

RESEARCH ARTICLE:

Exploring the Nuances of Traditional Male Circumcision Initiation in South Africa and Other African Contexts

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Abstract

Male circumcision is an ancient practice across the globe, with concomitant shifts in the life of the initiates. This paper examined the complexities of Traditional Male Circumcision Initiation (TMCI) in South Africa and other African contexts. Through a scoping literature review, it highlighted both the progressive and retrogressive aspects of TMCI, emphasising its role in preventing HIV/AIDS and reinforcing cultural identity. However, it also critiqued TMCI for promoting risky sexual behaviours, substance abuse, and physical and psychosocial health issues, which have led to fatalities among initiates. Through the lenses of multiple culture-related, health, and modernisation theories as theoretical frameworks, the paper demonstrates the divergent reasons for the current and future status of TMCI. The study concludes that while TMCI has cultural significance, its survival is threatened by adverse outcomes, suggesting a need for reforms to restore its value within modern health and social frameworks. Therefore, the cultural custodians must seek new strategies to restore the deeming glory of TMCI by ensuring the relevance of cultural goalposts in contemporary health, social, and economic dispensation.

Keywords: tradition male circumcision; medical male circumcision; HIV/AIDS; initiation; South Africa

Introduction

Male circumcision is a celebrated rite of passage across many cultures of the world for varied reasons. The procedures and processes of undergoing male circumcision are equally different, following the reasons for it. This paper focuses on traditional male circumcision initiation to establish progressive and retrogressive practices in South Africa and other African contexts. In the context of this study, progressive practices refer to positive outcomes or benefits accrued from traditional male circumcision initiations. In contrast, retrogressive practices refer to the health hazards, mischievous behaviours, and other adverse outcomes of traditional male circumcision initiation (Mpateni and Kang'ethe, 2021; 2022). Therefore, this paper is guided by the following research questions: (i) what are the progressive aspects of traditional male circumcision in South Africa and other African contexts? (ii) what are the retrogressive aspects of traditional male circumcision in South Africa and other African contexts?

Generally, male circumcision is an ancient practice with footprints in Biblical accounts. From a Biblical point of view, male circumcision was a significant sign of the covenant between man and God, as illustrated in Genesis chapter 17, 'the covenant of circumcision' between God and Abram (Genesis, The Holy Bible, New International Version, 2011). The Book of Genesis chapter 17, verses 10-11, states, "This is my covenant with you and your descendants after you, the covenant you are to keep: Every male among you shall be circumcised. You are to undergo circumcision, and it will be the sign of the covenant between me and you". Further, verses 13-14 affirm that "Whether born in your household or bought with your money, they must be circumcised. My covenant in your flesh is to be an everlasting covenant. Any uncircumcised male, who has not been circumcised in the flesh, will be

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cut off from his people; he has broken my covenant" (Genesis, The Holy Bible, New International Version, 2011). This sacred literature indicates the significance of male circumcision since ancient times, outlaying the serious consequences of breaking the covenant. Historically, male circumcision initiations have long been associated with religious and cultural rituals that bestow culturally valuable status and provide concomitant access to economic, social, and spiritual practices (de Wolf, 1983; Gwata, 2009; Mpateni and Kang'ethe, 2021). The diehard adherents to male circumcision initiations in modern societies, among other reasons, are informed by factors such as deity demands and socio-eco-cultural values.

In many African societies, traditional male circumcision is practiced for sociocultural reasons, especially as an initiation and a rite of passage into adulthood (manhood) (de Wolf, 1983; Kibebe and Mutua, 2012; Palmer *et al.*, 2020; Sifuna, 2021). The processes of traditional male initiations manifest secretive and sacred practices, and the intricacies are hardly discussed with outsiders, women, uncircumcised, and children (Silverman, 2004; Mavundla *et al.*, 2010; Ntombana, 2011; Mpateni and Kang'ethe, 2021). In South Africa, these socially and culturally guarded practices are usually performed in non-clinical settings (bushes) by a 'traditional surgeon' and 'traditional nurses' with no formal training (Mpateni and Kang'ethe, 2021). In some cultural settings, traditional male circumcision entails physical brutality, seclusion, testing, name changes, dance, unique costumes, and dietary and sexual taboos (Silverman, 2004; Vincent, 2008; Nomngcoyiya and Kang'ethe, 2017). These activities culminate in a 'death and rebirth' phenomenon characterised by esoteric knowledge, new status, and personality in the context of society (Silverman, 2004). From an African traditional point of view, the 'death and rebirth' philosophy is a symbolic transition or end of boyhood and the start of manhood. It is a dramatic enactment of the boy's separation from the family and the integration of the man into the community (Vincent, 2008; Ntombana, 2011; Nomngcoyiya, 2015). This is a central cultural endorsement and acceptance of adulthood for men in circumcising communities. In Kenya, for example, the circumcising communities usually consider themselves superior to the non-circumcising ones (Sifuna, 2021). Perhaps this is because of the pain they endure during circumcision and all the testing events associated with initiation rituals. Such sentiments have resulted in labelling and stigmatisation episodes among communities, hence making male circumcision a sensitive and emotive issue between the duo (Sifuna, 2021).

Generally, when traditional male circumcision initiation is practised as a rite of passage from boyhood to manhood, the goalposts are to prepare young men for social-cultural roles such as marriage, leadership, inheritance, and other societal roles (Nomngcoyiya, 2015). However, contrary to the traditions and cultural practices embedded in traditional male circumcision, there is an emerging trend toward modern medical male circumcision in many African communities (Prusente *et al.*, 2019; Palmer *et al.*, 2020; Kathio *et al.*, 2023). The new trend is attributed to various internal and external factors across the circumcising communities. For instance, a Kenyan study of the Bukusu community established that a weak culture, intermarriages, Christianity, migration, the level of literacy, and cost of living were the main socio-economic factors influencing the current Bukusu male circumcision practices (Kibebe and Mutua, 2012). Other studies indicate that increasing rates of health hazards due to traditional circumcision practices have shifted the attention to medical male circumcision practices (Wilcken *et al.*, 2010; Prusente *et al.*, 2019). The most common health and physical complications associated with traditional male circumcision (TMC) in South Africa include incomplete circumcision, delayed wound healing, penile amputation, and even death of initiates (Douglas and Maluleke, 2018; Mpateni and Kang'ethe, 2021; Dada, 2024; Ellis and Jubase, 2024).

These shortcomings, among others, have propelled the debates for the adoption of voluntary medical male circumcision (VMMC) as an alternative, which has various medical benefits, including reducing the spread of the human immunodeficiency virus (HIV) (Palmer *et al.*, 2020; Kathio *et al.*, 2023). However, the proponents of TMC have, over time, opposed medical male circumcision practices because they lack the ritualistic cultural-spiritual dimensions that usually accompany traditional male circumcision initiations (Matumbu and Chimininga, 2019). While traditional male initiation rites were designed to raise men, who are morally upright and virtuous across the practising communities, inopportunely, the failures in the control mechanism of the processes and practices of traditional male circumcision have resulted in health mishaps and mischievous behavioural outcomes (Nomngcoyiya, 2015; Mpateni and Kang'ethe, 2021; Sitawa and Lagat, 2022). These unpleasant health and behavioural shortcomings undermine the tenacity of TMCI. Therefore, it is crucial to explore the nuances of traditional male circumcision initiations to assess the benefits, the dangers, and the emerging trends to inform policy and practice that is culturally relevant.

