

Synthesis of Women's Voices in Traditional Male Circumcision in South Africa: Do Their Voices Really Matter?

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Citation: Mzenzi, A., Selana, E. and Kajjita, R. M. (2026). Synthesis of Women's Voices in Traditional Male Circumcision in South Africa: Do Their Voices Really Matter?, *Journal of Cultural Analysis and Social Change*, 11(1), 3517-3528. <https://doi.org/10.64753/jcasc.v11i1.4755>

Published: April 08, 2026

ABSTRACT

Traditional Male Circumcision (TMC) remains a culturally significant rite of passage in South Africa, particularly in the Eastern Cape, despite rising concerns about morbidity and mortality associated with unsafe practices. This narrative literature review synthesises the largely overlooked voices of women—central caregivers, cultural stakeholders, and key observers of initiation outcomes—to examine their roles, perspectives, and influence within the TMC continuum. Five dominant themes emerged. First, women act as cultural custodians who strongly support TMC for its role in identity formation, yet fear that biomedical alternatives threaten cultural continuity. Second, women express deep anxiety about escalating health risks, including deaths, amputations, and psychosocial trauma arising from botched procedures. Third, entrenched patriarchal norms and ritual secrecy systematically exclude women from decision-making, limiting their agency despite their substantial caregiving responsibilities. Fourth, women highlight heightened vulnerability to post-initiation harms, including increased male aggression, risky sexual behaviours, and associated HIV risks. Lastly, pervasive medical mistrust and misinformation reinforce women's preference for traditional practices over safer medical circumcision options. The findings demonstrate that women's voices are critical yet marginalised components of TMC governance. Meaningfully integrating women's perspectives is essential to advancing culturally grounded, gender responsive, and health-protective reforms.

Keywords: Traditional Male circumcision, Women, Cultural practices, Initiates, South Africa.

INTRODUCTION

Traditional male circumcision (TMC) in South Africa transcends its clinical and health-related dimensions, functioning as a culturally embedded ritual shaped by longstanding social norms. Despite being central stakeholders in families and communities, women's viewpoints on TMC remain largely overlooked in scholarly discourse. Yet their insights offer valuable contributions to the cultural meanings, health implications, and challenges associated with the practice. Incorporating women's perspectives is therefore essential to enrich broader debates on health, cultural identity, and gender dynamics.

Although medical male circumcision (MMC) is widely promoted as a safer option, traditional male circumcision initiation continues to predominate in many rural contexts. In the Eastern Cape, for example, an estimated 77.2% of men aged 15 and above report being circumcised—substantially higher than the national prevalence of 63.7% (Human Science Research Council (HSRC), 2024). Of those circumcised in the province, 85% underwent the traditional male circumcision process, whereas only 14.3% chose MMC (HSRC, 2024).

These statistics illustrate the enduring cultural strength of TMC and the persistent dependence on traditional methods despite well-documented health and mortality risks.

Critiques of TMC are particularly nuanced, given that women—whose roles as mothers, caregivers, and kin traditionally position them as primary custodians of family health—remain structurally excluded from participating in this cultural sphere (Mfecane, 2016). This exclusion is sustained by patriarchal belief systems that frame women as spiritually inappropriate or contaminating within initiation contexts, thereby legitimising their absence through entrenched taboos and cultural myths (Kgatla, 2004; Chetty-Makkan et al., 2019). Such gendered restrictions reinforce hierarchical power relations and undermine women's culturally grounded responsibility to protect the health and welfare of initiates.

Literature indicates that systematic omission of women from the governance of TMC contributes to preventable injuries and deaths of initiates (Prusente et al., 2019; Palmer et al., 2020; Ratele, 2013). These scholars contend that integrating women—particularly in the preparatory and post-initiation phases—could play a significant role in reducing mortality and strengthening psychosocial support structures. According to a study by Nomngcoyiya and Kang'ethe (2016), in the Alfred Nzo District of the Eastern Cape, more than 68% of community members supported the involvement of health practitioners, including women, in traditional circumcision-related processes. Similarly, research on women's attitudes in Orange Farm found that 95.8% preferred their sons to be circumcised, and 87.9% recognised that circumcision offers partial protection against HIV transmission (Asa et al., 2023; Bailey et al., 2017). These findings indicate that women are not passive bystanders but knowledgeable actors who could enhance both the cultural sensitivity and safety of circumcision practices.

However, Maluleke (2023) noted that the persistent marginalisation of women within TMC practices constitutes a constitutional contradiction in post-apartheid South Africa, where both cultural rights and gender equality are legally upheld and promoted. The endurance of exclusionary customs demonstrates the ongoing tension between preserving cultural traditions and advancing gender justice. The proponents of Women's rights in cultural rights argue that -re-envisioning TMC practices to incorporate women's perspectives offers a pathway toward culturally legitimate yet progressive reform—one that safeguards initiates' dignity, health, and safety while maintaining the practice's cultural significance (Dhatt et al., 2017).

Therefore, the study aims to synthesize the voices of women in Traditional male circumcision processes in South Africa and assess if they really matter in undertaking this noble cultural rite of passage. The following questions provided guidance in this synthesis: (1) What are the voices/roles of women in Traditional Male Circumcision practices in South Africa? (2) What impact do the voices/roles of women have on the processes and practices of traditional male circumcision in South Africa?

The Tilting of TMC's 'Goalposts'

Traditional male circumcision (TMC) is an established cultural practice across sub-Saharan Africa, including South Africa, where it marks the transition from boyhood to manhood and conveys social recognition within many communities (Kajiita & Kang'ethe, 2025; Mavundla et al., 2009; Siweya et al., 2018). According to Kang'ethe and Nomngcoyiya (2016), TMC has been perceived as a vanguard and beacon of morality and cultural preservation, and as a channel for producing responsible men in the community. However, these erstwhile respected cultural practices contrast sharply with contemporary shifts from desirable outcomes to serious health complications—ranging from botched procedures and penile amputations to deaths and maladaptive behaviours (Aniklie et al., 2013; Kajiita & Kang'ethe, 2025; Nomngcoyiya & Kang'ethe, 2021; Peltzer et al., 2014; Vincent, 2008). These adverse outcomes are widely linked to weak procedural oversight, inadequate postoperative management, and the lack of medical supervision in initiation settings (Chuene, 2024; Douglas & Maluleke, 2018).

