Indonesian Journal of Global Health Research
Volume 9 Number 1, February 2027
e-ISSN 2715-1972; p-ISSN 2714-9749
https://jurnal2.globalhealthsciencegroup.com/index.php/IJGHR

SIFON TRADITION AND SEXUALLY TRANSMITTED INFECTION RISK IN WEST TIMOR

Wanti[1]*, Albina Bare Telan[1], Melinda Rosita Wariyaka[1], Ummi Kalsum S. Saleh[1], Erika Maria Resi[1], Irfan[2]
[1]Poltekkes Kemenkes Kupang, Jl. Piet A. Tallo, Liliba, Oebobo, Kupang, Nusa Tenggara Timur 85112, Indonesia
[2]Poltekkes Kemenkes Mataram, Jl. Kesehatan V No. 10, Pajang, Mataram Timur, Mataram, Mataram, Nusa Tenggara Barat 83121 / 83127, Indonesia
*trivena78@yahoo.com

ABSTRACT
Sifon is a traditional practice reported among Atoni Meto communities in West Timor Nusa Tenggara Timur Province, in which sexual intercourse may happen not long after cultural circumcision. The practice is associated with cultural beliefs about cleansing, healing, masculinity, and social expectations, while intercourse before wound healing and without barrier protection may create health risks. This study explored the cultural meanings, determinants, and perceived health and non-health impacts of sifon in South Central Timor. A qualitative ethnographic study was conducted in 2019 in Kapan, North Mollo, South Central Timor Regency. Six purposively selected informants participated: two traditional circumcisers (ahelet), two men who had experienced sifon, and two health workers. Data were collected through in-depth interviews and analysed using content analysis. Three overarching themes were identified: the sifon tradition, factors of participation, and the impact felt. Traditional circumcision uses simple tools found in the local area that were not be sterilised. Participants described Sifon as a traditional practice intended to "cool" the body or accelerate the healing process following a traditional circumcision; participation in this practice is influenced by long-standing beliefs passed down through generations, encouragement from peers within the local community, and expectations regarding virility and masculinity. Informants recognised bleeding and infection as possible concerns, but they dont know an even worse impact for their health, such as sexually transmitted infections and HIV risk was limited. Feelings of guilt and concern for female partners were also reported, however, beliefs and the influence of custom lead them to continue practicing sifon. Health education had not systematically involved traditional circumcisers. The findings indicate the urgensi for culturally respectful, lead by sexual health education, safer circumcision and wound-care pathways, timely STI/HIV testing, and clear counselling to avoid sexual intercourse until wounds have healed. And no less important is involving the people who are directly engaged in the implementation of the sifon. The study is qualitative and does not estimate STI prevalence or establish causality.

Keywords: cultural practices; sexually transmitted infections; sifon; traditional circumcision

First Received	Revised	Accepted
03 November 2026	08 November 2026	11 November 2026
Final Proof Received		**Published**
17 November 2026		01 February 2027

How to cite (in APA style)
Wanti, W., Telan, A. B., Wariyaka, M. R., Saleh, U. K., Irfan, I., & Resi, E. M. (2026). Sifon Tradition and Sexually Transmitted Infection Risk in West Timor. *Indonesian Journal of Global Health Research*, *9*(1), 271–282. https://doi.org/10.37287/ijghr.v9i1.2964.

INTRODUCTION

Sexually transmitted infections (STIs) remain an important public health concern because many infections, particularly Chlamydia trachomatis, may be asymptomatic or present with mild symptoms, resulting in delayed diagnosis and continued transmission (O'Connell & Ferone, 2016). Untreated STIs can cause serious reproductive complications, including pelvic inflammatory disease, ectopic pregnancy, chronic pelvic pain, and infertility (Tsevat et al., 2017). Global burden analyses indicate that HIV and non-HIV STIs continue to affect adolescents and adults, with variations in prevalence and incidence across age groups, sex, and geographical regions (Newman et al., 2015; Rowley et al., 2019). These broad estimates provide context for prevention needs; they do not describe STI prevalence specifically in South Central Timor.

Sifon is a customary practice associated with traditional circumcision among Atoni Meto communities in West Timor. The information from the informant that this practice—referred to as Sifon—is rooted in concepts such as "cooling down" the body, dissipating the body heat, accelerating the wound recovery after doing traditional circumcision, and fulfilling ancestral expectations passed down through generations. As described in this study, Sifon is the practice after traditional circumcision may involve sexual relations with women who are neither the participants' wives nor their regular sexual partners, occurring while the circumcision wound has yet to fully heal. The significance of this practice must be understood deeply within its specific cultural context; it should not be viewed merely as a pursuit of sexual partners, nor should it be used to stigmatize any particular ethnic group. At the same time, interpreting this cultural practice does not negate the importance of addressing the associated, yet avoidable, health risks that may arise from this series of activities.

