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*Ekidor Ateyo Lokorio (Mba-Hcm), Dr. Isaac Mwanzo, PhD  
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## Socio-Cultural Factors Influencing Medical Circumcision of Males Performed Voluntarily Uptake in Turkana County

 Ekidor Ateyo Lokorio (Mba-Hcm)<sup>1\*</sup>, Dr. Isaac Mwanzo, PhD<sup>2</sup> & Dr. Gordon Ogwen, PhD<sup>3</sup>

<sup>1</sup>Department of Community Health and Epidemiology, Kenyatta University

<sup>2</sup>Department of Community Health and Epidemiology, Kenyatta University

<sup>3</sup>Department of Medical Physiology, Kenyatta University



### Article history

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### Abstract

**Purpose:** Kenya is amongst six high-burden nations in Africa grappling high HIV infections. Approximately 91.2% of Kenyan men have undergone circumcision. However, male circumcision is not traditionally practiced in Turkana community with male circumcision rates ranging from 5-10%. The study's sought to identify socio-cultural factors Influencing Medical Circumcision of Males Performed Voluntarily Uptake in Turkana County.

**Materials and Methods:** Utilizing a researcher-administered survey, KII schedules, and a FGD guide, data was gathered. 434 males made up the sample size. An analytical cross-sectional methodology was used in the investigation. The data was analyzed with SPSS 22. Results showed that of 374 male participants in the study, 79.9% had undergone circumcision, 77.0% were aged 18-35 years, 94.1% were Christians, and 44.7% were unemployed while 54.8% were married. The overall mean scores of responses for socio-cultural factors, psychosocial factors, socio-economic

factors, and information sources factors were 3.230 (neutral), 3.602 (positive), 2.894 (negative) and 3.48 (neutral), respectively.

**Findings:** The study found that socio-cultural factors was significant predictors of embracing VMMC. Sociocultural factors were about 0.30 times more likely to increase uptake of VMMC [OR=0.301; 95% CI: 0.081-0.52, P=0.007].

**Conclusion:** The study recommends that policies addressing main VMMC uptake amongst men in Turkana County should incorporate public participation, traditional leaders and local administrators for societal acceptance. There is need for effective sensitization and advocacy for behavioral change, mobilization and ownership of the initiative by the community. Policies should advocate for local leadership training.

**Keywords:** *Socio-cultural Factors, Voluntary Male Circumcision, Turkana Count*

## 1.0 INTRODUCTION

Globally, about 30% of the male population worldwide who are aged ten years and above are circumcised (Khan et al., 2023). In the East African region, circumcision is widely regarded as a significant milestone from childhood to adulthood, as per the beliefs of many African communities (NAS COP, 2022). Although most counties in the area follow the cultural practice of Voluntary Medical Male Circumcision, a few exceptions include Turkana, Siaya, Kisumu, Homa Bay, and Migori, as identified by KENPHIA in 2018. Interestingly, the last four counties mentioned also have the highest prevalence of adult HIV infection. Grund et al., (2023) states that approximately 91.2% of Kenyan men have undergone circumcision, the Elective Medical Male Circumcision initiative was launched by the Kenyan Ministry of Health in 2008 utilizing a staged method. The main justifications for circumcision were religious convictions, medical advantages, and cultural rites of passage. The program was initiated after three randomized trials showcased that male circumcision reduces HIV transmission rate amongst men by 60% (Gao et al., 2021).

According to, Emoit (2018), circumcision is not considered as a cultural rite amongst Turkana men but a negative connotation because most of their traditional arch-enemies, i.e., Samburu, the Pokots, and the Marakwet's men practice circumcision. Therefore, the acceptance of circumcision amongst their men is seen as cultural infidelity and devaluation of their well-established socio-cultural rites of marking the tribal membership. Instead, Turkana men practice Asapan, an alternative ceremony intended to raise some men's status to be senior elders. Nonetheless, for the few Turkana men who accept the practice (circumcision), they acknowledged its advantages of circumcision, such as the reduced HIV infection and increased hygiene, outweigh their traditional socio-cultural practices of shunning circumcision (Sangura Wafula et al., 2021).

