Acceptability of Male Circumcision by Women Partners in a Clinical Trial in the Dominican Republic

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Background

Voluntary Medical Male Circumcision is acceptable to Dominican men and can be performed in the Dominican Republic, with minimal risk1. More can be learned about the procedure’s acceptability and impact on their female partners.

• Circumcision opponents in the 1990’s argued that foreskin allows more enjoyable intercourse and prevents vaginal dryness2.
• Other opponents in the late 1990’s noted that women who experienced intercourse with circumcised and uncircumcised men generally preferred sexually unaltered partners3.
• Nearly 100% of female partners of men from the Uganda male circumcision trial reported similar or improved sexual satisfaction with their partner after circumcision.

Aims

The acceptability study aimed to:
• Conduct a quantitative and qualitative assessment of sexual satisfaction among female partners of recently circumcised men
• Conduct a quantitative and qualitative assessment of sexual health among female partners of recently circumcised men
• Conduct a qualitative and quantitative assessment of acceptability of male circumcision among female partners of circumcised men

Methods

We recruited regular sex partners of men circumcised in a clinical trial of VMMC in the DR. Willing participants either joined focus group discussions or completed a survey on acceptability, sexual practices, and health. Focus groups were conducted by in Spanish by female Dominican facilitators and were audio-recorded, transcribed verbatim, and coded using Atlas.ti software. Surveys were provided in Spanish and were filled out manually by the participants. Answers were input by study personnel into a REDCap database. We analyzed survey data with SAS (v9.3) to generate descriptive statistics bivariate results.

Results

Median age of women surveyed (n=55) was 28 years (IQR 24-34) and 80% had children. Almost universally (98%) women were satisfied with their partner’s circumcision and would consider circumcising their sons (98%). The majority (89%) were more attracted to their partner after circumcision and 98% were more satisfied with sex after circumcision. Women who reported vaginal and urinary symptoms (dysuria, bleeding, abnormal vaginal discharge, ulcers) prior to their partner’s circumcision reported a dramatic decrease of these symptoms after circumcision. All women were very satisfied with their partner’s hygiene and the majority (>70%) felt more protected against HIV/STI. Almost all (98%) had recommended the procedure to other couples. Focus group data confirmed high levels of acceptability and satisfaction. Not only did women feel that their partner’s hygiene improved, they also perceived improvements in their sex life and health as a result of the improved hygiene.

Conclusion

Regular sex partners of circumcised men perceived VMMC to improve sexual health and satisfaction. Survey data and focus group data are largely concurrent with one another with regards to sexual health and satisfaction. Much of the perceived improvements in sexual satisfaction seem related to favorable changes in hygiene which resulted in greater sexual confidence for both male and female partners. These findings suggest that VMMC has a positive impact on female partners and that they could be engaged to promote VMMC.

References

4. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.
5. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.
6. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.
7. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.
8. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.
9. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.
10. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.
11. Vaginal pain, vaginal itching, vaginal discharge quantity, pain and duration.

Acknowledgements

The University of Illinois at Chicago and the Study Team would like to thank the staff at both the Instituto Dermatologico and the Clinica De Familia for their help with this project. Both institutions share a strong commitment to improving the health and well-being of their clients through thoughtful research and excellent clinical care. The Study Team would also like to thank the University of Illinois at Chicago’s Infectious Disease Fellowship for their commitment to global health and its support of young investigators.

Presented at the 9th IAS Conference on HIV Science - Paris, France