Evidence published before indicates that some men resume sexual activity before complete wound healing following voluntary medical male circumcision (VMMC). In a qualitative study in Botswana, early resumption of sexual activity was associated with perceptions of masculinity and virility, fear of losing a sexual partner, and misunderstandings about wound healing. Participants also showed limited awareness of the potential HIV-related risks of sexual intercourse before complete wound healing (Ledikwe et al., 2017). A subsequent study in Botswana found that 28% of men reported sexual intercourse within six weeks after circumcision, with some reporting inconsistent condom use (Ledikwe et al., 2017). Similar findings were reported among school-going males in South Africa, where 29% of sexually active participants resumed sexual activity during the wound-healing period (George et al., 2016). In the context of West Timor, research on the sifon tradition describes sexual intercourse after traditional circumcision as part of a culturally meaningful ritual associated with beliefs about wound healing, male sexual vitality, and masculinity (Nurani et al., 2019). However, findings from VMMC studies in other countries should be interpreted as contextual evidence and not as direct evidence of sexual behaviour, HIV risk, or wound-healing outcomes among participants in the sifon tradition.

Recent studies published before 2019 provide contextual evidence on the cultural and public health dimensions of traditional male circumcision in West Timor. Research on the Atoni Pah Meto community describes sifon as a traditional circumcision practice followed by sexual intercourse, which is embedded in local customary beliefs and social norms (Hidyat, 2016; Lake, 2009). Studies in other settings have also documented limited community awareness of HIV risks associated with traditional circumcision, misconceptions about HIV prevention, and the importance of involving traditional practitioners and community leaders in promoting safer practices (Kilima et al., 2012; Peltzer et al., 2009). Research in Papua New Guinea further emphasizes that culturally sensitive engagement, collaboration with local leaders, and attention to gender and religious values are important when conducting sexual health interventions in culturally diverse communities (Tommbe et al., 2013). These findings support the importance of engaging traditional practitioners, local leaders, men, and women in health promotion related to sifon. This study aimed to explore the practice of traditional circumcision and sifon, the determinants that sustain the practice, and the perceived health and non-health impacts in Kapan, North Mollo, South Central Timor Regency. The purpose is to inform culturally respectful prevention and service engagement, not to quantify STI prevalence or assign blame to a community.

METHOD

This study used a qualitative ethnographic design to describe the practice of sifon, factors sustaining it, and perceived consequences. Fieldwork was conducted from 31 July to 28 October 2019 in Kapan, North Mollo, South Central Timor Regency, East Nusa Tenggara, Indonesia. The study population was the Dawan community. Six informants were selected purposively based on their

knowledge or involvement in the practice and their willingness and availability to participate: two traditional circumcisers (Ahelet), two men who had undergone sifon, and two health workers. Data were collected through in-depth interviews guided by an interview protocol. Topics included traditional circumcision, sifon rituals, determinants of participation in sifon rituals, understanding of health impacts, and non-health impacts perceived. The source manuscript reports that interview information from keyperson was transcribed verbatim and analyzed through qualitative content analysis. Secondary information from the local health center was also collected to support contextual understanding.

RESULT

Traditional circumcision procedures

The informants that consist of two traditional circumcisers, and two healthcare workers—explained that traditional circumcision remains an ongoing practice, sometimes carried out near rivers or in other outdoor settings. The tools mentioned include new razor blades, sharpened bamboo strips, and modified pieces of cassette tape used to clamp the foreskin.

"*…using a new razor blade and a fresh piece of bamboo—the tools are not sterilized beforehand. The circumcision tool is a small, forked piece of bamboo; we clamp the foreskin with the tip of the bamboo, then trim it. We massage the skin upward until it's taut, then cut it using the razor blade…*" (Traditional Circumciser 1).

"*...after the shaman's circumcision, we ate betel fruit and sprayed it... we were told to put it in cold water in the river, come out to dry it a little and then wrap it in a drop cloth with betadin... every day we just use betadine with village medicine from wild plants... if it's siphoned it will immediately heal, no need to use medicine...*" (Practitioner 1).

Traditional circumcision practitioners state that the instruments they use are never sterilized before being put to use. For post-circumcision care, they rinse the wound with cold water, apply an antiseptic product or a local plant-based concoction believed to accelerate wound healing, and then dress the wound using traditional methods. The specific procedures employed for wound care can vary, depending on the individual practitioner's understanding and experience, as well as the availability of supplies in the local area.

"*Traditional circumcisions are still being performed to this day… the practitioners come from Soe, TTU, and mostly from Kupang… there are also some from right here…*" (Traditional Circumciser 2).

Traditional circumcisers come from various places—including areas outside the local village or even outside the regency—which indicates that this tradition is practiced not only by local residents but also by people from diverse regions that still uphold this cultural custom.

Cultural meanings and determinants of Sifon

The reasons traditional circumcisers (Ahelete) are willing to perform circumcisions are that they believe it is their talent and that people come to them seeking help:
"*...it is my talent... it is my gift from God... I want to help because they ask for my assistance...*" (Traditional Circumciser 1)

"*...it has been a tradition for a long time, passed down from our ancestors...*" (Traditional Circumciser 2)

Informants differed on whether sifon was mandatory. Some described it as an expected next step

after circumcision, while one circumciser said that wound care could be provided without sifon and that the decision rested with the individual. Participants described timing as variable, often within several days after circumcision, before full wound healing was necessarily established.

