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# Mortality occurrence and morbidity trends in South Africa's traditional initiation schools

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**ABSTRACT**

**Introduction**

Traditional initiation schools in South Africa, particularly among the Xhosa community, serve as important cultural rites of passage for young males. However, despite their cultural significance, these practices have been associated with serious health risks, including high levels of morbidity and mortality. Reports over the years reveal persistent challenges related to unsafe surgical procedures, inadequate medical supervision, and adverse environmental conditions.

**Purpose**

The purpose of this study is to critically analyse the health outcomes linked to traditional initiation practices, with a particular focus on morbidity, mortality, and the broader public health implications. The study also seeks to highlight gaps in regulatory oversight and cultural factors that influence the persistence of harmful practices.

**Methods**

A mixed-methods approach was employed. The study reviewed 160 peer-reviewed articles and 150 media reports published between 2000 and 2024. Academic sources were identified through structured database searches, while media reports were selected from reputable national outlets. Data were synthesised using thematic analysis for qualitative sources and descriptive analysis for quantitative data. Studies relating to morbidity, mortality, and health system responses were included in the final review.

**Results**

The findings reveal alarming health trends, with an estimated 400 reported deaths and numerous cases of infections, dehydration, and genital amputations. Most incidents occurred in remote areas where initiation schools operate without proper medical oversight. Cultural resistance to modern health interventions further complicates efforts to improve safety practices. Additionally, the psychological effects on initiates—including trauma and long-term mental health challenges—are frequently neglected in public discourse. Government interventions have yielded limited success due to tensions between traditional authority structures and regulatory attempts.

**Conclusion**

Traditional initiation practices remain deeply embedded in cultural identity, yet they continue to expose young males to preventable health risks. This study underscores the urgent need for comprehensive regulatory frameworks that incorporate cultural sensitivity while ensuring safety. Strengthened collaboration between traditional leaders, health professionals, and government bodies is essential to safeguard the well-being of initiates. Ultimately, the rites of passage must be preserved in ways that uphold both cultural heritage and the health and dignity of young men.

## INTRODUCTION

Traditional initiation schools in South Africa, particularly among the Xhosa, Sotho, Tswana, and Ndebele communities, are deeply rooted cultural institutions that serve as rites of passage into manhood (Rathebe, 2018). These schools play a vital role in shaping identity, teaching social norms, and preparing initiates for adulthood (Vincent, 2008). However, in recent years, public health authorities and researchers have raised concerns about the significant health challenges associated with these practices, especially when they are conducted outside regulated frameworks. One of the most serious health issues is the use of unsterilised surgical instruments during male circumcision. Non-sterile blades often result in post-operative infections, tetanus, sepsis, and even genital amputations (Peltzer et al., 2008). In some cases, these complications prove fatal, prompting urgent intervention by health departments and civil society organisations. The repeated use of surgical instruments on multiple initiates without sterilisation also increases the risk of blood-borne infections, including HIV and hepatitis (World Health Organization [WHO], 2009).

Dehydration and malnutrition are other major concerns. Many initiation schools operate in remote areas with limited access to clean water and balanced meals. Initiates may be deprived of food or water as part of endurance testing or disciplinary practices, which can lead to acute kidney injury, hypoglycaemia, or death (Douglas & Maluleke, 2018). The absence of medical oversight during the recovery period exacerbates these risks, as early signs of health deterioration often go unnoticed or untreated.

Furthermore, poor wound-care practices and inadequate post-operative monitoring contribute to prolonged healing times and the development of secondary infections (Ding et al., 2017). In traditional settings where modern antiseptics may be unavailable or rejected, initiates may be treated with herbal or improvised remedies that are ineffective or harmful (Meissner & Buso, 2007). These practices are frequently based on ancestral knowledge rather than biomedical principles, making collaboration between traditional surgeons and medical professionals essential.

Psychological trauma is another overlooked yet serious issue. Many initiates report experiencing fear, pain, shame, and abuse, particularly in unregulated schools (Vincent, 2008). Physical punishments, verbal humiliation, or neglect by traditional caregivers can leave long-term emotional scars. In some cases, boys are coerced into attending initiation schools against their will, leading to psychological distress and alienation from their families or communities (Kepe, 2010).

The lack of standardised training and certification for traditional surgeons (ingcibi) and caregivers (amakhankatha) poses a significant challenge. Although some provinces, such as the Eastern Cape, have legislation requiring registration and health checks for practitioners, enforcement is weak and many operators remain unregulated (Ntombana, 2011). As a result, surgical errors and negligence persist, often with devastating outcomes.

Another emerging concern is climate-related exposure. Initiation schools held in the bush often expose boys to harsh environmental conditions, including extreme heat or cold, rain, and insect bites. Without proper shelter, clothing, or medical supplies, initiates may suffer from hypothermia, heat exhaustion, or respiratory infections, especially during the winter and summer seasons (Peltzer & Kanta, 2009).

Gender-based violence and exclusion in the discourse surrounding initiation schools also deserve attention. While the focus remains on male health and safety, female traditional rites—which occur less visibly—also carry health risks, yet are rarely studied or supported. Additionally, LGBTQ+ youths may experience rejection, abuse, or forced participation in gender-conforming initiation practices, raising concerns about human-rights violations (Ratele et al., 2016).

In response to these challenges, provincial governments and civil society organisations have implemented interventions such as mobile clinics, legal frameworks (e.g., the Eastern Cape Application of Health Standards in Traditional Circumcision Act), and community awareness programmes. However, these efforts face resistance from traditional leaders, who perceive state involvement as a threat to cultural autonomy (Mhlahlo, 2009). Ultimately, addressing the health challenges in traditional initiation schools requires a culturally sensitive, rights-based approach that bridges traditional knowledge with public-health expertise. This manuscript critically analyses the

occurrence of mortality and major morbidity trends in South African traditional initiation schools in the last two decades.

