumcisions have been performed in KwaZulu-Natal in the last five years without any death or amputation.[1] Globally, 30% of men are circumcised, mostly for religious reasons. In many African societies, male circumcision is carried out for cultural reasons, particularly as an initiation ritual and a rite of passage to manhood.[2] Male circumcisions (*ukwaluka*) is one of the oldest traditions observed by many societies. The ritual is performed at specific periods in life with the main purpose of integrating the male child into society according to cultural norms.[3] Over the last two decades, thousands of youths have been admitted to hospitals after ritual male circumcision; hundreds have undergone penile amputations and hundreds have died in the province of Eastern Cape, South Africa.[4]

A study carried out by Meissner and Buso (2007) in the Eastern Cape showed that the incidence of circumcision-related complications and fatalities remained virtually unchanged in the observation period 2001-2006.[5] Many initiation schools are officially sanctioned, others are unregulated and allow phoney surgeons to operate with unsterilized blades.[6] According to Rijken, 825 boys have

died from complications since 1995 and many more have suffered from what he calls male genital mutilation.[6] Circumcisions undertaken in non-clinical settings carry significant risks of serious adverse events, including death.[7] A study carried out by Peltzer *et al.,* (2008) showed that in 192 initiates physically examined on the fourteenth day after circumcision by a trained clinical nurse, high rates of complications were found: 40 (20.8%) had mildly delayed wound healing, 31 (16.2%) had a mild wound infection, 22 (10.5%) mild pain and 20 (10.4%) had insufficient skin removed.[7]

A study published by the author (2009) also reported 25 deaths related to traditional circumcisions over a period of two years (2005-06). The causes of death were septicaemia (9 - 25%), pneumonia (5 - 20%), dehydration (3 - 12%), assault (3 - 12%), thromboembolism (2 - 8%), gangrene (2 - 8%) and congestive heart failure (1- 4%). The youngest victim was 12 years old.[8] To break this cycle of deaths as a result of traditional circumcision, comprehensive community education, including traditional healers and community leaders, could be a step towards avoiding these unnecessary deaths.

Ritual circumcision is often defended on the basis of its usefulness as a mechanism for the maintenance of social order, particularly in relation to the perceived crisis in youth sexuality marked by extremely high levels of gender based violence as well as HIV infection.[9] A recent (2015) study by the author showed that it is dangerous to mix culture and politics on the issue of traditional circumcision, and the right to life cannot be sacrificed at the altar of culture and politics.[10] All the victims recorded in the register of the Forensic Pathology Laboratory between 2004 and 2014 were included in this study. The purpose of this retrospective descriptive study is to highlight the ongoing problem of deaths of young initiates because of botched circumcision in the Mthatha region of South Africa.

METHOD

This is a retrospective record review descriptive study of deaths related to traditional circumcision in the Mthatha region of South Africa. It was conducted over a period of 11 years (January 2004 and December 2014). The data were collected from the Forensic Pathology Laboratory of Mthatha Hospital Complex. This is the only forensic pathology laboratory in this region, catering to a population of about 600,000 people and is attached to the School of Medicine at Walter Sisulu University, a teaching and learning platform for medical students and doctors. This mortuary provides services to six local municipalities, namely Mthatha, Tsolo, Ngqeleni, Libode, Qumbu and Engcobo. Mthatha (Umtata) is the main city and the other municipalities are in the same area. Therefore, it is designated the Mthatha region.

The laboratory conducts about 17,000 to 18,000 autopsies every year and has been designated as an M-6 forensic pathology laboratory in this region. All deaths from unnatural causes are notifiable to this mortuary and a forensic officer is always ready to collect the dead bodies, round the clock. There are three doctors and 19 forensic officers, one record clerk, one data capture clerk, three supervisors, a cleaner and a facility manager. There also four security officers who control access to the laboratory. Autopsies on deceased persons who had died from all kinds of unnatural causes or suspected unnatural causes, such as firearm injuries, stab wounds, motor vehicle accidents, blunt trauma, burns, hanging, suffocation, lightning strikes and complications of circumcision are autopsied in this mortuary. All (13,650) medico-legal autopsies performed during the period under study were recorded in the postmortem register. The name, address, age, gender, occupation and cause of death were entered in the register. Two or three underlying or contributory causes of death were recorded in the post-mortem register of circumcision-related deaths. One prominent cause of death was considered in this study. The cause and mechanism of death were not differentiated in this manuscript. The cause of death and underlying or contributory or associated cause of death are used throughout in the description. All cases of circumcision-related deaths were

Year	No. of deaths
2004	7 (4.5%)
2005	6 (3.9%)
2006	14 (9%)
2007	12 (7.8%)
2008	16 (10.3%)
2009	21 (13.5%)
2010	17 (11%)
2011	17 (11%)
2012	16 (10.3)
2013	10 (6.4%)
2014	19 (12.3%)
Total	155 (100%)

Table 1: Deaths as a result of traditional circumcision from 2004-2014.