Previous studies on traditional male circumcision in South Africa report cases of initiates manifesting mischievous behaviours such as alcoholism, substance abuse, and risky sexual activities after leaving the initiation schools

(Mpateni, 2017, Mpateni and Kang'ethe, 2021; Nomngcoyiya, 2015). This is against the TMCI goalposts that aim to produce morally and elegantly well-behaved initiates who could be trusted to propagate the norms and values in their societies. Traditional male circumcision practices have turned tragic and risky, with an increasing number of initiates experiencing mishaps, mistreatments, and even deaths (Mpateni and Kang'ethe, 2021; Dada, 2024; Ellis and Jubase, 2024). This is detrimental to personal and societal development in all aspects. Therefore, this paper focuses on various outcomes and happenings in the process of traditional male circumcision initiations. This is essential to establish this cultural practice's progressive and retrogressive aspects. Previous studies on both medical male circumcision and traditional male circumcision have not critically analysed these aspects in a single study. This study is significant in informing policy and practical interventions for the current and future practices of traditional male circumcision initiation, especially in South Africa.

Theoretical Framework

This paper integrates the tenets of various theories to explain and understand the nuances of traditional male circumcision initiations in practicing communities. These theories are the cultural identity theory, the rite of passage theory, the health belief model, the masculinity theory, and the modernisation and globalisation theory. These theories are crucial to explore the complexities of TMCI in contemporary African contexts. For instance, through the lenses of cultural identity, we find that TMCI serves as a significant symbol of social belonging and cultural continuity (Littlejohn and Foss, 2009; Luis, 2018). TMCI's symbolic importance reflects the community's collective identity and the upholding of traditions across generations. This theory also helps to explain the possible resistance to change, as cultural identity is often rigidly defended against modern influences, even in the face of health risks and behavioural challenges. Through the rite of passage theory, we interrogate and understand the stages of TMCI, which are separation, transition, and reincorporation (Janusz and Walkiewicz, 2018). During TMCI, initiates are removed from their homes and undergo symbolic death and rebirth and consequently reintegrated as adults and complete members of society. During these stages, initiates are expected to internalise social norms, acquire new knowledge, and uphold the transformation into culturally recognised men. The masculinity theory underscores societal expectations of men to espouse physical endurance, sexual potency, and dominance (Jewkes *et al.*, 2015; McGraw, White KM and Russell-Bennett, 2021; Zielke *et al.*, 2023). In the South African context, TMCI inculcates the attitudes and behaviour that young men must prove manhood through the endurance of physical pain and adherence to cultural expectations (Wedgwood, 2009). The theory could explain why the new initiates are susceptible to risky behaviours such as unprotected sex, substance abuse, and arrogance as efforts to assert their masculinity. This highlights a tension between the cultural ideals of manhood and the health-promoting behaviours required in the modern context.

The Health Belief Model is also an important lens to analyse the behaviour of TMCI initiates. This model posits that individual perceptions of susceptibility to health risks, the severity of those risks, the benefits of preventative action, and the barriers to change influence their health behaviours (Champion and Skinner, 2008; de Leon *et al.*, 2023). This theory is instrumental in explaining why and how the traditional belief system embedded in TMCI outweighs the ideals of medical expectations against the community's high regard for cultural continuity. The theory also accounts for the increasing adoption of medical male circumcision (MMC) and illustrates the changing perceptions of health risks gradually influencing TMCI practices. Finally, Modernisation and Globalisation Theory explains the ongoing shift from traditional to medical male circumcision as influenced by modernisation, urbanisation, religion, and globalisation (Marsh, 2014). Communities are increasingly being exposed to external forces that challenge the validity and safety of traditional rites, thus introducing new health standards and human rights perspectives. Consequently, these changes are creating a hybrid model of male circumcision initiation where aspects of both traditional and medical practices are combined. The theory underscores that cultural practices are not static. Still, they evolve under the influence of several factors, such as, in this case, global health initiatives, changing socio-economic conditions, and intercultural exchanges (Inglehart and Baker, 2000).

These theories highlight the tensions between preserving cultural continuity and adapting to modern health and ethical imperatives. They provide multidimensional perspectives for understanding the nature of TMCI as a cultural and health-related practice. The cultural identity, rite of passage, and masculinity theories are appropriate for analysing entrenched cultural practices. In contrast, the health belief model and modernisation theory are suited for the health, human rights, and modern practices of male circumcision. The integration of these theories suggests the need for a balanced approach to TMCI to ensure that progressive traditional values are preserved while promoting the safety and well-being of initiates.

Methodology and Design

The researchers conducted a scoping literature review to enumerate the nuances of traditional male circumcision in South Africa and other African contexts. The aim was to assess the progressive and retrogressive outcomes of traditional male circumcision initiation. This is critical in contributing to the policy directions and sociocultural interventions in South Africa. This paper benefits from a plethora of literature on cultural male circumcision. This literature enables a deeper analysis of the activities, events, processes, and outcomes of traditional male circumcision initiations to determine whether they are progressive or retrogressive. The six steps of conducting a literature review analysis proposed by Templier and Paré (2015) were used to ensure the credibility and validity of findings. Firstly, the following research questions were formulated: (i) what are the progressive aspects of traditional male circumcision in South Africa and other African contexts? (ii) what are the retrogressive aspects of traditional male circumcision in South Africa and other African contexts? This step was preceded by searching the literature. The search strategy entailed searching for the extant literature from various credible sources such as books, journal articles, international organisations reports, as well as government reports on traditional male circumcision in South Africa and other African communities practicing the rite of passage. A combination of keywords and statements was used to search for suitable studies and reports. These keywords and statements included 'traditional male circumcision in South Africa,' 'health benefits of TMC,' 'cultural benefits of TMC,' 'health hazards associated with TMC,' 'behavioural challenges associated with TMC,' 'policies governing TMC,' 'death of TMC initiates,' 'substance abuse and TMC initiates'. The following databases were searched: ProQuest, Science Direct, CABINET, EBSCOhost, Scopus, and Google Scholar.

The available resources (books, articles, and reports) were screened for quality and suitability for inclusion in the analysis based on the following criteria: African and South African origin studies published in English between 2000-2024, peer-reviewed studies on traditional male initiation, and qualitative and quantitative studies. This study leans more towards South Africa because it is home to ethnic groups practicing traditional male circumcision initiations, especially the Xhosa ethnic group in the Eastern Cape Province. Moreover, recent studies have reported significant deaths, health hazards, and behavioural challenges related to TMCI initiates (Douglas and Maluleke, 2018; Nomngcoyiya and Kang'ethe, 2021; Mpateni and Kang'ethe, 2022). Therefore, it was essential to track back two decades to understand how traditional male circumcision initiations have metamorphosed into the current controversial practice in South Africa and other African contexts. The data extraction and analysis focused on the key findings of the selected studies, the titles and abstracts, and the methodologies used. The synthesised themes were presented based on the research questions, and further interpretation and discussion ensued. The analysis of various studies and reports enabled the identification of gaps in practice and research, informing possible and practical solutions (Templier and Paré, 2015). The findings are presented two-fold, starting with the issues considered progressive, followed by what is considered retrogressive within the continuum of traditional male circumcision practices in South Africa and other contexts. The following figure illustrates the research design adopted in this paper.