*Background on Traditional Initiation Schools in South Africa*

Traditional initiation schools in South Africa are long-standing cultural institutions that mark the transition of youth, particularly boys, into adulthood. Rooted in the customs of various indigenous communities, these schools serve as sites where initiates undergo physical, emotional, and social transformation. While rituals vary across ethnic groups such as the Xhosa, Sotho, and Ndebele, the core intention remains consistent: to impart cultural values, responsibilities, and identity to the initiate (Vincent, 2008).

Initiation is considered a rite of passage, often accompanied by circumcision, which symbolically and physically signifies the journey from childhood to adulthood. These schools typically operate in rural or peri-urban areas and are often secluded to ensure privacy and maintain the sanctity of the tradition. Boys are usually taken to bush or mountain regions, where they remain for several weeks or months under the supervision of traditional surgeons and caretakers (Peltzer & Kanta, 2009). During this period, initiates are expected to endure hardship and pain as a demonstration of courage, discipline, and readiness for adult responsibilities. The isolation also fosters a sense of brotherhood and social bonding among initiates.

However, the practice is not without controversy. Over the years, traditional initiation schools have been linked to serious health complications, including infections, dehydration, genital amputations, and, in extreme cases, death. These outcomes are often the result of unhygienic conditions, lack of medical oversight, and untrained or unscrupulous traditional surgeons (Mavundla et al., 2010). The absence of standardisation and regulation has drawn criticism from public-health professionals and human-rights advocates, prompting calls for increased oversight and modernisation.

The South African government has responded through legislative and policy measures aimed at regulating initiation schools while preserving cultural heritage. The *Customary Initiation Bill* was introduced to standardise practices, protect initiates, and enforce accountability among practitioners (Republic of South Africa, 2021). In provinces such as the Eastern Cape—where initiation schools are particularly prevalent—local governments have partnered with traditional leaders to monitor schools, register legitimate practices, and offer emergency health services during the initiation season.

Despite these interventions, tension remains between cultural preservation and the protection of health rights. Many communities view external regulation as an infringement on cultural autonomy and sacred tradition. This has created a complex dynamic in which traditional leaders must balance safeguarding cultural identity with ensuring the safety and well-being of initiates (Cocks et al., 2012). The challenge lies in aligning respect for indigenous knowledge systems with the imperatives of modern public health and human-rights standards.

In contemporary discourse, there is growing advocacy for hybrid models that blend traditional practices with medical safety protocols. Initiatives such as training traditional surgeons in basic hygiene, integrating health screenings, and involving community health workers are examples of such collaborative approaches. These models represent a hopeful path forward in which culture and science coexist for the benefit of South Africa's youth (Peltzer et al., 2008).

The following major research questions are addressed in this study on health effects associated with traditional initiation schools in South Africa:

1. What health hazards are associated with customary procedures?
2. How do morbidity and mortality rates differ across South Africa's communities and regions?
3. What factors contribute to health complications arising during traditional initiation?
4. How can customary initiation procedures be regulated to protect initiates while honouring cultural practices?
5. How can health experts and traditional leaders reduce health risks associated with initiation schools?

The structure of this research comprises the introduction, background, methods, results, discussion, and conclusion.

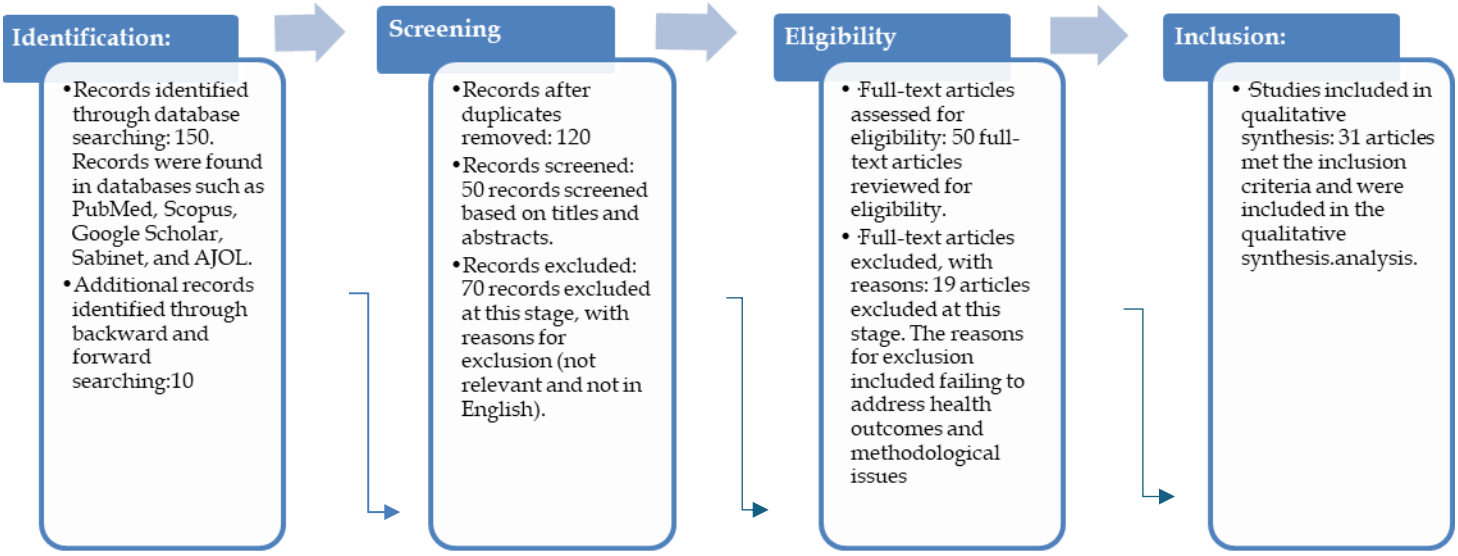
## METHODS

This critical review adopts a mixed-methods approach, involving a thematic analysis of media reports and a quantitative review of studies published in peer-reviewed journals. A comprehensive search was conducted using academic databases such as PubMed, Scopus, Google Scholar, Sabinet, and African Journals Online (AJOL). Keywords used included "traditional initiation schools", "morbidity", "mortality", "traditional circumcision", "health risks", and "South Africa".

