



Environmental Health Practitioners **NEWS**

Newsletter for the Professional Board for Environmental Health Practitioners





CONTENTS

Chairperson's Note	3	Awareness Month	9
Report On The Professional Board For Environmental Health Practitioners' Stakeholders Meeting.....	5	Heart-To-Heart With The Winners Of The Gauteng Health Awards	16
Central University Of Technology Confers Honorary PhD On Dr Jerry Chaka.....	7	COVID-19 Contact Tracking And Tracing In The City Of Johannesburg Metropolitan Municipality	18
Up-Close And Personal With The Author Of The Book: The Principles Of Environmental Health.....	8	The Role Of Environmental Health In The Basotho Male Initiation Schools: Neglected Or Restricted?.....	21
Gauteng Health Care Establishments Celebrating Environmental Health		Our Vice Captain - Michaela Schoeman.....	29



CHAIRPERSON'S NOTE



I greet you all on behalf of the Professional Board for Environmental Health Practitioners (PBEHP).

The previous newsletter (2021) was the first one for this current Board, and I took the opportunity to introduce the Honourable members of the PBEHP. I am happy to indicate that we have the full complement of previously introduced Board members still serving the profession. I wish to take this opportunity to thank the Board members for their selflessness and hard work in ensuring that we serve the profession with distinction. This also extends to the Secretariat team that is supporting this Board, their hard work and dedication is much appreciated.

I think it is important to remind Practitioners of the Mission and Vision of the PBEHP, as it continues to drive and shape the work of the Board.

VISION

A regulatory body that promotes comprehensive, quality and equitable Environmental Health for all.

MISSION

The Board protects the interest of the public and guides the profession through:

- Developing and implementing strategies, policy frameworks and standards for Environmental Health professions
- Monitoring the quality of training against set standards
- Promoting ethical practice by ensuring

- ongoing professional competence and conduct
- Aligning to international standards in education and training while adhering to best practices within the South African context
- Ensuring effective communication with all stakeholders

It has been a difficult year for the World and South Africa as a result of the COVID-19 pandemic that is seemingly slowing down, but unfortunately not yet over. The pandemic has caused so much devastation and, in the process, we have lost family members and Environmental Health Practitioners and other colleagues since the Coronavirus reached our shores early in 2020. The Board wishes to express condolences to those who lost their loved ones and colleagues.

The repercussions of COVID-19 have been severe and far reaching. We experienced school closures, job losses, effects on the economy, a strain on the health resources available to treat patients and so many other impacts of the virus. Environmental Health Practitioners and the profession itself was not spared by this pandemic. The Board wishes to thank Practitioners for standing up to the challenges brought about by the pandemic. The flexibility that was required of all, the extra work for essential workers, and the long hours expected of Environmental Health Practitioners and other sacrifices that had to be made, are all noted and well appreciated. EHPs can be proud of the role they play in curbing this pandemic. To add to the devastation, the floods that hit the country, particularly in the KwaZulu-Natal (KZN) Region also added to the strain carried by our Practitioners. This also posed many challenges to the profession. The impacts of flooding included loss of human life, damage to property, destruction of crops, loss of livestock, and deterioration of health conditions and the environment itself. Environmental Health impacts included challenges in provision of Port and Municipal health services, as expected of us. There was a rise in waterborne diseases, food safety and quality were affected, proper housing could not be maintained, proper disposal of the dead was a challenge, environmental degradation and pollution challenges, the list of impacts of the floods is very long.

The Board has in the light of the devastation caused by the floods decided to conduct the 2022



annual stakeholder engagement in KZN. This is to show solidarity with our colleagues in the region and to learn of their experiences and the impact of the floods on them and the region. We will also be meeting with the eThekweni Metropolitan Municipality. Training institutions were not spared by the impact of the pandemic and the Board together with the seven universities that are approved by the Board to offer Environmental Health successfully came up with measures to cushion this impact for the sake of our students and staff at universities. We will jointly continue to do so until we are over the effects of the pandemic.

During this current year there was a noticeable increase in the infringement on the scope of Environmental Health Practitioners. There was a

spike in the number of people who actively showed concern over the quality of food exposed for sale to the public, and this included social groups, political groupings and unfortunately also from municipal departments and entities. It is important that we safeguard the authority, responsibilities and the powers that have been conferred to Environmental Health by legislation.

Municipalities also continue to experience an increase in bogus inspectors. Practitioners are encouraged to jealously protect their profession, and report bogus activities that infringe on the profession.

The current number of Practitioners registered with the PBEHP is as follows:

Active Registrations by Practice field and Gender as at 01 July 2022

BRD_CODE	REF_TYPE	REG_CODE	REGISTER_NAME	PRACTICE_FIELD	FEMALE	MALE	Grand Total
EHO	Practitioner	FI	FOOD INSPECTOR	(blank)		9	9
		FI Total				9	9
		HI	ENVIRONMENTAL HEALTH PRACTITIONER	COMMUNITY SERVICE	3,35	171	506
				(blank)	2,376	1,422	3,798
		HI Total			2,711	1,593	4,304
		HIA	ENVIRONMENTAL HEALTH ASSISTANT	(blank)	19	52	71
		HIA Total			19	52	71
	Practitioner Total				2,730	1,654	4,384
	Student	HI S	STUDENT ENVIRONMENTAL HEALTH OFFICER	(blank)	927	661	1,588
		HI S Total			927	661	1,588
	Student Total				927	661	1,588
	EHO Total					3,657	2,315

The highlights of the previous year for the PBEHP are outlined below:

- Annual newsletter published and is available online.
- 100% of agendas were finalised during all meetings that were scheduled for the period under review.
- Successful stakeholder engagement with all Heads of Institutions.
- Evaluation/re-evaluation of all approved higher education institutions.
- Improved role with strategic partners (communication and interactions), stakeholders/practitioners and municipality.
- Participation (presentation by the Board Chairperson) in the technical session hosted by the King Cetshwayo District Municipality.
- Participation (presentation by the Board Chairperson) in the seminar organised by the Mangosuthu University of Technology.

Practitioners are encouraged to visit our website and engage with us. Complaints about the user-

friendliness of the website have been well received and acknowledged by the HPCSA and there is a constant effort to make it more user friendly. Soon colleagues will be able to do the following online (some services are already available):

- Access their account using their personal password
- View their registration status
- Check and upload CPD points
- Pay annual fees online
- Apply for voluntary erasure
- Apply for Board examinations for restoration, etc.
- Access the latest newsletter which will soon be uploaded.

We look forward to engaging with you and encourage you to attend our stakeholder engagements. As a Board, and with your support, we will continually strive to serve and guide the profession, while protecting the public.

CHAIRPERSON OF THE PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS (PBEHP)

MR J SHIKWAMBANE

REPORT ON THE PROFESSIONAL BOARD FOR ENVIRONMENTAL HEALTH PRACTITIONERS' STAKEHOLDERS MEETING

REPORT BY J SHIKWAMBANE

In line with the Professional Board for Environmental Health Practitioners' (PBEHP's) strategic objectives of conducting stakeholder engagements, the PBEHP met with ZF Mgcawu District Municipality and the Northern Cape Practitioners on the 26 and 27 October 2021.

The purpose of the meeting was to encourage interaction and open direct lines of communication between the Northern Cape Municipalities and Local Government as well as with Practitioners and the Board. The Board communicated its objectives for the term of office and Practitioners were afforded an opportunity to state their aspirations and express themselves regarding the way the Board, in their opinion, could better ensure that it is carrying out its mandate for the benefit of all stakeholders.

The Board met with the ZF Mgcawu District Municipality on the 26 October 2021 and held a virtual engagement with Practitioners on the 27 October 2021. The hybrid model for the roadshow worked well with a good 80% of EHPs attending virtually.

The meeting with the municipality was very fruitful since the Board and the Secretariat managed to meet with the Municipal Manager, the Chief Financial Officer and the South African Local Government Association (SALGA) representative. A discussion was held on the Board's functions and how the municipality and SALGA can support Practitioners in the province.

The meeting further informed SALGA that the municipality should ensure they do not employ anyone who was not registered with the HPCSA as a Practitioner. The Municipality indicated willingness to work with HPCSA and the Board. The Municipal Manager also showed a keen interest in the training of EHPs through CPD activities. The Board decided to always invite SALGA representatives to all their meetings with municipalities.

Presentations were done on site and also virtually. Unfortunately, the presentation on ethics by Prof. Hattingh could not be done on the day due to some technicalities but was arranged and finally made on the 12 November 2021.

PRESENTATIONS - PROGRAMME DIRECTOR:
Ms MASHUDU MUKOMA (DEPUTY CHAIR - PBEHP)

1. Mr JOE SHIKWAMBANE (CHAIRPERSON - PBEHP)

The Chairperson's presentation focused on the role of the Board, the strategic direction of the Board, the importance of maintaining registration status and on the other matters pertaining to the profession and the Board.