Another key driver of consensual medical circumcision for men's adoption is the belief that it enhances sexual performance. That results from males' perceptions of masculinity, which are linked to sexual abilities and high confidence in oneself (Fleming et al., 2016). Age has an impact on the acceptance of Optional Medical Male Circumcision, so it's important to tailor services to meet the needs of various age groups. A study comparing attitudes on consensual surgical circumcision for males among young men (aged 10 to 14) and teenagers (aged 15 to 19) was carried out in Zimbabwe, Tanzania, and South Africa. According to the study, a sizable majority of guys in both age categories indicated a strong desire to get circumcised. However, compared to older men, young teenagers were less likely to mention the prevention of HIV and STIs as their reason for agreeing to consensual medical circumcision of men. Unemployment and financial concerns like missing income while waiting to heal are cited as the most important socioeconomic barriers to males getting voluntary medical male circumcisions, family survival while recovering period, and the inability to take time off from a job (Mwiinga, 2021; Mangomber & Kule-Sabiti, 2018).

Men often look up to the community's council of elders or leaders for guidance on social norms and cultural practices within the social hierarchy. In Zimbabwe, use of role models such as celebrities to advertise Surgical Male Circumcision Done voluntarily programs is cited as a facilitator of Voluntary Medical Male Circumcision uptake amongst young men (Thomas et al., 2020). Consequently, consensual surgical circumcision of males initiatives by international health agencies like WHO, UNAIDS, the government, and local NGOs in communities ought to engage the tribal or community leaders in their sensitization exercise to shift the social norms of the sub-

population so that they can support consensual surgical circumcision of males (Siweya et al., 2018; Mavundla et al., 2020). Therefore, it is prudent for early engagement with local leadership in non-circumcising societies before the implementation process of consensual surgical circumcision of male's strategies (Zulu et al., 2022).

Robert Derby (2003) says that circumcision is a recent invention as a medically rationalized procedure traced back to the 18th century in his historiography review. According to most African communities, As a transition from boyhood to maturity, circumcision is revered: The Bantus. Besides, Nilotic communities, such as Maasai, also practice circumcision. The Maasai classifies uncircumcised men at the same level as boys who are cowards. As a result, the tribe equates circumcision to highly culturally valued traits of masculinity, such as sexual readiness, a high level of maturity, and courage, according to Turner (1967).

Kenyan and Uganda programs on Voluntary Medical Male Circumcision had reported similar patterns amongst young males; hence confirming the socio-cultural preferences for Surgical Male Circumcision Done voluntarily at a younger age for boys or young men (Herman et al., 2012). KAIS (2012) states that approximately 91.2% of except for some tribes like the Luo and Turkana, most Kenyan men opted for circumcision as an indigenous rite of transition as well as for health-related and religious reasons. According to Macintyre et al., (2013), in a USAID Project research, circumcision is not considered as a cultural rite amongst Turkana men but a negative connotation because most of their traditional arch-enemies, i.e., Samburu, the Pokots, and the Marakwet's men practice circumcision. Therefore, the acceptance of circumcision amongst their men is seen as cultural infidelity and devaluation of their well-established socio-cultural rites of marking the tribal membership. Instead, Turkana men practice Asapan, an alternative ceremony aimed at elevating some males to the status of senior elders (Macintyre et al., 2013). Nonetheless, for the few Turkana men who accept the practice (circumcision), they acknowledged its advantages of circumcision, such as the reduced HIV infection and increased hygiene, outweigh their traditional socio-cultural practices of shunning circumcision.

## **2.0 MATERIALS AND METHODS**

The study used a qualitative cross-sectional research approach to examine the psychological and knowledge-based elements that affect males in Turkana County in using elective surgical circumcision procedures. The study focused on Turkana men in the Loima, Turkana North, and Turkana Central Sub-counties of Turkana County who were 15 years of age and older. This is due to the high incidence of HIV in these areas and the low prevalence of consensual medical circumcision of men. Both used a random selection method and purposeful sample technique. The sample size was 434 respondents. The study used both qualitative and quantitative data. Data was collected questionnaires, interviews and focused group discussions. SPSS version 23 was used to conduct the analysis. The findings were presented in form of figures and tables.

## **3.0 FINDINGS**

### **Socio-Cultural Factors and Voluntary Medical Male Circumcision Uptake**

Among the socio-cultural factors, some of the respondents agreed that religion (53.2%), Marital status (42%), family background (43.6%), level of education (56.9%) and cultural beliefs (44.4%) influenced Voluntary Medical Male Circumcision (Table 1).

The overall mean score, however, indicated that socio-cultural factors under this study had no influence on the VMMC uptake as the mean score was 3.230.

