



***Phaphama Imale Circumcision Yizo* HIV risk reduction intervention among medically circumcised young men in South Africa: a randomized control trial**

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Outline of the presentation

- Background
- Purpose of the study
- Methods
- Results
- Conclusion

Background

- **Medical male circumcision (MMC) is now considered one of the best available evidence-based biomedical HIV prevention interventions.**
- **International organisations under the global leadership of both WHO and UNAIDS have recommended that the scaling-up of circumcision in HIV hyperendemic Sub-Saharan African countries including in South Africa as part of a comprehensive HIV prevention package among males.**

Background (contd)

- **However, there is some evidence that the protective benefits of MMC are undermined by behavioural disinhibition or risk compensation, that is, there is an increase in HIV-related sexual risk practices such as:**
 - **reductions in use of condoms and**
 - **increases in numbers of sex partners.**
- **Although substantial concerns have been raised about the risks for behavioural disinhibition following MMC, we are not aware of any theory-based behavioural interventions designed to reduce it.**

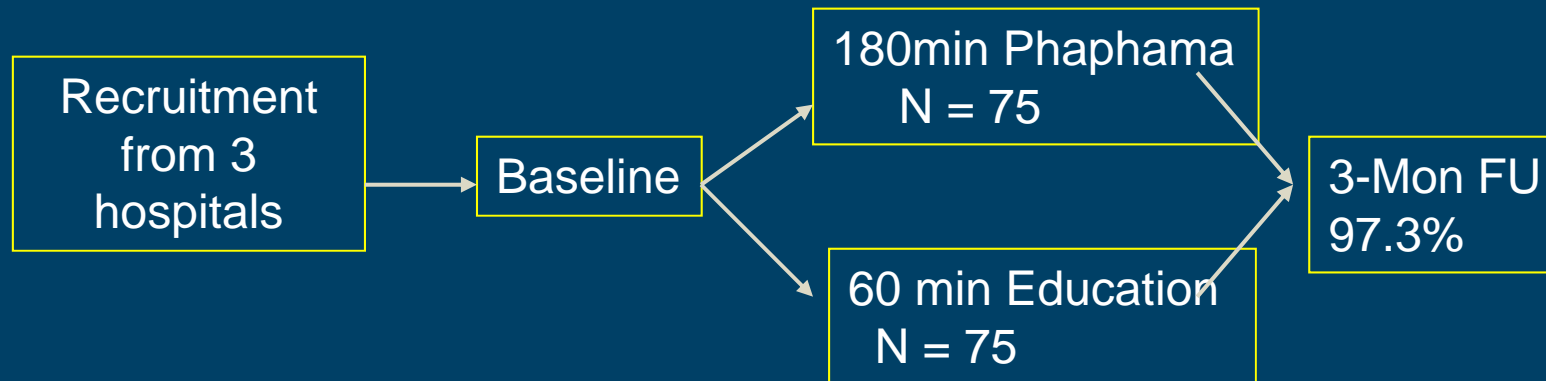
Background (contd)

- This study is in response to the urgent need for behavioural disinhibition prevention interventions for men who undergo MMC in Southern Africa.
 - Purpose of the study
- It was to test a one session (180 minutes) small group culturally-tailored HIV risk reduction counselling intervention among men undergoing medical circumcision in South Africa in order to limit behavioural disinhibition.

Methods

- **A randomized control trial design was conducted using a sample of 150 men aged 18-28 years, 75 in the experimental group and 75 in the control group.**

Phaphama Imale Circumcision Yizo Pilot Study Design



Intervention

- The *Phaphama Imale Circumcision Yizo* intervention that was used in this study was an adaptation of the Phaphama brief (60-min) HIV risk reduction counselling for individual STI patients which was developed by our research team (see Simbayi, Kalichman et al., 2004; Kalichman, Simbayi et al., 2007).
- The intervention is based on the Information-Motivation- Behavioural Skills (IMB) Model.

Original *Phaphama* 60-Min. Risk Reduction Session

Information

- Local HIV prevalence
- Modes of HIV transmission
- HIV transmission myths
- Continuum of risk behaviors

Motivation Enhancement

- Personalized feedback report
- Decisional balance
- AIDS Destigmatization
- Risk reduction values clarification
- Risk reduction goal setting

Behavioural Skills Building

- Functional analysis of behaviours
- Examination of risk situations
- Identifying risk antecedents
- Sexual communication skills
- Condom skills

