Women's experience of male circumcision in Papua New Guinea: A grounded theory study.

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Introduction

- Voluntarily medical male circumcision is being investigated as a HIV prevention measure in Papua New Guinea (PNG) following male circumcision research in Africa (Auvert et al 2005, Bailey et al 2007, Gray et al 2007).
- A great diversity of traditional and contemporary circumcision practices exist across PNG, with limited medical male circumcision (MacLaren et al 2013, Vallely et al 2011).
- Approximately 25,000 people (0.5% population) are living with HIV in PNG (National AIDS Council Secretariat, PNG 2013).
- Younger women and older men are affected with urban areas having higher HIV rates (National AIDS Council Secretariat, PNG 2013).
- Women in PNG have a lower status than men (UNDP 2013). Gender inequality and HIV risk is linked in PNG and internationally (Lewis et al 2012, Richardson 2014).
- Studies have documented mixed responses by women to male circumcision as a HIV prevention method in PNG (MacLaren et al 2013, Vallely et al 2011).
- Understanding how women experience and manage the myriad issues of male circumcision for themselves, their sexual partners and their sons is essential to understanding broader HIV and sexual health issues in PNG.

Figure 1. Map of Papua New Guinea, including study sites.

Methods

Between 2012 and 2014, a transformational grounded theory study was conducted using a two-phase approach to understand how women perceive, experience and manage male circumcision in PNG.

- **Phase One** Analysis of existing qualitative data from a multi-site male circumcision study (**Fig 1:** black stars indicate 4 multi-site study sites). Data were theoretically sampled and analysed to identify preliminary categories (2012-13).
- **Phase Two** Eleven semi-structured interviews (n=10 women, n=1 man) and seven focus group discussions (n=64 women), were facilitated at two study sites - a rural oil palm plantation and an urban university (**Fig. 1**, yellow stars indicate field sites). Participants were theoretically sampled, consistent with grounded theory methodology (Birks and Mills 2012).
- Interpretive Focus Groups were facilitated to: (i) discuss data 'chunks' from the original multi-site male circumcision study in PNG, and (ii) co-generate primary data to extend the original analysis **(Fig. 2).**
- Women were invited to draw their responses to four questions about male circumcision in PNG, using storyboarding methods: (i) what is happening (how, who, when where)?; (ii) what is the outcome for men? (iii) what is the outcome for women? (iv) what needs to happen next?
- Interview and focus group transcripts and storyboarding data were inductively analysed to identify codes, categories and a grounded theory. Findings were discussed and recommendations identified with participants at both sites in 2014.

Figure 2. Women in Papua New Guinea participating in Interpretive Focus Groups (pictures are altered to protect the identify of participants).

Ethics Clearance for this study was provided by Pacific Adventist University, PNG National AIDS Council Secretariat, PNG and James Cook University, Australia.

Results

- Women know a lot about male circumcision in PNG **(Fig.3)**, including traditional and informal peer-to-peer cutting. *"They boiled the razor blade… then they removed it and then they did a slit, but we were not allowed to know about it. We knew about it but were not allowed to go near the boys."* (SSI Single Female University).
- Some women think male circumcision improves sex and makes their male partner healthier and stronger, *"It makes them look much stronger or tougher."* (SSI Married Female University).
- Some women think male circumcision brings fighting and sickness. Some women hide their displeasure about circumcision "*…bae mi hidem long insait olsem"* (I will just hide it inside). (IFG Single Female Rural).

Figure 3. Storyboard pictures about male circumcision drawn by women

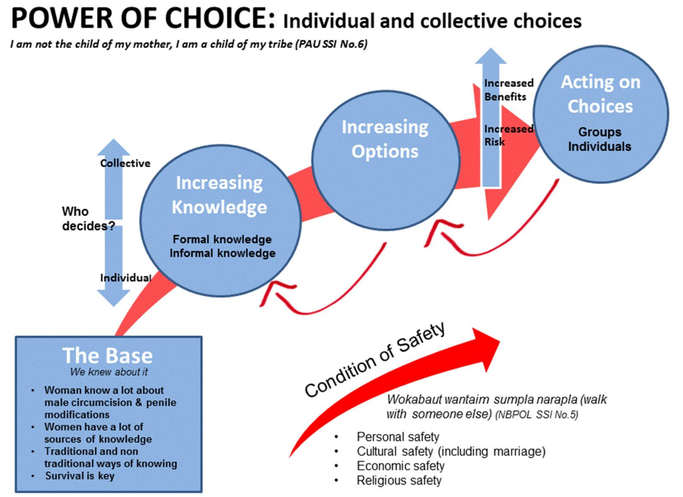

Figure 4. Grounded Theory Model

Power of Choice is the core category of the grounded theory that explains the phenomena of women understanding, experiencing and managing male circumcision in PNG (**Fig.4**). Power of choice includes individual and collective power. A woman who has the ability to influence outcomes for themselves and others in the context of collective (family/clan) has power.

- **The Base:** represents the plethora of knowledge women have about male circumcision. Typically seen as "something that belongs to men", women know when, where, how, by whom, costs, medications required and many other details about male circumcision.
- **Increasing Knowledge:** If women have formal education (high school, tertiary) or informal training (health worker training, community level training) they have greater status in their community. Community members seek their assistance when they have problems. Women's opportunity for training is dimensionalised- individual women have to be committed to undertaking training or education, but they also require the support of family and community.
- **Increasing Options:** When a woman has an education or some form of training, she has more options, including who she has relationships with and the nature of those relationships. She will have more power in relationships and be able to influence others' decisions. A woman with an education will have more choices in her intimate relationships and whether to make a decision about male circumcision for her son/s.
- **Acting on Choices:** Women who have increased knowledge, increased status and know about a range of options are more likely to act on their choices. They can act to keep themselves and their families safe, choose healthy sexual relationships, choose the best for their male children and discuss and agree upon options with their male partner.

Safety is a prevailing condition across this grounded theory model. Women in PNG experience extreme rates of violence and this influences decisions women make. A woman's safety can be threatened if she acts in a way that is not accepted. The ability of a woman to act on her options is always influenced by the collective society in which she lives.

Conclusions

- Increased formal and informal education (including HIV and sexual health training) increases women's status. The often culturally sanctioned low-status roles for women in PNG can be changed with training and/or formal education, which enables women to have greater individual and collective power and thus more options.
- These findings are consistent with a Social Determinants approach to public and preventative health, with "unequal access to economic opportunities and education…at the heart of women's greater HIV risk" (Hardee 2014).
- Women and girls urgently require greater access to education. Even simple local-level training, such as HIV training, can increase a woman's status in her community, increase a woman's safety and provide more options.
- If women have greater power of choice, they are less vulnerable to harmful, unintended consequences that may result from a policy of medical male circumcision.

Literature cited

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