Recent empirical evidence underscores the severity of the health risks associated with traditional initiation practices. For instance, Kepe and Matera (2022) document that between 2006 and 2018, the Eastern Cape Province—where TMC is most extensively practiced—recorded approximately 8,239 hospital admissions resulting from serious injuries and complications associated with the ritual. More recent data from the 2024 summer initiation season indicate 29 deaths, 2 penile amputations, and 147 hospitalisations attributed to initiation-related harm (Parliament of South Africa, 2024). Collectively, these statistics highlight a persistent public health emergency and reinforce the urgent need for both policy and cultural interventions to protect the safety and well-being of initiates. Notably, the literature shows that the ideals of TMC, such as preparing boys into manhood and assuming community leadership, getting married, owning property, to name a few, are being eroded by deaths and psycho-emotional draining amputations.

It's Not a Women's Zone: Secrecy and Exclusion Tendencies in TMC Processes

The key defining feature of TMC in practice communities is secrecy and exclusion of outsiders, women, and children (Kepe, 2010; Kepe & Matera, 2022; Gittings et al., 2021; Nomngcoyiya & Kang'ethe, 2021). Within this framework of secrecy, the structure and the social relations surrounding it are shaped. Consequently, women's exclusion is reinforced not only through formal prohibitions but also through culturally embedded myths and social sanctions. These sanctions and prohibitions, as highlighted by Kepe and Matera (2022), not only limit women's participation but also justify their exclusion through the ritual's clandestine nature, which restricts access to information and decision-making. These secrets have, since time immemorial, been entrenched and safeguarded by male cultural custodians against any infiltration, including government regulations.

For instance, Manganye and Pokwana ka Menziwa (2022) and Vincent (2008) observed that the government of South Africa's attempts to democratize the rite, considering the human rights and freedoms to involve women in the practice, were met with strong resistance, particularly from men who view such initiatives as a violation of cultural confidentiality.

The literature further demonstrates that secrecy extends beyond ritual procedures to broader community attitudes, thereby muting not only women but also uncircumcised boys who are similarly prohibited from engaging in discussions related to the rite of their brother (Kang'ethe & Nomngcoyiya, 2016; Kepe & Matera, 2022; Kheswa et al., 2014; Mavundla et al., 2010). The undertaking of TMC, within a secretive framework, disproportionately affects women-headed (single-mother) households, which often lack male relatives who can access restricted information about initiates' wellbeing during the initiation process. Historically, the secrecy surrounding the TMC initiation practices was so rigid that mothers were excluded even when fatalities occurred at initiation sites, leaving fathers—or male relatives—to manage burial processes (Gogela, 2020; Raniga et al., 2019). These practices are misaligned with contemporary family structures, which are characterised by an increasing number of women-headed households.

Irrefutably, secrecy accentuates women's marginalisation by attributing negative connotations to their presence near initiation spaces. Existing literature indicates that women's exclusion from traditional male circumcision extends to broader social stigmas attached to their perceived proximity to the ritual. Kepe et al. (2015) reported that women are often subjected to disparaging reputational labels, reinforcing their marginalisation. Similarly, Kang'ethe and Nomngcoyiya (2016) observed that many cultural beliefs position women as bearers of misfortune, suggesting that their presence near initiation schools may impede initiates' healing. These views, corroborated by Kgatla's (2004) work, further demonstrate that such accusations—often couched in discourses of witchcraft—serve not only to delegitimise women's dignity and agency but also to expose them to significant social and physical vulnerability. Collectively, these studies illustrate how entrenched patriarchal norms, secrets, and self-preserving cultural practices not only silence women but also frame them as threats to the ritual, thereby perpetuating their exclusion, where their voices matter most.

The discourse surrounding TMC often highlights its importance in forming masculine gender identity, wherein uninitiated men face stigma and pressure to undergo the ritual to gain power and authority over women and uncircumcised men (Ayako et al., 2023; Lynch & Clayton, 2017). This framing suggests a patriarchal structure where women's direct involvement in the rites themselves is limited. In the South African context, while the initiation schools ("bush schools") are predominantly male spaces, women are significantly impacted by the outcomes of TMC (Kang'ethe & Nomngcoyiya, 2016; Mdhuli et al., 2021; Vincent, 2008). The recurring incidents of harm to initiates, including thousands of hospital admissions and hundreds of deaths and amputations since 1995, underscore the profound suffering experienced by families, particularly mothers (Vincent, 2008). This suffering, coupled with the emotional and psychological toll, has spurred a desire to increase women's bargaining power in issues pertaining to the rite (Kang'ethe & Nomngcoyiya, 2016).

Tracing the Problem

Traditional male circumcision (TMC) in South Africa, particularly among the Xhosa-speaking people in the Eastern Cape Province, is a deeply entrenched cultural practice signifying the transition from boyhood to manhood (Ntozini & Abdullahi, 2016; Mavundla et al., 2009; Siweya, Sodi & Douglas, 2018). This rite of passage is associated with the attainment of social status, identity, and authority within the community (Nomngcoyiya & Kang'ethe, 2017a, b; Siweya et al., 2018; Mavundla et al., 2010; Venter, 2011). Despite its cultural significance, TMC has been plagued by serious health complications, including injuries, hospitalizations, penile amputations, and even deaths among initiates (Bottoman, Mavundla & Toth, 2009; Kang'ethe & Nomngcoyiya, 2016; Nomngcoyiya & Kang'ethe, 2017a, b; Vincent, 2008).

These adverse outcomes raise critical questions about the role and influence of women in a practice that primarily affects their sons and male family members. Yet it often excludes their direct decision-making power. The subjugation of women within various facets of society, including those related to initiation rites, leads to significant pains and agonies, especially when their sons suffer irreparable damage (Kang'ethe & Nomngcoyiya, 2016).