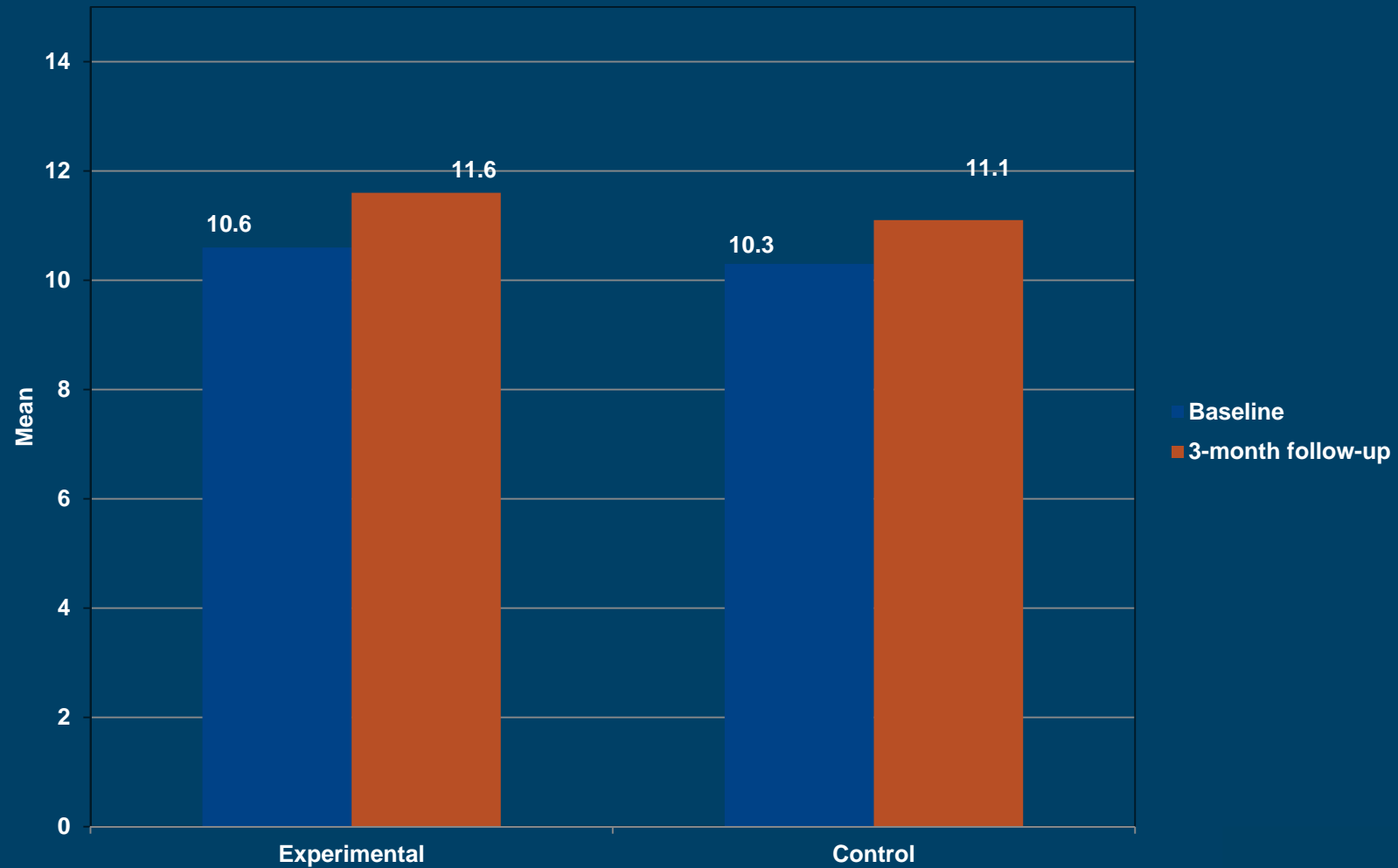
Intervention (contd)

- **The new variant of Phaphama added content on male circumcision disinhibition and that the duration of the experimental condition was extended from 60 minutes to 180 minutes while that for the comparison condition was increased from 20 minutes to 60 minutes.**
- **This was done in order to allow for adequate time to complete the group counselling session for 8-12 participants.**