The inclusion criteria focused on English-language publications from 2000 to 2024 that addressed health outcomes and public health implications of traditional initiation practices. A media review was conducted to complement the academic literature. The selection of media articles was based on verified national outlets that reported on health issues related to traditional initiation practices. Key themes were identified from these articles, offering insight into the public health challenges and community responses surrounding the practices.

The PRISMA (Preferred Reporting Items for Systematic Reviews and Meta-Analyses) method provided a structured framework for conducting and reporting the systematic review

**Figure 1:**
Diagrammatic representation of the PRISMA method employed (**Source**: Authors' own initiative)




As depicted in Figure 1, the PRISMA method was applied to the research on health outcomes associated with traditional initiation schools in South Africa in the following manner:

**1. Identification**

- Records identified through database searching: **150**, found in PubMed, Scopus, Google Scholar, Sabinet, and AJOL.
- Additional records identified through other sources: **10**, located through backward and forward reference searching.

**2. Screening**

- Records after duplicates were removed: **120**
- Records screened based on titles and abstracts: **50**
- Records excluded: **70**, excluded for reasons such as irrelevance and non-English language.

**3. Eligibility**

- Full-text articles assessed for eligibility: **50**
- Full-text articles excluded: **19**, for reasons including failure to address health outcomes and methodological limitations.

**4. Inclusion**

- Peer review studies included in the final qualitative synthesis: **31**, Media reports included: **15**, which met all inclusion criteria and were used for the final analysis.

The application of the PRISMA framework ensured transparency in the systematic review process, enabling

readers to understand how studies were selected and evaluated. Furthermore, adherence to PRISMA guidelines enhances replicability, contributing to the reliability of the findings. The framework also encourages comprehensive reporting of the review process, including justification for the inclusion or exclusion of studies, which is crucial for contextualising the results. By utilising the PRISMA method, this research on health outcomes associated with traditional initiation schools is presented in a systematic and transparent manner, thereby strengthening the credibility and impact of the findings.