The direct involvement of women in the actual circumcision procedures or the immediate care within the traditional "bush schools" is generally limited due to traditional gender roles and the perceived sacredness of male-only spaces during initiation (Mavundla et al., 2009, 2010). However, women play crucial indirect roles and exert influence through various channels. For instance, women are involved in the post-initiation care and rehabilitation of their sons, often witnessing firsthand the consequences of unsafe traditional practices (Chuene, 2024; Danda et al., 2022; Nomngcoyiya & Kang'ethe, 2021). Therefore, their experiences could contribute to an informed perspective on the dangers and necessary reforms within TMC.

The perceptions of women regarding male circumcision are complex and multifaceted. Some women support traditional male circumcision due to its cultural significance as a rite of passage and its role in conferring social status (Greely et al., 2013). This support is often rooted in deeply held cultural beliefs about manhood values, which are highly treasured by various cultural groups practicing TMC in South Africa (Douglas et al., 2017). However, the increasing number of complications and deaths has led to growing concerns among women, prompting them to question the safety and efficacy of the traditional practice (Kang'ethe & Nomngcoyiya, 2016; Nomngcoyiya & Kang'ethe, 2017a).

While traditional male circumcision in South Africa is a practice deeply rooted in male identity and cultural transmission, the voices of women, though often marginalized, are critical (Palmer, Marais & Engelbrecht, 2023). The high rates of complications associated with TMC have catalysed a growing demand for greater women's agency in ensuring the safety and well-being of initiates. Integrating women's perspectives into policy and practice requires a nuanced approach that respects cultural traditions while prioritizing health, human rights, and gender equity. This involves moving from a solely patriarchal framework to one that acknowledges and actively incorporates the significant roles and insights of women as mothers, caregivers, and community members, ultimately contributing to a safer and more sustainable cultural practice. Therefore, this paper explores the position of women in traditional male circumcision in South Africa, examining their perceived roles and synthesizing whether their voices really matter in the most significant stages of the initiation.

METHODOLOGY AND DESIGN

To achieve the aim of this paper, the researchers employed a narrative literature review to examine the complex dimensions of traditional male circumcision (TMC) initiation in South Africa. The purpose of this review was to identify the voices of women within TMC, thereby informing policy development and sociocultural interventions within the South African context. Drawing from an extensive body of literature on cultural male circumcision, the study provides a nuanced analysis of the practices, processes, and consequences of TMC to determine the extent to which they advance or hinder the participation of women for the well-being of the initiates.

To ensure methodological rigor, the review followed the six-step framework proposed by Templier and Paré (2015). The process began with formulating two core research questions:

- (1) What are the voices/roles of women in Traditional Male Circumcision in South Africa?
- (2) What impact do the voices/roles of women have on the processes and practices of traditional male circumcision in South Africa?

A comprehensive search of existing literature was then conducted across multiple credible sources—including books, peer-reviewed journal articles, reports from international organisations, and government publications—focused on TMC within South Africa. Keywords and search phrases such as *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*, *deaths of TMC initiates*, and *roles of women in TMC* were used. Databases consulted included ProQuest, Science Direct, CABINET, EBSCOhost, Scopus, and Google Scholar.

Literature identified through this process was screened for inclusion based on the following criteria: studies originating from African or South African contexts; publications written in English between 2000 and 2026; peer-reviewed research on traditional male initiation; and both qualitative and quantitative methodological approaches. Greater emphasis was placed on South Africa due to the prominence of ethnic groups—particularly Xhosa communities in the Eastern Cape Province—that continue to practise TMC extensively. Recent scholarly work documenting fatalities, health complications, and behavioural challenges among

initiates (e.g., Douglas & Maluleke, 2018; Nomngcoyiya & Kang'ethe, 2021; Mpateni & Kang'ethe, 2022) underscored the need to review literature spanning the past two decades to trace the evolution of TMC into its current contested outcomes.

Data extraction and analysis focused on key findings. Themes emerging from the reviewed literature were synthesised in line with the research questions, followed by detailed interpretation and discussion. This analytical process enabled the identification of practical, research-based gaps in current TMC practice, informing recommendations for feasible interventions (Templier & Paré, 2015). The presentation of results is structured in themes. A figure illustrating the research design used in this study is provided hereunder.

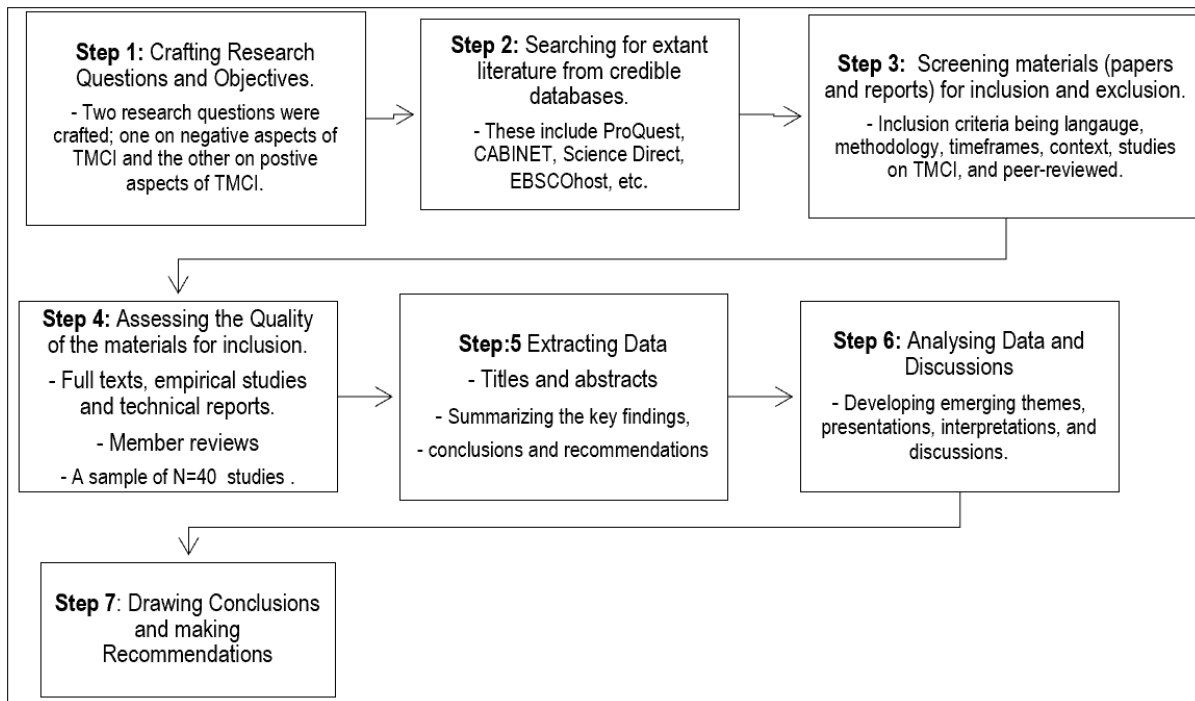


Figure 1: Research Design Flow Chart
Source: Kajiita and Kangethe (2025).