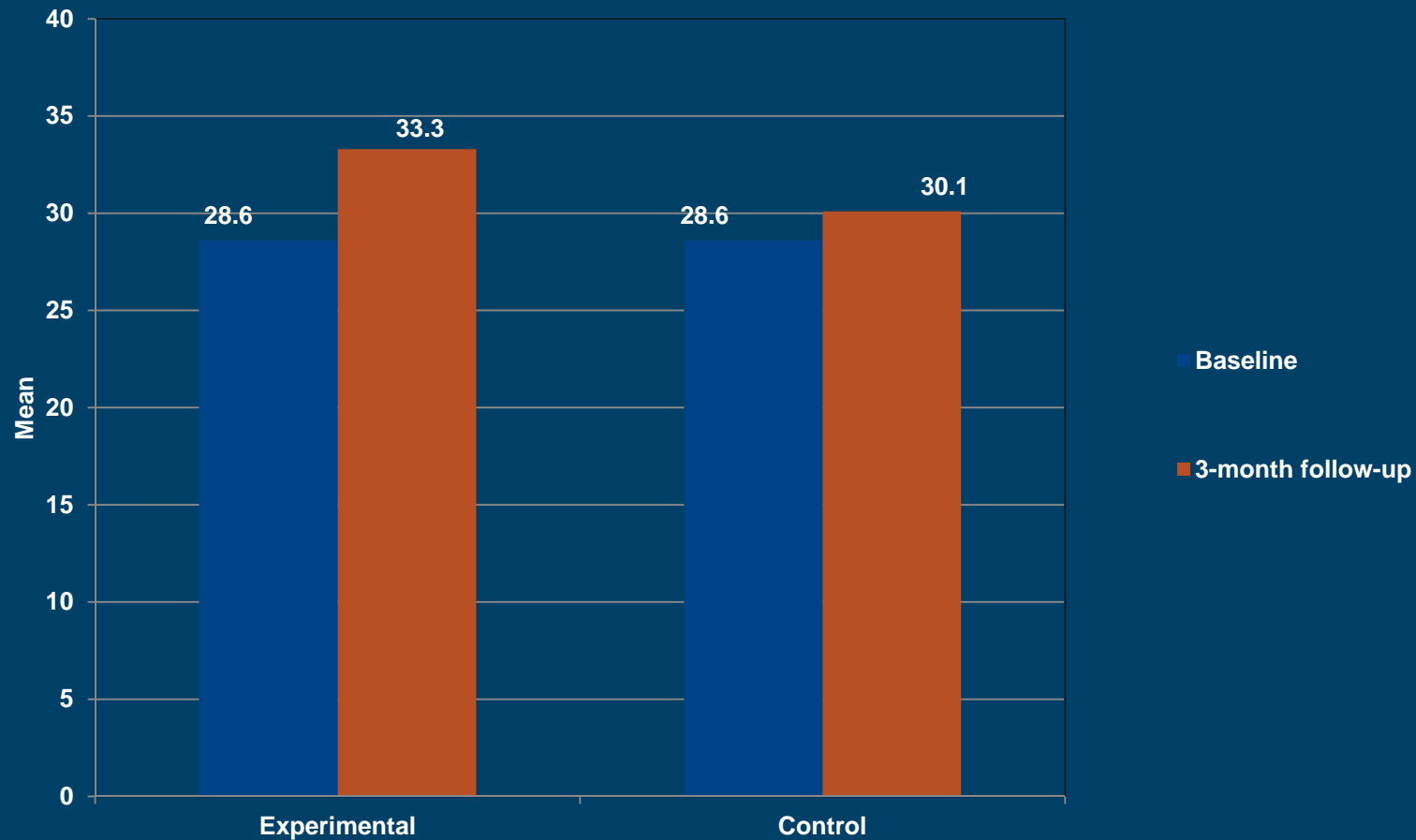
Results

- **Comparisons between baseline and 3-month follow-up assessments on several key behavioural outcomes addressed by the intervention were done.**

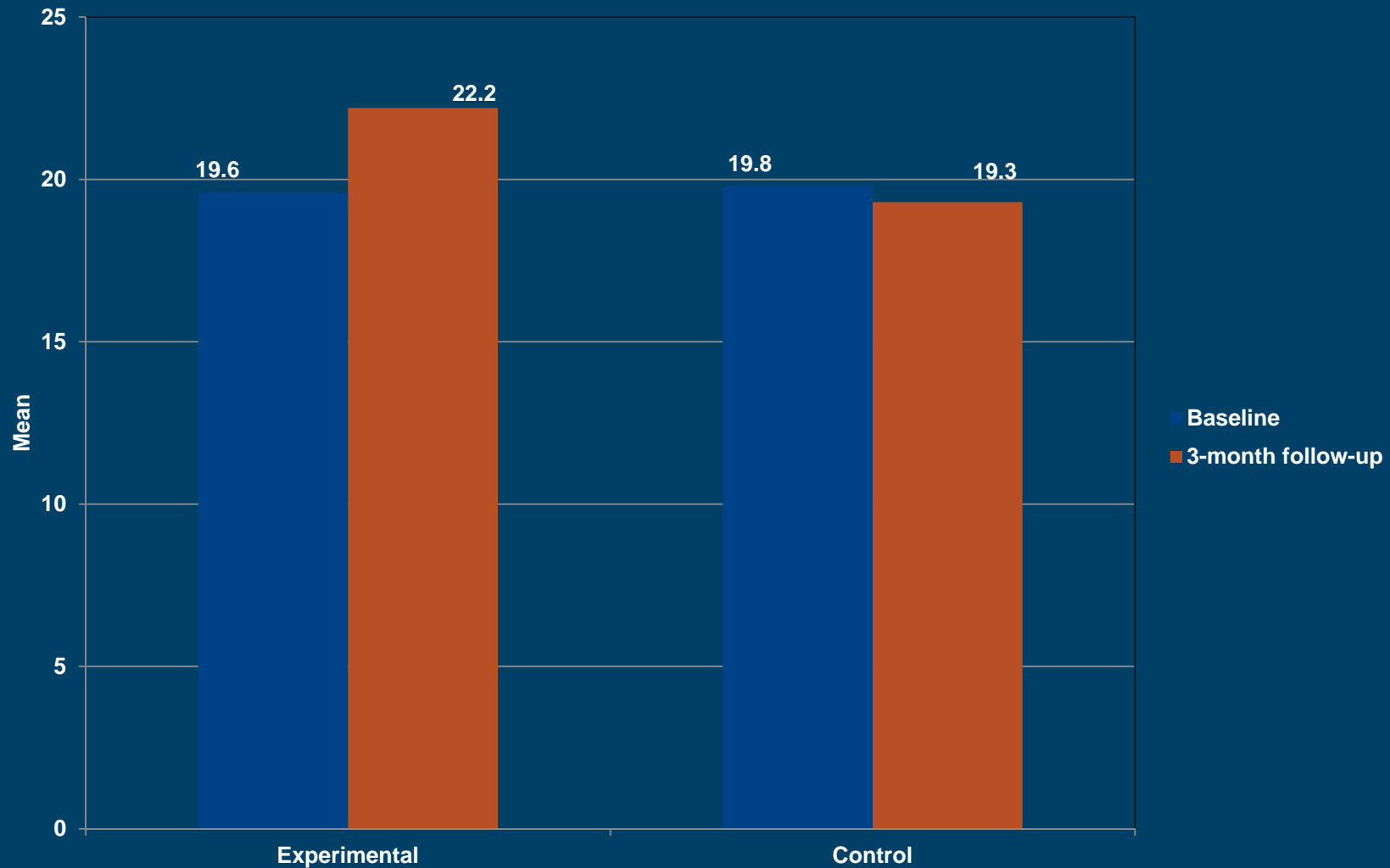
HIV/AIDS risk-related knowledge among medically circumcised at baseline and follow-up by intervention group (N=150)