2. MR ANDRE VAN ZYL (CHAIRPERSON- EDUCATION, TRAINING AND REGISTRATION COMMITTEE)

The presentation focused on the importance of Continuing Professional Development (CPD), the current developments in Education and Training and the importance of Work Integrated Learning (WIL) and the impact of COVID-19 on training of Practitioners at universities.

3. MS TEMBISA MANCIYA/PROF. SUSAN HUMAN

Ms Tembisa Manciya/Prof. Susan Human's presentation focused on the role of the Board regarding the Evaluation and Approval of Professional degree programmes and the minimum requirements to study the Environmental Health degree, 12 months Community service and postgraduate qualification.

4. MR MURDOCK RAMATHUBA - NATIONAL DEPARTMENT OF HEALTH

Mr Ramathuba – National Director Environmental Health presented on developments at the National Department of Health pertaining to Environmental Health profession.

5. MS NELISIWE NYAMBI

Ms Nelisiwe Nyambi gave a presentation on the HPCSA Online Portal; how to use the portal and encouraging effective utilisation.

6. PROF. JOHAN HATTINGH- PRESENTATION ON ETHICS (Virtual on the 12 November 2021)

Prof. Hatting from the University of Stellenbosch gave a presentation on the Ethical considerations pertaining to the profession of Environmental health.



Attendees were afforded the opportunity to engage with the presenters.

Some of the key messages delivered after deliberations included:

- A database of unregistered EHPs to be developed, so that they can be approached and encouraged to register.
- EHPs were requested to provide support to their student colleagues and make sure that students get enough exposure when they are placed for Work Integrated Learning (WIL) at their respective workplaces.

- Practitioners were urged to report unethical behaviour by fellow EHPs, if there is any.
- PBEHP had proposed to the Minister of Health to review community service before one can be registered with HPCSA and the Board is awaiting the Minister's response on the matter.
- Practitioners were encouraged to engage with the Board via email, website, and employers where possible.

The event was successful and all Practitioners received their CPD certificates with 4 CEUs (2 Ethical & 2 Generic continuing education units (CEUs) for attendance.



ERRATUM

The PBEHP notes the error in the 2021 EHP newsletter edition on the article in page 10 with the headline: 'Environmental Health interventions during COVID-19'. On the article we placed the incorrect byline (author's name) the correct byline is Aneliswa Priscilla Revival Cele as the rightful author of the article. We apologise for the inconvenience that would have accrued from this error.



CENTRAL UNIVERSITY OF TECHNOLOGY CONFERS HONORARY PhD ON DR JERRY CHAKA

Prof IS Human (HPCSA Board Member: Environmental Health; Associate Professor: Environmental Health at CPUT)

Dr Jeremiah Sebetle Chaka was born in 1962 in Randfontein and became an Environmental Health Practitioner in December 1984. He was soon promoted to Assistant Chief Environmental Health Practitioner, Head of Department, and Interim Executive Director before his appointment as Divisional Head: Environmental Health at Ekurhuleni Metropolitan Municipality.

Dr Chaka is a multi-award winning Environmental Health Practitioner. He was the first recipient of the Alfred Nzo Award. This national award was launched in 2002 in memory of Alfred Nzo, who was one of the first Health Inspectors in Alexandra Township in the 1950s, and recognises individuals who make exceptional contributions in Environmental Health, which impact on peoples' lives in this country. Furthermore, Dr Chaka was the recipient of the prestigious Eric Foskett Award, which is regarded as the highest international recognition in the field of Environmental Health, bestowed on an individual for outstanding contributions to the global Environmental Health community.

From 2004 to 2006, Dr Chaka served as the President of the International Federation of Environmental Health (IFEH), the first South African ever to be elected for this position. He also served as the President of the South African Institute of Environmental Health (SAIEH) for thirteen years. During that time, he established the Africa Academy of Environmental Health in Nairobi, Kenya, which is an academic body representative of academics from various universities on the African continent with the objective of harmonising Environmental Health training and sharing of best practices. This body reports to the IFEH Africa Group. Dr Chaka also led the review of the Scope of Practice for Environmental Health Practitioners (R698 of 2009) as well as the introduction of the Environmental Management Inspector (EMI) course in the curriculum of the new Bachelor in Environmental Health degree.

Dr Chaka's lifelong and selfless contribution to the Environmental Health Profession led to the conferring of an Honorary PhD in Environmental Health by the Central University of Technology on 4 May 2021 (virtually) and 28 May 2021 (degree ceremony in Bloemfontein).

We wish to congratulate him on this enormous

achievement and may his example serve as motivation to all the Environmental Health Professionals and students to work hard and serve the communities with passion and dedication.



CUT has conferred an Honorary Doctorate in Environmental Health to multi award-winning Environmental Health Practitioner, Dr Jeremiah Sebetle Chaka.

Virtual graduation on 4 May 2021:

<https://www.cut.ac.za/news/cut-confers-honorary-doctorate-on-sas-environ>

The live ceremony can be watched using this link:

<https://fb.watch/5MFINUj3m/>

UP-CLOSE AND PERSONAL WITH THE AUTHOR OF THE BOOK: THE PRINCIPLES OF ENVIRONMENTAL HEALTH



Dr Mzoxolo Nodwele is the Head of the Environmental Health Sub Directorate in the Nelson Mandela Bay Municipality. He is a registered Environmental Health Practitioner with more than 24 years of experience in the field of environmental health. He graduated with a doctoral degree in environmental health from the Health Sciences Faculty of the Nelson Mandela University in 2017. He holds a position of a Professional Associate in the Nelson Mandela University and is involved in postgraduate research work and graduates mentoring. Mzoxolo holds a professional registration under the Health Professions Council of South Africa and is a member of the South African Institute of Environmental Health, he is a researcher and an author in the field of environmental health.

What prompted you to write the book?

During my years as an environmental health student at the university, I noted how much as South African students, we relied on environmental health science literature that was written in other parts of the world. There was very limited local or African environmental health literature to use. As a practising environmental health practitioner today, I felt that such a gap has to be closed to enable the current and future environmental health students to have a benefit and legacy of local environmental health science literature they can consult. Furthermore, the human health determining socio-economic conditions in the poorer and the developing world are largely different from those of the developed

and rich nations. So as one of the environmental health scientists in the African continent, I thought that we have an obligation to express our perspective of environmental health science as informed by the human health determining conditions we find in the developing world. This book therefore carries an African contribution to the global environmental health science discourse.

What contribution does the book bring to the society?

The International Federation for Environmental Health (IFEH) identified the following challenges which confront the environmental health profession globally:

- Lack of identity,
- Lack of uniformity, and
- poor recognition.

This book also carries our African experiences in respect of the abovementioned challenges. In the book the possible root-causes for the lack of identity of the profession, lack of uniformity and poor recognition by government and government agencies are pointed out as well as suggestions on possible solutions. The book also touches on the basic scientific aspects (the informing sciences) of the environmental health profession, the articulation between the natural environment and the anthropogenic environments in the propagation of the human burden of disease. The book further identifies the centrality of the environmental health science in the management of the burden of human diseases locally and globally. There are also some theoretical models that can assist those EHPs who are practising in the field in their daily work decisions.

Who can benefit from the book?

The information contained in the book will hopefully benefit government authorities/agencies around the world, the environmental health practitioners, researchers, academics, and all those who have an interest in the environmental health science as a modern solution to the global health crises.

Where can one get the book?

The book is available in all respective provinces through the Van Schaik Bookstore Chain. Orders can also be placed through an email, dwelez99@gmail.com.



GAUTENG HEALTHCARE ESTABLISHMENTS CELEBRATING ENVIRONMENTAL HEALTH AWARENESS MONTH

February is nationally declared an Environmental Health Month and the goal is to promote health for all through healthy environments. Humans interact with the environment constantly and these interactions affect the quality of life, years of healthy life lived and health services delivery systems.

The World Health Organization (WHO) defines environment, as it relates to health, as “all the physical, chemical, and biological factors external to a person, and all the related behaviours. Environmental Health then seeks to prevent or control the disease, injuries, and disabilities related to the interactions between people and their environment.

It also contributes to the achievement of the National Development Plan (NDP) vision 2030 goals: Health priorities which seeks to:

- Address social determinants that affect health and disease.
- Prevent and reduce disease burden and promote health.

In celebrating National Environmental Health Awareness Month, Environmental Health Practitioners(EHPs) were requested to conduct the awareness activities which include environmental health, food safety and water quality, sanitation (waste management) and hand hygiene, climate change and heat health. Awareness activities were conducted from 01 – 25 February 2022, targeting healthcare workers and the public. In celebrating the National Environmental Health Awareness Month some hospitals had activities conducted by EHPs.

Ms P Rakubu, Ms A Mdakane, Ms M Mangoale and Ms S Touto from Mamelodi Hospital EHPs decided to switch things up a bit, moving from a traditional sit-in health education to creating a board game, they named Food Safety Wheel. Food handlers took part in the game and the winners received gifts from Environmental Health

Department. Food handlers through their active participation benefited in acquiring knowledge and new information in food safety.