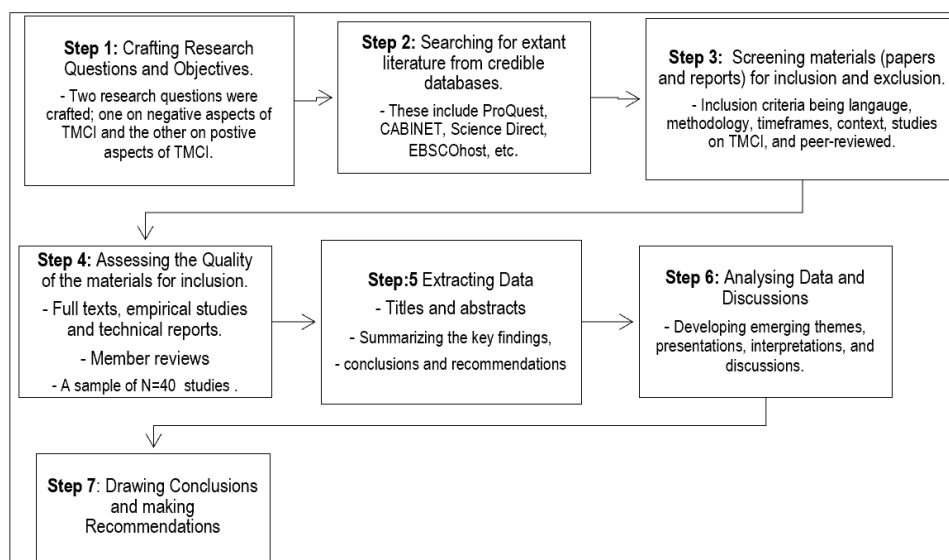


Figure 1: Research Design Flow Chart

Source: Authors compilation from Templier and Paré (2015) six steps of conducting a literature review

Findings

In this section, the findings are presented in twofold. Firstly, the themes addressing the progressive aspects of TMCI are presented which include TMCI as preventative tool for HIV/AIDS, a beacon of molarity and vanguard of cultural identity, and the infusion of medical practices into traditional male circumcision. The second part presents what the researchers consider as retrogressive aspects of TMCI, which include TMCI as avenues of risky sexual behaviour, substance abuse and alcoholism, stigma and discrimination of uncircumcised, violation of human rights, physical and psychosocial mishaps, and deplorable environmental conditions for conducting traditional male circumcision. These themes are interpreted and discussed according to the available evidence, and the researchers' experiential knowledge in the subject matter.

Progressive aspects of traditional male circumcision initiation

TMCI – A Preventative tool for HIV/AIDS infections: The global recognition of the health benefits of male circumcision is well-established, particularly as a measure to reduce HIV/AIDS transmission. Numerous studies have shown its effectiveness in HIV/AIDS prevention (Auvert *et al.*, 2005; Bailey *et al.*, 2007; Gray *et al.*, 2007; Tobian and Gray, 2011; Wamai *et al.*, 2011; Gebremedhin, 2012; Krieger, 2012; Maffioli, 2017; Asa *et al.*, 2023). Research by Lau *et al.* (2015) also linked male circumcision to lower rates of STIs, safer sexual practices, and increased awareness of HIV prevention in eleven countries. However, among South African initiates, the primary motivations for undergoing traditional circumcision are more related to social appeal to women and perceived sexual prowess in adulthood rather than concerns about HIV prevention or health benefits (Peltzer *et al.*, 2008a). However, other studies indicate that during traditional male initiation, boys are presented with sexual educational opportunities that can reduce HIV infection risks through safer sex practices, such as continued condom use and delaying sexual activities until the wound is completely healed (Bailey and Egesah, 2006; Munthali and Zulu, 2007). The sexual education provided during this period is considered necessary because sex-related conversations in African homes remain taboo (Delius and Glaser, 2002). The failure of effective communication between parents and their children about sex matters is attributable to South African youth being disproportionately susceptible to contracting and transmitting HIV. Therefore, traditional male circumcision initiation provided a platform for adequate sexual education and health issues, which could be considered a very progressive milestone.

TMCI – A Beacon of molarity and vanguard of cultural identity: Since time immemorial, the traditional male circumcision practices have been regarded as a system of education where initiates were taught about courtship, marriage, social responsibilities, and norms and values of society (Sitawa and Lagat, 2022). Traditional male circumcision initiation is essentially a formal incorporation of males into the socio-cultural and religious life of society. Perhaps this is why an uncircumcised male in a traditional African context was considered immature to inherit his father's possessions, establish a family through marriage, or oversee ritual ceremonies (Mfecane, 2016). According to Gwata (2009), traditional male circumcision is primarily an agent of socialisation, resulting in a positive behavioural change necessary for the transition to manhood. Further, research indicates that TMCI was a vital platform for entrenching social norms and imparting cultural knowledge to initiates (Vincent, 2008). Thus, the social component of TMCI is significant in inculcating responsible living, and the 'surgical' procedure is a small component of a much broader initiation process.

Infusion of medical practices into traditional male circumcision: Traditional male circumcision is undergoing a significant transformation due to modernisation, globalisation, and evolving religious practices. The surgical component is increasingly being performed medically, while traditional and cultural custodians retain control over the remaining rites (Prusente *et al.*, 2019). In the past two decades, initiatives to collaborate with traditional circumcisers—providing training or enforcing regulations—have been implemented in South Africa and other African countries (WHO, 2009; Siegler *et al.*, 2012). For example, some collaborative programmes integrate medical male circumcision with modified versions of traditional rites of passage (The Application of Health Standards in Traditional Circumcision Act, 2001; Peltzer *et al.*, 2008b). With active participation from cultural custodians and traditional circumcisers, these programmes are helping reduce the stigma surrounding medical male circumcision in communities where traditional circumcision is the norm, leading to fewer health risks. A longstanding concern in traditional circumcision has been the use of non-sterilised surgical instruments. Traditionally, circumcisers used a single knife, known as *umdlanga* in IsiXhosa (Mpateni and Kang'ethe, 2022), on all initiates without sterilisation, increasing the risk of infections like HIV/AIDS. Although traditional circumcisers were initially resistant to adopting medical advice on hygiene (Peltzer *et al.*, 2008b; Vincent, 2008c), collaboration

with cultural custodians has helped address this issue. For instance, the Eastern Cape Government has introduced regulations on acceptable instruments and provides chemicals for sterilisation (The Application of Health Standards in Traditional Circumcision Act, 2001).

Additionally, the government is offering training on using medical instruments as alternatives to those deemed unsafe. This initiative enhances hygiene and safety for initiates (Mpateni and Kang'ethe, 2022). Close monitoring by the Department of Health has also improved compliance with health regulations at circumcision schools in South Africa. These emerging practices present a pathway to promoting and sustaining traditional male circumcision within communities globally.