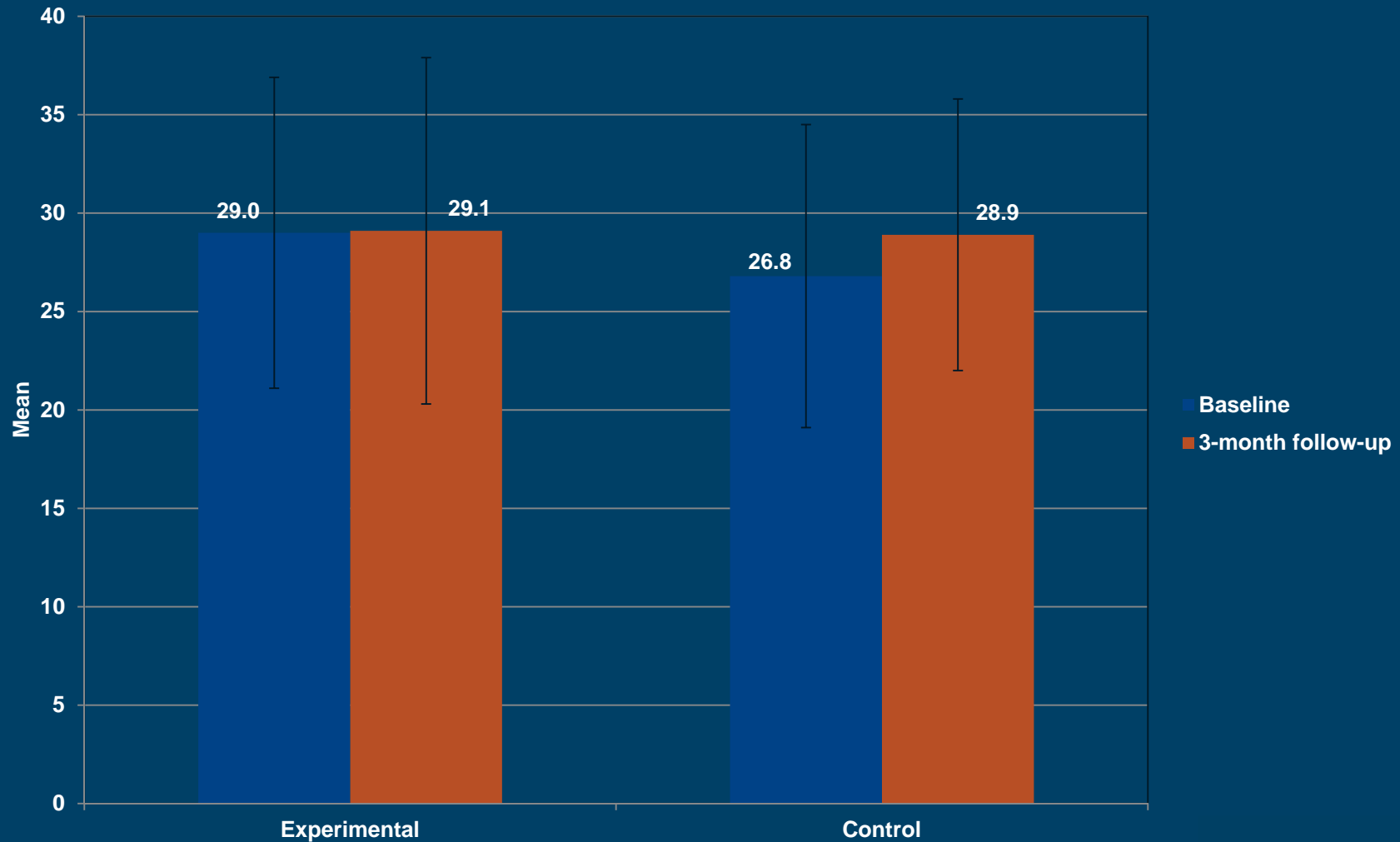
Behavioural intentions among medically circumcised at baseline and follow-up by intervention group (N=150)



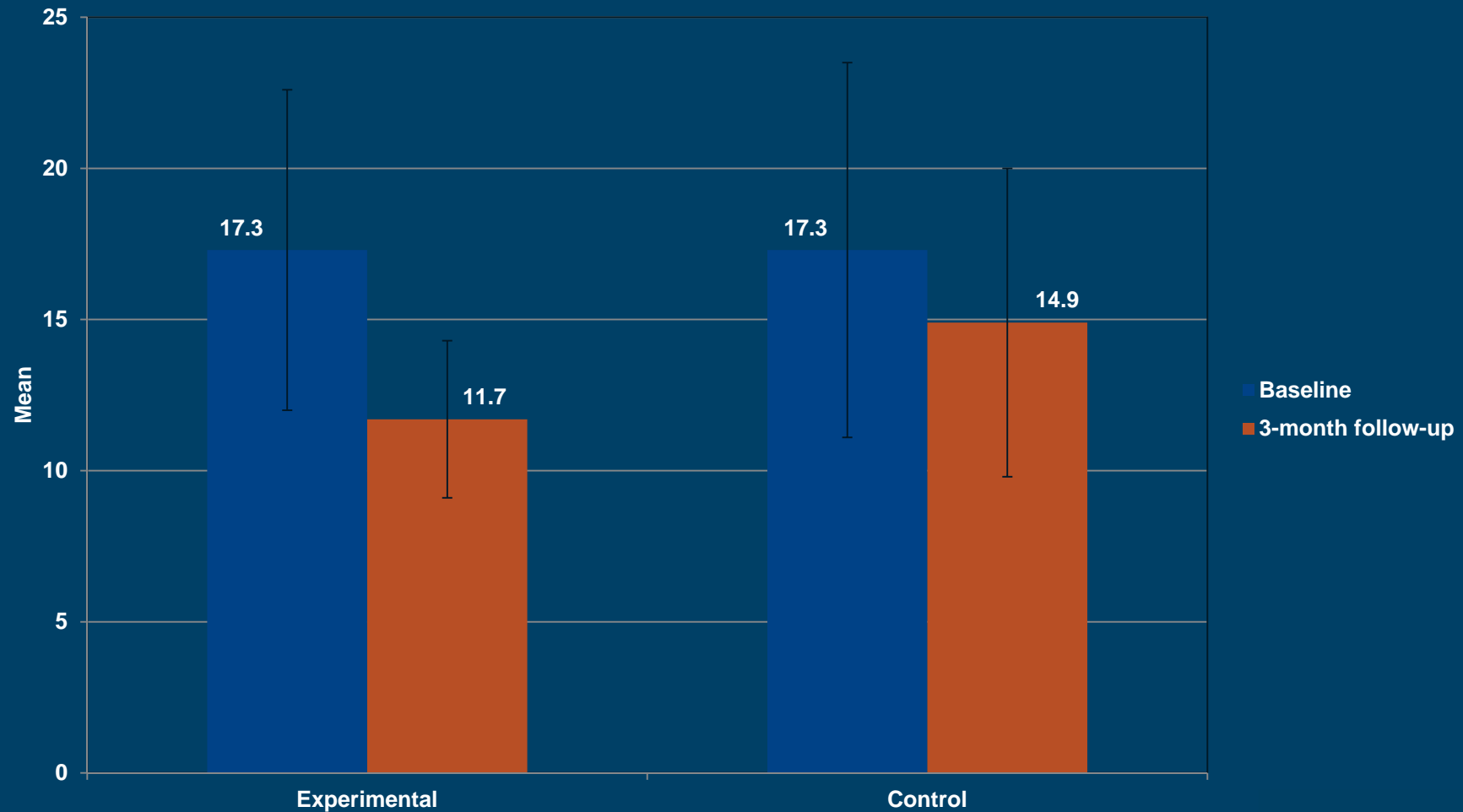
Risk reduction skills self-efficacy among medically circumcised at baseline and follow-up by intervention group (N=150)