"...is for health; the younger the age, the better..." (Traditional circumciser 1).

"*..I underwent a Sifon circumcision when I was unmarried and had no children—I was 14 years old.."* (Practitioner 1).

Participants associated sifon with "cooling" the body, removing heat, restoring strength, and preventing feared consequences if the ritual was not performed. The practice was described as inherited from previous generations. Determinants included personal willingness, advice or encouragement from peers or traditional circumcisers, family permission in some cases, and beliefs about masculinity and recovery. Accounts also suggested variation in how strongly circumcisers endorsed the practice.

"*..I only treat the wound so that it heals quickly… as for the Sifon ritual, that is a personal matter. Once fully healed, whether or not to go through with it is entirely up to each individual patient…"* (Traditional Circumciser 1)

"*...a circumcision will inevitably cause a wound; you have to cool it down using Sifon. After the Sifon treatment, the body feels refreshed. If you don't use Sifon, it could swell up or become festering. Once Sifon is applied, it dries up immediately—there's no need for any other medication. In the first case, the area was still red, but by the time they got home, it had already dried up; in the second case, it was already well on its way to healing..."* (Practitioner 1)

"...to cool it down and dry out the wound—so that the penis doesn't 'die' following the circumcision... only after 3 days do they go looking for women. once the sores have dried up a bit" (Practitioner 2)

Those who undergo the Sifon procedure typically do so with the permission of their parents if they are unmarried dan or their wives if they are married. They do Sifon not because suggestion from Ahelet.

"*It was my own desire to undergo the Sifon circumcision; my parents gave their permission, and so did my older sibling,* " (Participant 1)

".. I was invited by a friend to do Sifon. I didn't ask my parents; I did it in secret—because they probably wouldn't have allowed it." (Participant 2)

Perceived health and non-health impacts

Informants had limited knowledge of the possible sexual-health consequences. A participant acknowledged concern about having intercourse while the wound was still open and the possibility that a partner could also be exposed to infection. Health workers described cases presenting for bleeding or infection after circumcision.

"...since we engage in sexual activity, we never know what kind of disease we might end up with..." (Participant 1)

"...they seek medical treatment because of bleeding and infections... they don't realize that this bleeding and these infections are caused by Sifon..." (HealthWorkers 1)

Non-health effects included guilt, concern for the female partner, and conflict between personal feelings and perceived customary obligations. Some informants described women's experiences as poorly understood by the wider community. The findings suggest that health impacts and social meanings are interwoven, and that prevention efforts should include the wellbeing, autonomy, and access to services of women as well as men. Health workers reported that they advised against sifon and sometimes provided education about the risks of traditional circumcision. However, they had not systematically conducted targeted education sessions with traditional circumcisers about sifon. Informants from health workers suggested that the practice of health education could be difficult to discuss openly and might be better continued privately.

DISCUSSION

This ethnography demonstrates that Sifon is not merely a form of sexual behavior that poses health risks; rather, it is a practice rooted in local understandings of wound healing following traditional circumcision, long-standing customs, the validation of a man's masculinity, and the social dynamics within the community. The persistence of Sifon is driven not only by individual choices but also by a collective belief that sexual intercourse can "cool" the body or aid in the healing of post-circumcision wounds, as well as by societal expectations regarding what it means to be a man. Recent qualitative research in West Timor similarly reported low perceived HIV risk, limited perceived benefit of condoms, and difficulties discussing sifon-related risks and HIV testing (Asa et al., 2025, 2026b). Tumina et al. (2021) documented women's experiences of the ritual in relation to HIV/AIDS transmission, while Asa et al. (2026a) described social and psychological meanings associated with traditional male circumcision and community expectations. Together, these studies suggest that prevention messages focused only on individual knowledge may be insufficient if they do not address the social meanings and relationships that shape the practice. These findings support interventions that take both cultural meaning and health consequences seriously, without stereotyping the Atoni Meto community or treating culture itself as a disease

A useful interpretation is that sifon may function as a culturally meaningful rite of passage and a locally understood response to perceived bodily vulnerability, whereas biomedical prevention frames the same period as a time when an open wound requires protection and sexual exposure may carry risk. This difference between explanatory frameworks can influence whether people recognize the need for wound care, condoms, testing, or temporary sexual abstinence. Research on post-circumcision behavior in Uganda and Botswana has also found that beliefs about sexual cleansing, masculinity, perceived healing, and the consequences of delaying sex can shape decisions to resume intercourse before a wound is fully healed (Asa et al., 2025; Daama et al., 2024; O'Bryan et al., 2021). Although these studies around the world concern voluntary medical male circumcision rather than the specific Sifon ritual, they offer relevant contextual evidence that beliefs and social expectations should be discussed directly during counselling rather than how to deal to stop its activity. This evidence should not be interpreted as proof that every contact with a siphon results in an infection; rather, it identifies a plausible route of exposure and opportunities for prevention. Furthermore, it is also necessary to include the topic of deviations from the tenets of contemporary religious teachings.