Retrogressive aspects of traditional male circumcision initiations

Risky sexual behaviour: The processes and outcomes of traditional male circumcision initiations reveal complex paradoxes. Despite the progress in modernising these practices, several studies have shown that traditional male circumcision initiation (TMCI) in South Africa is associated with risky sexual behaviours, including having multiple concurrent partners and inconsistent condom use (Lau *et al.*, 2015; Maffioli, 2017; Gittings *et al.*, 2021). More than a decade ago, TMCI was criticised for becoming a "passport to sex" (Delius and Glaser, 2002; Munthali and Zulu, 2007; Vincent, 2008 a). Since circumcision is tied to adulthood or manhood, sexual activity is often justified by hegemonic masculinity norms (Jewkes *et al.*, 2015; Mfecane, 2016). This may be because sexual activity is discouraged before circumcision, but once circumcised, initiates feel they have gained sexual freedom. Munthali and Zulu (2007) reported that men who underwent TMCI were more likely to engage in sexual activity immediately after initiation than those circumcised medically, even though their wounds healed more slowly. This raises concerns about the teachings at initiation schools regarding sexual behaviour and the moral and ethical framework of TMCI. Research indicates that the role of circumcision schools in shaping male initiates' sexual socialisation has weakened over time (Vincent, 2008a). Such risky sexual behaviours paradoxically undermine public health campaigns promoting circumcision to reduce HIV/AIDS transmission, which emphasise abstinence and sexual responsibility. It is particularly troubling that initiation can afford young men unrestricted sexual freedom, with the number of sexual partners often seen as proof of masculinity (Vincent, 2008; Kepe, 2010). The narrative that new initiates must have sex immediately, often as part of a ritual cleansing with women deemed of "lesser value," has sparked cases of rape and the spread of HIV/AIDS in South Africa (Bell, 2009; Nomngcoyiya and Kang'ethe, 2017). While circumcision schools are intended to transmit cultural knowledge and shape the initiates' identity, this role has paradoxically been compromised. A study by the WHO (2009) found that messages about sexual behaviour vary significantly across circumcising communities. In some cultures, sexual restraint after reintegration into society is emphasised, while in others, boys are encouraged to engage in sexual activity shortly after circumcision to prove their manhood. Recent research by Mpateni and Kang'ethe (2022) revealed that contemporary TMCI initiates often adopt harmful teachings from initiation schools without critically considering the negative consequences.

Preponderance of substance abuse and alcoholism among initiates: Culturally, traditional beers have long been a part of male circumcision initiation rituals in various African settings. In South Africa, traditional beer, known as *umqombothi*, was consumed in moderation, particularly by the initiates (Mpateni and Kang'ethe, 2022). However, in recent years, the use of traditional beer has been supplemented, and even replaced, by industrial alcohol brands such as brandy, Castle, Black Label, and wines during initiation ceremonies (Nomngcoyiya, 2015). Additionally, initiates are often introduced to cannabis (marijuana), called *intsangu* or *umya* in isiXhosa, which is used to help them cope with the pain and challenges of the circumcision process. Unfortunately, this practice has escalated into a serious issue, with young initiates becoming addicted to drugs and alcohol, negatively affecting their health, as well as their economic and psychosocial development. Previous studies have linked this growing culture of substance abuse among initiates to activities within the initiation process itself (Prusente *et al.*, 2019). Inopportunistically, contemporary initiates often receive harmful teachings that condone maladaptive behaviours, including sexual immorality, disrespect, disobedience, and criminality (Kepe, 2010; Nomngcoyiya and Kang'ethe, 2021). Families have expressed concern over the drinking habits of their sons after initiation, lamenting how substance abuse has become ingrained in the process (Nomngcoyiya and Kang'ethe, 2021). South African literature on traditional male circumcision initiation (TMCI) confirms the excessive use of drugs and alcohol during the initiation period, with traditional nurses (*amakhankatha*) introducing or encouraging initiates to consume these substances (Prusente *et al.*, 2019). This encouragement is based on the misguided belief that drinking and smoking are essential markers of the transition from boyhood to manhood. The notion that manhood and

masculinity are defined by the ability to consume alcohol and use drugs undermines the original goals of traditional male circumcision rituals, which were designed to produce responsible, morally upright, and productive men.

Stigmatisation and discrimination of uncircumcised: Due to the secrecy and high regard surrounding traditional male circumcision initiation (TMCI), individuals who are either not traditionally circumcised or medically circumcised often face stigmatisation and discrimination in various aspects of society. Among the Xhosa community in South Africa, for instance, an uncircumcised male is derogatorily referred to as a "boy," *inja* (dog), or *inqambi* (unclean) (Mavundla *et al.*, 2010). Culturally, an uncircumcised man is not considered mature enough to inherit his father's property or get married. The literature further highlights that this discrimination extends to women, as no Xhosa woman would willingly marry an uncircumcised man (Gwata, 2009; Mfecane, 2016). Uncircumcised men are perceived as boys, regardless of their age. Vincent (2008) notes that uncircumcised individuals are not only socially excluded but also subjected to humiliation, often given tasks considered feminine, such as cooking and cleaning, during initiation ceremonies. They are barred from sitting with other men or participating in the celebration, instead being treated as servants of the traditionally circumcised men (Palmer *et al.*, 2020). Interestingly, even those who undergo traditional circumcision are at risk of long-term ridicule if they exhibit any signs of fear, body movement, or visible pain during the procedure, as this is seen as a display of cowardice (Mavundla *et al.*, 2010). Additionally, men who undergo medical male circumcision often face stigma and ostracism within their communities. Paradoxically, some hospitals are hesitant to perform adult male circumcisions unless medically necessary—ironically, often due to complications arising from traditional or "bush" circumcisions (Palmer *et al.*, 2020).

Violation of individual human rights: Among the Xhosa people in South Africa, traditional male circumcision initiation (TMCI) practices involve several restrictions and hardships. For example, during the first week of circumcision, initiates are forbidden from eating certain foods and drinking water (Mfecane, 2016). These practices, which lack medical justification, make TMCI a potential venue for violating human rights, particularly regarding health and personal liberty (Behrens, 2014). Moreover, initiates are often subjected to mistreatment, including beatings, even when no offenses have been committed, while at initiation schools (often referred to as "the mountain"). They are also exposed to extreme weather conditions, enduring cold nights and scorching daytime heat (Vincent, 2008). A recent study revealed that initiates suffer from various forms of abuse, including bullying, mental and emotional abuse, neglect, physical violence, and gender-based violence (Makubuya *et al.*, 2023). At the pre-initiation stage, boys are sometimes abducted and trafficked into initiation schools. Once there, they experience a range of physical and emotional violations, such as bullying, beatings, fighting, slapping, and even torture (Nomngcoyiya and Kang'ethe, 2021; Makubuya *et al.*, 2023). TMCI has also been shown to undermine initiates' right to education, often leading to apathy and despondency among newly initiated men (Nomngcoyiya and Kang'ethe, 2021). Additionally, violations of the right to medical care have been reported, particularly for those with chronic illnesses (Gittings *et al.*, 2021). The failure to adhere to biomedical treatment poses significant challenges for initiates who are on chronic medication, such as those with HIV. These individuals face the risk of inadvertent disclosure of their HIV-positive status, which conflicts with the requirement to complete TMCI to be recognised as men (Nomngcoyiya and Kang'ethe, 2021). The seclusion period in the bush further complicates access to medications and healthcare, as initiates are under close surveillance and fear violating initiation rules by seeking medical help.