Age	No. of deaths
11	1 (0.6%)
12	–
13	3 (1.9%)
14	6 (3.9%)
15	18 (11.6%)
16	17 (11%)
17	31 (20%)
18	41 (26.5%)
19	21 (13.5%)
20	11 (7%)
21	1 (0.6%)
22	1 (0.6%)
23	–
24	1 (0.6%)
25	–
26	–
27	–
28	–
29	–
30	–
31	1 (0.6%)
32	–
33	1 (0.6%)
34	–
35	1 (0.6%)
Total	155 (100%)

Table 2. Deaths as a result of traditional circumcision in Mthatha region of South Africa (2004-2014).

Underlying cause of death	No. of deaths
Septicaemia	66 (42.6%)
Blunt trauma	6 (3.9%)
Dehydration	4 (2.6%)
Renal failure	3 (1.9%)
Hypothermia	2 (1.2%
Pulmonary thromboembolism	2 (1.2%)
pneumonia	1 (0.64%)
Congestive heart failure	1 (0.64%)
Pulmonary obstructive lung disease	1 (0.64%)
Empyema	1 (0.64%)
Epilepsy	1 (0.64%)
No underlying cause of death	67 (43.25%)
Total	155 (100%)

Table 3. Cause of death as a result of traditional circumcision at Mthatha region of South Africa (2004-2014).

District	No. of deaths
Mthatha	48 (30.9%)
Tsolo	16 (910.3%)
Ngqeleni	17 (11%)
Libode	58 (37.4%)
Qumbu	8 (5.2%)
Engcobo	8 (5.2%)
Total	155 (100%)

Table 3. Cause of death as a result of traditional circumcision at Mthatha region of South Africa (2004-2014).

reviewed and analysed manually. The ethical approval was granted by the faculty research committee (No. 4114).

RESULTS

A hundred and fifty-five cases of circumcision-related deaths occurred over a period 11 years (2004-14) in the former Transkei region of South Africa (Table 1). The average death rate was (14-9%) deaths per year. The highest number (21 - 13.5%) of circumcision-related deaths occurred in 2009 and the lowest number (6 - 3.9%) in 2005 (Table 1). The youngest victim was 11 years old and the oldest 35 years. The highest number (41 - 26.5%) of victims were 18 years old (Table 2).

The most common cause of death was septicaemia 66 (42.6%) (Table 3). Other causes of death associated with circumcision were blunt trauma (6 - 3.9%), dehydration (4 - 2.6%), renal failure (3 - 1.9%), hypothermia (2 -1.2%), pulmonary thrombo-embolism (2-1.2%), pneumonia (1 - 0.64%), congestive heart failure (1 - 0.64%), pulmonary obstructive disease (1 - 0.64%), empyema (1 - (0.64%) and epilepsy (1 - 0.64%). No underlying or contributory cause of death was reported among (67- 43.22%) victims of traditional circumcision (Table 3).

The highest number of deaths (58 - 37.41%) was recorded in the Libode area, followed by Mthatha (48 - 30.96%) (Table 4). Seventeen (10.96%) deaths were also reported in Ngqeleni, 16 (10.32%) in Tsolo and 8 (5.16%) each in the Qumbu and Engcobo areas (Table 4).

DISCUSSION

The former Transkei region is a former black homeland where most inhabitants are Xhosa. It is an area where a number of national political leaders were born and involved in a fierce struggle against the apartheid regime. There are deep-rooted beliefs in tradition and culture in the region. Several studies have shown that there is a heavy burden of disease and illiteracy and a high level of unnatural deaths in this region.[11] There are two seasons of traditional circumcision practice, summer and winter, when schools and colleges are closed for holidays. Young adults are eager to be circumcised and would like to enter into manhood after the circumcision ceremony. It is shocking that 155 initiates died between 2004 and 2014, as nobody is supposed to die as a result of circumcision (Table 1). This constitutes 1.1% of all unnatural deaths in this region. It simply involves cutting off a nip of prepuce, which is almost equal to biting a tip off a finger. It is difficult to believe and study the problem of botched circumcision, as it is a very sacred religious practice, which makes it difficult to get the real picture of how many men are living with mutilated genitalia in the community. It is a problem in the Eastern Cape Province and in this province, it is mainly in the former Transkei region where Xhosas do not allow any interventions by health professionals to limit the health hazard accompanying traditional circumcision rites.[12]

The country has experienced serious problems associated with the practice of this rite.[13] Death related to circumcision cannot be compared with any other kind of unnatural death, but unfortunately, it is very prevalent in this region. An occasional case of death as a result of circumcision is reported in the literature, but it is considered a safe procedure rarely associated with significant complications.[14] The average death rate related to traditional circumcision is (14-9%) deaths per year. It is really surprising to study how a society can tolerate such a high number of deaths and how politicians can turn a blind eye to such a tragedies. The highest number (21-13.5%) of circumcision-related deaths occurred in 2009 (Table 1). If such deaths of children and young adults occurred anywhere else in in this country or in the world, the government would have to explain to the citizens and the public might ask the responsible minister to explain from his/her position. The deaths related to circumcision in the Transkei region are unacceptable; the right to life cannot be sacrificed at the altar of culture and politics.[10]