Culturally-Based Prevention and Community Engagement

Therefore, prevention and education strategies regarding sifon (a traditional post-circumcision practice) must be developed collaboratively with the community, rather than relying solely on a top-down approach to health education. Community participation helps ensure that prevention messages are culturally appropriate, linguistically accessible, and responsive to local understandings of circumcision, the healing process, social obligations, and sexuality. Health workers can engage traditional circumcisers (ahelet), traditional and village leaders, as well as men and women from the community, to develop communication strategies that respect local traditions

while clearly explaining the biomedical implications of wound healing and the infection risks associated with non-sterile traditional circumcision and unsafe sexual practices. Research on voluntary medical male circumcision (VMMC) in Uganda indicates that socio-cultural beliefs—concerning ritual sexual cleansing, the healing process, and post-circumcision sexual behavior—can influence decisions about when to resume sexual activity. These findings support the importance of addressing culturally embedded beliefs directly during counselling rather than relying exclusively on general health messages (Kibira, Atuyambe, et al., 2017; Kibira, Daniel, et al., 2017).

Health education should explain that sexual intercourse does not sterilize a wound or accelerate its healing. If a circumcision procedure results in an open surgical wound, it is advised to refrain from sexual activity—especially with a wife or regular partner—until the wound has completely healed and the individual has received appropriate clinical guidance. This is crucial because engaging in sexual activity too soon—while the circumcision wound is still open and not fully healed—can cause the wound to reopen or serve as a gateway for the transmission of sexually transmitted infections. Furthermore, it poses health risks to both the man who underwent the procedure and his sexual partner; for instance, it could lead to the transmission of a sexually transmitted infection (STI) if one of the partners was already carrying an STI prior to the procedure.

The World Health Organization (WHO) has established guidelines for voluntary medical male circumcision. The WHO recommends avoiding sexual activity until the wound has healed perfectly, which generally takes about six weeks following the circumcision procedure. However, this recommendation concerns medically performed circumcision and should not be presented as a directly validated healing period for the sifon ritual; clinical assessment should guide advice in individual cases (WHO, 2021).

Prevention should also include access to condoms, confidential HIV and sexually transmitted infection (STI) counselling and testing, and timely treatment or referral when indicated. These services should be offered without stigma or assumptions from health worker about an individual's infection status. Evidence from VMMC programs indicates that circumcision should be integrated into HIV prevention comprehensively rather than treated as a substitute for other preventive measures (WHO, 2021). In the context of sifon, health workers could collaborate with trusted community representatives such as traditional leaders, religious figures, village elders, or other influential groups whose words and actions are still heeded by the local community.

Healthcare professionals can equip these groups to identify community issues related to the practice of Sifon circumcision, as well as to determine culturally acceptable methods of communication for providing information and services—all while safeguarding the privacy and dignity of the individuals involved. Furthermore, these influential groups should be provided with the necessary knowledge and a thorough understanding to explain the practice from cultural, clinical, and social perspectives, including the potential health and social consequences that may arise from Sifon circumcision.

Both women and those who engage in the practice of Sifon are equally important and equally entitled to protection from the consequences of this practice. Women must have open access to independent health information, confidential medical screening and health care services, and also the ability to express their thoughts and concerns without coercion or fear of social repercussions and stigma in community. Messages regarding the prevention of sexually transmitted infections should not place the burden of responsibility for transmission solely on women; the responsibility for adopting safer sexual practices—along with access to effective prevention services—must be shared. In this case, the men who undergo the Sifon circumcision practice bear the primary responsibility; therefore, they and their families must carefully consider the consequences that this

practice may have—both for the men themselves and for their female sexual partners—rather than simply adhering to traditions and long-standing beliefs whose validity remains unproven. More broadly, culturally sensitive sexual health interventions should address the social conditions that influence decision-making, while ensuring that available services are accessible and respectful toward all participants.

One prominent finding was the use of traditional instruments without consistent sterilisation. Even though this research does not establish that a specific infection occurred through an instrument, but the reported practice indicates a preventable risk of wound contamination and blood exposure. Health services should provide respectful counseling about the benefits of circumcision, sterile equipment, trained circumcision services, recognition of warning signs, and prompt referral when bleeding, swelling, increasing pain, fever, or discharge occurs from injured penis.

Another important finding is the belief that sexual intercourse shortly after circumcision helps cool the body or promotes healing. Research on VMMC in other countries has documented early resumption of sex before complete wound healing. Daama et al. (2024) reported that some men resumed sex within six weeks after VMMC, while qualitative work found that pain, ideas about masculinity, fear of losing partners, and misunderstanding of wound healing influenced decisions (Daama et al., 2024; O'Bryan et al., 2021). WHO-referenced guidance for VMMC recommends abstaining from sex for six weeks to allow complete healing; this guidance is specific to medical circumcision programmes and should be used as a safety benchmark rather than presented as a validated healing timeline for every traditional procedure. For sifon-related counselling, the central message is to avoid sexual transmitted infection transmission by intercourse until the wound is fully healed and a qualified health worker has advised that resumption is safe.

