

THE COMPLICATIONS ASSOCIATED WITH TRADITIONAL
CIRCUMCISION AMONG YOUNG XHOSA MALES SEEN AT ST.
LUCY'S HOSPITAL TSOLO EASTERN CAPE

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UL ANIKE

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THE COMPLICATIONS ASSOCIATED WITH TRADITIONAL CIRCUMCISION
AMONG YOUNG XHOSA MALES SEEN AT ST. LUCY'S HOSPITAL TSOLO
EASTERN CAPE.

BY

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DECLARATION

I, declare that the _____ mini-dissertation/dissertation/thesis) hereby submitted to the University of Limpopo, for the degree of **M MED (family Medicine)** (degree & filed of research has not previously been submitted by me for a degree at this or any other university; that is my work in design and in execution, and that all material contained herein has been duly acknowledged.

DR ANIKE UGOCHUKWU LIVINS



DATE

DEDICATION:

This research is dedicated to my late sister, Tina Obiefuna whose inspiration for my education spanned right from my early school days. Also to those whose contributions saw to the completion of this work.

ACKNOWLEDGEMENTS:

It is with great pleasure that I acknowledged my wife and family at large for their unflinching support during this period.

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Lastly I would like to acknowledge the efforts of my statistician for her immense work.

ABSTRACT

Traditional male circumcision complications are one of the surgical problems you may face as a doctor working in St Lucy's hospital. Usually there is increased number of circumcision related complications during the winter and summer seasons as this traditional circumcision as a peoples' culture or ritual is performed during these periods.

In a study by Muula S Adamson et al, (2007) they found that there was limited published literature on the complications of male circumcision in sub-Saharan Africa and the

available evidence regarding the prevalence of complications in male circumcision is conflicting, with some studies reporting significantly high complication prevalence and at least one study reporting no complications.

They suggested that a study that may not have reported a single complication may indeed have none to report or that complications may have been considered so minor as to be 'worth' reporting. About 25% of world male population is circumcised and circumcision remains one of the oldest and commonest operations performed all over the world. The complication rates of the procedure ranges between 0.19% and 3.1% Wilkinson GB (1997). The expertise of the surgeon or the circumciser determines the outcome.

Aim: To establish factors associated with traditional circumcision and the type of complications encountered at St. Lucy's hospital from January 2006-December 2007.

Objective: To determine the types of complications following traditional circumcision.

To establish the causes of the complications

Methods-:

Study design: This is a retrospective descriptive quantitative study. Data was collected from the patients' records and a questionnaire used as a data collection instrument.

Study Population: All male circumcised traditionally seen at St. Lucy's within the period of study.

Inclusion criteria: Files (records) of all male patients circumcised traditionally seen at St Lucy's within the period of the study. Patient's file contains all patient data including; names, gender, age, contact number and address, next of kin and race including others. The diagnostic

details and management of the condition identified with the discharge summary notes.

Exclusion criteria: Files (records) of other males and females attending hospital for other reasons.

Those circumcised for medical reasons like phimosis or paraphimosis.

Results:

There were a total of 105 patients' files (records) that were eligible with majority of the patients' files, 68 (64.8%) between the ages of 15 and 19 years. Majority of them had secondary school education 83 (79). Various reasons were given for traditional circumcision. Of the 105 males patients' files, 60(57%) went for circumcision to be transformed from boyhood to manhood, 21(20.0%) were found to be circumcised due to peer pressure, 20(19.0%) were as a result of culture and 1(1.0%) was found to be forced.

Circumcision was done more between the months of July and Sept. and more were circumcised on the mountain/forest than on the initiation ground. More of the boys were found to be circumcised by the traditionalist and had worse complications when compared with those circumcised by the initiators who had informal training on how to perform circumcision. Wound infections (sepsis) accounted for more than 56.2% of the admissions and complications. Genital mutilation at approx. 26.7% followed by 12(11.4%) dehydration and total amputation of glans 6(5.7%).

Complication does not appear to depend on whether a patient had had previous STI or not. In this study it was found that complications were more when the circumciser was a traditionalist. The total rate of complication was 54.3% when a traditionalist was involved as against 28.6% when initiator was involved. The severity and types of complications determine the duration of hospital stay and whether the patient is referred out or not. From the study it followed that most genital sepsis healed from (3-21) days with patients with genital mutilation staying up to four (4) weeks. There were a number of limitations encountered during the study.

Conclusion: traditional circumcision is mostly performed as a right/ritual that allows the passage from boyhood to manhood in the Xhosa area. In this study it was found that majority of those circumcised did so to be transformed into men and genital sepsis was the highest complication seen and were seen mostly when the circumciser was a traditionalist.

The findings did not vary from similar studies which noted that complications were worse when inexperienced surgeons engaged in circumcising the unsuspecting initiates especially during botch surgery.

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