**Table 1: Factors on Level of Voluntary Medical Male Circumcision Uptake**

Socio-Cultural Factors	Disagree		Neutral		Agree		Total Scores	Mean Scores	VMMC Influence
	F	%	f	%	f	%			
The acceptance of consensual surgical circumcision for men is influenced by religion.	100	26.7	75	20.1	199	53.2	1249	3.34	Neutral
The acceptance of consensual surgical circumcision for men is influenced by marital status.	139	37.2	77	20.6	158	42.2	1146	3.06	Neutral
The adoption of consensual surgical circumcision for men is significantly influenced by family background.	133	35.6	78	20.8	163	43.6	1174	3.14	Neutral
The adoption of consensual surgical circumcision for men is influenced by the type of schooling (formal, informal, or non-formal).	77	20.6	84	22.5	213	56.9	1333	3.56	Positive
The acceptance of consensual surgical circumcision for men is strongly influenced by cultural rights and beliefs.	146	39.3	61	16.3	166	44.4	1138	3.04	Neutral
<b>Overall Mean Score</b>								<b>3.230</b>	<b>Neutral</b>

1.0-2.4 (Negative influence), 2.5-3.4 (neutral influence), and 3.5-5.0 (Positive influence)

**Differences between the Circumcised and Uncircumcised Based on Socio-Cultural Factors**

Based on sociocultural considerations, persons who had been circumcised and those who had not were compared using an independent sample t-test. The results show that there were significant differences between the two groups in terms of their perceptions of religion (t-value = 3.489, P=0.001, means: circumcised - 3.46 1.33, uncircumcised - 2.85 1.40), marital status (t-value = 4.615, P=0.000, means: circumcised - 3.22 1.28, uncircumcised - 2.45 1.28), family background (t-value = 3.759, P=0.000, means: Regarding cultural rights and beliefs, there was no discernible difference between the circumcised and non-circumcised participants (t-value=1.298, P=0.195, means: circumcised - 3.091.48, uncircumcised - 2.841.64).



**Table 2: Differences between Circumcised and Uncircumcised Based on Socio-Cultural Factors**

Socio-Cultural Factors	Circumcision Status	N	Mean ± SD	t value	df	Sig. (2-tailed)
The acceptance of consensual surgical circumcision for men is influenced by religion.	Yes	299	3.46±1.33	3.489	372	0.001
	No	75	2.85±1.40			
The acceptance of consensual surgical circumcision for men is influenced by marital status.	Yes	299	3.22±1.28	4.615	372	0.000
	No	75	2.45±1.28			
The adoption of consensual surgical circumcision for men is significantly influenced by family background.	Yes	299	3.27±1.39	3.759	372	0.000
	No	75	2.60±1.40			
The adoption of consensual surgical circumcision for men is influenced by the type of schooling (formal, informal, or non-formal).	Yes	299	3.65±1.24	2.661	372	0.008
	No	75	3.21±1.43			
	Yes	299	3.09±1.48	1.298	372	0.195
	No	75	2.84±1.64			

### Independent Sample T-Test

A number of uncircumcised men mentioned the influence of cultural beliefs as the main inspiring factor in their reasons to avoid circumcision. They considered their culture as an issue that could influence their decision to embrace VMMC. Some of them believed that culture discouraged them from embracing the VMMC.

*“Our cultural beliefs and family background have a strong influence on whether the males can undertake Voluntary Medical Male Circumcision.”* (FGD 1, Turkana elder aged 60)

*“Our tradition does not support circumcision.”* (FGD 1, Turkana youth aged 24)

*“Persons who are keen to retain their cultural identity do not consider circumcision as one of the options they are willing to undergo.”* (FGD 2, Turkana man aged 34)

*“Male circumcision seems like a good idea from what I have learnt from the local leaders”* (FGD 2, Turkana youth aged 22)

### Relationship between Socio-Cultural Factors and Voluntary Medical Male Circumcision (VMMC)

The association between VMMC adoption and socio-cultural characteristics was evaluated using the correlational analytical test. The findings indicated that religion positively influenced uptake of VMMC (Pearson correlation = 0.178, P=0.001). Similarly, marital status positively influenced the uptake of VMMC (Pearson correlation = 0.233, P=≤0.001). There was significant statistical influence of family background on the uptake of VMMC. There was significant positive influence of the type of education on the uptake of VMMC, Pearson correlation = 0.137 and P-value = 0.008.

However, no significant influence was observed between cultural beliefs and uptake of VMMC (Table 3)

Ho: There is no significant influence between uptake of VMMC and socio-cultural factors

Based on the results, null hypothesis was rejected.