Potential STI transmission should be explained accurately for all community, and specially for Ahelet and Sifon practitioner. Sexual intercourse with a new or concurrent partner can create opportunities for transmission when either partner has a sexual infection, particularly if condoms are not used consistently and infection testing is unavailable. Regional and global studies continue to document substantial STI burden and associations between partnership patterns and STI outcomes (Fu et al., 2024; Okiring et al., 2022). Nevertheless, this study did not test participants or partners, and it cannot estimate the probability of transmission or demonstrate that sifon caused STI/HIV infection. Its contribution is to identify beliefs and practices that may increase exposure and barriers to prevention.

This findings research also indicate a gap in targeted communication with traditional circumcisers. A purely prohibitive or blaming approach may lead to concealment and reduce opportunities for early care. Therefore, recent studies recommend to involve local leaders, traditional practitioners, men and affected women in open discussion about traditional circumcision, masculinity, wound care, and HIV/STI transmission (Asa et al., 2023, 2026a, 2026b). Practical community strategies could include co-designed messages in local languages and knowledge, confidential STI/HIV testing and referral, condom education, wound-care guidance, and agreed referral pathways between ahelet and health centres. Women's perspectives and voluntary participation must be central; women should not be framed as instruments of a ritual or presumed to have an infection.

Implications for infection prevention and wound care

The report of non-sterile equipment or inconsistently cleaned circumcision instruments should be interpreted as a description of a potentially hazardous practice, not as proof that transmission occurred in any named participant. Skin incision and contact with blood create plausible routes for wound contamination and exposure to blood-borne pathogens when instruments are reused without effective cleaning and sterilization. The previous observational study identified bacterial

contamination on surgical instruments, highlighting the importance of adhering to validated sterilization and disinfection procedures (Owusu et al., 2022). Research on surgical instrument reprocessing has likewise examined potential sources of microbial contamination during instrument use and processing, reinforcing the need for effective infection-prevention procedures (Dreikausen et al., 2023). The systematic review similarly identifies safety concerns associated with traditional male circumcision and recommends safer circumcision practices alongside safer sexual behaviour (Asa et al., 2023). In the local context, a practical response is to offer non-judgemental counselling on the difference between cleaning and sterilization, wound care safer, and early referral for complications, while strengthening access to trained clinical circumcision services. Recommendations for improving surgical procedures and instrument management also emphasize the importance of STI infection prevention and also appropriate instrument reprocessing (Calo et al., 2023). In settings where people still seek out traditional health practitioners, healthcare services can offer and discuss agreed-upon referral pathways and basic, medically-sound standards for STI prevention—without making the assumption that all traditional practitioners or all treatment procedures are the same.

Counseling must provide clear explanations, including specific warning signs, rather than offering only general instructions to "monitor the wound." Conditions such as persistent or heavy bleeding, excessive pain, increasing redness or swelling, the discharge of pus or other fluids, a high fever, or difficulty urinating are warning signs that require immediate clinical evaluation. These recommendations should align with clinical guidelines regarding post-circumcision complications and wound care. Furthermore, counseling must clarify that the use of topical substances, bathing in rivers or other untreated bodies of water, and engaging in sexual activity do not sterilize the wound or accelerate healing; on the contrary, such actions may actually increase the risk of wound infection. General infection-prevention literature distinguishes cleaning, disinfection, and sterilization as different processes, supporting the need to explain why simply washing an instrument or applying a substance to a wound does not establish that it is free of pathogens (Rutala et al., 2023). These are clinical implications drawn from general infection-prevention principles; this study ethnography itself did not clinically examine wounds or compare healing outcomes.

Counselling of Sexual-health during wound recovery

The belief among some communities that engaging in sexual intercourse shortly after circumcision can "cool" the body or accelerate wound healing illustrates how culturally significant, inherited explanations can compete with contemporary medical advice. Research on post-circumcision behavior in Uganda and Botswana has documented similar beliefs—linking sexual activity after circumcision to bodily cleansing, masculinity, and the process of wound healing—as well as the resumption of sexual activity before the circumcision wound has fully healed (Asa et al., 2023; Daama et al., 2024; O'Bryan et al., 2021). These studies involved voluntary medical male circumcision (VMMC), not the specific traditional procedure described like in this ethnography study, so their timelines and program protocols should not be treated as directly validated for sifon. They nevertheless support a counselling approach that explicitly asks what the person believes will happen if sex activity is delayed, checks understanding of wound healing prosedur, and gives an unambiguous safety message: avoid sexual activity until the wound has fully healed and a qualified health worker confirms that resumption is safe. If intercourse occurs, counselling should include the important to use of condom and access to confidential STI/HIV services.