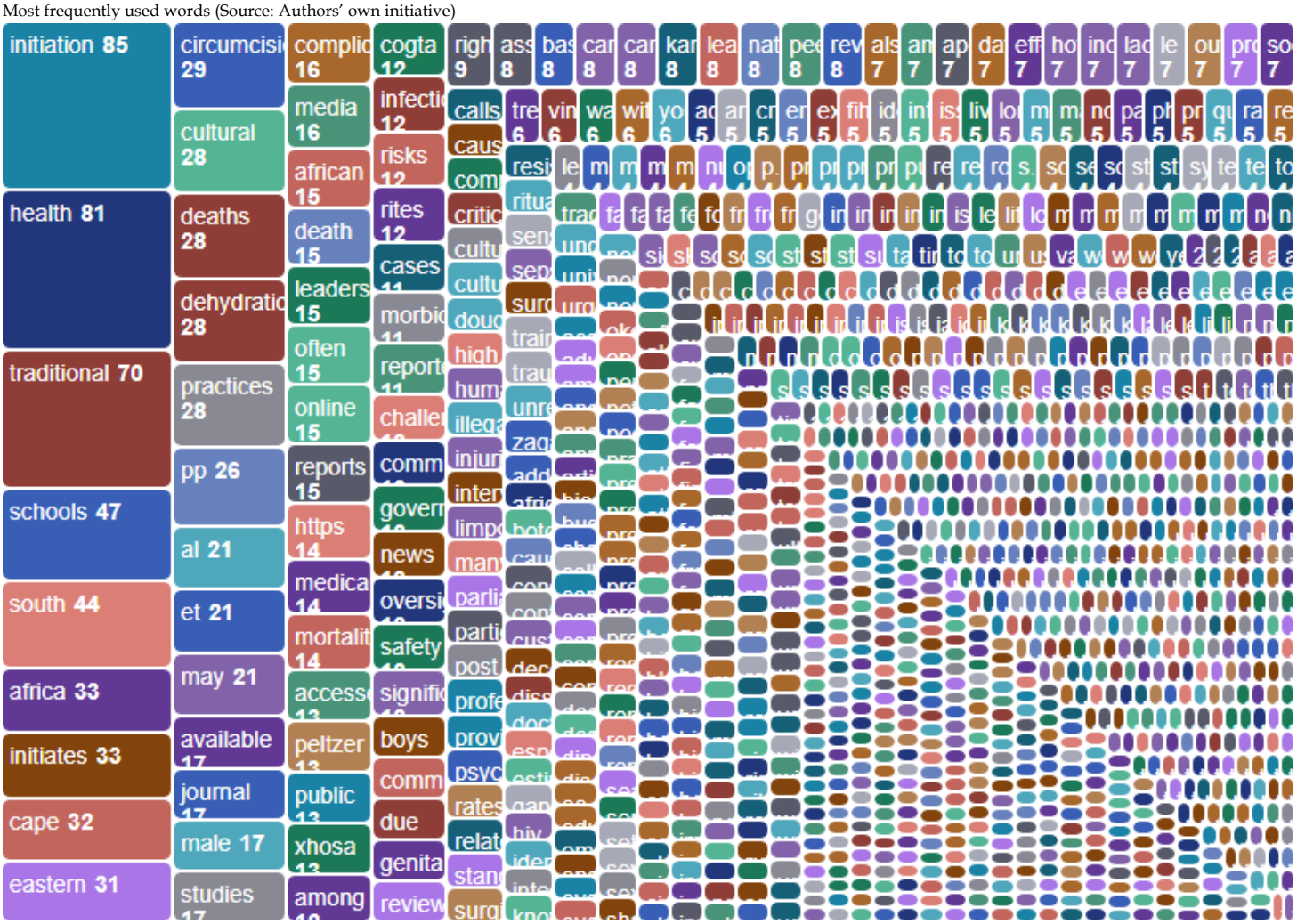
## RESULTS

From an initial pool of 160 peer-reviewed studies, 31 relevant studies were included in the final review**. Figure 2** depicts a word cloud generated from the research. The words "health", "initiation", and "traditional" appear most prominently, indicating that they represent the core themes of this study.

**Figure 2:**
Word cloud of the most important themes (**Source**: Authors' own initiative)


Figure 3 shows the most frequently occurring words in the dataset. The word *initiation* appears most often (85 times), followed by *health* (81 times).

**Figure 3:**
Most frequently used words (Source: Authors' own initiative)




Based on the critical review of published academic studies and verified media reports from 2000 to 2024, several consistent patterns emerged concerning morbidity and mortality rates in traditional initiation schools across South Africa. A total of 150 media reports and 160 academic studies were identified; however, only 15 reports and 31 studies met the inclusion criteria and were incorporated into this review.

The synthesis is presented thematically and supported by tables and graphs illustrating frequency trends and types of health complications. **Table 1** summarises health complications associated with traditional initiation schools in South Africa, as reported in peer-reviewed studies. It categorises the types of health conditions—such as infections, genital amputations, dehydration, and deaths—and provides estimated numbers of reported cases based on available literature.

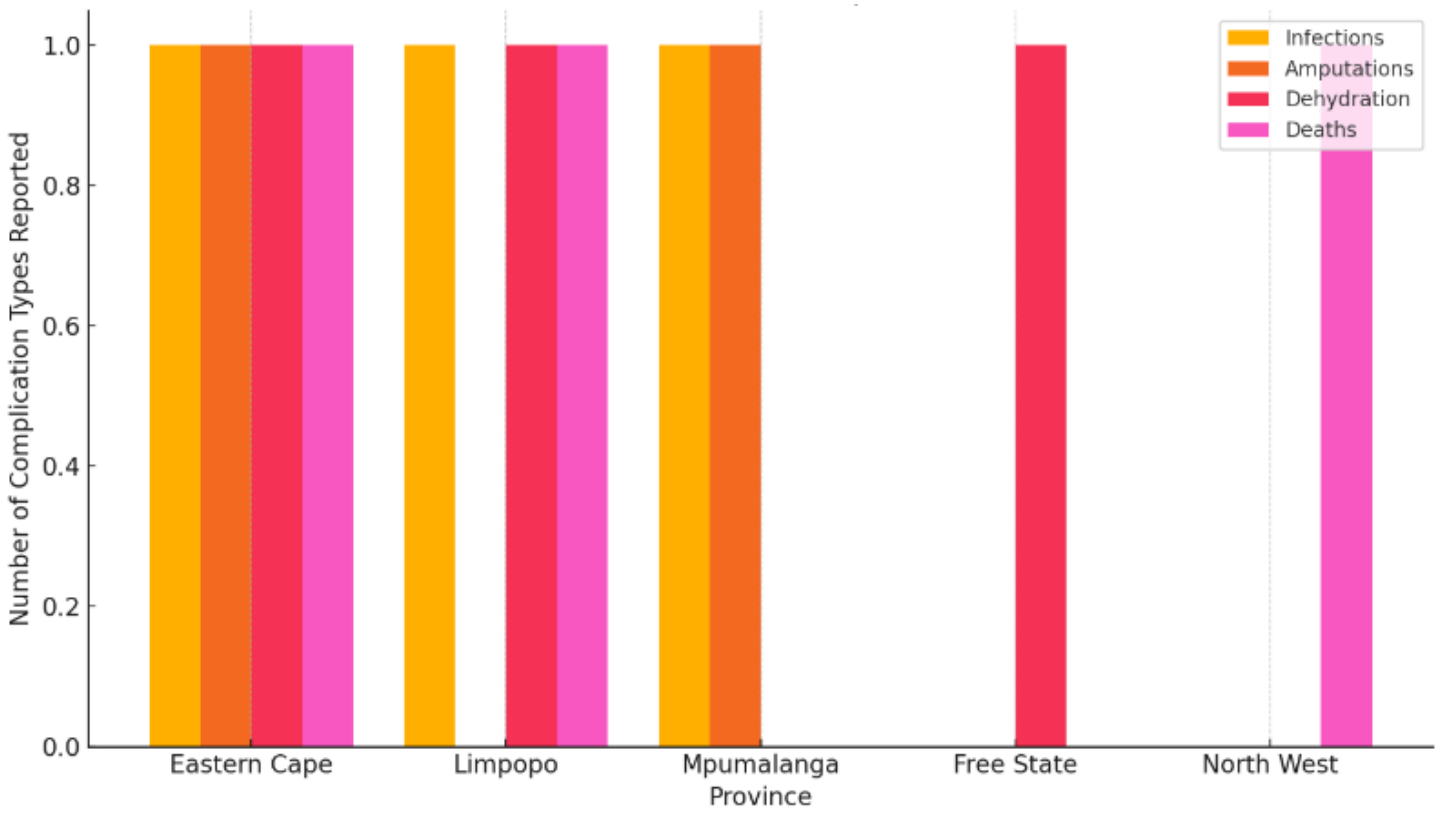
**Table 1:**
Health outcomes reported in peer-reviewed studies