**Table 3: Correlation Analysis between Uptake of VMMC and Socio-Cultural Factors**

Variables	Uptake of Voluntary Medical Male Circumcision (VMMC)		
	N	Pearson Correlation	P-Value (2-tailed)
Religion does influence the consent of VMMC	374	0.178	0.001
Marital status influences the acceptance of VMMC	374	0.233	0.000
Family background has a strong influence on the uptake of VMMC	374	0.191	0.000
The type of education (formal, informal, or non-formal) does influence the uptake of VMMC	374	0.137	0.008
Cultural rights and beliefs have a robust influence on the uptake of VMMC	374	0.067	0.195

## Qualitative Results

### Socio-cultural Barriers

Some of the key informant's interviewed stated that circumcision was not a cultural tradition of the Turkana. Therefore, it acted as barrier towards uptake of Voluntary Medical Male Circumcision.

*“Cultural traditions pose as a barrier to VMMC adoption in the county because the majority of the men believe it is against the customs and traditional practices of the community.”* (Key Informant 1, Turkana Central)

*“There is a lot of resistance on VMMC from typical Turkana men as it is viewed to be contrary to their customs.”* (Key informant 4, Turkana North)

*“Culture runs deep here and no one wants to go against it so it is hard for men to undergo VMMC”* (Key informant, Loima)

*“It may take some time before our culture accepts male circumcision which most people perceive as foreign”* (Key Informant 2, Turkana Central)

*“There is some resistance among the elderly and uneducated people”*(Key informant from the county)

*“Myths and misconceptions from the community hinder uptake of VMMC in the area”*(Key informant , Turkana Central subcounty)

*The acceptance of consensual surgical circumcision for males was said to be influenced by cultural customs (25%), myths and beliefs (25%), and other factors (25%) in focus group discussions. Others concurred, stating that local leadership, perceptions, the procedure's nature,*

*and the stigma associated with male circumcision all had an impact on the acceptance of consensual surgical circumcision for males.*

### **Myths Regarding Voluntary Medical Male Circumcision**

The respondents in the focus group discussion put several myths forward in the Turkana community regarding Voluntary Medical Male Circumcision. The most prevalent myth was that Voluntary Medical Male Circumcision reduces sexual pleasure as it affects the erection of the penis (25%).

*“Our people are still adamant to embrace circumcision because of the myths surrounding it. (FGD1, Turkana Central)*

*“Some men believe that once they are circumcised, it is going to lower their sexual pleasure. (FGD 1, Turkana Central)*

*Some men feared that circumcision reduces the sexual power among men.” (FGD 2, Loima)*

*“A good number of men believe that VMMC will make them unattractive to women.” (FGD 1, Turkana Central)*

*“Our men perceive that circumcision reduces sexual pleasure later in life” (FGD 3, Turkana Central)*

## **4.0 DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS**

### **Discussion**

This study result implies that social-cultural factors have a positive influence on Optional Medical Men Circumcision Adoption in Turkana County. The Spearman’s rank correlation results also indicate that there is a fairly strong relationship between socio-cultural the adoption of consensual medical circumcision for men, and considerations in Turkana County (0.358) and with a p-value (sig. two-tailed) of 0.000 which is statistically significant. According to the study's findings, social and cultural factors like religious convictions, marital status, educational attainment, and peer pressure have a favorable impact on the acceptance of consensual medical circumcision for males. These results are in agreement with Mwandu, Murphy, Reed, Njehumeli ... & Bock (2011) and Plotkin et. al. (2013) who opined that social-cultural factors such as cultural rites/beliefs, religion marital status, education level and societal pressure had a positive influence on Optional Surgical Men Circumcision Adoption.

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**Conflict of Interest**

If there is no conflict of interest, none declared.