FINDINGS

The analysis of literature generated five key themes that dominate the discourse surrounding the voices of women in traditional male circumcision (TMC) in South Africa. Firstly, women often act as cultural guardians, championing TMC as an essential rite of passage for cultural identity and knowledge transfer. However, they express significant fear that modern medical alternatives will lead to cultural erosion. Secondly, women voice profound health and safety concerns, stemming from the high rates of botched circumcisions that lead to severe complications, including genital mutilation and death. Thirdly, there are pervasive gendered power dynamics and exclusion, where cultural taboos and patriarchal norms systematically prevent women from participating in decision-making processes regarding their sons' circumcision. Fourthly, women articulate a sense of heightened vulnerability to post-initiation risks, perceiving that men's risky sexual behaviours and increased aggression after the rite directly endanger women's health, particularly through HIV transmission and violence. Finally, a deep-seated medical mistrust, rooted in historical and ongoing negative experiences with the public healthcare system, coupled with misinformation from social networks, drives women to reject safer medical alternatives in favour of the culturally significant traditional practice.

Cultural Guardianship and the Fear of Cultural Erosion

The literature analysis reveals that many women in South Africa are staunch supporters of traditional male circumcision (TMC), viewing it as an indispensable cultural practice that marks the transition from boyhood to manhood (Greely et al., 2013; Gogela, 2020; Manganye & Pokwana ka Menziwa, 2022; Palmer et al., 2023). This perception is deeply rooted in the belief that TMC is essential for instilling cultural norms, social responsibilities, and traditional knowledge in young men (Greely et al., 2013). Women perceive the initiation schools associated with TMC as critical institutions for cultural expression and identity, where teachings on masculinity, conduct, and a man's role in the community are passed down (Palmer et al., 2023; Nomngcoyiya

& Kang’ethe, 2021; Rathebe, 2018). This perspective highlights that for many women, the value of TMC extends far beyond the physical procedure to encompass a holistic cultural education, preservation, and sustainability of cultural identity.

Consequently, some studies have reported resistance among women to modern medical alternatives like Infant and Child Male Circumcision (ICMC) or Voluntary Medical Male Circumcision (VMMC) (Chetty-Makkan et al., 2019; Palmer et al., 2023). Women express concern that such programs are advanced at the expense of TMC and could lead to cultural erosion and the destruction of customary practices (Palmer et al., 2023), hence a threat to cultural heritage. This sentiment reflects a fear that adopting Western biomedical approaches will sever ties to the old ways of doing things the right way, culturally. This fear is not unfounded in their view, as they perceive that ICMC excludes important traditional practices and teachings central to their cultural beliefs. This view is consistent with findings in other Southern African nations like Zambia and eSwatini, where women have also rejected neonatal male circumcision on cultural grounds (Palmer et al., 2023).

Furthermore, women are aware of the social sanctions their sons might face if they do not undergo traditional initiation. Boys who are medically circumcised may be mocked, treated as outsiders, and labelled with derogatory terms like ‘manwoman,’ signifying they are not considered ‘real men’ by their peers (Kajiita & Kang’ethe, 2025; Nomngcoyiya & Kang’ethe, 2017b; Palmer et al., 2023). Social and societal pressure reinforce women's decisions to adhere to traditional practices to protect their sons from community rejection and isolation, despite the exclusionary attributes they might have.

Health and Safety Concerns over Botched Traditional Male Circumcision Practices

Despite their strong cultural support for TMC, women express profound anxiety about the significant health and safety risks associated with the practice, particularly the prevalence of "botched" circumcisions performed by untrained or unscrupulous practitioners (Kepe & Matera, 2022; Moodley & Rennie, 2017; Nomngcoyiya & Kang’ethe, 2019; Palmer et al., 2023). These procedures, often conducted in non-sterile environments "in the mountains," lead to a host of severe and sometimes fatal complications (Milford et al., 2016; Mpateni & Kang’ethe, 2021). The use of unsterilized equipment and inappropriate surgical techniques by inexperienced individuals has resulted in devastating outcomes, which are a major source of concern for women and the broader community (Palmer et al., 2023).

The statistics surrounding complications from TMC in South Africa are alarming and form the basis of these fears. These adverse outcomes directly affect the initiates and place a heavy emotional and caregiving burden on their families, particularly the women, despite being excluded in some stages of the process. The table below summarizes the severe health implications documented in the literature.

Complication Type	Details and Statistics	Source(s)
Mortality	Approximately 35 deaths occur per year. A study in Mthatha recorded 25 deaths over two years (2005-2006) with common causes being septicaemia (36%), pneumonia (20%), and dehydration (12%). Another report noted 57 deaths in the summer of 2015 and 44 in the winter of 2015.	Moodley & Rennie (2017); Peltzer et al. (2014)
Genital Mutilation	An estimated 250 penile amputations occur annually due to botched procedures.	Howard-Payne, & Bowman (2016); Moodley & Rennie (2017);
Physical Morbidity	Survivors of severe injuries suffer from impairment of excretion, urinary incontinence, sexual dysfunction, hormonal imbalances, and infertility.	Moodley & Rennie (2017); Nomngcoyiya & Kang’ethe (2021);
Psychosocial Suffering	Initiates with penile injuries commonly experience feelings of emasculation, suicidality, and Post-Traumatic Stress Disorder (PTSD), creating long-term mental health crises for them and their families.	Moodley & Rennie (2017); Nomngcoyiya & Kang’ethe (2021); Nomngcoyiya & Kang’ethe (2017).

