

FACTORS INFLUENCING FREE VOLUNTARY MEDICAL MALE CIRCUMCISION UPTAKE AMONG MEN AGED 18-50 YEARS IN SIOPORT COMMUNITY, BUSIA COUNTY

Cyrus Bally Ashivira¹, Ritho Muthoni², Jane Karonjo³

¹Mount Kenya University, Main Campus

²Mount Kenya University, Main Campus

³Mount Kenya University, Main Campus

Abstract: Introduction: This study was conducted with the aim to investigate factors influencing free voluntary medical male circumcision uptake among men aged 18-50 years old in Sioport community, Busia County. According to Impact Research and Development Organization,(2015) data collected from January 2013 to June 2015 uptake of free VMMC represents 47.9% of 32 000 men. The 32 000 men which represents 100% of the target population, basing on this statistics there was a gap of 52.1% uncircumcised men in Sioport community thus to carry a study on up take of VMMC. The study main objective was to determine factors influencing free voluntary medical male circumcision uptake among men aged 18-50 years old. The specific objectives included; to determine socio-economic &demographic factors, to investigate health facility factors and to establish cultural factors influence on VMMC uptake among men aged 18-50 years old.

Methodology: The study design was a cross sectional descriptive study. The target population was 32 000 respondents in Sioport community. The sample size was 385 respondents. Stratified sampling was used to select households while purposive sampling procedure was used to select men between ages 18-50 years due for VMMC services. Data was collected using a questionnaire. Data gathered was edited, analyzed using SPSS through frequency tables. Ethical consideration was observed during the entire process of the study.

Results: Majority of the respondents 72 (20%) were in the age bracket of (18-26) years. 45% had attained primary level education. Further, 60% of respondents reported that VMMC reduces STI/HIV transmission by 60% however they were hindered to seek this service due to long distance at (45%). 50% of respondents, believed that women were not allowed to touch men's penis,

Conclusion: There was association between; Age, level of education, gender, distance and uptake of VMMC

Keywords: Circumcision, Community, Factors influencing, Male, Uptake, Voluntary.

1. BACKGROUND

Voluntary medical male circumcision is the surgical removal of the foreskin of the penis and is practiced around the world for medical, religious, and cultural reasons, (Bailey, *et al* 2007). World Health Organization (WHO) and the Joint United Nations Programme on HIV/AIDS (UNAIDS) recommended that VMMC, provided by trained professionals, be implemented as one component of a comprehensive HIV prevention strategy in regions with low MC rates, high HIV prevalence, and where heterosexual sex is the mode of transmission (WHO, 2007).

The Government of Kenya (GoK) launched the national Voluntary Medical Male Circumcision (VMMC) program in November, 2008, and planned to circumcise 860,000 males by 2013 (MOPHS, 2009). In spite of multiple challenges, Kenya has made progress toward the 80% VMMC target by circumcising 52.2% of uncircumcised males in Nyanza province, but considerable variations in coverage by age. Kenya's Ministry of Health prioritized the implementation of VMMC services by targeting areas with low prevalence of male circumcision and high HIV prevalence, (MOH,2009).

Socio- economic and demographic , healthy facility and cultural factors that might facilitate uptake of VMMC included the beliefs that MC leads to improved hygiene, protection from sexually transmitted infections (STIs) and HIV, improved sexual pleasure and performance, and greater acceptability by other ethnic groups (Westercamp ,2007).

The Socio-economic and demographic, health facilities and cultural barriers to uptake most commonly identified were pain, culture and religion, cost, possible adverse events (AEs), and the potential for risk compensation (i.e., an increase in risky sexual behavior following MC). Studies conducted in Nyanza Province reported that the primary reasons men chose circumcision were enhanced protection from HIV and STIs, improved hygiene, decreased risk of penile cancer, and improved sexual satisfaction for men and their sex partners; while the primary reasons that men chose not to be circumcised were pain during/after the procedure, long healing period, AEs, culture or religion, and time away from work (Herman,*et al* 2010). Circumcised men said they were able to perform more rounds of sex; they were able to use condoms more easily; and they sustained fewer cuts on their penis during sex (Reiss, *et al* 2010).

