

# Risk assessment and decision making among men in the 6 week period post voluntary male medical circumcision in South Africa

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# Background

- ▶ Voluntary male medical circumcision (VMMC) is one of the principle interventions to reduce HIV transmission.
- ▶ However, during the six week period post VMMC, risks of HIV infection for men who have unprotected sex are raised.
- ▶ Many studies report that men begin having sex before the wound has healed sometimes as early as in the third week
- ▶ Men find it difficult to engage with health facilities

- ▶ To provide effective interventions a clear understanding is required of how men evaluate the risk from their wound and the risk of further injury, against their desire to have sex.
- ▶ Decision making, especially around sex, are not bound by rationality
- ▶ The context facing these men include sexual desire, masculine identity, sense of personal value and status in relationships
- ▶ This paper will look at how men balance their contextual influences against risk

# Methods

- ▶ The data for this study comes from two separate studies.
- ▶ Interviews conducted with men who had been through VMMC.
- ▶ 9 focus groups with men from Cape Town.
- ▶ 3 focus groups with the men's sexual partners in Cape Town.
- ▶ 25 individual interviews done in Mangaung in the Free State.
- ▶ The interviews were done within two months of the end of the healing period by trained interviewers
- ▶ All interviews were transcribed and then analysed using a contextualized interpretative approach with Atlas ti.

# Results

- ▶ The wound's impact on men's lives changed over the 6 weeks, as their wound healed.
- ▶ The six week period of sexual abstinence was a major concern for many men.
- ▶ This desire to have sex and the felt capacity varied over the 6 weeks
- ▶ There was some variation between Cape Town and Mangaung
- ▶ It was unclear how much of the counselling information they remembered

# Sense of risk

- ▶ There was variation around the sense of risk that the men felt.
- ▶ Particularly among the men from Mangaung there was concern about the risk over the 6 week period.
- ▶ *It is much too high, because the wound is not healed yet. Therefore, you are vulnerable from getting STIs and HIV. That is why I recommend that you wait until the six week ends.*
- ▶ In contrast many of the men in Cape Town did not consider HIV a risk for them.

# No challenge

- ▶ Some men were not in relationships or did not focus on sexuality as something core to their identity. These men coped a lot better. These tended to be the younger men, including those still at school.
- ▶ *“I cannot say much on sexual behaviour because I do not know anything. I am still single. ....  
There was no sexual behaviour, maybe if I had a girlfriend I would have something to say on the matter. I am still single.”*

# During and immediately after surgery

- ▶ Respondents spoke of feeling confused on the day of the surgery. The operation was fine, but pain returned soon.
- ▶ *“at first it was very confusing because you do not know what to do”*



# First two weeks

- ▶ The first two weeks were focused on the pain that they were experiencing and how to cope with unwanted erections which put stress on the stiches and increased pain.
- ▶ *On the first day when I went to ... it was a bit difficult for me, because I stay with a woman and I sleep next to her .... Yes. So, during the night it erected ..... Yes. That pain, I felt pain when it erected*

# Second two weeks

- ▶ In the second two weeks, the wound was healing and the experienced pain had reduced.
- ▶ Some men were wanting to engage in sex, despite pain, the risks of the wound rupturing and infection.
- ▶ *So I saw myself engaging in sexual intercourse on a third week. .... Yes, I have used a condom. .... However, on the next round I did not use it*
- ▶ *It is because I am always with my girlfriend, every time she comes back to work am with her, ..... So one day I found her bathing naked and I could not resist then one thing led to the other.*

- ▶ Men who were used to an active sex life they found it difficult to remain celibate.
- ▶ They also wanted to confirm it still worked.
- ▶ The major constraint that they felt was avoiding pain. In one case this was covered by the use of additional pain tablets.
- ▶ *That weekend, we went out. You know when we go out it will happen that they meet with girls ..... I thought about that fact that I have never experienced any pain. I fear pain*

# Third two weeks

- ▶ In the last two weeks many men considered the wound healed sufficiently to begin sex, despite remaining sensitivity and pain, and the ongoing risk.
- ▶ I started the 5<sup>th</sup> week .... And I think I still have some few stitches ..... It was incomplete sex, I struggled to put the condom on, because my penis was a bit swollen in the front ..... Yes, I struggled to ... then I forced to put it on.
- ▶ He then went onto have more sex with a different women in the sixth week. He had found it hard to resist sex as he lived with a woman, the partner in week 5.

- ▶ Men also spoke of meeting the sexual demands of their partners
- ▶ *We have been communicating so I realised that she has also been longing to have sex with me, so after four weeks I felt healed and ready to sleep with her, yep. .... But we did not have sex for long, we just had one round*
- ▶ For other men the fear of damage to the penis was a constant factor throughout the six week period.
- ▶ *I did not think about sex, I was just sitting. Before you heal, it would happen that the stiches would open up when you have sex and it might happen that you will start over again.*

# Specific strategies used to avoid sex

- ▶ A core strategy for men in relationships was to draw their partners into their strategies.
- ▶ *I went home, sat with my wife, and explained to her the situation I am facing from now until the six-week period. She understood and supported me until the fourth week, because I was almost healed. Therefore, I sends her away for two weeks because I was starting to be tempted.*

- ▶ Men spoke of removing themselves from temptation by distracting themselves with other activities or through isolation
- ▶ *Sometimes I went out to get some air and hang out with my friends. We would chill for 2 to 3 hours to avoid having sex.*
- ▶ *What I did is I never told them what I did... .. I lied to her I told her I am going away for some time, so I need some space*

# Discussion

- ▶ The men were very aware of the pain that they were experiencing.
- ▶ As this pain reduced so their concerns reduced, and they were prepared to take risks despite medical advice.
- ▶ Stiches were seen as a deterrent by some men.



# Reasons for the early initiation of sex focused on the men

- ▶ Needing to prove their capacity to perform as a man
- ▶ Rise in sexual desire
- ▶ Keeping their partners sexually satisfied,
- ▶ Fearing their partners would seek sexual satisfaction elsewhere
- ▶ Being curious about their remodeled penis, and
- ▶ Being aroused by standard sexual patterns with partners or by going out

# Other considerations

- ▶ Large variation by age,
- ▶ What constitutes safe sex in this context needs to be clarified
- ▶ Many did not remember any counselling or receiving much information. This does not mean that the information was not provided, but that it got lost.
- ▶ Damage to the penis may be a better argument for keeping men abstinent in the six week period.

# Conclusion

- ▶ To fully respond to the context and needs of men in the 6 week period post circumcision, interventions need to be tailored to their experiences and needs.
- ▶ In the early period post circumcision the focus should be on the ongoing care of the wound, while
- ▶ For the later periods, education need to emphasize the ongoing risk of infection even if partial healing has occurred.
- ▶ The role of sexual desire and masculine identity needs to be acknowledged
- ▶ Men need to be assisted in balancing these needs with their own safety.

**Thank you**

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