Commercialisation of TMCI: Traditionally, TMCI (Traditional Male Circumcision Initiation) was regarded as a social-cultural event with no economic motives within the practicing communities. However, in recent times, TMCI has become increasingly commercialised and characterised by various financial aspects. This shift has diminished its social-cultural value, making the practice more expensive and attracting unqualified circumcisers who seek profit (Douglas and Hongoro, 2016; Douglas and Maluleke, 2018). The forces of modernisation and globalisation have contributed to this trend. Many unemployed young people have found economic opportunities in TMCI, which has led to various mishaps and harm to the initiates (Nomngcoyiya, 2015). This commercialisation presents a critical challenge to TMCI today. This phenomenon was predicted decades ago by scholars such as Mabote (1995) and Rankhotha (2004), who argued that the introduction of a cash economy in African societies would inevitably affect traditional male circumcision, leading to commercialisation and exploitation by unscrupulous practitioners. In contemporary times, the practice, once overseen by elders, has been taken over by young men without cultural apprenticeship or formal training. This explains many of the safety and care issues now associated with TMCI. Additionally, due to the financial opportunities presented by TMCI, some boys who have not reached the appropriate age for circumcision or have not consented to the rite are forcibly circumcised to boost the number of

initiates in initiation schools, thereby increasing economic returns (Rankhotha, 2004). Therefore, modern TMCI is becoming a money-making scheme that has strayed far from its traditional roots. Research further highlights the exorbitant fees now charged by traditional surgeons, a stark contrast to the token of appreciation that was once customary (Prusente *et al.*, 2019). Notably, the commercialisation of male circumcision in various communities has gained significant momentum, leading to a shift away from cultural values and an infringement on health rights. The traditional goals of the practice have been compromised, making it an increasingly costly and hazardous affair.

Physical and psychosocial mishaps associated with TMCI: In recent years, traditional male circumcision initiation (TMCI) has raised significant concern due to its harmful physical, social, and psychological impacts. An increasing number of injuries and deaths related to the initiation process are frequently reported in the literature (Nomngcoyiya and Kang'ethe, 2017; Mpateni and Kang'ethe, 2021). Several factors contributing to these incidents have been documented, including the lack of skills among traditional surgeons, the erosion of communal authority in selecting traditional surgeons and nurses, and the prioritisation of financial gain over cultural preservation (Nomngcoyiya and Kang'ethe, 2017; Prusente *et al.*, 2019). Tragically, death and penile amputations have become a common occurrence during circumcision seasons, often caused by sepsis, gangrene, and dehydration (Anike *et al.*, 2013; Douglas and Maluleke, 2018). Tragically, deaths continue to occur during every initiation season. For instance, Dada (2024) reported 14 deaths in the Eastern Cape during the winter season of 2024, while 34 deaths occurred in the summer season (Ellis and Jubase, 2024). This problem is not new, as demonstrated by a study by Meissner and Buso (2007), which examined circumcision-related complications and fatalities from 2001 to 2006. The study highlighted factors such as unqualified surgeons, negligent traditional nurses, and the inability of some youths to withstand the physical hardships of initiation. These challenges pose serious physical risks and create social and psychological burdens for initiates, hindering their personal development. In the past decade, research in South Africa has shown an increased risk of complications from TMCI, including sepsis, genital mutilation, excessive bleeding, dehydration, and death (Anike *et al.*, 2013; Douglas and Maluleke, 2018). Studies have consistently found that traditional male circumcision carries significantly higher risks compared to medical male circumcision (MMC). For example, Bailey *et al.* (2008) found that 35.2% of traditionally circumcised males experienced adverse events, compared to only 17.7% of those circumcised medically. These complications can result in erectile dysfunction or even complete loss of manhood, leading to depression and suicide due to the shame and stigma associated with such outcomes. Penile amputations, in particular, prevent victims from marrying and fulfilling the cultural expectation of starting a family, reducing them to figures of mockery within their communities.

Conducting TMCI in deplorable environments: In South Africa, traditional male circumcision is commonly referred to as "going to the mountain" or "going to the bush" (Mpateni and Kang'ethe, 2021). Due to the secrecy surrounding the practice, initiation schools are typically located in remote, secluded areas far from the initiates' homes (Gwata, 2009). According to Douglas and Mululeke (2018), initiates are housed in makeshift huts covered with plastic sheets, leaving them vulnerable to extreme weather conditions—intense cold or heat. These harsh environmental conditions contribute to dehydration and pneumonia, posing significant health risks and complications for the initiates.

Discussion

This study aimed to assess both the progressive and retrogressive aspects of traditional male circumcision initiations (TMCI) in South Africa. The findings suggest that change is inevitable in all human life, including cultural practices like TMCI. Over time, cultures, much like technology, have evolved, and TMCI is no exception. These changes, whether positive or negative, reveal the fluidity of cultural spaces and the degree of negotiability between proponents and opponents of male circumcision initiation in African contexts. This notion is supported by the study's paradoxical findings regarding TMCI. While the practice still holds significant cultural value as a rite of passage into adulthood, it is rapidly losing viability in the modern era due to the harmful experiences associated with it (Prusente *et al.*, 2019; Mpateni and Kang'ethe, 2021; Makubuya *et al.*, 2023). A cost-benefit analysis reveals that TMCI is being eclipsed by medical male circumcision (MMC), raising concerns about its future cultural relevance if the practice continues to negatively impact the physical, social, and psychological well-being of initiates and the broader community. From a health perspective, modern HIV prevention strategies promote voluntary MMC (Matumbu and Chimininga, 2019), given that TMCI presents more health risks than benefits (Nomngcoyiya and Kang'ethe, 2017). This has set Traditional male circumcision in South Africa at a crossroads, challenged by

conflicting religious and cultural interests, modernisation, urbanisation, human rights issues, and health implications (Siweya *et al.*, 2018).