Further, according to Impact Research and Development Organization,(2015) data collected from January 2013 to June 2015 uptake of free VMMC stood at 15 333 men which represents 47.9% of 32 000 men. The 32 000 men which represents 100% of the target population hence basing on this statistics there is a gap of 52.1% uncircumcised men in Sioport community.

In spite of government creating awareness through mass media and employing community health and extension workers (CHEW's) to be sensitizing the community on issues regarding free voluntary medical male circumcision the impact has not up to 100%, because 52.1% of men still have not been circumcised and no research has been carried on these factors that influence free VMMC, therefore it is with this in mind that the study will be undertaken.

2. METHODS

This was a cross sectional descriptive study. The study was conducted in Sioport community which is located within Samia Sub County, Busia County, Kenya. Samia Sub County has a total area of 281.4km, it borders Busia county to the North, Bunyala sub county to the south, Siaya sub county to East and Uganda to West. It is inhabited by Luhya, Luo and Baganda from Uganda. (Samia district development plan, 2009). The study targeted 32 000 men of Sioport community, Busia County. The research targeted men in 6 217 households within the community, by virtue of them being residents of the county, are better placed to give unbiased information than non-residents. This study used Stratified sampling to select households where these men reside and Purposive sampling procedure was used to select men between ages 18-50 years due for VMMC services. Stratified method involved categorizing the members of the population into mutually exclusive and collectively exhaustive 5 sub locations (groups) with 16667 uncircumcised men. From the 5 sub locations of sioport community, 385 participants were chosen purposively from each sub location to represents the entire target population. The study was carried out using both quantitative and qualitative methods of data collection. Primary data was collected through field work. The study utilized a self-administered questionnaire targeting men aged 18-50 years. The questionnaire was both structured and semi-structured in order to collect the required information adequately; research assistants were used. Pretesting involved actual data collection on a small scale to get feedback on whether or not the instrument is likely to work as expected. In this study, a total of 38 (10% of 385 respondents), men seeking VMMC at Bunyala community were used for the pretest. This gave the researcher an opportunity to revise the instrument and the process of collecting data. Once the data was collected, it was keyed in the computer for storage. Data analysis was done by use of computer statistical software programme for social science and presented in form of tables, graphs and pie charts by the same software (SPSS).

3. RESULTS

3.1 Socio-demographic factors and uptake of VMMC

In this study, Of the 385 questionnaires that were administered, 360 questionnaires men responded while 25 questionnaires had no response. It was assumed that age was a crucial feature of the respondents that would influence the uptake of VMMC services among men. The findings Indicated that, of the respondents who completed the questionnaires 72 (20%) were in the age bracket 18-26 years, 126 (35%) were in the age range of 27-37 and 162 (45%) in the age range 38-50 years. Out of the respondents, 45% (162) had primary level education, 20% (72) had secondary level of education, 20% (72) had tertiary level of education, 10% (36) had university level of education, 5% (18) had no education.

3.2 Health related factors and uptake of VMMC

The study showed that majority understood VMMC what it meant and this was correlated to positive factors influence. 60% of respondents reported that VMMC reduces STI/HIV transmission, 10% of respondents said that it is provided by qualified staffs, 10% were influenced by CHEWS, 5% were due to art of being clean for those circumcised, 5% were due to availability of pain killers, 5% were due to sterilized instruments making it safer method as compared traditional method, 5% were due to getting transport to and from the hospital. Further 45% of the respondents were negatively influenced by distance and inaccessibility to some centers, 20% lack of privacy to some centers', 20% negative attitude of some service providers, 10% long waiting time at service delivery point, 5% fear of female health provider .