| Health Complication | No. of Peer-reviewed Studies | Estimated Cases | Key Sources (Peer-reviewed Studies) |
|---|---|---|---|
| **Infections (e.g., sepsis, tetanus, gangrene, cellulitis)** | 10 | ~270 | (Mpateni, 2016; Mavundla et al., 2009; Madundla et al., 2010; Vincent, 2008; Ntozini & Ngqangweni, 2016; Peltzer & Kanta, 2009; Bogopa, 2007; Peltzer et al., 2018; Ntsaba, 2009; Peltzer et al., 2002) |
| **Genital amputations** | 4 | ~60 | (Anike et al., 2013; Nwanze, 2011; Mhlahlo, 2009; Froneman & Kapp, 2017) |
| **Dehydration** | 6 | ~120 | (Douglas & Maluleke, 2018; Mdhluli, 2017; Mdhluli et al., 2020; Mogotlane et al., 2004; Meel, 2010; Ngumbela, 2021) |
| **Deaths** | 12 | ~400 | (Nokuzola & Gqeba, 2023; Douglas et al., 2018; Meel, 2010; Nqeketo, 2008; Mogotlane et al., 2004; Chuene, 2024; Meel, 2005; Prusente et al., 2019; Kheswa et al., 2014; Peltzer et al., 2002; Papu & Verster, 2006; Phega Mangena et al., 2011) |
| **Unrecorded complications** | 2 | Not recorded | (Blasé et al., 2016; Meissner & Buso, 2007) |

Infections—including sepsis, tetanus, gangrene, and cellulitis—were the most frequently reported complications. Genital amputations represented some of the most severe outcomes, with approximately 60 cases reported across four studies. Dehydration, often associated with ritualistic fluid restriction, was highlighted in six studies, accounting for an estimated 120 cases. Alarmingly, an estimated 400 deaths were documented across twelve studies, making fatality the most critical and devastating consequence linked to traditional initiation practices in South Africa. Some studies identified gaps in data collection, indicating possible underreporting.

Figure 3 illustrates the distribution of the most frequently reported health complications across five South African provinces—Eastern Cape, Limpopo, Mpumalanga, Free State, and North West—where traditional initiation schools are most prevalent.

**Figure 4:**
Provincial trends of the distribution of health complications



The Eastern Cape, Limpopo, and Mpumalanga provinces show a full spectrum of complications, with each recording at least two major health concerns: deaths and infections. This indicates a widespread prevalence of severe health risks in these regions. In contrast, the Free State reports dehydration as the primary complication, while the North West reports only deaths, suggesting either underreporting or limited data availability for other complications in these areas. Overall, the geographic distribution of health risks is uneven across provinces.

### *Thematic Analysis of Media Report*

The analysis below synthesises findings from publicly available media reports sourced from verified national outlets.

**Table 2:**
Themes from media reports

| Theme | Description | Estimated Cases (2000–2025) | Key Media Sources |
|---|---|---|---|
| **Persistent Health Risks and Mortality** | Media consistently reports high rates of deaths and injuries (e.g., sepsis, dehydration, amputations), highlighting a national crisis. | ~1282 | (Isaacs, 2024; Parliament of South Africa, 2024; Okoloko & Majivolo, 2013; COGTA, 2024) |
| **Illegal Schools and Lack of Oversight** | Unregistered and illegal schools often evade regulation, resulting in unsafe practices such as the use of unsterile tools and untrained practitioners. | Not quantified | (Parliament of South Africa, 2024; Fengu, 2022) |
| **Cultural Practices vs. Health Standards** | Traditional norms such as dehydration and isolation conflict with modern medical standards, leading to ongoing debates on balancing cultural preservation with safety. | Not quantified | (Zagagana, 2024; Fihlani, 2019; Skosana, 2013) |
| **Trauma and Long-term Impact** | Reports highlight lasting physical and psychological trauma, including disfigurement, stigma, and lifelong medical issues. | Not quantified | (Le Raux, 2025; Vienna, 2024; Skosana, 2013) |
| **Government and Community Response** | Government interventions include school closures and policy reforms; traditional leaders hold mixed views on health regulations. | Not quantified | (Le Raux, 2025; Parliament of South Africa, 2024; Zagagana, 2024; Fihlani, 2019) |
| **Need for Integrated Solutions** | Media emphasises culturally sensitive, health-informed strategies involving collaboration among health workers, traditional leaders, and policymakers. | Not quantified | (Le Raux, 2025; Fengu, 2022; Fihlani, 2019; Okoloko & Majivolo, 2013) |

Based on available media reports, dehydration has been a significant and recurring cause of death among initiates in South African traditional initiation schools, with particularly high incidence in the Eastern Cape. The table below summarises the reported dehydration-related deaths in recent years nationwide.