The risk of STI transmission is conditional, not automatic happen after intercouse. It depends on whether one or both partners have an sexual infection, the type and timing of exposure, condom use, and also access to STI testing and treatment. Evidence from rural communities in Kenya and Uganda found associations between sexual partnership concurrency and higher-risk partnerships, with associations between concurrency and gonorrhoea/chlamydia infection among women in that

study (Okiring et al., 2022). Global burden analyses also show that STIs remain a substantial public-health problem among adolescents and young adults (Fu et al., 2024). These findings provide context for prevention, but they cannot be used to calculate an individual's risk in sifon or to claim that infection was transmitted in the six-person study. The most defensible conclusion is that reported practices may create opportunities for exposure when an infection is present and preventive measures are absent.

Community partnership, gender, and implementation

The intervention implications are therefore broader than delivering information about HIV alone. Local qualitative research has described low perceived HIV risk and low perceived benefit of condoms in relation to sifon, challenges discussing HIV testing, and social or psychological meanings attached to traditional circumcision (Asa et al., 2025, 2026a, 2026b). Women's accounts also show why prevention should consider the experience and wellbeing of female partners rather than treating them only as a possible source or recipient of infection (Tumina et al., 2021). Community-designed communication could include separate confidential opportunities for men and women to ask questions; locally understandable explanations of wound healing and STI/HIV transmission; voluntary testing and referral; condom access; and a referral agreement between Ahelet, village leaders, and nearby health facilities. Traditional practitioners should be engaged as health worker partners in dialogue, while making clear that clinical services are the appropriate route for assessment of bleeding, infection, and other complications.

These strategies should avoid stigmatizing the Atoni Meto community or portraying culture as a single, unchanging cause of risk. The original findings themselves suggest variation: some informants described sifon as obligatory, whereas others said it was optional or dependent on the individual. Intervention design should therefore recognize differences between villages, generations, practitioners, and families, and should be developed through consultation rather than assuming a uniform practice. Women's participation must be voluntary, informed, and confidential; they should not be presumed to have an STI because they took part in a ritual. Likewise, men should be able to seek STI testing and wound care without fear of humiliation or disclosure. This approach is consistent with the previous literature's call for open discussion with community leaders and traditional practitioners (Asa et al., 2023, 2025, 2026b).

This study has several limitations. The sample consists of six informants from a single location, selected purposively. The findings cannot be generalized statistically and may not capture variations across different villages or generations. There were no biological or clinical examinations, nor were there independent observations of the reported procedures. Furthermore, the study does not provide a systematic account of the experiences of the female partners, and details regarding ethical approval require clarification through original records. Future research should incorporate the perspectives of women and community leaders, utilize healthcare service data, and include ethically conducted evaluations of STI/HIV prevention efforts—all while ensuring confidentiality and avoiding cultural stigma.

CONCLUSION

This study found that Sifon was understood through customary beliefs about cooling down, masculinity, and inherited practice. Informants described variable traditional circumcision and wound-care procedures, including instruments that were not consistently sterilized and reported limited awareness of STI/HIV risk and gaps in targeted education for traditional circumcisers. The study does not measure STI prevalence of establish a causal link between sifon and STI infection. A cultural respectful response should combine safer circumcision and wound care, abstinence until complete healing, condom education, accessible STI/HIV testing, and collaboration with traditional practitioners, local leader, men and women community.

DECLARATIONS

Acknowledgment: The authors thank the six informants and local health workers who contributed to the original fieldwork. Our thanks also go to Poltekkes Kemenkes Kupang for their support and for providing funding for this activity.

Conflicts of interest: There is no competing interests in this research.

Ethical approval: The study protocol was reviewed and approved by the Health Research Ethics Committee, Health Polytechnic of the Ministry of Health Kupang, Indonesia (Approval No. LB.02.03/1/0024/2019; 9 August 2019).

Financial support and sponsorship: This research received grant from Poltekkes Kemenkes Kupang, Ministry of Health RI.

Data Availability Statement: The interview transcripts are not publicly available because they may contain identifiable or sensitive information about participants in a small community. De-identified supporting materials may be considered from the corresponding author on reasonable request, subject to participant consent, institutional approval, and applicable data-protection requirements. This statement is consistent with the original consent.

Author Contributions: Author contributions should be confirmed by all authors. Provisional credit statement: WW: Conceptualization, Methodology, Investigation, Data Curation, Publication Writing; ABT: Investigation, Data Curation, Editing; MRW: Conceptualization, Methodology, Formal Analysis; USK: Report Writing & Editing. EMR: Data analyze; II: Data collection, Publication Writing.

Declaration of the Use of Artificial Intelligence in Scientific Writing: Generative artificial intelligence (such as ChatGPT by OpenAI) was used to assist the authors with grammar editing, refining sentence structure, and drafting statements during the manuscript revision process. This technology was not used to generate research data, conduct interviews, or determine study findings. The authors have reviewed and take full responsibility for verifying all content, citations, interpretations, and the final text of the submitted manuscript.