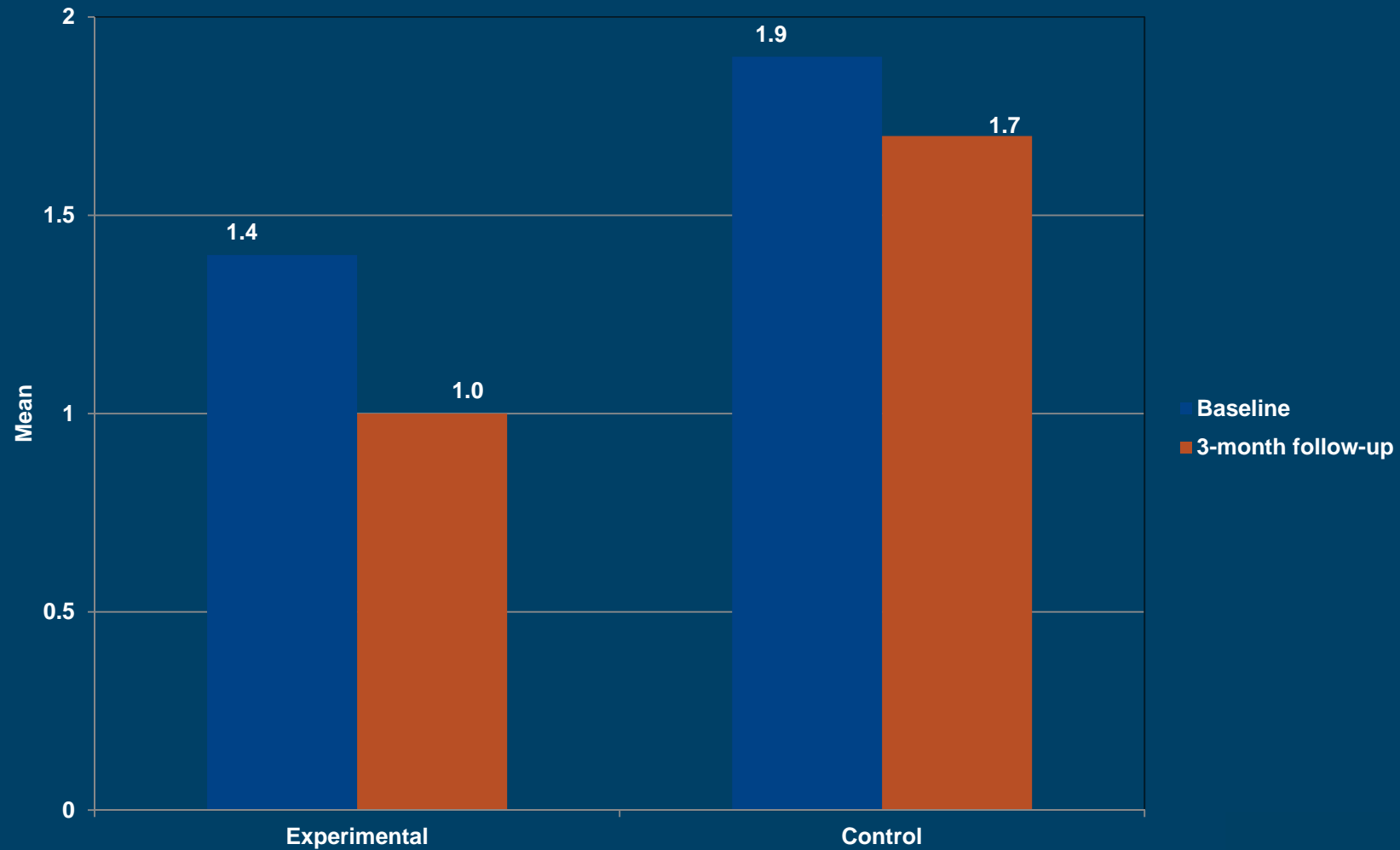
Male role norms among medically circumcised at baseline and follow-up by intervention group (N=150)