TSHWANE DISTRICT HOSPITAL

Tshwane District Hospital EHPs Ms N Motsepe and Ms Lerato gave education presentation and conducted awareness activities to the healthcare workers covering topics on, food safety and water quality, waste management, hand hygiene, climate change and heat health. All participants received thank you gifts from the Environmental Health Department.



ODI DISTRICT HOSPITAL

Ms L Molefi, the only EHP at Odi Hospital gave her time in celebrating Environmental Health Awareness Month, giving education presentations and conducting awareness activities to the healthcare workers, patients and food handlers covering topics on food safety, waste management, hand hygiene, climate change and heat health. All participants received thank you gifts from Environmental Health Department.



Odi Hospital EHP together with Infection Control nurse developed the Standard Operating Procedure (SOP) for cleaning of aqua coolers, here they were demonstrating how aqua coolers should be cleaned to encourage compliance with the South African National Standards (SANS) 241 and standards for drinking water to ensure that water is safe for human consumption.



KALAFONG PROVINCIAL TERTIARY HOSPITAL

Ms C Motha and Ms R Phosa EHPs from Kalafong Hospital celebrated by giving education on scope of practice, food safety, waste management, hand hygiene, climate change, and heat health. The team created a poster on food safety for their food handlers in the facility. The hospital is a member of Global Green and Health Hospitals, an international network of hospitals, health facilities, health systems and health organisations dedicated in reducing their environmental carbon footprint and promoting public and environmental health which contributes to reducing burden of disease.



BERTHA GXOWA HOSPITAL

Bertha Gxowa Hospital EHPs led by Ms Z Cele, working together with District Health EHPs celebrated Environmental Health Awareness Month with style. The hospital is also a member of Global Green and Health Hospitals, an international network of hospitals, health facilities, health systems and health organisations dedicated in reducing their environmental carbon footprint and promoting public and environmental health which contributes to reducing burden of disease. The team embarked on education and awareness campaigns covering food safety, waste management, hand hygiene, climate change and heat health.





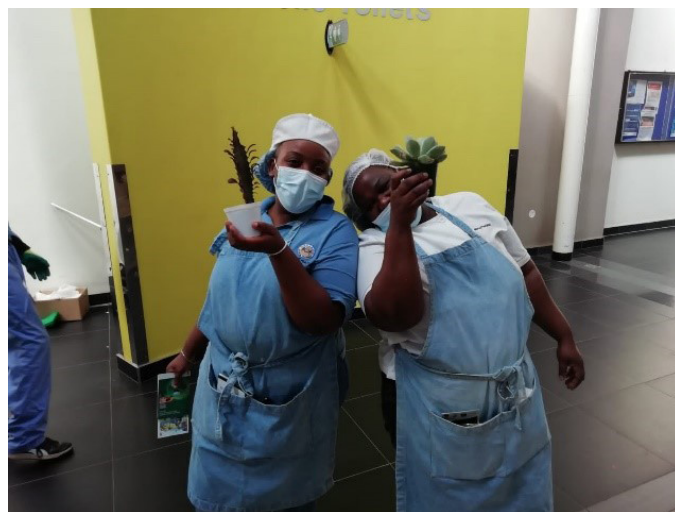
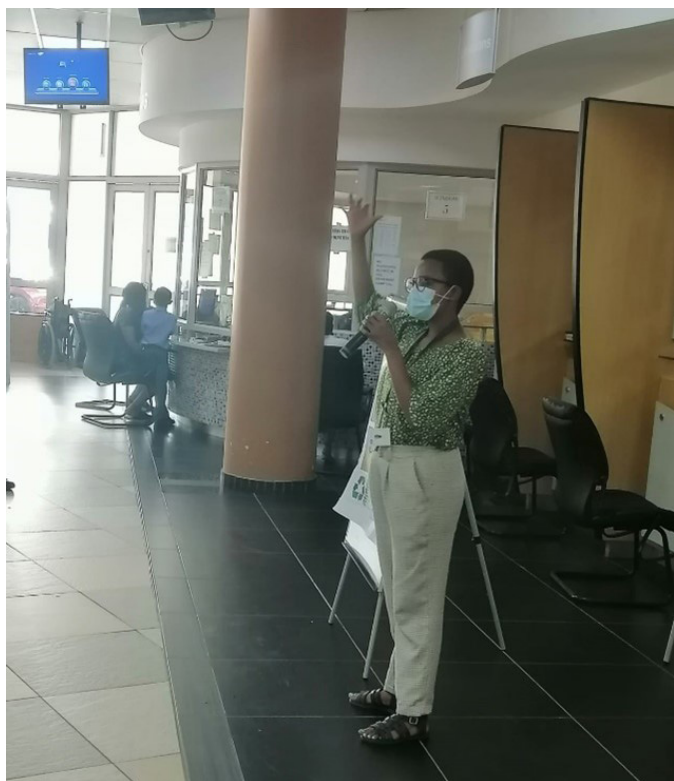
DR GEORGE MUKHARI ACADEMIC HOSPITAL

Dr George Mukhari Academic Hospital EHPs, Ms L Flathele, Ms I Magana and Ms N Ngobeni embarked on awareness activities in Environmental Health, Food Safety and water quality, sanitation (waste management), hand hygiene, climate change and heat health. Hand Hygiene was done in collaboration with colleagues from Sanitation unit within Department of Water and Sanitation (DWS). Participants received sanitisers, soap among others donated by UNILIVER through DWS.



BHEKI MLANGENI HOSPITAL

Ms K Gumede and Ms M Moloisi, both EHPs from Bheki Mlangeni Hospital conducted education and awareness activities on scope of practice for environmental health, food safety and water quality, sanitation (waste management), hand hygiene, climate change and heat health, targeting healthcare professionals and patients. Participants received gifts from the Environmental Health Department.



SOUTHRAND HOSPITAL

Southrand Hospital EHPs, Ms L Chetty and Mr Sihle Ngwane emphasised the fragility of our environment and the importance of its protection and how pivotal it is to live a healthy and hygienic lifestyle. Topics that were covered at the event were food safety, waste management, hand hygiene, water quality, lead poisoning and typhoid fever.



HEART-TO-HEART WITH THE WINNERS OF THE GAUTENG HEALTH AWARDS



Ms Nosibusiso Motsepe, an EHP from Tshwane District Hospital was awarded with CEO's Award for the contributions she made in COVID-19 wards.

1. Tell us about yourself

My name is Nosibusiso Motsepe, I am a 32-year-old female who is dynamic, hard-working, and creative with a B. Tech in Environmental Health. I am currently working at the Tshwane District Hospital, where I am acquiring many and diverse skills on how to work with people and situations. I believe this experience equipped me with adequate skills to become an effective, efficient, and competent person.

How long have you been practising as an EHP?

Nine years including my year as a community service student.

2. What is the single biggest challenge you are faced with as an EHP within the healthcare facility?

Working with limited resources which prevents us from practising our scope to its full capacity and not execute what we initially have on the plan.

3. What are your highlights of practising as an EHP in Gauteng Health?

- Recognition as hardworking department
- Successful campaigns, implementation, and compliance on Environmental Health issues.

4. Briefly describe the award you received and contributions you made.

The award is for: 'You make a difference in COVID-19'.

My contributions were:

- Participation in Outbreak Response Teams (ORT) activated at provincial and district level.
- Monitoring of the management of the human remains and disposal of the dead.
- Facilitate and monitor decontamination and disinfection of affected areas within the facility.
- Monitoring of the management of healthcare waste.
- Health education and awareness on public hygiene measures.

5. What motivates you?

- a. The support I receive from my manager and the management.
- b. The staff at large that tries to comply in terms of Environmental Health.





Ms Maano Chauke, EHP from The H. Moross Hospital was awarded first prize at the Centre for Public Service Innovation.

1. Tell us about yourself

My name is Maano Chauke and I am 29 years old. I am an Environmental Health Practitioner and currently working at Tara the H. Moross Hospital. I obtained my B.Tech in Environmental Health in 2016 from Tshwane University of Technology.

2. How long have you been practising as an EHP?

In April 2022 I will be having five years of experience as an EHP of which the first year entailed my community service at Heidelberg District Hospital and was thereafter appointed as a permanent EHP. In 2019 I was transferred from Heidelberg District Hospital to Tara The H. Moross Hospital.

3. What is the single biggest challenge you are faced with as an EHP within a healthcare facility?

The biggest challenge is having colleagues thinking that as an EHP I am there to scrutinise their work instead of taking me as part of the team. This results in hostility and a negative attitude towards the EH discipline.

4. What are your highlights of practising as an EHP in Gauteng Health?

Working as part of a team, especially now with COVID-19. As an EHP I was able to think out of the box, give inputs and play my role which also put the discipline in a spotlight

5. Briefly describe the award you received and contributions you made.

Tara The H. Moross Hospital received an award for the early Child Learning development centre from the 19th Public Sector Innovation Awards Ceremony. As an EHP my role in the innovation was to assist the Logistics Manager, Patience Lekhade, with ensuring that the crèche meets all required standards as according to the National Environmental Health Norms and Standards and Municipality by-laws. I gave advice according to my expertise and participated in activities that ensured that we were at a good standing to receive the Health Permit and Fire Compliance Certificate.