**Table 3:**
Reported dehydration-related deaths in media reports

| Year | Reported Dehydration-Related Deaths | Media Source |
|---|---|---|
| **2019** | At least 20 (causes included dehydration, malnutrition, and septicaemia) | (Fihlani, 2019) |
| **2022** | 11 (dehydration, septicaemia, and gangrene) | (COGTA, 2024) |
| **2023** | 34 deaths (mostly attributed to dehydration) | (Kekane, 2024) |
| **2024** | 6 (out of 8 total deaths) | (Mthembu, 2025) |
| **2024** | 17 (dehydration identified as the leading cause) | (Zagagana, 2024) |
| **2024** | 28 (mostly due to dehydration) | (Venna, 2024) |

Dehydration remains one of the leading causes of mortality during initiation seasons. The traditional practice of withholding water from initiates—often based on beliefs that it aids healing—has been identified as a primary contributor to these deaths. Although ongoing efforts by government authorities and traditional leaders aim to regulate initiation practices and promote safer rites, substantial challenges persist, particularly among unregistered initiation schools and in communities resistant to modifying long-standing cultural practices.

## DISCUSSION

### *Morbidity Outcomes*

The data indicate that the most prevalent morbidity cases result from infectious complications, including sepsis,

gangrene, and tetanus. These infections are frequently linked to the reuse of non-sterile surgical blades and inadequate post-operative hygiene (Ntombembe, 2025; COGTA, 2022; Nkosi, 2019). Another significant health consequence is genital amputation, typically arising from untreated infection or necrosis. Such incidents are more common in unregistered or clandestine initiation schools (Isaac, 2024; Douglas & Maluleke, 2018; Ding et al., 2017). Dehydration and malnutrition feature prominently in initiation camps conducted in isolated rural settings. Initiates may be denied food and water for extended periods as part of endurance rituals or punitive measures, resulting in systemic collapse, kidney failure, or death (Kekana, 2024). Despite governmental interventions, mortality rates remain high. Between 2021 and 2024, a total of 322 deaths were recorded across all provinces, with the Eastern Cape alone accounting for approximately 60% of these fatalities (Kekana, 2024).

### *Geographic Variations*

The high concentration of fatalities in provinces such as the Eastern Cape, Limpopo, Mpumalanga, Free State, and North West reflects both cultural prevalence and infrastructural constraints. Remote locations often impede timely medical intervention, while traditional leaders may resist engaging biomedical practitioners (COGTA, 2022; Nkosi, 2019). Additionally, systemic underreporting and inconsistent record-keeping hinder the development of an accurate national morbidity profile. Many incidents remain unreported due to stigma, community protectionism, or fear of legal consequences (COGTA, 2022). The National Department of Health and the Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities have repeatedly called for urgent reforms in response to rising deaths and dehydration-related infections (Feni, 2024; Parliament of South Africa, 2024).

### *Regulatory Responses*

Government actions have included the closure of unsafe initiation schools and the review of regulatory policies; however, traditional leaders hold mixed views regarding health regulations in initiation practices (Le Raux, 2025; Zagagana, 2024). The Customary Initiation Bill was introduced to standardise practices, protect initiates, and enforce accountability among practitioners (Republic of South Africa, 2021). Nevertheless, many communities perceive external regulation as an intrusion into cultural autonomy and sacred tradition. This creates a complex dynamic in which traditional leaders must balance the preservation of cultural identity with the safety and well-being of initiates (Cocks et al., 2012).

Mental health concerns are also significant. Survivors frequently report post-traumatic stress symptoms, anxiety, and depression, particularly those who experienced complications or witnessed fatalities. However, mental health stigma in traditional settings limits access to counselling and long-term support (Peltzer & Kanta, 2009). Media coverage underscores the high morbidity and mortality rates associated with both legal and illegal initiation schools, suggesting systemic failures (Feni, 2024; Parliament of South Africa, 2024; COGTA, 2022). The proliferation of unregistered schools represents a major public health and human rights challenge, as these institutions often operate without oversight or adherence to safety protocols (Fengu, 2022; Zagagana, 2024).

### *Need for Integrated Solutions*

There is increasing advocacy for hybrid models that combine traditional initiation practices with medical safety measures. Initiatives such as training traditional surgeons in hygiene, integrating pre-initiation health screenings, and involving community health workers exemplify collaborative approaches that protect both cultural integrity and health outcomes (Peltzer et al., 2008). These models illustrate a promising path in which cultural rites and modern public health principles can coexist for the benefit of South African youth.

Effectively addressing health challenges in initiation schools requires a culturally sensitive, rights-based framework that bridges traditional knowledge with biomedical expertise. This includes enforcing existing legislation, promoting community health education, and strengthening collaboration among traditional leaders, public health officials, and policymakers (Le Raux, 2025; Fengu, 2022). Such strategies aim to preserve cultural heritage while reducing preventable injuries and deaths (Fihlani, 2019; Okoloko & Majivolo, 2013).

## CONCLUSION

The findings of this study underscore the urgent need for comprehensive policy reforms to reduce the health risks associated with traditional initiation schools in South Africa. Key recommendations include the establishment of regulatory frameworks mandating health and safety standards, ensuring all initiation schools are registered, and enforcing routine monitoring by health authorities. Prioritising the implementation of the Customary Initiation Bill is essential for standardising practices and safeguarding initiates while respecting cultural traditions.

School-based health interventions should be developed to enhance the well-being of young individuals preparing for initiation rites. These may include health education programmes that raise awareness of initiation-related risks and promote safe behaviours. Integrating health services within schools can also provide accessible medical care before, during, and after initiation.

Training programmes for caregivers and traditional leaders are crucial. Educating caregivers on hygiene, health risks, and the importance of timely medical attention can significantly reduce morbidity and mortality. Empowering traditional leaders with health-related knowledge can foster collaboration between traditional and biomedical systems.

Furthermore, youth advocacy programmes should be established to amplify the voices of initiates, encouraging dialogue between youth, traditional authorities, and health professionals. By prioritising these strategies, a safer environment can be created for all initiates, preserving cultural traditions while safeguarding the health and dignity of young people.

