

Practices of Traditional Circumcisers in Ogun State Nigeria

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Abstract:

Introduction: Male circumcision is one of the oldest and most common surgical procedures worldwide, and is undertaken for many reasons: religious, cultural, social and medical. Circumcision in Nigeria is essentially a cultural practice which is practised by traditional circumcisers. This study examines the practices of traditional circumcisers.

Methods: This study was carried out in Ogun State, Nigeria. A total of 77 consenting traditional circumcisers were interviewed. The data obtained was analyzed using descriptive statistics and presented with charts and tables.

Results: The result obtained shows that majority of the traditional circumcisers are female (63.6%), between 41 and 50 years of age (37.66%), have 10-15 years of experience and most of them have secondary education (50.65%). The result of the analysis also shows that 98.7% of the respondents use new blade to remove the foreskin and 51.95% of the respondents use jik to sterilize their instruments. Most of the participants (63.64%) recommend engine oil post circumcision. Bleeding was reported as the most common complication (44.16%) encountered during the procedure.

Conclusion: The practice of circumcision is still being carried out by untrained health care givers who have limited knowledge and poor practices. It is therefore important for the traditional circumcisers to be trained so as to build their capacity and improve their practices.

Keywords: Traditional circumcisers, practices, rural Nigeria

I. Introduction

Male circumcision is an ancient practice which dates back to the biblical era. It is the commonest surgical procedure not only in Nigeria but worldwide. Circumcision is derived from 'Circumcidere' a Latin word which means to cut around [1, 2]. Circumcision was originally performed by non health professionals but in recent times many health care facilities provide circumcision. This is essentially done by nurses, mid wives, doctors and recently by specialists who include obstetricians, urologists and paediatric surgeons [3, 4]. The practice of male circumcision dates back several decades and is a generally acceptable cultural practice in Nigeria. The age at which the circumcision is done, however depends on the tribe as it ranges from few days of life to puberty [1, 3]. In general, the socio-cultural belief is that most circumcisions are done before the eighth day of life. Despite being a common practice, the procedure has been known to cause devastating complications with most of these complications attributed to untrained hands [5-9].

With the improvement in health care delivery, controversies have also arisen on the need for circumcision in neonates, such arguments include the right of the child in circumcision, and that it is unnecessary and not beneficial, and also poses health risk. For these reasons, the National Health Service in Europe no longer considers non therapeutic circumcision on the list of covered procedures [1].

In Africa however, circumcision is done for religious and socio-cultural reasons [1], and in the south western part of Nigeria, it is done before the eighth day of life. From time past, circumcision in Nigeria is essentially a cultural practise which is practised by traditionalist. And just like the traditional birth attendants and traditional bone setters, the practice of these groups of people cannot be brushed aside as they provide a significant proportion of health care services especially in the rural areas. Despite the fact that circumcision is considered a minor surgical procedure, it is not without complication and some of these complications have devastating life time effects.

Herein, we looked at the traditional male circumcisers; the type of instrument used for the circumcision, method of sterilization, incidence of and type of complications encountered among others. There is no doubt that that male circumcision, performed by unqualified health care givers, under aseptic circumstances may lead to serious adverse effects.

II. Materials And Method

The study was carried out in Ikenne local government of Ogun state in the south western part of Nigeria. It is situated on 6°52'N 3°43'E .It has an area of 144 km² and a population of 118,735 at the 2006 census.

Total sampling was used. All consenting duly registered traditional circumcisers were eligible to participate in the study and were therefore interviewed. A total of 77 circumcisers out of the 97 registered members participated in the study giving a response rate of 79.4%. A questionnaire was administered and each question was explained in a comprehensible language. There were 18 questions in all, including the bio data, the methods used in circumcising, materials used, precautions undertaken, wound care, indications and contraindications of circumcision etc. The data obtained was analyzed using descriptive statistics such as mean, percentages and presented with charts and tables.