6. What motivates you?

More than anything, it has been my family (fiancé and daughter). The work ethics that I developed through working with Nontobeko Nkonyane at Heidelberg Hospital, Maureen Motaung and Happiness Setati.

Created by: Ms Vallery Kganakga
Environmental Health Practitioner
Gauteng Department of Health
HPCSA Practice Number: HI 0059846



COVID-19 CONTACT TRACKING AND TRACING IN THE CITY OF JOHANNESBURG METROPOLITAN MUNICIPALITY

SIFISO MBELE



1. INTRODUCTION

The City of Johannesburg Metropolitan Municipality (COJ) is the largest metro in South Africa, and it is a vibrant and culturally rich city, located at the centre of South Africa's economic heartland, Gauteng province. The municipality shares boundaries

with two other metropolitan municipalities, to its north the City of Tshwane and on its east the City of Ekurhuleni. To the west it shares boundaries with Mogale City and other parts of the Westrand District Municipality. To its South is Emfuleni and Midvaal Local municipalities, which forms part of the Sedibeng District Municipality (COJ profile, 2020). The COJ Metropolitan Municipality is divided into seven regions (A-G) as illustrated in Figure 1.

The current population of the City of Johannesburg (CoJ) is estimated to be 5.87 million, making it the biggest metro by population size in South Africa. Johannesburg's population constitutes about 40% of the Gauteng population and 10% of South Africa's overall population (COJ IDP 2021-26).

FIGURE 1: City of Johannesburg Metropolitan Municipality Regions (Chirisa & Matamanda, 2019).

Diepsloot, Kya Sands, Dainfern, Midrand, Lanseria, Fourways
Randburg, Rosebank, Emmarentia, Greenside, Melville, Mayfair, Northcliff, Rosebank, Parktown, Parktown North
Roodepoort, Constantia Kloof, Northgate, Florida, Bram Fischer
Doornkop, Soweto, Dobsonville, Protea Glen
Alexandra, Wynberg, Sandton, Orange Grove, Houghton
Inner City, Johannesburg South
Orange Farm, Weilers Farm, Ennerdale, Lenasia, Eldorado Park, Protea South



2. IMPACT OF COVID-19 IN THE CITY OF JOHANNESBURG

2.1 In response to the pandemic, the Environmental Health profession had to think on its feet, and within the City, the following policies/guidelines were developed:

- COVID-19 Compliance checklist – COJ facilities.
- COVID-19 Management Process Flow.
- Detailed checklist for the establishment of a temporary COVID-19 facility.
- Environmental Health disaster intervention- Food control
- Johannesburg District - Accelerated plan COVID-19 response.
- Sanitising of booths (taxi ranks, workplaces, public places).
- Sanitisation of workplaces.
- Standard Operating Procedure (SOP) for food donations.
- Community Outreach COVID-19 Regional Plans.

2.2 Role of Environmental Health in the Management of COVID-19

- Participation in the Outbreak Response Teams activated at provincial and district level.
- Investigation of suspected cases and contact tracing.
- Monitoring of the management of human remains and disposal of the dead.
- Facilitate and monitor the decontamination and disinfection of infected and affected homes.
- Monitoring of the management of healthcare risk waste.
- Health education and awareness on public hygiene measures.

3. DATA SOURCES FOR COVID-19

The COVID-19 official data for Gauteng on confirmed COVID-19 cases is reported by the National Institute of Communicable Diseases (NICD), test data from the National Health Laboratory Services (NHLS), Gauteng war room information and Gauteng district Department of Health information (NICD, 2021). PLEASE REFER TO FIGURE 2.



FIGURE 2: Data sources for COVID-19 situation report.

4. COVID-19 STATISTICS IN THE CITY OF JOHANNESBURG METRO

As of the 29th of August 2021, Gauteng had reported 904 590 cumulative cases. Of the total reported

cases in the province, the City of Johannesburg Metropolitan Municipality accounts for 355 312 (39%) COVID-19 cases (NICD, 2021). Refer to Table 1 for the allocation of cases by region.

Table 1: Sub district distribution of laboratory-confirmed COVID-19 cases, Gauteng, 5 March 2020- 29 August 2021

Sub-district	Cumulative cases	New cases	Deaths	Recoveries	Active cases
Johannesburg	355 312	217	5 568	346 869	2 875
Region A (Midrand/Diepsloot)	42 106	27	313	41 405	388
Region B (Randburg/Riverlea)	49 437	36	654	48 343	440
Region C (Roodepoort/Zandspruit)	52 356	24	692	51 241	423
Region D (Soweto)	64 065	35	2 032	61 555	479
Region E (Sandton/Alexandra)	55 219	31	603	54 159	457
Region F (Johannesburg CBD)	61 243	45	757	60 013	473
Region G (Orange farm/Lenasia)	30 886	19	518	30 153	215



5. CONTACT TRACING AND TRACKING ACTIVITIES IN THE CITY OF JOHANNESBURG

- The case list for new COVID-19 cases is received at the Environmental Health Central office from the Gauteng Provincial Health district office the night before or early in the morning by e-mail.
- The case list is then sent to all the regional managers and operational managers for filtering and contact tracing.
- The regions then send contact tracing reports at the end of every working day to the Central office for consolidation.
- Upon receiving the contact tracing reports from the Regional Environmental Health offices, each report is analysed to identify errors (typo, nil reporting, under/over reporting) by checking each indicator against the information provided in the report.
- When such errors are identified, the manager responsible for reporting is contacted telephonically to give a detailed explanation of the errors which have been identified, then that report is sent back to the regions for rectification.
- Upon rectification, the regions resend the rectified reports to the Central office.
- The reports from all the regions are then consolidated into one report for the Environmental Health Unit in the City of Johannesburg Metropolitan Municipality.
- The consolidated report is then sent to the Gauteng Provincial Health district office on a daily basis.

6. CONTACT TRACING SUCCESSES AND CHALLENGES

6.1 Successes

- 100% tracing of all new cases.
- 100% tracking of all identified contacts.
- 100% reallocation of cases to other districts/provinces (Ekurhuleni, Tshwane, Westrand, KZN).
- Daily monitoring of all contacts.
-

6.2 Challenges

- Because of insufficient resources (phones, tablets, airtime), some cases are not followed up timeously.
- Incomplete data (addresses, contact numbers) in the daily case list of new cases

from the district office, this leads to some cases not being traced.

- Incorrect case allocation by the NICD, results in poor data quality and subsequently incorrect statistical reports.
- Incorrect capturing of data from the regions (incorrect figures, blank spaces), results in delayed reporting to the Johannesburg district office, the provincial office and to NICD.
- Incorrect capturing of positive cases by the NICD (82 negative cases on list dated 28 July 2021), results in distorted reflection of the actual cases and reduced credibility of the data provided.
- Late reporting by the regions.
- Incorrect interpretation of contact tracing reporting template, results in inconsistent reporting by the regions and poor data quality.
- Refusal by cases to give info citing POPI Act, this impacts negatively on the accuracy of the data collected.

7. RECOMMENDATIONS

- Allocation of sufficient resources (phones, airtime, laptops, human resources) for contact tracing activities.
- Capturing of complete data in the case list by the district/ National Institute of Communicable Diseases office before sending it to the sub districts (COJ) for tracing.
- Correct allocation of new cases by the NICD office.
- Data Quality verification of daily contact tracing reports by managers in the regions prior to sending the report to the central office.
- Timeous submission of reports by the regions to the central office.
- Training of staff on the reporting templates to be used for capturing.

8. CONCLUSION

COVID-19 has shown that with intersectoral collaboration among different departments and sectors, nothing is impossible. This pandemic has once more shown that the Environmental Health profession is a critical component of the health system. Environmental Health Practitioners continue to play a vital role in the response to the pandemic. Practitioners have responded positively to the new roles that they were expected to perform which involved working overtime, risking the health and safety of themselves and their families.

Environmental Health Practitioners can wear their badges with pride.

DEBATE

Open Access



The role of environmental health in the Basotho male initiation schools: neglected or restricted?

Phoka C. Rathebe

Abstract

The aim of this paper is to point the Environmental Health (EH) profession in South Africa in the direction of their neglected function. The health inspection of initiation schools is one of the abandoned responsibility of EH profession in South Africa. This is due to fear of interfering with the traditional value systems and thus resulting in significant non-compliance to EH norms and standards. Little information is available on the compliance rate of EH requirements in the African traditional initiation schools. South African National Department of Health states that EHPs have an obligation to protect the health, safety and well-being of citizens from the environmental determinants, and this is achieved through enforcing the health requirements. In terms of the norms and standards for EH, health education in initiation schools should form an integral part of monitoring and evaluation, and this is found under the health surveillance of premises. The main argument raised by this paper is negligence of EHPs to conduct EH inspections at the Basotho male initiation schools and to promote health in support of the constitution of South Africa. Negligence of EHPs to perform their duties result in deaths and fatal injuries among initiates and this indicates the need for health promotion and EH research in the Basotho male initiation schools.