The risks tabled above, among others, have created a significant dilemma for women. While they value the TMC for its cultural heritage and identity, they are also deeply concerned for their sons' safety and well-being. This has led to calls from within communities for improved safety measures, including better training, supervision, and regulation of traditional surgeons to minimize morbidity and mortality (Behrens, 2014; Douglas et al., 2017; Palmer et al., 2023).

The debate extends to resource allocation, with some arguing that preventing botched circumcisions is a more ethical and appropriate public health response than investing in costly, high-technology interventions such as penile transplants, which are inaccessible to many victims (Kajiita & Kang'ethe, 2025; Moodley & Rennie, 2017).

Gendered Power Dynamics and Exclusion in Decision-Making

A dominant theme emerging from the literature is the systemic exclusion of women from decision-making processes related to TMC. This exclusion is enforced by deeply ingrained cultural norms and gendered power dynamics that render women's voices invisible in matters of critical importance to their families (Njoroge et al., 2022; Palmer et al., 2023). It is often considered "socially unacceptable" and a cultural taboo for women to participate in discussions about male circumcision (Nomngcoyiya & Kang'ethe, 2017a). This patriarchal structure is reinforced by the teachings within initiation schools, which often promote concepts of masculinity linked to male dominance, strength, and power over women (Mfecane, 2016; Mgqolozana, 2009; Nomngcoyiya & Kang'ethe, 2017a, b; Palmer et al., 2023). The belief that only men should decide on circumcision perpetuates women's marginalization and disempowerment in this domain. This exclusion not only silences women's concerns—particularly regarding health and safety—but also limits their ability to advocate for safer alternatives or reforms within the traditional practice.

The power imbalance is so pronounced within the TMC initiation continuum that women may conform to male-led decisions to maintain family harmony or out of deference to their husband's clan traditions, with which they may be unfamiliar (Palmer et al., 2023). This dynamic creates a situation where women, despite being primary caregivers and stakeholders in their children's well-being, have little to no agency (Kang'ethe & Nomngcoyiya, 2016). The lack of women's voices in these critical discussions represents a significant human rights and freedom issue, challenging principles of autonomy and shared parental responsibility. The dearth of scholarly literature on women's advocacy or organized resistance to TMC's mishaps reflects the societal normalization of women's silenced position in this cultural context.

Notably, women's roles have been relegated to cooking, cleaning, and other non-operational and cultural teachings (Kang'ethe & Nomngcoyiya, 2016; Mavundla et al., 2010). These roles, despite being critical, remain silent and do not address the undesirable outcomes of TMC initiation processes.

Women's Vulnerability to Post-Initiation Risks: HIV and Violence

Women's voices in the literature highlight a grave concern about behavioural changes they observe in boys after they complete the traditional initiation rite of passage (Nomngcoyiya & Kang'ethe, 2017a, b). There is consensus that the process, intended to create responsible men, has sometimes resulted in negative outcomes, leading to antisocial conduct that directly endangers women (Kajiita & Kang'ethe, 2025; Kang'ethe & Nomngcoyiya, 2016). For instance, some studies have highlighted that boys and men who undergo TMC become more aggressive and abusive towards their parents, partners, and the uncircumcised (Mavundla et al., 2010; Nomngcoyiya & Kang'ethe, 2017a, b). Such attitudes, believed to be fostered during initiation, contribute to an environment where violence against women is justified and normalized, increasing women's physical, psychological, and emotional vulnerability.

The literature also indicates that women express significant apprehension about the increase in risky sexual behaviours among men after returning from the mountain. They observe that TMC-initiated men often display an increased interest in sexual activity, leading to early sexual debut and engaging with multiple partners (Chetty-Makkan et al., 2021; Kajiita & Kang'ethe, 2025; Kang'ethe & Nomngcoyiya, 2016; Siweya et al., 2018). These outcomes contradict the traditional purpose of initiation schools to promote morality and responsible behaviour among initiates.

The post-initiation risky sexual behaviours observed among initiates are a critical health concern for women, as they increase their risk of contracting HIV and other sexually transmitted infections (Kang'ethe & Nomngcoyiya, 2016; Milford et al., 2016). Women recognize that the risky sexual behaviour of their male partners endangers their own health due to the misunderstanding of the partial protection offered by circumcision, leading to a decrease in condom use. The overall increase in risky behaviour, a phenomenon

known as behavioural disinhibition or risk compensation (Milford et al., 2016), manifests in TMC initiates. This nexus of culturally sanctioned masculinity, post-initiation risk-taking, and gender inequality places women in a uniquely vulnerable position. This scenario calls for strategic, deliberate interventions to ensure women's voices are heard and respected throughout the TMC initiation continuum.

Medical Mistrust and Complex Perceptions of Healthcare

Literature has indicated that a segment of black women is in favour of TMC compared to the medical male circumcision (Palmer et al., 2023). This perception is strongly influenced by a pervasive mistrust of the public healthcare system in South Africa (Palmer et al., 2023). This mistrust is not arbitrary but is rooted in a long history of systemic issues and negative personal and vicarious experiences. The apartheid government's fragmented and discriminatory healthcare policies created deep-rooted scepticism that continues to affect perceptions of the current healthcare system (Moodley & Rennie, 2017).

Women's direct observations of an overburdened and sometimes neglectful system—seeing other women giving birth in queues or hearing of post-operative infections from medical circumcisions—fuel their fear and reluctance to entrust their sons to these facilities (Palmer et al., 2023). There is a perception that free healthcare services are of inferior quality, which hardens their stance against medical interventions such as MMC. This medical mistrust is compounded by the influence of social networks and the prevalence of inaccurate information. Women often receive limited and inadequate information about medical circumcision from healthcare providers, turning instead to friends and family as their primary source of knowledge (Palmer et al., 2023). These networks frequently disseminate subjective, negative, and misleading details about the pain and complications of medical procedures, which, despite being inaccurate, are seen as reliable because they align with pre-existing negative views. This "social proofing" leads women to conform to the decisions of their peers to gain acceptance, further reinforcing the rejection of MMC. The combination of a deep distrust of formal healthcare and the powerful sway of cultural loyalty and social conformity creates a formidable barrier to the adoption of safer medical circumcision practices, even in the face of known risks associated with TMC.