In response to the risk of death and health complications, many young men are opting for medical circumcision, bypassing the cultural processes. Thus, TMCI is undergoing a paradigm shift from rigid adherence to cultural norms to a more negotiable, safer form of circumcision. Despite these changes, TMCI continues to hold social and cultural significance, primarily as a tool for socialisation (Gwata, 2009; Sabet *et al.*, 2012). It plays a crucial role in integrating young men into their communities, legitimising them in society, and granting them social privileges. TMCI signifies a change in sociocultural status and forming a new identity (Peltzer *et al.*, 2008c). Unfortunately, however, TMCI has been co-opted by unscrupulous individuals seeking financial gain, turning the practice into a dangerous and exploitative venture that has lost much of its cultural value (Douglas and Maluleke, 2018). This shift has undermined the original goals of TMCI, which sought to produce healthy, responsible young men capable of contributing to their communities. The commercialisation of TMCI has significantly compromised its cultural aims, transforming it into a money-making enterprise that often results in harm. This is troubling, given that male circumcision has historically been seen as a physical manifestation of key societal values. As a result, there have been ongoing debates about how to make TMCI safer and more socially and behaviourally acceptable in South Africa (Peltzer *et al.*, 2010; Ntombana, 2011; Nomngcoyiya, 2015; Mpateni and Kang'ethe, 2021). Crucially, the idea that manhood and masculinity are inextricably tied to the endurance of pain must be re-examined. It is essential to shift the focus towards other progressive aspects of human development, such as social, economic, and psychological well-being. This deconstruction of outdated narratives about manhood is critical, given the wide variation in circumcision practices across different ethnic groups, ranging from simple incisions to complete foreskin removal (Palmer *et al.*, 2020; Kathio *et al.*, 2023). The future of TMCI will likely depend on a range of factors, including rural versus urban life, health awareness, the cost of traditional versus medical circumcision, access to medical services, sociocultural norms, education, and the emergence of harmful practices associated with the ritual.

In response to the health challenges TMCI has posed, the South African government has introduced policies and regulations. For example, the 2005 Children's Bill gives male children the right to refuse circumcision, making it illegal to circumcise a child without their consent. Additionally, the Eastern Cape Province's "Application of Health Standards in Traditional Circumcision Act" (2001) sets guidelines for health standards in TMCI. While these policies focus on health standards and human rights, they fail to address the behavioural outcomes of the initiation process. Despite these efforts, there has been resistance from traditional custodians who view TMCI as an important ritual for maintaining social order in their communities (Vincent, 2008c). TMCI is a means of transmitting values across generations and defining roles based on age for these communities. However, concerns about the relevance of the ritual persist in contemporary South African society, especially given its history of colonialism, apartheid, and rapid urbanisation. While some traditionally circumcising communities are open to reform, the practice continues to pose significant risks to health, privacy, and life.

Conclusion

Traditional Male Circumcision Initiation (TMCI) holds significant cultural, social, and historical value as a rite of passage to manhood in many African societies, particularly in South Africa. Despite its longstanding role in preserving cultural identity and social order, TMCI increasingly faces challenges in the modern era. Health risks, including physical complications and fatalities, along with problematic behaviours such as substance abuse and risky sexual conduct, have undermined its positive role. Moreover, the commercialisation of the practice has further diminished its cultural integrity, leading to serious repercussions for the well-being of initiates. This study highlights the paradoxes of TMCI, acknowledging its importance in fostering social cohesion while emphasising the urgent need for reforms to address the health hazards and behavioural issues associated with the practice. The growing shift toward medical male circumcision (MMC) reflects a tension between maintaining cultural traditions and adapting to modern health and human rights standards. The shifts are attributed to modernisation, urbanisation, western education, and Christianity. These socio-economic forces are gradually influencing cultural and traditional practices, favouring health and human rights-oriented practices. Therefore, if TMCI is to remain relevant in contemporary society, cultural custodians must embrace strategies that align traditional practices with safe and ethical health standards, ensuring the preservation of its cultural essence without compromising the well-being of initiates. Without such reforms, the future of TMCI is at risk, as its cultural significance continues to be overshadowed by the adverse outcomes of its current practice. Therefore, a balanced approach that respects both

cultural heritage and modern health imperatives is critical to the survival and reformation of TMCI in African societies.

Declarations

Interdisciplinary Scope: The paper demonstrates interdisciplinary of various disciplines such as cultural studies, health, sociology, psychology and social work in understanding the dynamics of traditional male initiations in south Africa and other African contexts. The departure from the norm of the current TMCI practices is a complex subject that calls for multiple sources of knowledge and holistic interventions to ensure their socio-cultural goalposts are sustained.

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References

- Anike, U., Govender, I., Ndimande, J. V. and Tumbo, J. 2013. Complications of Traditional Circumcision amongst Young Xhosa Males Seen at St Lucy's Hospital, Tsolo, Eastern Cape, South Africa. *African Journal of Primary Health Care and Family Medicine*, 5(1): 1-5.
- Asa, G. A., Faulk, N. K. and Ward, P. R. 2023. Traditional Male Circumcision and the Risk for HIV Transmission among Men: A Systematic Review. *Bio-Medical Journal Open*, 13: 1-12.
- Auvert, B., Taljaard, D., Lagarde, E., Sobngwi-Tambekou, J., Sitta, R. and Puren, A. 2005. Randomised, Controlled Intervention Trial of Male Circumcision for Reduction of HIV Infection Risk: The ANRS 1265 Trial. *PLoS Med*, 2(11): 1112-1122.
- Bailey, R. C. and Egesah, O. 2006. Assessment of Clinical and Traditional Male Circumcision Services in Bungoma District, Kenya: Complication Rates and Operational Needs. Available: https://files.givewell.org/files/DWDA%202009/Interventions/voluntary_male_medical_circumcision/Bailey_and_Egesah_2006.pdf (Accessed 12 May 2023).
- Bailey, R. C., Egesah, O. and Rosenberg, S. 2008. Male Circumcision for HIV Prevention: A Prospective Study of Complications in Clinical and Traditional Settings in Bungoma, Kenya. *Bulletin of the World Health Organization*, 86: 669-677.
- Bailey, R. C., Moses, S., Parker, C. B., Agot, K., Maclean, I., Krieger, J. N., Williams, C. F., Campbell, R. T. and Ndinya-Achola, J. O. 2007. Male Circumcision for HIV Prevention in Young Men in Kisumu, Kenya: A Randomised Controlled Trial. *The Lancet*, 369(9562): 643-656.
- Behrens, K. G. 2014. Traditional Male Circumcision: Balancing Cultural Rights and the Prevention of Serious, Avoidable Harm. *South African Medical Journal*, 104: 15-16.
- Bell, S. G. 2009. Addressing HIV/AIDS in South Africa and Uganda: Successes, Failures, and Recommendations for Other Sub-Saharan African Countries. Available: [Link](#) (Accessed 22 June 2024).
- Champion, V. and Skinner, C. S. 2008. The Health Belief Model. In: Glanz, K., Rimer, B. and Viswanath, K. eds. *Health Behavior and Health Education*. San Francisco, CA: Jossey-Bass, 46-65.
- Chimininge, V. and Matumbu, O. 2019. Voluntary Medical Male Circumcision Versus Religio-Cultural Circumcision and Initiation Rites: The Case of Varembe of Mwenezi District in Response to the Prevention of Human

Immunodeficiency Virus and Acquired Immunodeficiency Syndrome in Zimbabwe. *Theologia Viatorum*, 43(1): 1-10.

Dada, L. 2024. 14 Die During the Eastern Cape Winter Initiation Season. Available: <https://www.sabcnews.com/sabcnews/14-dead-during-eastern-cape-winter-initiation-season/> (Accessed 04 October 2024).

De Leon, A. N., Peterson, R., Dvorak, R. D., Leary, A. V., Kramer, M. P., Burr, E. K., Toth, E. M. and Pinto, D. 2023. The Health Belief Model in the Context of Alcohol Protective Behavioral Strategies. *Psychiatry*, 86(1): 1-16.