3.3 Cultural beliefs and Uptake of VMMC

Out of the respondents, 50% believed that women were not allowed to touch men's penis, 30% believed that Luo men it's a taboo their foreskin to be removed, 10% no anesthesia for one to be a real man, 10% it took adults long to heal.

4. DISCUSSION

The study established that majority of respondents 72 (20%) were in the age bracket 18-26 years, 126 (35%) were in the age range of 27-37 and 162 (45%), in the age range 38-50 years. This implied that younger men sought VMMC services unlike older men and this was in line with WHO-UNAIDS, (2009) that age as a factor had great influence on VMMC services up take especially younger men due to peer pressure.

According to the study, Out of the respondents, 45% had primary level education, 20% had secondary level of education, 20% had tertiary level of education, 10% had university level of education, 5% had no education with younger men with a small number of the community taking part in uptake of VMMC. From the research it shows that at all the respondents at one point had gone to school. It is worth noting that the level of education is critical in determination of the level of the information men had in regards to up take of free VMMC services among men. This is in line with Muhamadi , *et al*, (2011) that according to him, Education was a key factor that influenced VMMC services.

Further, 60% of respondents reported that VMMC reduced STI/HIV transmission, 10% of respondents said that it is provided by qualified staffs, 10% were influenced by CHEWS, 5% were due to art of being clean for those circumcised, 5% were due to availability of pain killers, 5% were due to sterilized instruments making it safer method as compared traditional method, 5% were due to getting transport to and from the hospital. This indicated that, VMMC had strong influence in reduction of STI/HIV transmission by 60% and this findings were similar to WHO-UNAIDS, (2010), whereby VMMC reduced STI/HIV by 60% and more also some clients confessed that the comfort of having the operation under the trained hands of a surgeon was a motivator to them accepting VMMC. VMMC under trained hands is less likely to cause associated complications such as severe bleeding and post-surgical wound infection.

More also according to the study, most men 45% were negatively influenced by distance and inaccessibility to some centers, 20% lack of privacy to some centers', 20% negative attitude of some service providers, 10% long waiting time at service delivery point, 5% fear of female health provider . This was in line with Macinyyre *et al*, (2014), whereby VMMC up take was affected by both distance and lack of health infrastructure.

According to this study, on the other hand hindering beliefs identified indicated that 50% of men, believed that women were not allowed to touch men's penis, This was supported by the findings of Hatzold, *et al* (2014), factors that hindered men to undergo VMMC it took long for older men to heal, it was a taboo for women to practice VMMC.

5. CONCLUSION

The study concluded that there was close association between age brackets, education level and religion to up take of VMMC services among men in Sioport community. Further, as far as the provision of VMMC services is concerned, it reduced STI/HIV transmission by 60% among men in Sioport community. However, as regards distance to some healthy facility to access VMMC services still it was an obstacle to men in Sioport community. Moreover, Female health providers still posed hindrance to up take of VMMC services because from the study, it was noted from Sioport community that it is a taboo for women to touch men's penis.

Competing interests

The authors has no conflict of interest

Tables and figures

Table 1: Socio-demographic factors and uptake of VMMC

Table 2: Health related factors and uptake of VMMC

Table 3: Cultural beliefs factors and uptake of VMMC

ACKNOWLEDGEMENTS

The author would like to acknowledge her supervisor Dr.Ritho Muthoni who guided this study to ensure that this project meets the required standards for submission. The author extend special appreciation to Miss Francisca Mwangangi for the good work she did in relation to methods to be applied by the author. Further, the author acknowledge her wife Phiona Akinyi Olal, Son Branslove Ashivira and Ratchciffe Ashivira for their sacrifice, encouragement and support during the study.