DISCUSSION

The findings of this narrative review underscore the paradoxical position of women in the traditional male circumcision (TMC) landscape in South Africa. While women are central to family health, cultural continuity, and post-initiation caregiving, their exclusion from core initiation processes reveals a persistent gender imbalance embedded in patriarchal cultural systems. This contradiction shapes the five themes identified in the study and provides critical insights into the sociocultural and public health implications of omitting women's voices in TMC governance.

First, the role of women as cultural guardians illustrates a strong commitment to preserving TMC as a marker of identity, morality, and belonging. This affirmation of cultural continuity reflects women's recognition of TMC as a broader pedagogical system that teaches masculinity, discipline, and communal values. However, the deeply ingrained fear of cultural erosion—particularly through modern interventions such as MMC or ICMC—reveals how sociocultural identity may take precedence over biomedical safety. This tension highlights the complexity of advocating for reforms while avoiding perceptions of cultural dilution.

Second, women's health and safety concerns arise from overwhelming evidence of morbidity and mortality associated with botched circumcisions. The review details high rates of deaths, amputations, and psychological trauma, which place significant emotional and caregiving burdens on mothers and female relatives. This theme exposes a discord between women's responsibility for their sons' wellbeing and their inability to influence decisions that could enhance safety. The dilemma reflects a structural misalignment between cultural autonomy and human rights imperatives.

Third, the analysis shows that gendered power dynamics and exclusion are core mechanisms that silence women in TMC discourse. This exclusion is maintained through secrecy, taboos, and patriarchal norms that position initiation spaces as exclusively male domains. By limiting access to information and prohibiting women from decision-making, TMC reinforces a hierarchical gender order that renders women invisible in critical health and cultural matters. These findings resonate with broader debates on gender equity in traditional governance systems.

Fourth, women's perceived vulnerability to post-initiation risks—especially violence and HIV transmission—reveals unintended negative behavioural consequences of the initiation system. Reports of increased aggression, risky sexual behaviour, and misinterpretation of circumcision's partial HIV-protective effect reflect failures within the initiation rite to produce the responsible masculinity it claims to cultivate. These post-rite behaviours transform women into secondary victims of an inadequately regulated cultural practice, raising significant gender-sensitive public health concerns.

Finally, medical mistrust emerged as a decisive factor shaping women's reproductive choices regarding circumcision. Historical injustices, negative experiences in public healthcare, and misinformation contribute to strong allegiance to TMC and resistance to biomedical alternatives. This mistrust illustrates how structural inequalities within health systems intersect with cultural beliefs, shaping decision-making in ways that may sustain harmful practices.

Together, these themes demonstrate that while women's voices are crucial for improving safety, cultural legitimacy, and policy interventions, they remain systematically marginalised. The findings reveal that women's perspectives are not only relevant but indispensable to shaping sustainable reforms. Integrating their voices could bridge the gap between cultural preservation and public health imperatives, offering a pathway toward safer, more inclusive circumcision practices. However, any effort to incorporate women must navigate sensitively between respecting cultural autonomy and upholding constitutional commitments to gender equality and health rights.

CONCLUSION

This review demonstrates that women occupy a paradoxical but indispensable position in the traditional male circumcision (TMC) continuum in South Africa. Although structurally excluded from decision-making and initiation spaces, women shoulder the cultural, emotional, and caregiving responsibilities that sustain the practice. Their strong support for TMC as a marker of identity and cultural continuity coexists with deep concern about escalating morbidity and mortality resulting from unsafe procedures. Gendered power dynamics, secrecy, and patriarchal norms continue to marginalise women's voices, limiting their ability to advocate for safer practices despite bearing the consequences of injuries, deaths, and harmful post-initiation behaviours. Moreover, historical medical mistrust and misinformation reinforce women's preference for TMC over biomedical alternatives, complicating public health efforts aimed at harm reduction.

Collectively, the findings indicate that women's perspectives are not peripheral but central to improving safety, cultural legitimacy, and community acceptance of reforms. The study concludes that meaningful integration of women's voices—within culturally appropriate frameworks—offers a critical pathway toward balancing cultural preservation with health and human rights imperatives. Addressing their exclusion is therefore essential for developing sustainable, gender-responsive, and socially grounded interventions that protect initiates while respecting cultural values.

REFERENCES

- Aniklie, U., Govender, I., Ndimade, J. V., & 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 & Family Medicine*, 5(1). <https://doi.org/10.4102/phcfm.v5i1.488>.
- Asa, G. A., Fauk, N. K., & Ward, P. R. (2023). Traditional male circumcision and the risk for HIV transmission among men: A systematic review. *BMJ Open*, 13(5), e072118. <https://doi.org/10.1136/bmjopen-2023-072118>
- Ayako, L. I., Kathuri, H., Wasosa, H., & Asatsa, S. (2023). Role of traditional circumcision in formation of masculine gender identity in selected communities in Africa. *African Journal of Social Sciences and Humanities Research*, 6(6), 1–13. <https://doi.org/10.52589/ajsshr-jm6unla5>
- Bailey, R. C., Moses, S., Parker, C. B., Agot, K., Maclean, I., Krieger, J. N., Williams, C. F., Campbell, R. T., & 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. [https://doi.org/10.1016/s0140-6736\(07\)60312-2](https://doi.org/10.1016/s0140-6736(07)60312-2)
- Behrens, K. G. (2014). Traditional male circumcision: Balancing cultural rights and the prevention of serious, avoidable harm. *SAMJ: South African Medical Journal*, 104(1), 15–16. <https://doi.org/10.7196/samj.7493>
- Bottoman, B., Mavundla, T. R., & Toth, F. (2009). Peri-rite psychological issues faced by newly initiated traditionally circumcised South African Xhosa men. *Journal of Men's Health*, 6(1), 28–35. <https://doi.org/10.1016/j.jomh.2008.09.008>
- Chetty-Makkan, C. M., Grund, J. M., Muchiri, E., Price, M. A., Latka, M. H., & Charalambous, S. (2021). High-risk sexual behaviours associated with traditional beliefs about gender roles among men interested in medical male circumcision in South Africa. *AIDS Research and Therapy*, 18(1). <https://doi.org/10.1186/s12981-021-00359-7>
- Chetty-Makkan, C. M., Grund, J. M., Munyai, R., Gadla, V., Chihota, V., Maraisane, M., & Charalambous, S. (2019). "To speak or not to speak": A qualitative analysis on the attitude and willingness of women to start