III. Results

The Majority of the respondents are females (63.6%) while males constituted 36.4%. Table 1 shows that the majority (37.66%) of participants were aged between 41 and 50 years. About half of the circumcisers were over the age of 50 years while only 12.98% were less than 41 years old. None of the participants had received any formal training on circumcision. A quarter of the participants have 15-20 years working experience as circumcisers. About half (50.65% of the participants completed secondary school education whereas 10.39% did not complete any level of formal education. The majority (54.54%) were Christians, while 37.665% and 7.79% were Muslims and traditionalists respectively.

Table 2 showed the practice of circumcision. More than half of the participants conducted between 1 and 3 circumcisions per week while 15.58% conducted more than 6 per week. When asked if the respondents were aware of any contraindications to circumcision, only 19.6% agreed that there were contraindications. Female circumcision is practised by 11.69% of the participants. A few (22.08 %) of the participants recite incantations prior to circumcisions. To cut the foreskin, 98.70% of them use new blade while only one participant (1.30%) uses knife. For sterilization, 51.95% use jik, 29.87% soak the instruments in hot water while 18.18% boil the instruments.

The post circumcision care encouraged by the traditional circumcisers were the topical application of engine oil (63.64%), dabbing with heated clothe (28.57%); application of topical penicillin (5.19%) and olive oil application (2.60%). The use of engine oil was highly favoured amongst the respondents because they believe it had haemostatic benefit. Majority of them obtain the engine oil from road side vendors. In addition, 57.1% of the respondents administer oral paracetamol, 30.4% give herbal concoction while 12.5% give oral antibiotics. Figure 1 shows that the most common complication encountered by the circumcisers was bleeding (44.16%). Others reported redundant prepuce (36.36%), degloving of the penis (14.29%), penile infection (3.90%) and glans amputation in (1.30%).

IV. Discussion

Circumcision is an ancient practice which dates back to biblical era. It is one practice commonly carried out by non health care workers posing the risk of on towards complications 1-4]. The traditional male circumcisers who participated in this study equally doubled as traditional birth attendants who had received one or 2 training on maternal births and no training at all on circumcision. The majority of the circumcisers did not know that there were contraindications to circumcision. This is likely to contribute to the large number of infants with circumcised hypospadias presenting at hospitals which make the repair of hypospadias more challenging for the specialists. It is therefore imperative that the traditional male circumcisers should be given specific instructions and training on circumcision techniques, basic instruments for circumcision and asepsis during circumcision, post circumcision care, contraindications to circumcision and proper referral of patients with penile malformations. Training of personnel involved in male circumcision should not be limited to people with no formal medical education. A study conducted by DeMaria et al showed that nearly half of the non-surgeons who are circumcisers had no formal training [10]. About one-third of the non-surgeons who are circumcisers could not identify a concealed penis and would still go ahead with the circumcision even though contraindicated. This survey also had a post survey workshop with an improvement in identification of contraindicated cases and outcome of circumcision.

V. Conclusion

The practice of circumcision is still being carried out by untrained health givers. The limitation of knowledge of the procedure and pre and post circumcision care increases the morbidity and mortality associated with the procedure. It is therefore important for the traditional circumcisers to be trained so as to build their capacity and improve their practices.

Conflicts Of Interest

The Authors declare no conflict of interest.

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Tables

Table 1: Socio-demographic characteristics of participants

Characteristics	n	%
Age group in years		
20 – 30	4	5.19
31 – 40	6	7.79
41 – 50	29	37.66
51 - 60	19	24.68
>60	19	24.68
Years of experience		
Level of education completed		
None	8	10.39
Primary	30	38.96
Secondary	39	50.65
Religion		
Christianity	42	54.54
Islam	29	37.66
traditional	6	7.79

Table 2: Circumcision practices

Practices	n	%
Number of circumcisions per week		
1 to 3	45	58.44
4 to 6	20	25.97
>6	12	15.58
Female circumcision		
Yes	9	11.69
No	68	88.31
Incantations		
Yes	17	22.08
No	60	77.92
Instrument used		
New blade	76	98.70
knife	1	1.30
Sterilization technique		
Jik	40	51.95
Boiling	14	18.18
Soaking in hot water	23	29.87
Post circumcision instructions		
Apply Engine Oil	49	63.64
Dab with heated clothe	22	28.57
Penicillin ointment	4	5.19
Olive oil	2	2.60