Over the last two decades, following the

ritual of male circumcision, thousands of youths have been admitted to hospitals, hundreds have undergone penile amputations and hundreds have died.[4] Of the 155, who died as a result of circumcision, the youngest was an 11-year-old victim and 76 were below the age of 18, who were all not supposed to have been admitted for circumcision (Table 2). The age in terms of the Circumcision Act should be 18 years and above. The highest number (41 - 26.45%) of victims were 18 years of age (Table 2). Parents do not allow the boys to go for circumcision so early and they have to be sure that the boys are mature before they go to initiation schools. The boys tend to short-circuit the process by going to traditional surgeons without the knowledge of their parents. Informed consent of the parents is a requirement in terms of the Circumcision Act of the Eastern Cape (2001). Surprisingly, the traditional surgeons accept them without any permission or consent of their parents. This is a recipe for disaster, as the scenario above seeks to illustrate.[10] The oldest victim was 35 years of age (Table 2). Circumcision is the gateway to manhood. Not being circumcised after a certain age is considered inferior in Xhosa culture.[15]

A mixture of underlying, contributory or associated causes of death among initiates was recorded in the post-mortem register, such as septicaemia with pneumonia and renal failure. Several external factors also played a role in causing death, among others dehydration, hypothermia and trauma, which could be the sole cause of death in some cases, but contributory or underlying in most cases. It is also difficult to recognise autopsy. Sixty-six (42.6%) of the initiates died of causes either directly or indirectly related with infection such as septicaemia (Table 3). The most common finding on autopsy is a gangrenous penis as a result of septic circumcision. The traditional surgeon pulls the skin covering the glans penis, and then a tight bandage is applied to maintain haemostasis.[3] This results in gangrene of the distal part of the penis, and subsequently, wet gangrene, septicaemia and death of the individual. A study carried out by Wilcken (2010) showed that infection was the most frequent cause of hospitalisation. [2]

External factors also play a role in the death of initiates, for example dehydration 4 (2.6%) (Table 3). Cold weather is also associated with lung infections and has led to death as a result of pneumonia 1 (0.64%) (Table 3). Three (1.9%) deaths were recorded on autopsy as caused by renal failure (Table 3). The boys are not allowed to drink water freely or eat salty foods, including meat, in the first seven days after circumcision. 12 Deaths occurred as a result of hypothermia (2 - 1.2%) were recorded in this study (Table 3). Circumcision is usually performed in winter, and therefore initiates are exposed to fatal hypothermia.[3]

Six (3.9%) deaths were recorded as a result of trauma by blunt weapons; such practices are approved by the community traditional schools (Table 3). The initiates are attacked by uncircumcised or improperly circumcised men or ones with mutilated penises. This happens deep in the mountains as they reflect on the virtues of manhood and how to become upstanding men in the community.[3] The SABC news recently (July 2015) reported that a boy had been burnt with plastic, stabbed in the arms and beaten up all over the body, yet the people who were present claimed that they had not noticed any of the torture. [16] One mother said that she was a supporter of culture, but if culture was going to kill their children, she would say "No, it cannot be." [16]

Initiates are supposed to be examined before they join the circumcision school. Any diseases they may have must be diagnosed. In this study natural causes of death recorded on autopsy were epilepsy (1 - 0.64%), empyema (1 - 0.64%), congestive heart failure (1 - 0.64%) and chronic obstructive lung disease (1 - 0.64%) (Table 3). Unqualified surgeons, negligent nurses, irresponsible parents and youth medically unfit for the hardships of initiation continue to contribute to the tragic outcomes.[5]

There are several legal or illegal traditional surgeons in this region who are looking for their livelihood through this practice of circumcision.

The generation of income for traditional surgeons, inspired by greed, is the driving force in all this. The traditional surgeons share in part of the money paid for traditional initiation, including circumcision, which can cost a family between R3,500 and R5,000.[17] Circumcision in Western Cape of South Africa is much safer, and even in Western part of Eastern Cape is safer than Eastern region.[18] Death due to septic circumcision is unethical and unaccepted medical conduct to unacceptable cultural practices. The same as the binding of feet in ancient China. This practice was banned.[19] Surely, one must advocate that this practice must be banned in South Africa; it is totally unacceptable in a civilized society.

Poverty, illiteracy and deep beliefs in culture and tradition have complex and vicious relationships leading to the death of initiates. The situation is compounded by violence and HIV/AIDS in this region.

The death rate related to traditional circumcision is shocking and terrifying in the Mthatha region of South Africa. This practice must be banned. Widespread criticism published in the scientific and lay press has made no difference in the mortality rate. Conflict between government and traditional leaders is the major hurdle to overcome if the problem of circumcision-related deaths is to be solved. Community education and poverty alleviation are cornerstones in finding a solution to this problem. IJFMP

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Conflict of Interest:

The authors declare that there is no commercial or financial links that could be construed as conflict of interests.

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