Keywords: Environmental health, Initiation schools, Initiates, Basotho males, Tradition

Background

A significant aspect addressed in the South African National Department of Health's agenda is improving the quality of health of all citizens. According to the National Department of Health the improved quality of health means prioritising and strengthening environmental health services, as the central aims of environmental health (EH) are to protect and safeguard the health, safety and well-being of the citizens [1, 2]. To fulfil these aims, adherence and devotion to the South African agenda for the transformation of health services and re-engineering of primary health care are crucial. Also, the application of the scope of practice for EH is critical in this regard [3]. The entire scope of practice, supported by Regulation 328 of 2007 gives the environmental health practitioners (EHPs) an ethical opportunity and supremacy to enter every premise, accommodation or structure for the purpose of health inspections [4].

The challenge in this obligation inherent in the scope of practice is to inspect and, without notice, enter the male initiation schools to enforce EH requirements. Initiation schools are referred to as cultural educational institutions, where initiates are taught about societal norms, manhood values, traditional beliefs and customs [5]. When young boys are initiated (undergoing initiation processes) at initiation schools, they are referred to as initiates and traditional practices in such schools are very reticent [6]. Traditional male circumcision in South Africa is receiving widespread publicity, with a focus on the Eastern Cape, due to the alarming rate of deaths among Xhosa initiates [7]. The publicity has ensued in controversial discussions among various interested parties, ranging from health professionals and public health institutions to traditional houses and even the film industry. A recent controversy arose about the film, *Inxeba* (The Wound), which was banned from being displayed in South African cinemas due to it exposing traditional practices of the Xhosa ethnicity. Traditional Xhosa initiation schools, however, are not the only schools in South Africa where

Correspondence: prathebe@uj.ac.za

Department of Environmental Health, University of Johannesburg, P. Bag 17011, Doornfontein, Johannesburg 2028, South Africa



© The Author(s). 2018 **Open Access** This article is distributed under the terms of the Creative Commons Attribution 4.0 International License (<http://creativecommons.org/licenses/by/4.0/>), which permits unrestricted use, distribution, and reproduction in any medium, provided you give appropriate credit to the original author(s) and the source, provide a link to the Creative Commons license, and indicate if changes were made. The Creative Commons Public Domain Dedication waiver

deaths of initiates are prevalent. Other provinces that have been studied and reported to carry out traditional initiation practices in South Africa are the Eastern Cape (Xhosas), Free State (Basotho), Limpopo (Tsongas) and Mpumalanga [7]. This study paid less attention to the Free State province, where a large number of Basotho traditional initiation schools are located. A considerable amount of grey literature also is available on the initiation processes of the Ndebeles, Pedis, Tsongas and Vendas. It thus is clear that this rite of passage for boys to become men is a tradition adhered to in many rural areas and as serious health issues are involved primary health care in South Africa is on the right track in trying to combat disease and promote positive health in initiation schools. The challenge here is the visibility of EHPs to enforce preventative health measures.

In the norms and standards for environmental health [8] (Chapter 1, section 6) the health requirements are discussed to which South African initiation schools must adhere in order to prevent health crises in initiation schools. The argument is that these health requirements stipulate that EHPs together with health promotion practitioners should inspect and monitor the health, safety and well-being of initiates. The questions arising from the entire context are: 1) How are municipal EHPs expected to execute their scope of work if they were not traditionally initiated? 2) Will the country's EH goals be fulfilled if municipal EHPs may not undertake inspections in terms of section 6 of the norms and standards, unless they themselves were initiated? 3) Is the health of initiates and hygiene of initiation schools being compromised because of traditional access rules? Traditional access rules in initiation schools are customary rules that prohibit those who enter initiation schools without traditional consent. The primary objective of these rules is to protect traditional practices at initiation schools as they cannot be seen or comprehended by ordinary members of the community, particularly those who never went to initiation schools. These rules, therefore, make it impossible for EHPs to enter and enforce health requirements in initiation schools.

Meissner and Buso define initiation and traditional male circumcision as a rite of passage in a boy's journey to manhood [9]. Initiation schools are cultural schools which young males and females attend to be taught the values, principles, hardships, respect and accountability within their cultural tradition. This happens over a specific, defined period, usually two to six months, and this may occur during winter or summer. The environmental health profession fits into this context in its endeavours to create non-hazardous, risk-free and hygienic environments for the purpose of occupation and human inhabitation. According to the Constitution of South Africa [1], every citizen in South Africa is entitled to an environment that is safe, healthy and risk free. However, little information is

available concerning the compliance rate of EH practices in initiation schools on the entire African continent. This paper aims to stimulate the debate and provide a discourse on the deprived EH practices that lead to serious health conditions and adoption of undesired public health practices in the Basotho male initiation schools.

Description

Basotho male initiation schools

Basotho initiation schools are traditionally common in the Free State province of South Africa. This is a province that is dominated by the Basotho culture, tradition, values and system of beliefs that embrace traditional circumcision. These schools are common in the Free State province, but they also are found in areas such as Vaal (Gauteng), Matatiele and Sterkspruit (Eastern Cape). Cameraboy indicates that the performance of initiation ceremonies forms an integral part of the Basotho culture and is performed for boys who are considered ready to become young men [10]. Boys spend time in the mountains to be taught about their culture, respect and, most importantly, about diseases. The question that arises from Cameraboy's description then is: If initiates are taught about diseases and well-being, why is the rate of deaths and injuries among initiates so alarmingly high? Various authors, such as Niang and Boiro [11] and Vincent [12] point out that in a traditional circumcising community initiates undergo the initiation processes in order to be entrusted with family and communal responsibilities. Likewise, in the Basotho society boys undergo initiation procedures due to these procedures being part of family and communal cultural practices and, in many instances, it is a cultural requirement and prerequisite for being accepted as an adult in the community.

Basotho initiation practices entail cultural education together with traditional male circumcision as central components of the rite of passage from boyhood to becoming an adult man. This is significantly different from the rites of other cultural clans who place an emphasis on traditional male circumcision only. In the Basotho initiation schools one also may find initiates from all Sesotho-speaking cultures such as members of Batlókwa, Makgolokwe, Bafökeng, Bataung, and Bakwëna [13]. According to the AIDS Foundation of South Africa [7], the owner of an initiation school appoints men to reside with initiates throughout the duration of the initiation. Among these men, some are teachers (*Basuwe*), responsible to impart cultural knowledge, others cook and provide caring to initiates, and senior men act as supervisors of teachers in instances when the owner is absent [14].

Apart from these elderly males, traditional surgeons and nurses attend the initiations to perform circumcisions [7]. The training programmes of these health practitioners are evaluated [15], but in the event of a botched



circumcision leading to septicaemia or penile amputation, initiates are referred to health care facilities to be treated by medical personnel [16]. This is a deviation from traditional initiation rules which always have been against the involvement of outsiders in these rituals [17]. What makes Basotho initiation practices an even more interesting case is that males who previously have been initiated are permitted to enter the schools and provide support in caring for initiates, which is different from the Pedi and Tsonga cultural practices [7]. EHPs who have not been initiated, have to observe this traditional access rule.

Significance of traditional male initiation in South Africa

The significant drive of initiation schools in South Africa is for younger boys to be prepared for the transition to manhood; Bottoman, Mavundla and Toth [18] refer to it as preparation for traditional teachings. Different ethnic groups in South Africa, such as the Ndebele, Pedi, Southern Basotho, Tsonga, Tswana, Venda, and Xhosa practise initiation rites that are distinctive in various ways, for example, in how circumcision is defined, the ceremonies taking place before and after initiation practices, the people involved in the initiation activities, as well as their roles in the rites of passage [7]. More often, the Basotho ethnic group does not perform ceremonies when young boys go to initiation school, whereas other ethnic groups do perform these ceremonies. Among the Basotho, the circumcision ceremonies are performed only at the end of the initiation process when young men return from the mountains to celebrate their manhood. During these ceremonies, cognisance is not taken of issues pertaining to EH, due to either negligence of EHPs to enforce health requirements or restriction by traditional rules.

One of the components perceived to be important with regard to initiation schools is the given cultural instruction in relation to the roles and responsibilities of what is to be called a “man” [12]. The perception, yet significant, of male initiation practices in South Africa and the entire African continent is to reduce the risks of HIV and other sexually transmitted diseases. This means the perception ‘save sex’ of many ethnic groups has been focused on circumcision whereas there are other factors that are paramount to that. Male initiation practices are undertaken to highlight the importance of respect within manhood, self-confidence, true cultural identity, moulded character and embracement of unique African culture. Due to bogus initiation schools operating without authorisation from local authorities, young males in South Africa, with the support of parents have opted for safe medical circumcisions performed at either private or public health care institutions. Unauthorized initiation schools often are not monitored by health institutions and they contribute substantially to the high rate of deaths in initiation schools. However, the South African government has played a

noticeable role in reducing the number of deaths and other curative health concerns linked to initiation schools. The on-going crisis is the lack of a preventative health system, and the failure to recognize the role of EH in practice in initiation schools.