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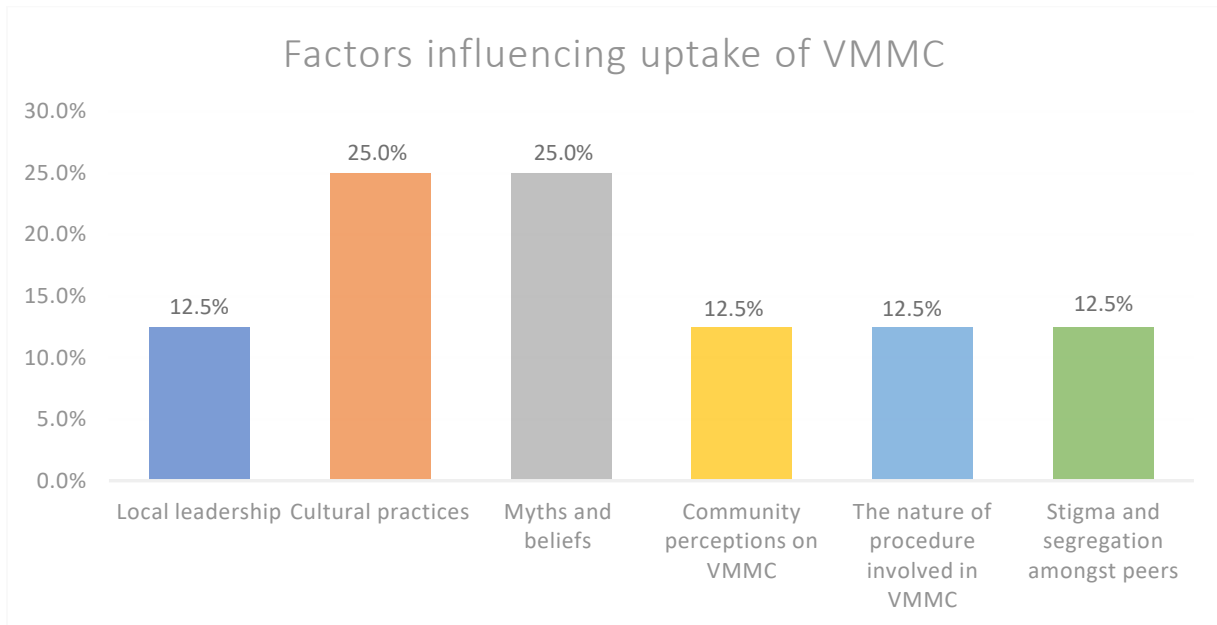


Figure 1: Factors Influencing Voluntary Medical Male Circumcision Uptake

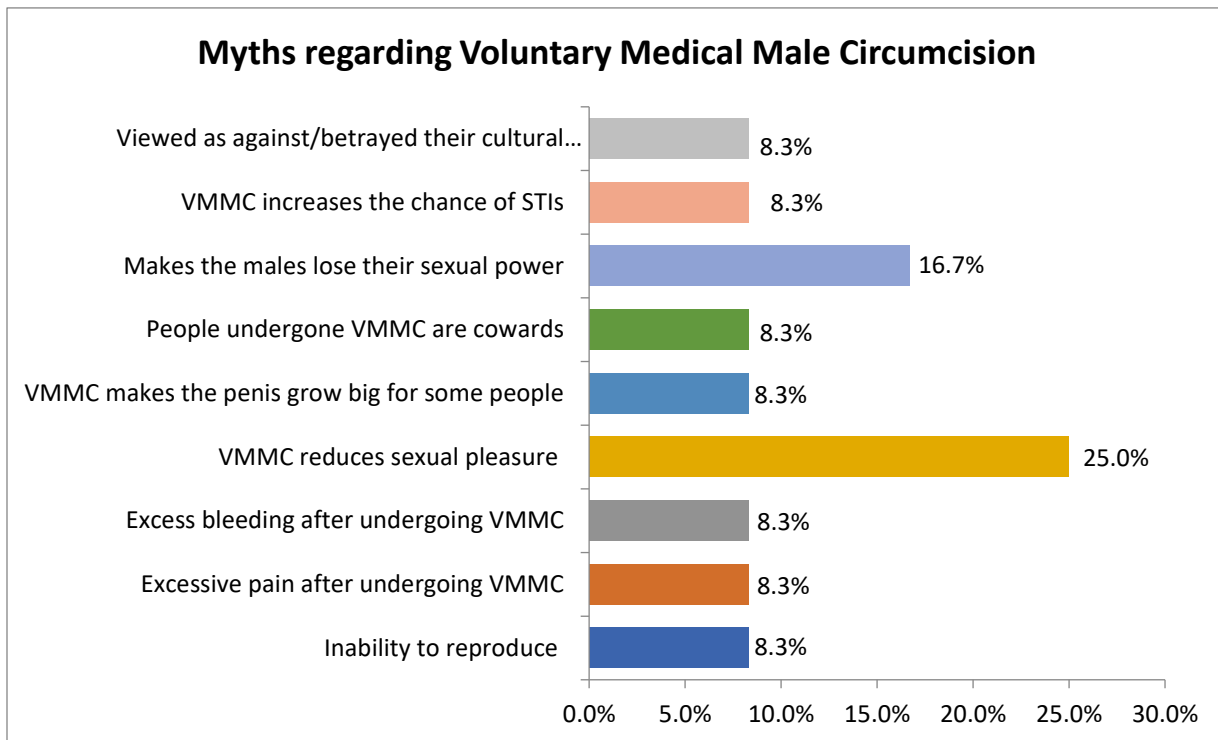


Figure 2: Myths on VMMC

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