- conversations about voluntary medical male circumcision with their partners in a peri-urban area, South Africa. *PLoS one*, 14(1), e0210480. <https://doi.org/10.1371/journal.pone.0210480>
- Chuene, T. A. (2024). Children are losing lives in the name of culture: The health impacts of initiation schools in South Africa. *GHMJ (Global Health Management Journal)*, 7(2), 37–47. <https://doi.org/10.35898/ghmj-72982>
- Danda, G., Mavundla, T., & Mudokwenyu-Rawdon, C. (2022). The role of women in promoting voluntary medical male circumcision uptake: Literature review. *Health SA Gesondheid*, 27(1), 1794. <https://doi.org/10.4102/hsag.v27i0.1794>
- Dhatt, R., Theobald, S., Buzuzi, S., Ros, B., Vong, S., Muraya, K., Molyneux, S., Hawkins, K., González-Beiras, C., Ronsin, K., Lichtenstein, D., Wilkins, K., Thompson, K., Davis, K., & Jackson, C. (2017). The role of women's leadership and gender equity in leadership and health system strengthening. *Global Health, Epidemiology and Genomics*, 2(2). <https://doi.org/10.1017/ghg.2016.22>
- Douglas, M., & Maluleke, T. X. (2018). Traditional male circumcision: Ways to prevent deaths due to dehydration. *American Journal of Men's Health*, 12(3), 584–593. <https://doi.org/10.1177/1557988316628545>
- Douglas, M., Maluleke, T. X., Manyapelo, T., & Pinkney-Atkinson, V. (2017). Opinions and perceptions regarding Traditional Male Circumcision with related deaths and complications. *American Journal of Men's Health*, 12(2), 453–462. <https://doi.org/10.1177/1557988317736991>
- Gittings, L., Hodes, R., Colvin, C., Mbula, S., & Kom, 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. *SAHARA-J: Journal of Social Aspects of HIV/AIDS*, 18(1), 64–76. <https://doi.org/10.1080/17290376.2021.1894225>
- Gogela, M. K. (2020). Cheerleaders or equal partners? Perceptions of women on ulwaluko in a liberal democratic state. *Indilinga African Journal of Indigenous Knowledge Systems*, 19(2), 201–215. <https://hdl.handle.net/10520/ejc-linga-v19-n2-a6>
- Greely, P., Maharaj, P., Letsoalo, T., & Miti, A. (2013). Traditional male circumcision for reducing the risk of HIV infection: perspectives of young people in South Africa. *Culture, Health & Sexuality*, 15(2), 148–159. <https://doi.org/10.1080/13691058.2012.740074>
- Howard-Payne, L., & Bowman, B. (2016). Citizenship in a time of HIV: Understanding medical adult male circumcision in South Africa. *Journal of Health Psychology*, 23(6), 871–881. <https://doi.org/10.1177/1359105316651709>
- Human Sciences Research Council (HSRC). (2024). Eastern Cape: circumcision, ukuthwala, teenage pregnancy and condoms. Available at: <https://hsrc.ac.za/news/public-health/eastern-cape-circumcision-ukuthwala-teenage-pregnancy-and-condoms/> Accessed: 15th December 2025.
- Kajiita, R. M., & Kang'ethe, S. M. (2025). Exploring the nuances of traditional male circumcision initiation in South Africa and other African contexts. *African Journal of Inter/Multidisciplinary Studies*, 7(1), 1-14. https://hdl.handle.net/10520/ejc-ajims_v7_n1_a7
- Kang'ethe, S. M., & Nomngcoyiya, T. (2016). An exploration of the subjugation of women among the communities practising the Traditional Male Circumcision rite in the Eastern Cape, South Africa. *Journal of Human Ecology*, 54(2), 124–130. <https://doi.org/10.1080/09709274.2016.11906994>
- 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(5), 729–735. <https://doi.org/10.1016/j.socscimed.2009.11.016>
- Kepe, T., & Matera, A. (2022). Loud 'silence' of mothers: Navigating gendered trauma and patriarchy in ritual-induced penile amputation crisis in the Eastern Cape, South Africa. *Indilinga African Journal of Indigenous Knowledge Systems*, 21(1), 54–63. https://hdl.handle.net/10520/ejc-linga_v21_n1_a6
- Kepe, T., McGregor, G., & Irvine, P. (2015). Rights of 'passage' and contested land use: Gendered conflict over urban space during ritual performance in South Africa. *Applied Geography*, 57, 91–99. <https://doi.org/10.1016/j.apgeog.2014.12.021>
- Kgatla, S. T. (2004). Moloi ga a na mmala [A witch has no colour]: Witchcraft accusations in South Africa. *Missionalia: Southern African Journal of Mission Studies*, 32(1), 84–101. <http://hdl.handle.net/10500/17071>
- Kheswa, J., Nomngcoyiya, T., Adonis, P., & Ngeleka, S. (2014). The experiences and perceptions of "amakrwala" (graduated initiates) towards the traditional male circumcision practice in the Eastern Cape, South Africa. *Mediterranean Journal of Social Sciences*, 5(20), 2789–2798. <https://doi.org/10.5901/mjss.2014.v5n20p2789>
- Lynch, I., & Clayton, M. (2017). 'We go to the bush to prove that we are also men': traditional circumcision and masculinity in the accounts of men who have sex with men in township communities in South Africa. *Culture, Health & Sexuality*, 19(3), 279–292. <https://doi.org/10.1080/13691058.2016.1215527>
- Maluleke, M. (2023). Culture, tradition, custom, law, and gender equality. *Potchefstroom Electronic Law Journal (PELJ)*, 15(1), 02–22. <http://dx.doi.org/10.4314/pej.v15i1.1>