De Wolf, J. J. 1983. Circumcision and Initiation in Western Kenya and Eastern Uganda: Historical Reconstructions and Ethnographic Evidence. *Anthropos*, 78(3/4): 369-410.

Delius, P. and Glaser, C. 2002. Sexual Socialisation in South Africa: A Historical Perspective. *African Studies*, 61(1): 27-54.

Douglas, M. and Hongoro, C. 2016. The Consideration of Socio-Economic Determinants in the Prevention of Traditional Male Circumcision Deaths and Complications. *American Journal of Mens Health*, 12(3): 597-607.

Douglas, M. and Maluleke, T. X. 2018. Traditional Male Circumcision: Ways to Prevent Deaths Due to Dehydration. *American Journal of Men's Health*, 12(3): 584-593.

Ellis, E. and Jubase, H. 2024. Eastern Cape Summer Initiation Season Ends with 34 Deaths. Available: <https://www.dailymaverick.co.za/article/2024-01-16-eastern-cape-summer-initiation-season-ends-with-34-deaths/> (Accessed 04 October 2024).

Gebremedhin, S. 2012. Male Circumcision and Its Association with HIV Infection and Sexually Transmitted Diseases: Evidence from 18 Demographic and Health Surveys in Sub-Saharan Africa. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 8(1):13-18.

Gittings, L., Hodes, R., Colvin, C., Mbulag, S. and Komg, P. 2021. 'If You Are Found Taking Medicine, You Will Be Called Names and Considered Less of a Man': Young Men's Engagement with HIV Treatment and Care During Ulwaluko (Traditional Initiation and Circumcision) in the Eastern Cape Province of South Africa. *Journal of Social Aspects of HIV/AIDS*, 18(1): 64-76.

Gray, R. H., Kigozi, G., Serwadda, D., Makumbi, F., Watya, S., Nalugoda, F., Kiwanuka, N., Moulton, L. H., Chaudhary, M. A., Chen, M. Z. and Sewankambo, N. K. 2007. Male Circumcision for HIV Prevention in Men in Rakai, Uganda: A Randomised Trial. *The Lancet*, 369(9562): 657-666.

Gwata, F. 2009. Traditional Male Circumcision: What Is Its Sociocultural Significance among Young Xhosa Men? Available: <https://open.uct.ac.za/server/api/core/bitstreams/0a48a8e7-2448-4b39-bea0-1e146f4cf876/content> (Accessed 15 May 2023).

Inglehart, R. and Baker, W. E. 2000. Modernization, Cultural Change, and the Persistence of Traditional Values. *American Sociological Review*, 65: 19-51.

Janusz, B. and Walkiewicz, M. 2018. The Rites of Passage Framework as a Matrix of Transgression Processes in the Life Course. *Journal of Adult Development*, 25(3): 151-159.

Jewkes, R., Morrell, R., Hearn, J., Lundqvist, E., Blackbeard, D., Lindegger, G., Quayle, M., Sikweyiya, Y. and Gottzén, L. 2015. Hegemonic Masculinity: Combining Theory and Practice in Gender Interventions. *Culture, Health and Sexuality*, 17: 112-127.

Kathio, I., Kagema, D. N. and Kithinji, C. M. 2023. Causes of Changes in Male Circumcision Rite among the Ameru of Imenti South Sub-County, Meru County, Kenya (1950 – 2016). *Journal of History and Cultural Studies*, 2(1): 25-32.

Kepe, T. 2010. "Secrets" That Kill: Crisis, Custodianship, and Responsibility in Ritual Male Circumcision in the Eastern Cape Province, South Africa. *Social Science and Medicine*, 70: 729-735.

- Kibebe, W. and Mutua, L. 2012. The Emerging Trends in Luhya Circumcision Ceremony among the Bukusu Community in Bungoma North District: A Socio-Economic Perspective. *International Journal of Innovative Research and Development*, 1(11): 398-413.
- Krieger, J. N. 2012. Male Circumcision and HIV Infection Risk. *World Journal of Urology*, 30(1): 3-13.
- Lau, F. K., Jayakumar, S. and Sgaier, S. K. 2015. Understanding the Socio-Economic and Sexual Behavioural Correlates of Male Circumcision across Eleven Voluntary Medical Male Circumcision Priority Countries in south-Eastern Africa. *BioMed Central Public Health*, 15: 1-11.
- Littlejohn, S. W. and Foss, K. A. 2009. Cultural Identity Theory. In: *Encyclopedia of Communication Theory*. Littlejohn, S. W. and Foss, K. A. eds. Thousand Oaks, CA: SAGE Publications, 261-262.
- Luis, U. 2018. Cultural Identity Theory and Education: What We Have Learned about Selves and Others. In: Luis Urrieta, L. and Noblit, G. W. eds. *Cultural Constructions of Identity: Meta-Ethnography and Theory*. New York: Oxford Academic, 1-33.
- Mabote, R. 1995. The Initiates. Sunday Times. Available: https://news.google.com/newspapers?nid=f36TrmluGJsC&dat=19950730&b_mode=2&hl=en (Accessed 16 June 2024).
- Maffioli, E. M. 2017. Is Traditional Male Circumcision Effective as an HIV Prevention Strategy? Evidence from Lesotho. *PLoS ONE*, 12(5): 1-15.
- Makubuya, T., Nyembezi, A. and Kibii, K. 2023. Newspaper Coverage of Violence Related to Initiation and Traditional Male Circumcision in South Africa. *Archives of Sexual Behavior*, 52: 2835-2844.
- Marsh, R. M. 2014. Modernization and Globalization. In: Sasaki, M., Goldstone, J., Zimmermann, E. and Sanderson, S. K. eds. *Concise Encyclopedia of Comparative Sociology*. Leiden: Brill, 331-341.
- Mavundla, T. R., Netswera, F. G., Toth, F., Bottoman, B. and Tenge, S. 2010. How Boys Become Dogs: Stigmatisation and Marginalisation of Uninitiated Xhosa Males in East London, South Africa. *Qualitative Health Research*, 20(1): 930-941.
- McGraw, J., White, K. M. and Russell-Bennett, R. 2021. Masculinity and Men's Health Service Use Across Four Social Generations: Findings from Australia's Ten to Men study. *SSM Population Health*, 15: 1-10.
- Meissner, O. and Buso, D. L. 2007. Traditional Male Circumcision in the Eastern Cape – Scourge or Blessing? *South African Medical Journal*, 97: 371-373.
- Mfecane, S. 2016. "Ndiyindoda" [I Am a Man]: Theorising Xhosa Masculinity. *Anthropology Southern Africa*, 39(3): 204-214.
- Mpateni, A. 2017. Health challenges associated with male adolescents during traditional male circumcision in Alice, Nkonkobe Municipality, Eastern Cape. Master's dissertation. University of Fort Hare, Alice.
- Mpateni, A. and Kang'ethe, S. M. 2021. Ulwaluko Rite of Passage among the Xhosa in South Africa: The Challenges Relating to Poor Standards in Unlicensed Circumcision Schools. *African Journal of Social Work*, 11(5): 307-312.
- Mpateni, A. and Kang'ethe, S.M. 2022. Behaviours of traditional male circumcision initiates of Cala and Mdantsane, South Africa. *Inkanyiso* 14(1): a17
- Munthali, A. C. and Zulu, E. M. 2007. The Timing and Role of Initiation Rites in Preparing Young People for Adolescence and Responsible Sexual and Reproductive Behaviour in Malawi. *African Journal of Reproductive Health*, 11(3): 150-167.
- Nomngcoyiya, T. 2015. Exploring the Psychological Challenges Associated with Traditional Male Circumcision Practice (TMCP) through the Lenses of Newly Initiated Men: Pondoland Area, Eastern Cape, South Africa. Master's Dissertation, University of Fort Hare.