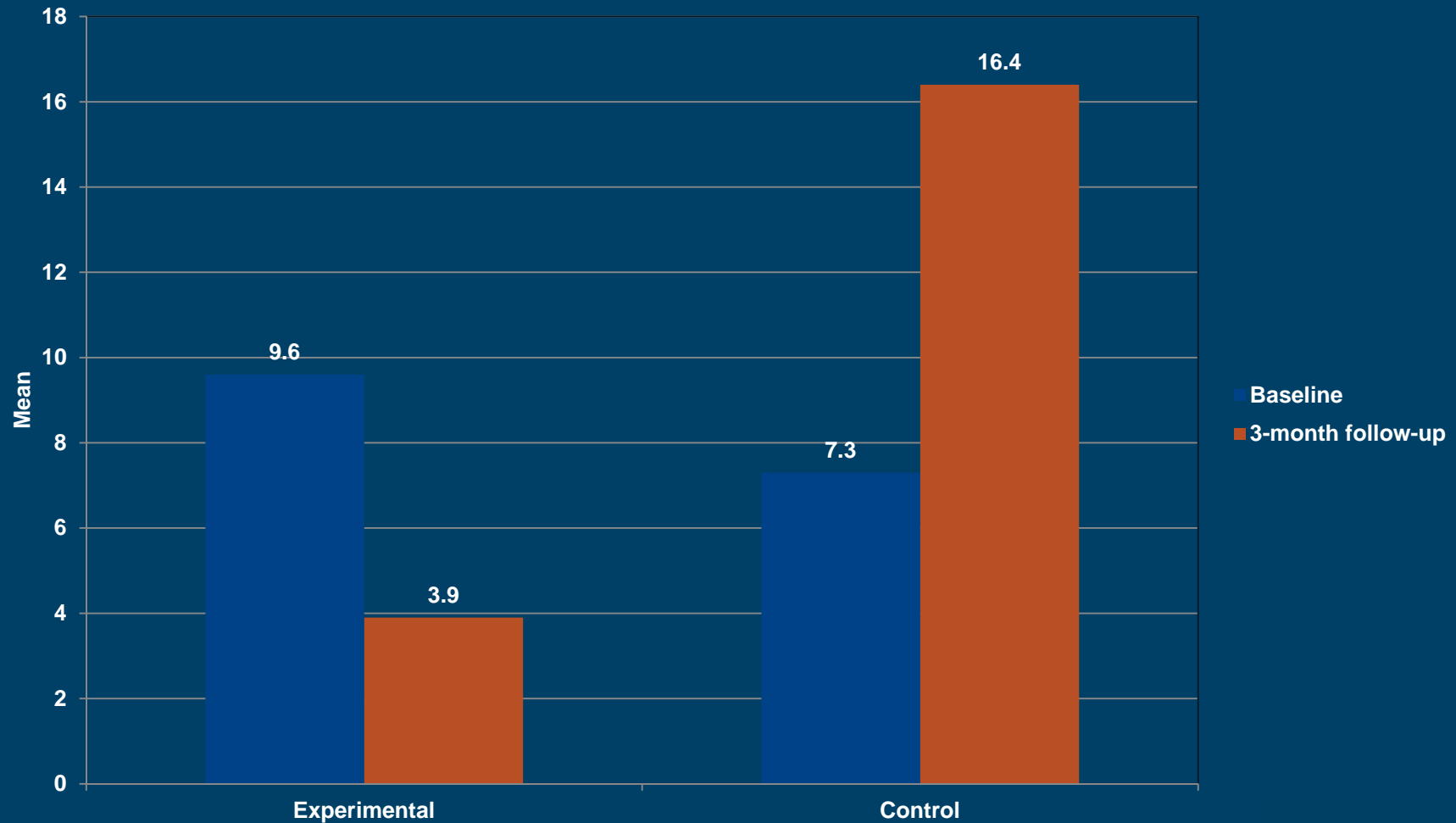
HIV/AIDS-risk related stigma beliefs among medically circumcised at baseline and follow-up by intervention group (N=150)