- Manganye, M. S., & Pokwana ka Menziwa, J. (2022). The extent of women's involvement in the Ulwaluko rituals among the AmaZizi-Dlamini ethnic group of KwaZangashe, Eastern Cape. *OHASA*
- Mavundla, T. R., Netswera, F. G., Bottoman, B., & Toth, F. (2009). Rationalization of indigenous Male Circumcision as a sacred religious custom. *Journal of Transcultural Nursing*, 20(4), 395–404. <https://doi.org/10.1177/1043659609340801>
- Mavundla, T. R., Netswera, F. G., Toth, F., Bottoman, B., & Tenge, S. (2010). How boys become dogs: Stigmatization and marginalization of uninitiated Xhosa males in East London, South Africa. *Qualitative Health Research*, 20(7), 931–941. <https://doi.org/10.1177/1049732310363804>
- Mdhluli, T. D., Matshidze, P. E., Kugara, S. L., Vuma, L., & Mawere, J. (2021). An investigation into the commercialisation of initiation schools: A case of Eastern Cape, South Africa. *HTS Theologiese Studies/Theological Studies*, 77(2). <https://doi.org/10.4102/hts.v77i2.6157>
- Mfecane, S. (2016). 'Ndiyindoda' [I Am a Man]: Theorising Xhosa masculinity. *Anthropology Southern Africa*, 39(3), 204–214. <https://doi.org/10.1080/23323256.2016.1208535>
- Mgqolozana, T. (2009). *A man who is not a man*. Cassava Republic Press.
- Milford, C., Rambally, L., Mantell, J. E., Kelvin, E. A., Mosery, N. F., & Smit, J. A. (2016). Healthcare providers' knowledge, attitudes and practices towards medical male circumcision and their understandings of its partial efficacy in HIV prevention: Qualitative research in KwaZulu-Natal, South Africa. *International Journal of Nursing Studies*, 53, 182–189. <https://doi.org/10.1016/j.ijnurstu.2015.07.011>
- Moodley, K., & Rennie, S. (2017). Penile transplantation as an appropriate response to botched traditional circumcisions in South Africa: an argument against. *Journal of Medical Ethics*, 44(2), 86–90. <https://doi.org/10.1136/medethics-2016-103515>
- Mpateni, A. & Kang'ethe, S. M. (2021). Ulwaluko rite of passage among the Xhosa in South Africa: The challenges posed by poor standards in unlicensed circumcision schools. *African Journal of Social Work*, 11(5), 307–312. <https://www.ajol.info/index.php/ajsw/article/view/220351>
- Njoroge, K. M., Cattan, M., Chinouya, M., & Ahlberg, B. M. (2022). Women as agents of change: Male circumcision and HIV prevention in Kenya. *Sexuality Culture*, 26(3), 1074–1089. <https://doi.org/10.1007/s12119-021-09932-8>
- Nomngcoyiya, T., & Kang'ethe, S. (2019). Policy shortcomings affecting Traditional Male Circumcision (TMC) in the Eastern Cape Province. *Social Work*, 55(1), 24–40. <https://doi.org/10.15270/55-1-693>
- Nomngcoyiya, T., & Kang'ethe, S. M. (2017a). Exploring flaws embedded in the contemporary traditional circumcision practice in South Africa: a literature review. *Studies on Ethno-Medicine*, 11(1), 123–129. <https://doi.org/10.1080/09735070.2017.1311701>
- Nomngcoyiya, T., & Kang'ethe, S. M. (2017b). The review of pros and cons between Traditional Male Circumcision and Medical Male Circumcision in the contemporary South Africa. *Journal of Human Ecology*, 58(3), 146–152. <https://doi.org/10.1080/09709274.2017.1324693>
- Nomngcoyiya, T., & 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(3), 204–212. <https://doi.org/10.1007/s41134-020-00140-2>
- Ntozini, A. N., & Abdullahi, A. A. (2016). Perceptions of Traditional Male Circumcision among university male students at a South African university. *Men and Masculinities*, 21(2), 189–209. <https://doi.org/10.1177/1097184x16652657>
- Palmer, E., Marais, L., & Engelbrecht, M. (2023). Black women's perceptions towards infant and child male circumcision. *Maternal and Child Health Journal*, 27(8), 1370–1381. <https://doi.org/10.1007/s10995-023-03693-6>
- Palmer, E., Rau, A. & 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. <https://doi.org/10.1177/1557988320927285>
- Parliament of South Africa. (2024). Media statement: CoGTA committee recommits to ending deaths from botched circumcisions. Cape Town: Parliament of South Africa. <https://www.parliament.gov.za/press-releases/media-statement-cogta-committee-recommits-support-end-mutilations-and-deaths-due-botched-circumcisions> [Accessed 3rd March, 2026].
- Peltzer, K., et al. (2014). Complications of traditional male circumcision in South Africa: A national review. *South African Medical Journal*, 104(2), 113–117.
- Prusente, S., Khuzwayo, N., & 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. <https://doi.org/10.4102/phcfm.v11i1.1948>

- Raniga, T., Boecker, M., & Mthembu, M. (2019). Economic experiences and sustainable livelihoods of single mothers employed in the formal work sector in Germany and South Africa. *Social Work/Maatskaplike Werk*, 55(4), 379–390. <https://doi.org/10.15270/52-2-758>
- Ratele, K. (2013). Masculinities without Tradition. *Politikon: South African Journal of Political Studies*, 40(1), 133–156. <http://dx.doi.org/10.1080/02589346.2013.765680>
- Rathebe, P. C. (2018). The role of environmental health in the Basotho male initiation schools: neglected or restricted? *BMC Public Health*, 18(1). <https://doi.org/10.1186/s12889-018-5936-1>
- Siweya, T., Sodi, T., & 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. <https://doi.org/10.1177/1557988318776446>
- Templier, M. & Paré, G. A. (2015). Framework for guiding and evaluating literature reviews. *Communication Association Information System*, 37, 112–137. <http://aisel.aisnet.org/cais/vol37/iss1/6>
- Venter, M. (2011). Some views of Xhosa women regarding the initiation of their sons. *Koers: Bulletin for Christian Scholarship Koers: Bulletin vir Christelike Wetenskap*, 76(3), 559–57. <https://doi.org/10.15270/55-1-693>
- Vincent, L. (2008). 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. <https://doi.org/10.1080/03057070701832890>