Involvement of south African government in the traditional initiation practices

The South African government makes provision for employing EHPs to enforce, monitor and evaluate health requirements in initiation schools. This is done to strengthen the preventative health system in the country; however, their visibility and the performance of their duties still pose a challenge. The other focus point of government in this regard is secured funding for medical circumcision programmes and the training of health care practitioners, particularly nurses and medical doctors to deal with the variety of allied health issues linked to initiation schools. The collaboration between the national department of health and stakeholders such as PHILA (the Nguni name for “Door to Health or Life”), Brothers for Life, and USAID (US Agency for International Development), to mention but a few, proves the positive efforts taken by government to protect the health of young boys. Legislation has also been developed to regulate traditional initiation practices, and recently the bill [19] has been enacted to oversee health and safety of initiation practices. Certainly, the government is committed to ensure safety in initiation schools and combat diseases among initiates. However, the questions still remains: Are EHPs neglecting their responsibilities with regard to initiation schools, or are they restricted by customary traditional access rules? The ethical considerations or clashes concerning public health and traditional initiation practices cannot be ignored.

According to Douglas [20], the views of owners of traditional initiation schools are that health professionals tend to enforce health policies and medical practices without considering culture. To them, this is very insolent, as the health professionals working in rural areas mostly are black Africans who should preserve and protect the African culture. In some areas of South Africa where EHPs enforce the health requirements in initiation schools, the findings will always be questionable, because of their fear to communicate what is considered to be a public health nuisance and non-compliance. The protection of South African cultural believes should not come at the expense of the health of initiates. This dilemma requires a radically changed compliance approach.

Involvement of various stakeholders

In South Africa, there is an involvement of different stakeholders in traditional initiation affairs, and this is done to ensure that the initiation practices are conducted in a safe,



healthy and sound manner. According to Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities [21], the house of traditional leaders is one of the stakeholders that have powers to deal with matters pertaining to the initiation rites and initiation schools. Such powers include the appointment of traditional healers for initiation schools, handling of complaints such as abuse, mediation and arbitration in initiation schools and also setting up committees that protect the rights of initiates and traditional initiation schools in South Africa. The involvement of the following stakeholders play a crucial role in ensuring sensible and rational practices in South African initiation schools [21]:

I. Department of Health:

The role of health department in initiation schools is to provide medical check-ups before initiates can undergo initiation processes. The other important roles are to give first-aid and health care training to people in charge of initiation schools, including teachers (*mesuwe*) and traditional surgeons [22]. Department of Health also provide surgical instruments and train the traditional surgeons on the use of such instrument. Provision of emergency mobile medical facilities is also a responsibility of the health department, and this usually happen when there is an emergency and initiates need to be referred to a nearby health facility.

II. Department of Social Development

The consent to undergo traditional initiation school is between initiates, parents and owners of initiation schools and the entire process is overseen by the South African Social Development ministry. The other critical role played by the social development, often unnoticed, is to provide food (in case of emergency) in initiation schools when initiates are in seclusion.

III. South African Police Services

This is the sector of government that provide intervention in relation to alcohol and substance abuse as well as other forms of criminality. The role and responsibility of the police services is to enforce peace, safety and security in initiation schools and this happens when there are cases of assaults, beatings and deaths due to injuries.

IV. Municipalities

The local government ensures that infrastructure and proximity from domestic space is being regulated by the by-laws. This include the demarcation of space for

habitable structures in the initiation schools, provision of water services and authorisation of initiation schools to operate in different seasons.

Even though the various stakeholders are involved in traditional initiation affairs in South Africa, there is still a need for vigorous proactive participation and visibility. The fear of vigorously participate will always exist, therefore compromising the health and hygiene conditions in initiation schools. Douglas and Maluleke [5] indicated that it is difficult to enforce penalties or arrest traditional surgeons who contravene the law because the legislation is always resistant to interfere with traditional customs. The first challenge stated by Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities [21] is traditional access rules that restrict various role players to actively participate in initiation schools, and this is due to protection of traditional sacred practices, cultural education and the rite of passage processes. The second challenge is unauthorised initiation schools that are not on the register of municipalities. These schools are not recognized by the traditional house of leaders and they subsequently contribute to high rates of deaths, pneumonia and dehydration [23] as well as genital amputations among initiates.

Risks

Health requirements versus traditional requirements

A knowledge gap exists amongst initiation school owners when it comes to the definition of safe and healthy practices, and environmental hygiene in initiation schools. The norms and standards for EH have a well-defined purpose, which is to set a benchmark of quality against which environmental conditions that may constitute a health hazard can be identified and monitored in order to prevent serious and avoidable harm. This means the requirements for health conditions and hygiene in initiation schools cannot be subservient to traditional principles. Also, the traditional requirements of the school itself may never be superior to EH requirements. Environmental health plays a vital role in, and must be in the vanguard of protecting the health, hygiene, and the well-being of the initiates and that never may be sacrificed for the purpose of promoting unsafe practices due to these practices being part of a tradition. Every year, initiation schools absorb large numbers of young and middle-aged Sotho males and among them are some who do not return due to unhealthy conditions that result in either death or catastrophic health conditions. If, according to Cameraboy [10], those initiates are taught about diseases, the question is: Who provides them with such education and to what extent is the teacher's knowledge sound? The only individuals who have a professional right and the knowledge to provide health education are health practitioners, including EHPs.



In many African cultures traditional male circumcision still is seen as an indispensable and even sacred cultural rite aimed at preparing young males for the responsibilities of adulthood. Tragically, many of these initiates are subjected to practices resulting in medical complications. The ensuing moral dilemma, especially for EHPs is, on the one hand, that in South Africa the right of citizens to participate in their cultural practices is protected, but, on the other hand, all citizens, especially our youth, must be protected from harm. How can these competing obligations be balanced?

Duties of an EHP with respect to Basotho initiation schools

In the Basotho society it is a historically known cultural aspect that males alone will be involved in the male initiation affairs, and the same goes for females, but then only if they themselves were initiated. The male EHPs become ethically obligated to protect the health, safety and well-being of other male initiates in terms of Chapter 1, section 6 of the norms and standards for EH [8]. In order to ensure this particular responsibility is exercised, the health inspections should be conducted without fear or favour, regardless of traditional principles. This, however, seems to be contradictory with cultural norms and beliefs and is regarded as a failure of black male Sotho-cultured EHPs to uphold their traditional respect. According to the *Norms and standards for environmental health* [8], EHPs in South Africa have a responsibility, with respect to initiation schools, to inspect water and sanitation supply, the structures where initiates sleep, the utensils used to prepare food, proper handling of both general and health care risk waste, indoor air quality and the sterilisation of medical equipment used for circumcision. Above all, health education should form an integral part of health inspections [8].

Many incidents of unhealthy practices in initiation schools in Africa have been reported in literature. Mayatula and Mavundla [24], for example, assert that in the Xhosa tradition an unsterilized blade may be used for circumcisions on a group of initiates in one session. This is one of the most common causes of genital amputation among initiates, and yet EHPs do not ensure that all circumcising instruments are sterilised and disposed of in a hygienic manner after use. Meissner and Buso [9] state that it is considered unprofessional and dangerous to use non-sterile instruments or employ the same blade when circumcising more than one person. Between December 2005 and January 2006 Meissner and Buso [9] compared medical reports from different hospitals in the Eastern Cape and found that seventeen deaths were due to complications as a result of circumcisions on Xhosa initiates. In the same study, one case of suspected chemical poisoning and another of carbon monoxide poisoning were reported.

If the EHPs are so content about full performance of all activities in their scope of practice, why does the country still experience cases of chemical poisoning in initiation schools? The EHPs have a duty to educate those involved in the initiation processes and eliminate the cases of chemical poisoning and complications due to circumcision.

Circumcisions undertaken in non-clinical settings hold serious health risks that may lead to death [25]. In 1999 Magoha undertook a study to investigate complications of traditional male circumcision among patients admitted to various hospitals in Kenya and Nigeria during 1997 and 1998 [26]. In this study it was found that 80% of the 50 patients who experienced complications had been circumcised by untrained traditional surgeons. This resulted in one patient developing septicaemia, two patients lost their genitals due to gangrene and five others underwent glans penis amputation. Even today people in rural areas of South Africa still undergo traditional male circumcision whereas the public health stand point is that these operations are unsafe, unhealthy and associated with high health risks [27]. Perhaps EHPs are not providing sufficient health education in initiation schools with regard to risks involved in the traditional male circumcision. The other issue that might be a reason for exposure to such unhealthy practices is lack of EH research in initiation schools and health promotion campaigns with an aim of health education.

Negative effects of current practices in initiation schools

The current practices in initiation schools have substantially contributed towards the induced mortality rates amongst youth in the rural areas of South Africa. This is a public concern that stains EH professionals with a bad image of unprofessionalism and dismal failure to uphold their scope of practice. However, the element of unauthorised initiation practices is considered to be a major contributing factor. Douglas and Maluleke [5] conducted a study investigating ways that may prevent deaths caused by dehydration in traditional male initiation schools. The study identified several factors ensuing in negative health outcomes. Poor environmental conditions, water restrictions and imbalanced diets were identified as of great concern. The study found that public health should find solutions to combat the problems of poor sanitation, the quality of drinking water, and the effects of poor environmental conditions on the health of initiates. Such a venture ideally should be spear-headed by EHPs collaborating with other health practitioners with knowledge of preventative health care.