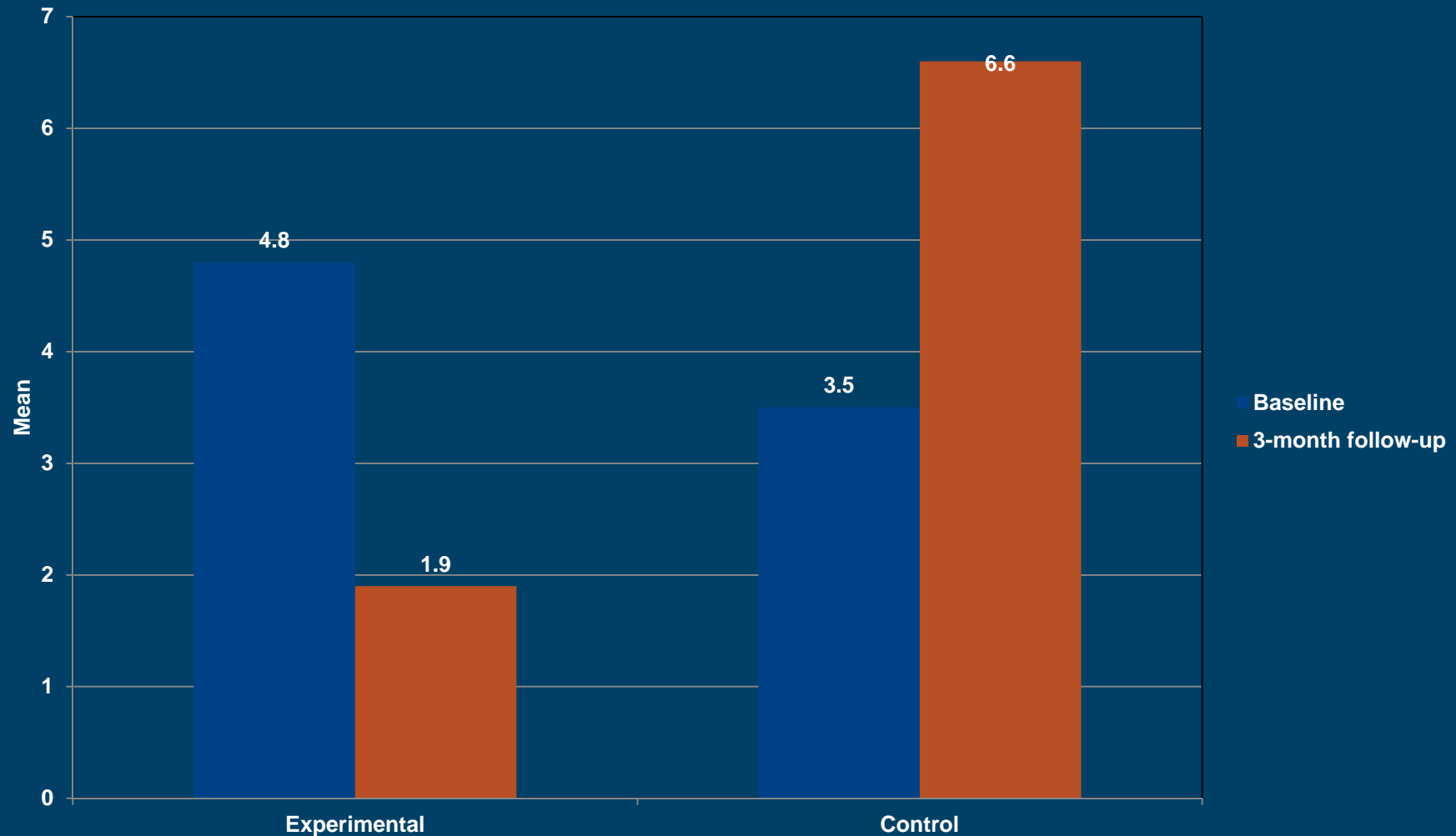
Number of sexual partners in last 3 months among medically circumcised at baseline and follow-up by intervention group (N=150)



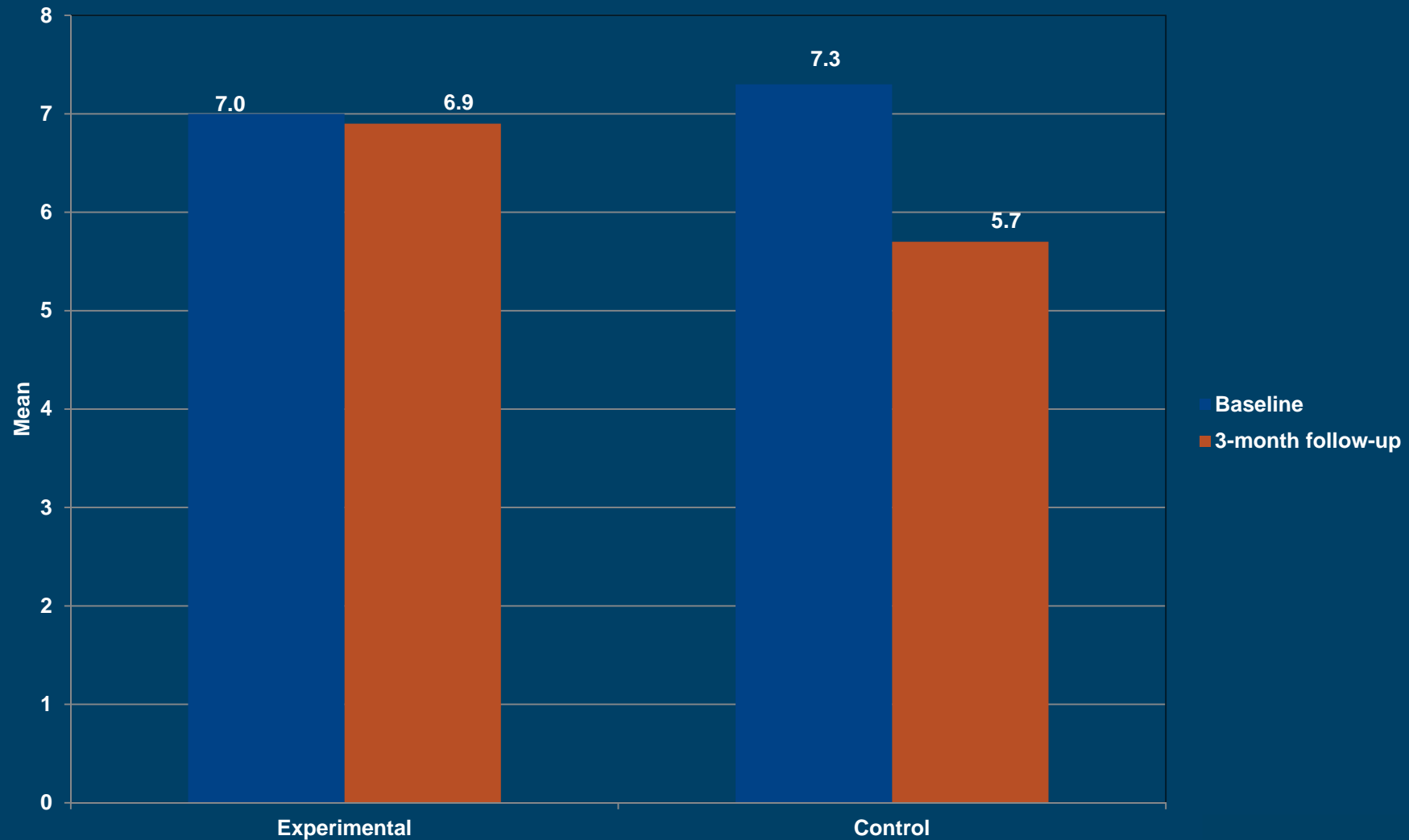
Unprotected vaginal sexual intercourse occasions in past 3 months among medically circumcised at baseline and follow-up by intervention group (N=150)