REFERENCES

Asa, G. A., Fauk, N. K., Gesesew, H. A., & Ward, P. . (2026a). Perceived and Experienced Social and Psychological Implications of Not Undergoing Traditional Male Circumcision in West Timor, Indonesia: A Qualitative Study. The Journal of Men's Studies, 34(2), 285–303. https://doi.org/10.1177/10608265251388659

Asa, G. A., Fauk, N. K., Gesesew, H. A., & Ward, P. R. (2025). HIV risk perception through unprotected sex after traditional male circumcision (the practice of sifon) using the health belief model in West Timor, Indonesia. AIDS Care, 38(1), 116–128. https://doi.org/10.1080/09540121.2025.2562246

Asa, G. A., Fauk, N. K., Gesesew, H. A., & Ward, P. R. (2026b). Lay epidemiology and strategic ignorance in relation to HIV risk and testing: a qualitative study of the cultural practice of sifon in West Timor, Indonesia. Health, Risk & Society, 28(7–8), 349–368. https://doi.org/10.1080/13698575.2026.2737210

Asa, G. A., Fauk, N. K., & Ward, P. R. (2023). Traditional male circumcision and the risk for HIV transmission among men: a systematic review. BMJ Open, 13(5), e072118. https://doi.org/10.1136/bmjopen-2023-072118

Calo, P. G., Catena, F., Corsaro, D., Costantini, L., Falez, F., Moretti, B., Parrinello, V., Romanini, E., Spinarelli, A., Venneri, F., & Vaccaro, G. (2023). Guidelines for improvement of the

procedural aspects of devices and surgical instruments in the operating theatre. Frontiers in Surgery, 10. https://doi.org/10.3389/fsurg.2023.1183950

Daama, A., Nalugoda, F., Kankaka, E., Kasango, A., Nantume, B., Kigozi, G. N., Ssekubugu, R., Namutundu, J., Ssettuba, A., Lutalo, T., Kagaayi, J., Nakigozi, G., Alamo, S., Mills, L. A., Kabuye, G., Gray, R., Wawer, M., Serwadda, D., Sewankambo, N., & Kigozi, G. (2024). Population-based cohort data used to assess trends in early resumption of sexual activity after voluntary medical male circumcision in Rakai, Uganda. PLoS ONE, 19(11), 1–13. https://doi.org/10.1371/journal.pone.0297240

Dreikausen, L., Blender, B., Trifunovic-Koenig, M., Salm, F., Bushuven, S., Gerber, B., & Henke, M. (2023). Analysis of microbial contamination during use and reprocessing of surgical instruments and sterile packaging systems. PLoS ONE, 18(1 January), 1–15. https://doi.org/10.1371/journal.pone.0280595

Fu, L., Tian, T., Wang, B., Lu, Z., Bian, J., Zhang, W., Wu, X., Li, X., Siow, R. C., Fang, E. F., He, N., & Zou, H. (2024). Global, regional, and national burden of HIV and other sexually transmitted infections in older adults aged 60–89 years from 1990 to 2019: results from the Global Burden of Disease Study 2019. The Lancet Healthy Longevity, 5(1), e17–e30. https://doi.org/10.1016/S2666-7568(23)00214-3

George, G., Govender, K., Beckett, S., Montague, C., & Frohlich, J. (2016). Early Resumption of Sex following Voluntary Medical Male Circumcision amongst School-Going Males. PLOS ONE, 11(12), e0168091. https://doi.org/10.1371/journal.pone.0168091

Hidyat, N. A. (2016). Konflik hukum dalam tradisi Sifon Suku Atoni Pah Meto di Provinsi Nusa Tenggara Timur. UMS.

Kibira, S. P. S., Atuyambe, L. M., Sandøy, I. F., Makumbi, F. E., & Daniel, M. (2017). "now that you are circumcised, you cannot have first sex with your wife": Post circumcision sexual behaviours and beliefs among men in Wakiso district, Uganda: Post. Journal of the International AIDS Society, 20(1), 1–9. https://doi.org/10.7448/IAS.20.1.21498

Kibira, S. P. S., Daniel, M., Atuyambe, L. M., Makumbi, F. E., & Sandøy, I. F. (2017). Exploring drivers for safe male circumcision: Experiences with health education and understanding of partial HIV protection among newly circumcised men in Wakiso, Uganda. PLOS ONE, 12(3), e0175228. https://doi.org/10.1371/journal.pone.0175228

Kilima, S. P., Shayo, E. H., Msovela, J., Senkoro, K. P., Mayala, B. K., Mboera, L. E. G., & Massaga, J. J. (2012). The potential of involving traditional practitioners in the scaling up of male circumcision in the context of HIV prevention in Tanzania. Tanzania Journal of Health Research, 14(1). https://doi.org/10.4314/thrb.v14i1.9

Lake, P. (2009). Traditional Male Circumcision in West Timor, Indonesia. In Circumcision and Human Rights (pp. 185–188). Springer Netherlands. https://doi.org/10.1007/978-1-4020-9167-4_16