The current challenges regarding initiation schools facing health authorities in South African include unskilled traditional nurses and surgeons who have relatively little experience in dealing with traditional male circumcision [20], the use and re-use of non-sterile blades with the potential to spread blood-borne infections, and severe



dehydration [5, 7]. A recent report of the AIDS Foundation of South Africa [7] avers that a change of attitude and behaviour among initiates to immorality and transgression is increasing the health risks of initiates, including the risk of contracting HIV. The report explicates that the transgressions might be caused by a misperception and ill-definition of what “being a man” means, and this misunderstanding is contributing to producing a broken society in the rural areas of South Africa.

In 2017 the Commission for the Rights of Cultural, Religious and Linguistic Communities (CRL Commission) released a report about deaths and injuries at initiation schools in South Africa [28], following an increase in the number of deaths, beatings, assaults and health risks investigated. During the investigations it was found that a major cause of penile amputation was the incompetent performance of rituals at initiation schools. The Commission also found that high levels of assaults and beatings occurred but were poorly investigated as the police preferred not to become involved in cultural affairs. Traditional access rules together with fear to enter initiation schools seem to contribute significantly towards the high rates of deaths among younger South Africans who wish to be initiated. The report highlights some of the critical health concerns such as initiates who suffered from pneumonia, meningitis, dehydration and hunger during the process. Fearless participation of EH in health promotion in initiation schools can reduce the number of deaths substantially, and at the same time increase the number of individuals who would like to partake in traditional initiation practices, thereby serving the cultural interests of the people. Thus, it has become essential that the practice be regulated and measures to prevent harm be taken and enforced.

Conclusion

This paper asserts that EHPs should be allowed to exercise their full responsibilities, without interference, fear or favour of traditional principles, at the initiation schools in order to protect the health and safety of initiates and substantially reduce avoidable deaths that occur due to significant non-compliance with EH practice. EHPs should also be allowed to enter initiation schools without prior notice in order to inspect hygiene and health requirements. Performance of EH services at initiation schools should not be regarded as intrusion of the traditional value-system space. However, traditional experts should consider it as a form of strengthening the health system within their schools, and of the country as whole. In all municipalities in South Africa, EHPs should uphold and maintain their professional obligations by fulfilling their municipal health services (MHS) function, which is to monitor and evaluate health requirements in initiation schools.

The prohibition of male EHPs to conduct health inspections in the initiation schools affects the health, safety and well-being of the initiates, and EH thus becomes non-compliant with the Constitutional Act of South Africa [1]. As indicated above, health inspections in initiation schools are an integral part of monitoring and evaluation of health surveillance of premises in terms of the norms and standards for EH. A need exists among owners of initiation schools, traditional surgeons, persons in charge of the schools and the initiates to be educated in environmental health. The suggested education should target personal hygiene of initiates including recommended hand washing techniques, prevention of dehydration (this has also been suggested by Douglas and Maluleke [5]), safe and healthy choices of sanitary facilities, as well as clean drinking water. Many public health studies on initiation schools have highlighted the training of traditional surgeons and nurses in order to support the South African National Department of Health mandate. The government should play a critical role in this regard by providing training and financial support for initiation school programmes. The immorality and transgression of initiates should also be addressed as they create a misperception about the teachings and practices in initiation schools [14].

A significant need exists for research on hygiene aspects and the role of health education in initiation schools. The research focus should be on the following:

- Quality of drinking water
- Effects of environmental conditions such as extreme temperatures on the health of initiates
- Assessment of hygiene of food utensils and food preparation areas
- Effectiveness of sterilisation methods used in initiation schools for circumcision instruments
- Compliance rate of general and health care risk waste

The author of this paper notes that it is very difficult to conduct primary research on issues pertaining to initiation schools because the rituals are reticent and it is considered unacceptable to discuss them with outsiders [12, 29]. The initiation custom and rituals suggest that there is traditional history to practise; however, changes in the society influence how these practices are conducted [17]. The custodianship of initiation schools in South Africa has created a commotion between government and traditional houses. In 2003, the *Citizen* (newspaper) published an article after the enactment of the Circumcision Act [30]. The then Chief Nonkonyana argued that the act would reveal the cultural secrets of traditional male initiation schools [31]. The view of other Chiefs, like Holomisa, was that the act would allow the involvement of women in male traditional initiation affairs [32]. According to Gitywa [33], females are associated with uncleanness,



which, according to traditional norms, ban them from coming into contact with initiates.

This paper also calls for involvement of young male and female initiates in the environmental health education and health promotion programmes in order to strengthen the health system in the traditional initiation schools. The approach will be to recruit young male and female initiates who meet university requirements to be trained as EHPs in order to enforce environmental health legislation in initiation schools. This is an essential form of approach that will ensure that the customary rules in initiation schools, such as the rule of access, principle of secrecy and sacredness and comprehension of rite of passage processes are not interfered with.

Having put forth the naked facts about traditional initiation ceremonies, this paper calls for active collaboration between municipal health services (MHS) and traditional houses to eradicate mortality rates, and incident cases of preventable diseases, and to ensure that EH services reach the traditional male initiation schools in South Africa. In such endeavours, cognisance must be taken of the fine line between the obligation to ensure safe health care measures and the right of the individual to uphold cultural traditions.

Abbreviation

EH: Environmental Health; EHP: Environmental Health Practitioner; MHS: Municipal Health Services

Acknowledgements

The author wishes to acknowledge the South African National Department of Health for recognising the importance of Environmental Health in community health promotion.

Authors' contribution

The author read and approved the final manuscript.

Ethics approval and consent to participate

Not applicable.

Consent for publication

Not applicable.

Competing interests

The author declare that he/she have no competing interests.

Publisher's Note

Springer Nature remains neutral with regard to jurisdictional claims in published maps and institutional affiliations.

Received: 6 February 2018 Accepted: 6 August 2018
Published online: 09 August 2018

References

- South Africa. The Constitutional Act of South Africa, Act no. 108. Pretoria: Government Printer; 1996.
- South Africa. National Health Act, Act no. 61. Pretoria: Government Printer; 2003.
- South Africa. Regulation relating to the scope of profession for environmental health. Regulation no. 698. Pretoria: Government Printer; 2009.
- South Africa. Regulations relating to the powers and duties of inspectors and analysts conducting inspections and analysis of foodstuffs and at food premises. Regulation no. 328. Pretoria: Government Printer; 2007.
- Douglas M, Maluleke TX. Traditional male circumcision: ways to prevent deaths due to dehydration. *Am J Mens Health*. 2016;12(3):584–93. <https://doi.org/10.1177/1557988316628545>.
- Douglas M, Maluleke TX, Manyapelo T, Pinkney-Atkinson V. Opinions and perceptions regarding traditional male circumcision with related deaths and complications. *Am J Mens Health*. 2017;12(2):453–62. <https://doi.org/10.1177/1557988317736991>.
- AIDS Foundation of South Africa. Culture and health programme, Initiation Schools – Baseline Report. 2012. Available online: <https://www.aids.org.za/wp-content/uploads/2018/02/Culture-Health-Programme-final-report.pdf>. Accessed 29 May 2018.
- South Africa. Norms and standards for environmental health. In: National Department of Health Guidelines. Pretoria: Government Printer; 2013.
- Meissner O, Buso LD. Traditional male circumcision in the eastern cape—scourge or blessing? *South African Medical Journals*. 2007;97:5.
- Cameraboy. Basotho boys initiation. Published by Dot. Gone music, South Africa. 2017. Accessed at www.cameraboy.co.za/basotho-boys-initiation/ [available online].
- Niang CI, Boiro H. "You can also cut my finger!": social construction of male circumcision in West Africa, a case study of Senegal and Guinea-Bissau. *Reproductive Health Matters*. 2007;15(29):22–32.
- Vincent L. "Boys will be boys": traditional Xhosa male circumcision, HIV and sexual socialisation in contemporary South Africa. *Culture Health and Sexuality*. 2008;10:431–46.
- Riep MMD. Visual symbols of self: south Sotho arts and initiation. Fort Collins: Colorado State University; 2010. Available at: <https://africa.uima.uiowa.edu/topic-essays/show/43?start=9>
- Mohlaloka SMB, Jacobs L, de Wet Corene N. Insights from traditional initiation teachers (Basuwe) on the influence of male traditional initiation (lebollo) on the behaviour of schoolboys. *Perspectives in Education*. 2016; 34(2):19–32. <https://doi.org/10.18820/2519593X/pie>.
- Peltzer K, Kanta X, Banyini M. Evaluation of a safer male circumcision training programme for Ndebele traditional surgeons and nurses in Gauteng, South Africa: using direct observation of circumcision procedures. *Afr J Trad CAM*. 2010;7(2):153–9.
- Ntsaba MJ. Traditional circumcision and nursing in South Africa 3rd south African nurses conference presentation, Birchwood hotel. 2016. Available at: https://www.sanursesconference.co.za/files/DAY_1_PRES_4_Traditional_circumcision_and_Nursing_in_South_Africa.
- Kepe T. 'Secrets' that kill: crisis, custodianship and responsibility in ritual male circumcision in the eastern Cape Province. *South Africa Social Science & Medicine*. 2010;70:729–35.
- Bottoman B, Mavundla TR, Toth F. Peri-rite psychological issues faced by newly initiated traditionally circumcised south African Xhosa men. *J Men's Health*. 2009;6(1):28–35.
- South Africa. Customary Initiation Bill, B7. Government Gazette No. 4149. Pretoria: Government Printer; 2018.
- Douglas M. An intervention study to develop a male circumcision health promotion programme at Libode rural communities in the Eastern Cape Province, South Africa (Doctoral Thesis). South Africa: Walter Sisulu University; 2013.
- Commission for the Promotion and Protection of the Rights of Cultural, Religious and Linguistic Communities. Report on public hearings on male initiation schools in South Africa. Research and Policy Development Unit, CRL commission. 2010.
- Douglas M, Maluleke TX, Labadarios D, Hongoro D and Nyembezi A. Traditional male circumcision: how to prevent deaths and complications. Brief policy, Human Science Research Council. 2016. Available at www.hsrc.ac.za/en/research-data/view/7924
- Meel B. Traditional male circumcision-related fatalities in the Mthatha area of South Africa. *Med Sci Law*. 2010;50(4):189–91.
- Mayatula V, Mavundla TR. A review on male circumcision procedures among south African blacks. *Curationis*. 1997;20(3):16–20.
- Peltzer K, Nqeketo A, Petros G, Kanta X. Traditional circumcision during manhood initiation rituals in the eastern cape. South Africa: a pre-post intervention evaluation *BMC Public Health*. 2008;8:64. Accessed at <http://www.biomedcentral.com/1471-2458/8/64>
- Magoha GA. Circumcision in various Kenyan and Nigerian hospitals. *East Afr Med J*. 1999;76(10):583–6.
- Behrens KG. Traditional male circumcision: Balancing cultural rights and the prevention of serious, avoidable harm. *SAMJ, Cape Town Jan*. 2014;104(1):15–6.