REFERENCES

- [1] Bailey RC, Moses S, Parker CB, Agot K, Maclean I, Krieger JN, Williams CF, Campbell RT, Ndinya-Achola JO.; Male circumcision for HIV prevention in young men in Kisumu, Kenya: a randomised controlled trial. *Lancet* 2007; 24: 643–56.
- [2] Hatzold K, Mavhu W, Jasi P, Chatora K, Cowan FM.; Barriers and Motivators to Voluntary Medical Male Circumcision Uptake among Different Age Groups of Men in Zimbabwe: Results from a Mixed Methods Study. *PLoS One* 2014;9 (5):e85051. [PMC free article][PubMed]
- [3] Herman-Roloff A, Bailey R, Agot K, Ndinya-Achola J.; (2010). Medical male circumcision for HIV prevention in Kenya: a study of service provision and adverse events. Vienna: abstract MOPE0336.
- [4] IRDO, Voluntary Medical Male Circumcision Roll out in Nyanza Province, Kenya. [https://impactrdonyanza.wordpress.com/about/\(2013\)](https://impactrdonyanza.wordpress.com/about/(2013)).
- [5] Macintyre K, Andrinopoulos K, Moses N, Bornstein M.; (2014). Attitude Perceptions and Potential Uptake of Male Circumcision among Older Men in Turkana County, Kenya Using Qualitative Methods. *PLoS One* . 9(5):e83998. [PMC free article] [PubMed]
- [6] MOPHS, Kenya National Strategy for Voluntary Medical Male Circumcision. (2009).
- [7] Muhamadi L, Tumwesigye NM, Kadobera D.; (2010). A Single-Blind randomized controlled trial to evaluate the effect of extended counseling on uptake of pre-antiretroviral care in eastern uganda. *Trials*. 12(1):184.
- [8] Samia District Development Plan 2008-2012, (2009). Office of the prime minister. Ministry of planning National Development and vision 2030. Government printers. Nairobi Kenya.
- [9] Reiss J, Rech D, Chrouser K, Adamu T, Sakallah S, Tomas A, Albertini A, Stanton D, Dickson .; (2011). Voluntary medical male circumcision: logistics, commodities, and waste [PubMed]

- [10] Westercamp, N and RC Bailey. Acceptability of male circumcision for prevention of HIV/AIDS in sub-Saharan Africa: a review. AIDS behaviour. 2007; 11(3): 341-55.
- [11] WHO/UNAIDS, (2009).Policy and Programme Implications. Geneva: World Health Organization.[Accessed April25,2014].Availablefrom: <http://libdoc.who.int/publications/2007/9789241595988>.
- [12] WHO,(2010).Progress Brief - Voluntary medical male circumcision for HIV prevention in priority countries Available from: <http://www.who.int/hiv/topics/malecircumcision/male-circumcision-info-2014>.
- [13] WHO,(2010).Progress Brief - Voluntary medical male circumcision for HIV prevention in priority countries Available from: <http://www.who.int/hiv/topics/malecircumcision/male-circumcision-info-2010>

APPENDIX - A

Table 1: Socio-demographic factors and uptake of VMMC

Age	Frequency	percentage
18 – 26 years	72	20%
27 – 37 years	126	35%
38 -50 years	162	45%
Total	360	100%
Level of education		
Primary	162	45%
Secondary and tertiary	144	40%
University	54	15%
Total	360	100%

Table 2: Health related factors and uptake of VMMC

Health facility facilitators	Frequency	Percentage
Percentage		
STI/HIV transmission reduction	216	60%
Qualified staff provision	36	10%
CHEWS influence	36	10%
Art of clean after circumcision	18	5%
Availability of pain killers	18	5%
Sterilized instruments	18	5%
Provision of transport	18	5%
Total	360	100%

Table 3: Cultural beliefs factors and uptake of VMMC

Hindering beliefs	frequency	percentage
Woman not allowed to touch men's penis	180	50%
Luo men's it's a taboo their foreskin to be removed.	108	30%
No anesthesia for one to be a real man.	36	10%
Adults take long to heal	36	10%
Total	360	100%