Ledikwe, J. H., Ramabu, N. M., Spees, L. P., Barnhart, S., Ntsuape, C., Semo, B., & Wirth, K. E. (2017). Early resumption of sexual activity following voluntary medical male circumcision in Botswana: A qualitative study. PLOS ONE, 12(11), e0186831. https://doi.org/10.1371/journal.pone.0186831

Newman, L., Rowley, J., Vander Hoorn, S., Wijesooriya, N. S., Unemo, M., Low, N., Stevens, G., Gottlieb, S., Kiarie, J., & Temmerman, M. (2015). Global Estimates of the Prevalence and Incidence of Four Curable Sexually Transmitted Infections in 2012 Based on Systematic Review and Global Reporting. PLOS ONE, 10(12), e0143304. https://doi.org/10.1371/journal.pone.0143304

Nurani, S. S., Absori, Dimyati, K., & Wardiono, K. (2019). The Sifon Culture (The Practice of Traditional Circumcision) of the Soe People, in the Aspect of Law and the Risks of the Female Reproductive Health. Medico-Legal Update, 19(2), 336. https://doi.org/10.5958/0974-1283.2019.00199.3

O'Bryan, G., Feldacker, C., Ensminger, A., Nghatanga, M., Brandt, L., Shepard, M., Billah, I., Aupokolo, M., Mengistu, A. T., Forster, N., Zemburuka, B., Sithole, E., Mutandi, G., Barnhart, S., & O'Malley, G. (2021). Adverse event profile and associated factors following surgical voluntary medical male circumcision in two regions of Namibia, 2015–2018. PLoS ONE, 16(10 October 2021), 1–14. https://doi.org/10.1371/journal.pone.0258611

O'Connell, C. M., & Ferone, M. E. (2016). Chlamydia trachomatis Genital Infections. Microbial Cell, 3(9), 390–403. https://doi.org/10.15698/mic2016.09.525

Okiring, J., Getahun, M., Gutin, S. A., Lebu, S., Lee, J., Maeri, I., Eyul, P., Bukusi, E. A., Cohen, C. R., Neilands, T. B., Ssali, S., Charlebois, E. D., & Camlin, C. S. (2022). Sexual partnership concurrency and age disparities associated with sexually transmitted infection and risk behavior in rural communities in Kenya and Uganda. International Journal of Infectious Diseases, 120, 158–167. https://doi.org/10.1016/j.ijid.2022.04.038

Owusu, E., Asane, F. W., Bediako-bowan, A. A., & Afutu, E. (2022). Bacterial Contamination of Surgical Instruments Used at the Surgery Department of a Major Teaching Hospital in a Resource-Limited Country : An Observational Study. Diseases, 10(4), 81. https://doi.org/https://doi.org/10.3390/diseases10040081

Peltzer, K., Banyini, M., Simbayi, L., & Kalichman, S. (2009). Knowledge, Attitudes and Beliefs about Male Circumcision and HIV by Traditional and Medical Providers of male Circumcision and Traditionally and medically Circumcised Men in Mpumalanga, South Africa. Gender and Behaviour, 7(2). https://doi.org/10.4314/gab.v7i2.48695

Rowley, J., Vander Hoorn, S., Korenromp, E., Low, N., Unemo, M., Abu-Raddad, L. J., Chico, R. M., Smolak, A., Newman, L., Gottlieb, S., Thwin, S. S., Broutet, N., & Taylor, M. M. (2019). Chlamydia, gonorrhoea, trichomoniasis and syphilis: global prevalence and incidence estimates, 2016. Bulletin of the World Health Organization, 97(8), 548-562P. https://doi.org/10.2471/BLT.18.228486

Rutala, W. A., Boyce, J. M., & Weber, D. J. (2023). Disinfection, sterilization and antisepsis: An overview. AJIC: American Journal of Infection Control, 51(11), A13–A21. https://www.ajicjournal.org/action/showPdf?pii=S0196-6553%2823%2900005-6

Tommbe, R., MacLaren, D. J., Redman-MacLaren, M. L., Mafile'o, T. A., Asugeni, L., & McBride, W. J. H. (2013). Researching male circumcision for HIV prevention in Papua New Guinea: a process that incorporates science, faith and culture. Health Research Policy and Systems, 11(1), 44. https://doi.org/10.1186/1478-4505-11-44

Tsevat, D. G., Wiesenfeld, H. C., Parks, C., & Peipert, J. F. (2017). Sexually transmitted diseases and infertility. American Journal of Obstetrics and Gynecology, 216(1), 1–9. https://doi.org/10.1016/j.ajog.2016.08.008

Tumina, M. S., Yona, S., & Waluyo, A. (2021). The Experiences of Women from Atoin Meto Tribe who Performed Sifon Ritual in the Context of HIV/AIDS Transmission. Journal of Public Health Research, 10(1_suppl), 43–48. https://doi.org/10.4081/jphr.2021.2337

WHO. (2021). Recommendations and key considerations. In WHO Guideline on Self-Care Interventions for Health and Well-Being. http://www.jstor.org/stable/resrep56620.11