28. Commission for the Rights of Cultural, Religious and Linguistic Communities (CRL Commission). CRL Rights Commission releases initiation deaths report. News 24, City Press. 2017. Available online: <https://www.news24.com/SouthAfrica/News/crl-rights-commission-releases-initiation-deaths-report-20171121>. Accessed 3 May 2018.
29. Mavundla TR, Netswera FG, Bottoman B, Toth F. Rationalization of indigenous male circumcision as sacred religious custom: health beliefs of Xhosa men in South Africa. *J Transcult Nurs*. 2009;20(4):395–404.
30. Chiefs still resist circumcision law. *Citizen*. (2003, 10 December).
31. New health Act 'a slap in face' for Xhosa men. *Pretoria News*. (2001, 02 November).
32. Holomisa P. Safeguarding and preserving the institution of initiation: identifying challenges and seeking solutions. East London: Paper Presented in Initiation Schools Conference; 2004. p. 27–9.
33. Gitywa VZ. Male initiation in the Ciskei: formal incorporation into Bantu society. In: Unpublished doctoral thesis. South Africa: University of Fort Hare, Alice; 1976.



OUR VICE CAPTAIN - MICHAELA SCHOEMAN

Ms Michaela Schoeman is currently doing third year in Environmental Health. She is an athlete in rowing at the University of Johannesburg. She started her academic year in 2018, doing a course that was not her passion and choice, as she needed to get away from the tradition of “so called gap year”.

“I did not do well in two of the subjects in that course, which turned out to be devastating, as I got so accustomed to excelling, be it in sport (soccer and athletics) and academically in high school. I was valedictorian and failing my first year filled me with a lot of disappointment”

What do you love most about Environmental health as a profession?

“I am very intrigued by the relationship between us as humans and our environment. My love for nature and it's benefits to humans has contributed to my love for Environmental Health. Knowing that I can somehow contribute to bettering the environment for myself and everyone else someday fills me with so much excitement and knowing that I'll use my profession to do this will be a great honour.

“In 2019 I had to do serious recollections and remembered that my mom always wanted me to take up rowing as a sport, so I did. I set two goals for myself to get distinctions in the two subjects I had initially failed and to prove to myself that failure is not an option whether its subjects or course I was not passionate and not so interested in. At that point, in time, rowing was more of a catalyst to propel me to excellence due to the extra pressure that somehow awaken my greater ability to excel in pressure related situations. I achieved my academic goals as well as being awarded the “Female Novice of the Year” in rowing”



“In 2020 I was selected as “Women’s Vice Captain” which was a great and unexpected achievement. COVID-19 nearly left me devastated as I could not row, but I kept fit and studied hard. By then my perception changed and I started seeing rowing as a sport and a lifestyle I adore wholeheartedly.”

Achievements?

“Receiving my very first medal (bronze) in rowing where my crew was up against Rhodes University in the A-final at Boat Race, a crew three times our size, “Student of the Year” award and “Most Improved Rower” was the greatest achievement I have had this year, as well as being re-elected as “Women’s Vice Captain” for 2022. My rowing experiences have taught me the importance of mind control, if you really want to achieve anything it will always start with you.”

All credit and honour first to God, then my mom, my coaches and my supportive family and friends. This indicates with the right support structure one’s ability is never limited, one’s capacity can go as far as possible, and success is inevitable.

How can you motivate fellow EHPs to participate in sport and what are the benefits of doing so while studying?

“Telling people about the greatness that sports can bring one is enough for some while for others showing them the benefits of sports increase their interest in participation. Sports has a different impact on everyone’s life, but it is a great escape from reality because you step into a zone where it is only about you and your teammates. Doing sports while studying allows you to take a break and distress from coursework, it also allows you to be more confident as well as improves your mental health, it also allows you to travel and meet a lot of amazing people. Being a student-athlete teaches you great discipline, improves your ability of teamwork and improves one’s ability to work under pressure.”



GENERAL INFORMATION

**FOR ANY INFORMATION OR ASSISTANCE
FROM THE COUNCIL
DIRECT YOUR ENQUIRIES TO THE CALL
CENTRE**

Tel: 012 338 9300/01

Fax: 012 328 5120

WHERE TO FIND US:

553 Madiba Street

Corner Hamilton and Madiba Streets

Arcadia, Pretoria

P.O Box 205

Pretoria 0001

WORKING HOURS :

Monday – Friday : 08:00 – 16:30

Weekends and public holidays – Closed

**CERTIFICATE OF GOOD STANDING/STATUS,
CERTIFIED EXTRACTS VERIFICATION OF
LICENSURE, REGISTRATIONS, ERASURES**

Email: hpcsacgs@hpcsacgs.co.za

**ETHICS AND PROFESSIONAL
PRACTICE, UNDESIRABLE BUSINESS
PRACTICE AND HUMAN RIGHTS OF
COUNCIL:**

ADV. NTSIKELELO SIPEKA

Tel: 012 338 3946

Email: NtsikeleloS@hpcsacgs.co.za

**COMPLAINTS AGAINST PRACTITIONERS
LEGAL SERVICES**

Fax: 012 328 4895

Email: legalmed@hpcsacgs.co.za

**STATISTICAL INFORMATION AND
REGISTERS:**

YVETTE DAFFUE

Tel: 012 338 9354

Email: yvetted@hpcsacgs.co.za

DEPUTY COMPANY SECRETARY:

MS TEBOGO VUNDULE

Tel: 012 338 9448

Email: TebogoV@hpcsacgs.co.za

COMMITTEE COORDINATOR

MR TLOU MABOYA

Tel: 012 338 3985

Email: TlouM@hpcsacgs.co.za

SECRETARY:

MS MODERN RAMARE

Tel: 012 338 9421

Email: ModernR@hpcsacgs.co.za

COPYRIGHT DISCLAIMER

The EHP news is a newsletter for practitioners registered with the EHP Board. It's produced by the Corporate Affairs Division, HPCSA building, 2nd floor, Madiba Street, Arcadia, Pretoria. EHP practitioners are encouraged to forward their contribution at EHPBoard@hpcsacgs.co.za. The copyright in this newsletter, its name and logo is owned by the HPCSA. You may not reproduce this newsletter, or its name or the logo of the HPCSA that appears in this newsletter, in any form, or for commercial purposes or for purpose of advertising, publicity, promotion, or in any other manner implying their endorsement, sponsorship of, affiliation with any product or service, without the HPCSA's prior express written permission. All information in this newsletter, is provided in good faith but is relied upon entirely at your own risk. By making use of this newsletter and its information you agree to indemnify the HPCSA, Employees and Service Providers from all liability arising from its use.



Health Professions Council of South Africa