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**Conflicts of Interest:** None declared.

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## REFERENCES

**Anike**, U., Govender, I., Ndimande, 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 and Family Medicine, 5*(1), 1–5. https://doi.org/10.4102/phcfm.v5i1.463

**Blase**, M. S. M., Jacobs, L., & De Wet, N. C. (2016). Insights from traditional initiation teachers (Basuwe) on the influence of male traditional initiation (lebollo) on the behaviour of schoolboys. *Perspectives in Education, 34*(2), 19–32.

**Bogopa**, D. L. (2007). Challenges facing the initiation schools: The case of Nelson Mandela Metropole in the Eastern Cape. *Acta Criminologica: African Journal of Criminology & Victimology, 20*(4), 55–60.

**Chuene**, T. A. (2024). Children are losing lives in the name of culture: The health impacts of initiation schools in South Africa. *Global Health Management Journal, 7*(2), 37–47.

**Cocks**, M. L., Dold, T., & Vetter, S. (2012). "God is my forest" – Xhosa cultural values provide untapped opportunities for conservation. *South African Journal of Science, 108*(5), 1–8. https://doi.org/10.4102/sajs.v108i5.123

**Cooperative** Governance and Traditional Affairs (COGTA). (2022). *Implementation of committee recommendations: Engagement with National Initiation Oversight Committee & EC Provincial Initiation Coordinating Committee; with Deputy Minister*. Parliamentary Monitoring Group. https://pmg.org.za/committee-meeting/36015/

**Ding**, S., Lin, F., Marshall, A. P., & Gillespie, B. M. (2017). Nurses' practice in preventing postoperative wound infections: An observational study. *Journal of Wound Care, 26*(1), 28–37. https://doi.org/10.12968/jowc.2017.26.1.28

**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/10.1177/1557988318760800

**Fengi**, M. (2023). 200 initiates sustain "botched circumcision" related injuries in Limpopo. *City Press*, 7 September. https://www.news24.com/citypress/news/200-initiates-sustain-botched-circumcision-related-injuries-in-limpopo-20220907

**Feni**, L. (2024). New approach urgently required as initiation death toll mounts. *TimesLIVE*, 3 January. https://www.timeslive.co.za/news/south-africa/2024-01-03-new-approach-sought-as-initiation-death-toll-mounts/

**Fihlani**, P. (2019). South Africa initiation schools suspended after circumcision deaths. *BBC News*, 20 December. https://www.bbc.com/news/world-africa-50838014

**Froneman**, S., & Kapp, P. A. (2017). An exploration of the knowledge, attitudes and beliefs of Xhosa men concerning traditional circumcision. *African Journal of Primary Health Care & Family Medicine, 9*(1), 1–8. https://doi.org/10.4102/phcfm.v9i1.1341

**Isaacs**, L. (2024). EC Cogta says dehydration the leading cause of death this initiation season. *Eyewitness News*, 20 December. https://www.ewn.co.za/2024/12/20/ec-cogta-says-dehydration-the-leading-cause-of-death-this-initiation-season

**Kekana**, O. (2024). Initiation school deaths are a tragedy, but they can be prevented. *Health-e News*, 10 July. https://health-e.org.za/2024/07/10/initiation-school-deaths-are-a-tragedy-but-they-can-be-prevented/

**Kheswa**, J. G., Nomngcoyiya, T., Adonis, P., & Ngeleka, S. (2014). The experiences and perceptions of "amakrwala" (graduated initiates) towards the traditional male circumcision practice in Eastern Cape, South Africa. *Mediterranean Journal of Social Sciences, 5*(20), 2789–2798. https://doi.org/10.5901/mjss.2014.v5n20p2789

**Le Raux**, K. (2025). The role played by traditional leaders in customary initiation programmes to address deaths and mutilation of initiates – Dr Karl le Roux MP. *DA*, 15 March. https://www.da.org.za/2025/03/the-role-played-by-traditional-leaders-in-customary-initiation-programmes-to-address-deaths-and-mutilation-of-initiates-dr-karl-le-roux-mp

**Mavundla**, T. R., Netswera, F. G., Toth, F., Bottoman, B., & Tenge, S. (2009). Practices of traditional male circumcision in the Eastern Cape Province of South Africa. *Journal of Transcultural Nursing, 20*(4), 395–404. https://doi.org/10.1177/1043659609340800

**Mavundla**, T. R., Netswera, F. G., Toth, F., Bottoman, B., & Tenge, S. (2010). How boys become dogs: Stigmatisation and marginalisation of uninitiated Xhosa males in East London, South Africa. *Qualitative Health Research, 20*(7), 931–941. https://doi.org/10.1177/1049732310365865

**Mngqibisa**, R. (2012). Death in the bush: Dangerous rites of passage. *Sunday Times*, 10 June.

**Mogotlane**, S. M., Ntlangulela, J. T., & Ogunbanjo, B. G. A. (2004). Mortality and morbidity among traditionally circumcised Xhosa boys in the Eastern Cape Province, South Africa. *Curationis, 27*(2), 57–62. https://doi.org/10.4102/curationis.v27i2.1030

**Mpateni**, A. (2016). *Health factors associated with traditional circumcision of adolescent males in Alice, Raymond Mhlaba Local Municipality, Eastern Cape* (Doctoral dissertation, University of Fort Hare).