- Nomngcoyiya, T. and Kang'ethe, S. M. 2017. Exploring Flaws Embedded in the Contemporary, Traditional Circumcision Practice in South Africa: A Literature Review. *Ethno Medicine*, 11(1): 123-129.
- Nomngcoyiya, T. and Kang'ethe, S. M. 2021. The Impact of Traditional Male Circumcision Challenges on Newly Initiated Men's Advancement in Education: Implications for Human Rights and Social Work in South Africa. *Journal of Human Rights and Social Work*, 6: 204-212.
- Ntombana, L. 2011. Should Xhosa Male Initiation be Abolished? *International Journal of Cultural Studies*, 14(6): 631-640.
- Palmer, E., Rau, A. and Engelbrecht, M. 2020. Changing Cultural Practices: A Case Study of Male Circumcision in South Africa. *American Journal of Men's Health*, 14(4): 1-12.
- Peltzer, K., Nqeketo, A., Petros, G. and Kanta, X. 2008a. Traditional Circumcision During Manhood Initiation Rituals in the Eastern Cape, South Africa: A Pre-Post Intervention Evaluation. *BioMed Central Public Health*, 8: 1-6.
- Peltzer, K., Nqeketo, A., Petros, G. and Kanta, X. 2008b. Evaluation of a Safer Male Circumcision Training Programme for Traditional Surgeons and Nurses in the Eastern Cape, South Africa. *African Journal of Traditional Complementary and Alternative Medicines*, 5(4): 346-354.
- Peltzer, K., Nqeketo, A., Petros, G. and Kanta, X. 2008c. Attitudes of Pre-Initiates towards Traditional Male Circumcision in the Context of HIV in the Eastern Cape, South Africa. *Social Behaviour and Personality* 36(8): 1023-1034.
- Peltzer, K., Kantab, X. and Banyinic, M. 2010. Evaluation of a Safer Male Circumcision Training Programme for Ndebele Traditional Surgeons and Nurses in Gauteng, South Africa: Using Direct Observation of Circumcision Procedures. *African Journal of Traditional, Complementary and Alternative Medicines*, 7(2): 153-159.
- Prusente, S., Khuzwayo, N. and Sikweyiya, Y. 2019. Exploring Factors Influencing Integration of Traditional and Medical Male Circumcision Methods at Ingquza Hill Local Municipality, Eastern Cape: A Socio-Ecological Perspective. *African Journal of Primary Health Care and Family Medicine*, 11(1): 1-11.
- Rankhotha, C. 2004. Do Traditional Values Entrench Male Supremacy? *Agenda*, 59: 80-89.
- Sabet, S. A., Bufumbo, L., Geiger, J. D. and Sienko, K. H. 2012. Traditional Male Circumcision in Uganda: A Qualitative Focus Group Discussion Analysis. *Plos ONE*, 7(10): 1-10.
- Siegler, A. J., Mbwambo, J. K. and DiClemente, R. J. 2012. Acceptability of Medical Male Circumcision and Improved Instrument Sanitation among a Traditionally Circumcising Group in East Africa. *AIDS Behaviour*, 16: 1846-1852.
- Sifuna, N. 2021. A sociocultural Commentary on the Introduction of Male Circumcision in the Traditionally Non-Circumcising Luo Community of Western Kenya. *International Journal of African Society, Cultures and Traditions*, 9(1): 1-23.
- Silverman, E. K. 2004. Anthropology and Circumcision. *Annual Review of Anthropology*, 33: 419-445.
- Sitawa, H. and Lagat, D. 2022. Morality and Community Behaviour in Africa: A Case Study of Bukusu Circumcision. *Jumuga Journal of Education, Oral Studies, and Human Sciences (JJEOSHS)*, 5(1): 1-15.
- Siweya, T., Sodi, T. and Douglas, M. 2018. The Notion of Manhood Embedment in the Practice of Traditional Male Circumcision in Ngove Village, Limpopo, South Africa. *American Journal of Men's Health*, 12(5): 1567-1574.
- Templier, M. and Paré, G. A. 2015. Framework for Guiding and Evaluating Literature Reviews. *Communication Association Information System*, 37: 112-137.
- The Application of Health Standards in Traditional Circumcision Act. 2001. Act No. 6 of 2001, "Eastern Cape." Available: <https://static.pmq.org.za/docs/090317skweyiya.pdf> (Accessed 17 June 2024).

The Holy Bible, New International Version (NIV). 2011. Genesis Chapter 17. Biblica, Inc. <https://www.biblica.com/bible/?osis=niv%3Agen.17.1-gen.17.27%2Cgen.18.1-gen.18.33>. (Accessed 11 June 2025).

Tobian, A. A. R. and Gray, R. H. 2011. The Medical Benefits of Male Circumcision. *JAMA*, 306(13): 1479-80.

Vincent, L. 2008a. Boys Will Be Boys: Traditional Xhosa Male Circumcision, HIV, and Sexual Socialisation in Contemporary South Africa. *Culture Health and Sexuality*, 10(5): 431-446.

Vincent, L. 2008b. Cutting Tradition: The Political Regulation of Traditional Circumcision Rites in South Africa's Liberal Democratic Order. *Journal of Southern African Studies*, 34(1): 77-91.

Vincent, L. 2008c. Male Circumcision Policy, Practices and Services in the Eastern Cape Province of South Africa: Case Study. Available: https://www.malecircumcision.org/sites/default/files/document_library/South_Africa_MC_case_study_May_2008_002_0.pdf (Accessed 15 June 2024).

Wamai, R. G., Morris, B. J., Bailis, S. A., Sokal, D., Klausner, J. D., Appleton, R., Sewankambo, N., Cooper, D. A., Bongaarts, J., De Bruyn, G. and Wodak, A. D. 2011. Male Circumcision for HIV Prevention: Current Evidence and Implementation in Sub-Saharan Africa. *Journal of the International AIDS Society*, 14: 1-17.

Wedgwood, N. 2009. Connell's Theory of Masculinity – Its Origins and Influences on the Study of Gender. *Journal of Gender Studies*, 18(4): 329-339.

Wilcken, A., Keil, T. and Dick, B. 2010. Traditional Male Circumcision in Eastern and Southern Africa: A Systematic Review of Prevalence and Complications. *Bulletin World Health Organization*, 88(12): 907-914.

Zielke, J., Batram-Zantvoort, S., Razum, O. and Miani, C. 2023. Operationalising Masculinities in Theories and Practices of Gender-Transformative Health Interventions: A Scoping Review. *International Journal for Equity in Health*, 22(1): 1-22.