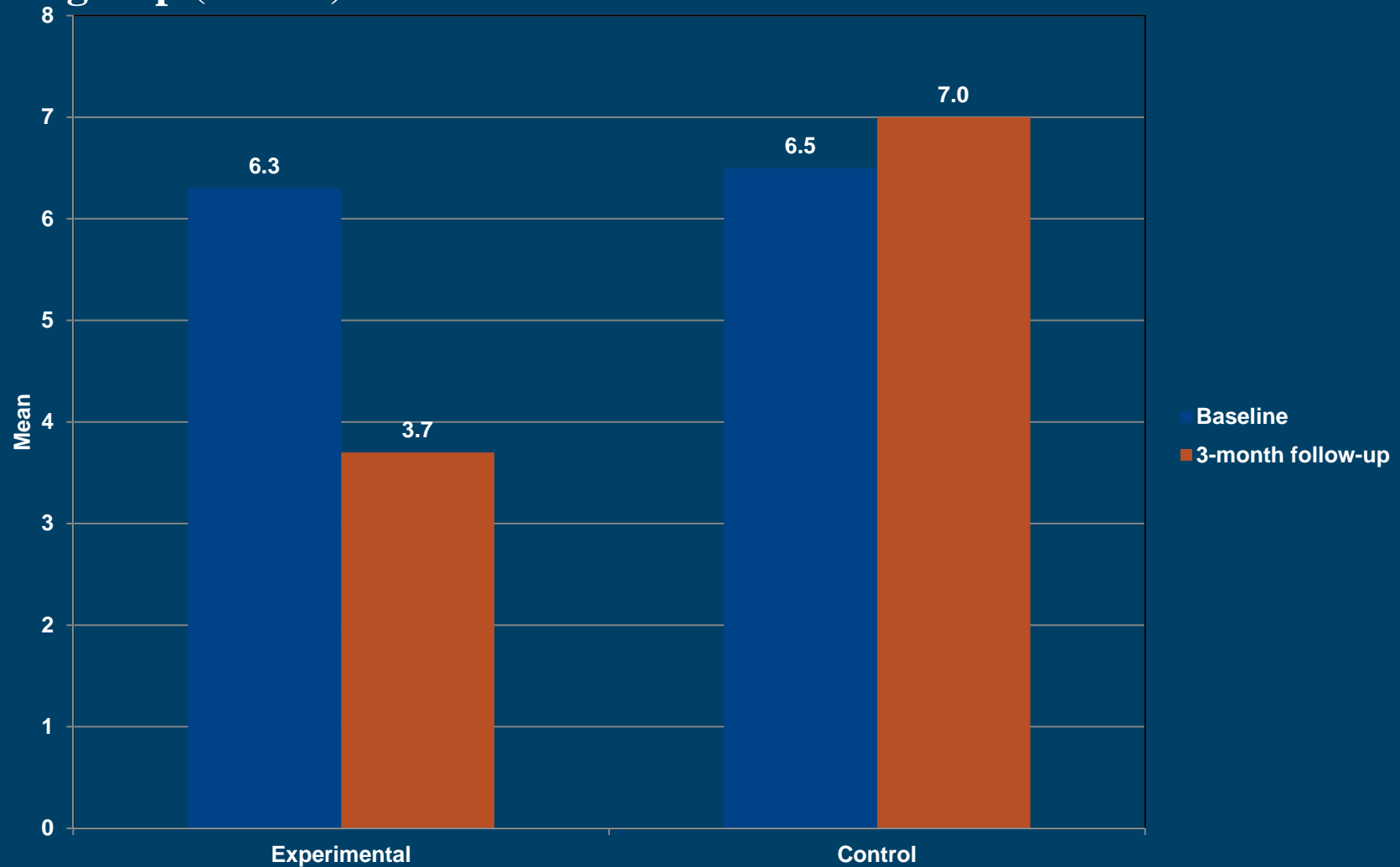
Unprotected vaginal sexual intercourse occasions in past month among medically circumcised at baseline and follow-up by intervention group (N=150)



HIV risk reduction strategies among medically circumcised at baseline and follow-up by intervention group (N=150)



Alcohol use disorder identification test (AUDIT) score among medically circumcised at baseline and follow-up by intervention group (N=150)



Conclusions

- **The current study is the first, to our knowledge, to test a theory-based behavioural HIV risk reduction counselling intervention performed the context of medical male circumcision.**
- **Our study used a randomized design to test the potential efficacy of a culturally-tailored risk reduction counselling intervention for use in the context of medical circumcision in South Africa.**

Conclusions (contd)

- **Positive results of this 180-minute risk reduction counselling intervention are consistent with other studies showing that a relatively brief (one session) and focused HIV risk reduction counselling can have at least short-term effects on reducing sexual risk behaviours in populations at high risk for behavioural disinhibition following medical male circumcision.**

Conclusions (contd)

- **There is therefore a need for a multi-level intervention with the theory-based behavioural HIV risk reduction counselling intervention which was developed and evaluated in this study targeting men who have undergone MMC while another intervention would target both men and women at the community level to reinforce what the men learn in their men-only counselling groups.**
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- **There is also an urgent need that a larger randomized controlled trial is conducted followed by operational research as MMC is being rolled out.**

Acknowledgements

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- **We would also like to express our immense gratitude to the contribution by Prof Seth Kalichman of the University of Connecticut to the original grant application.**

Thank you for your attention