**Mthembu**, X. (2025). Initiation deaths rise in the Eastern Cape. *IOL*, January. https://iol.co.za/news/south-africa/eastern-cape/2024-12-09-initiation-deaths-rise-in-the-eastern-cape/

**Ngumbela**, X. G. (2021). Troubled custom, custom troubles: Initiation challenges in the province of the Eastern Cape, South Africa. *African Journal of Gender, Society & Development, 10*(1), 193. https://doi.org/10.31920/2634-3622/2021/v10n1a10

**Nkosi**, S. (2019). Cultural rites and human rights: Navigating tensions in traditional initiation practices. *South African Journal of Human Rights, 35*(3), 456–472. https://doi.org/10.1080/19962126.2019.1671234

**Nqeketo**, A. (2008). *Xhosa male circumcision at the crossroads: Responses by government, traditional authorities and communities to circumcision-related injuries and deaths in Eastern Cape Province* (Doctoral dissertation, University of the Western Cape).

**Nombembe**, P. (2025). Assault, dehydration, septicaemia: Why initiates died in the Eastern Cape. *TimesLIVE News*, 12 February. https://www.timeslive.co.za/sunday-times-daily/news/2025-02-12-assault-dehydration-septicaemia-why-initiates-died-in-the-eastern-cape/

**Ntombana**, L. (2011). Should Xhosa male initiation be abolished? *International Journal of Cultural Studies, 14*(6), 631–640. https://doi.org/10.1177/1367877910383530

**Ntozini**, A., & Ngqangweni, H. (2016). Gay Xhosa men's experiences of ulwaluko (traditional male initiation). *Culture, Health & Sexuality, 18*(11), 1309–1318. https://doi.org/10.1080/13691058.2015.1131760

**Ntsaba**, M. J. (2009). *The delivery of cultural care by health professionals among the hospitalized amaXhosa male initiates of traditional circumcision in the Eastern Cape* (Doctoral dissertation, University of KwaZulu-Natal).

**Nwanze**, O. (2011). *Evaluation of a project to reduce the risk factors associated with high complications and mortality from traditional male circumcision in the Umlamli community, Eastern Cape: Outcome mapping* (Doctoral dissertation, Stellenbosch University).

**Okoloko**, E., & Majivolo, T. (2013). Initiation deaths can be stopped. *GroundUp*, 24 July. https://groundup.org.za/article/initiation-deaths-can-be-stopped/

**Papu**, J., & Verster, P. (2006). A biblical, cultural and missiological critique of traditional circumcision among Xhosa-speaking Christians. *Acta Theologica, 26*(2), 178–198. https://doi.org/10.4314/actat.v26i2.5470

**Peltzer**, K., & Kanta, X. (2009). Medical circumcision and manhood initiation rituals in the Eastern Cape, South Africa: A post intervention evaluation. *Culture, Health & Sexuality, 11*(1), 83–97. https://doi.org/10.1080/13691050802559173

**Peltzer**, K., Nqeketo, A., Petros, G., & Kanta, X. (2002). Traditional circumcision during manhood initiation rituals in the Eastern Cape. *South African Medical Journal, 89*(1), 31–36.

**Peltzer**, K., Nqeketo, A., Petros, G., & Kanta, X. (2008a). Traditional circumcision during manhood initiation rituals in the Eastern Cape, South Africa: A pre–post intervention evaluation. *BMC Public Health, 8*, 1–6. https://doi.org/10.1186/1471-2458-8-1

**Peltzer**, K., Nqeketo, A., Petros, G., & Kanta, X. (2008b). Attitudes of preinitiates towards traditional male circumcision in the context of HIV in the Eastern Cape, South Africa. *Social Behavior and Personality: An International Journal, 36*(8), 1023–1034. https://doi.org/10.2224/sbp.2008.36.8.1023

**Phega** Mangena, M., Mulaudzi, F. M., & Peu, M. D. (2011). The experiences of nurses in caring for circumcised initiates admitted to hospital with complications. *Contemporary Nurse, 37*(1), 69–81. https://doi.org/10.5172/conu.2011.37.1.69

**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 & Family Medicine, 11*(1), 1–11. https://doi.org/10.4102/phcfm.v11i1.1970

**Ratele**, K., Shefer, T., & Clowes, L. (2016). Talking South African fathers: A critical examination of men's constructions and experiences of fatherhood and masculinity. *South African Journal of Psychology, 42*(4), 553–563. https://doi.org/10.1177/0081246316642000

**Rathebe**, P. C. (2018). The role of environmental health in Basotho male initiation schools: Neglected or restricted? *BMC Public Health, 18*, Article 994. https://doi.org/10.1186/s12889-018-5980-0

**Republic** of South Africa. (2021). *Customary Initiation Bill [B7-2018]*. Government Printer.

**Skosana**, I. (2013). Circumcision: Clear-cut rites shape stronger men. *Bhekisisa*, 8 August. https://bhekisisa.org/article/2013-08-08-circumcision-clear-cut-rites-shape-stronger-men/

**Venna**, L. (2024). Call for institutional oversight at initiation schools as Eastern Cape death toll passes 25. *Daily Maverick*, 26 December. https://www.dailymaverick.co.za/article/2024-

12-26-call-for-institutional-oversight-at-initiation-schools-as-eastern-cape-death-toll-passes-25/

**Vincent**, L. (2008). Boys will be boys: Traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture, Health & Sexuality, 10*(5), 431–446. https://doi.org/10.1080/13691050802002856

**World** Health Organization. (2009). *Traditional male circumcision among young people: A public health perspective in the context of HIV prevention*. WHO.

**Zagagana**, M. (2024). National Men's Forum calls for stricter laws to regulate initiation schools. *Eyewitness News*, 19 December. https://www.times.co.za/2024/12/19/national-mens-forum-calls-for-stricter-laws-to-regulate-initiation-schools/