

RESEARCH BRIEF

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EXPLORING ASPECTS OF DEMAND CREATION AND MOBILIZATION FOR MALE CIRCUMCISION AMONG OLDER MEN IN TURKANA, KENYA

Background

In light of evidence that male circumcision effectively reduces HIV transmission,¹ the Kenyan government began incorporating voluntary medical male circumcision (VMMC) as a key component of its HIV prevention strategy in 2009. Efforts are now being planned to scale up these services in Turkana County, where HIV infection rates are among the highest in the country. This scale-up may face local challenges as the predominate ethnic group, the Turkana, traditionally do not circumcise their men or boys. Based on the experiences of prior programs, creating demand for circumcision will be particularly challenging among older men (ages 25-49).² To date, little research has been conducted specifically on the factors influencing the uptake of circumcision among older men or the unique meaning of circumcision in the Turkana culture in the context of the recent plans for VMMC program scale-up in Kenya.

This study aims to identify age and culturally sensitive programmatic approaches to increase demand for VMMC services in Turkana County, Kenya, with an emphasis on reaching men 25-49 years of age. Additionally, this study aims to synthesize results and previous literature in order to provide a framework for conceptualizing demand creation among older men that can be adapted and utilized in similar settings.

Acknowledgements

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Photo Credit: Kate MacIntyre

KEY FINDINGS

Respondents from key informant interviews, in-depth interviews and focus groups discussions conducted in Turkana County, Kenya, provided opinions on demand creation for the planned expansion of voluntary medical male circumcision (VMMC) services in the region, revealing the following:

POTENTIAL BARRIERS

Cultural significance: Respondents described male circumcision as a practice of traditional tribal enemies and some felt that remaining uncircumcised was a hallmark of their Turkana culture. The notion that circumcision is equated with disregarding tradition and assimilating to a different culture is likely to be a major barrier to creating demand for VMMC, especially among older men in rural areas who are often regarded as the keepers of the culture.

Stigma: In certain rural parts of Turkana, circumcision carries a stigma equating the lack of foreskin with nakedness. Traditionally, it is acceptable for men to walk or bathe publically without clothing, as the foreskin of the penis is thought to protect them from inappropriate exposure.

Knowledge gap: In general, rural areas in Turkana County have had less exposure to HIV prevention messaging than urban areas. Understanding VMMC and its significance in HIV prevention may be more difficult for older men in areas that have had lower exposure to HIV information.

Service quality: Ensuring delivery and accessibility of quality services, especially for older men in rural and underserved areas, was cited as a major potential barrier for the overall success of the VMMC program.

Necessity for older men: Another common idea that may be a barrier to demand creation was that older men were not as sexually active or susceptible to HIV, and thus had little need for the biomedical advantages of circumcision.

POTENTIAL FACILITATORS

Modernization and disease prevention: Some respondents, especially those in urban areas, spoke of the growing recognition and acceptance of circumcision as a biomedical procedure to prevent HIV. Some thought the fact that circumcision was never part of the Turkana tradition simply made it a culturally neutral practice, not a forbidden act of cultural infidelity. Respondents frequently reasoned that VMMC was a "modern" medical intervention necessary to combat "modern" diseases (HIV/STIs) that were emerging in their society. The decision to be circumcised was seen by many as a man's noble resolution to protect his family's and his own health.

Stigma: There was stigma toward men who were not circumcised among some respondents, especially younger, urban men. To these respondents, being uncircumcised was seen as unhygienic.



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Social influences: Though some respondents indicated that they kept their decision to be circumcised private, many also cited the influence of their peers and families. A number of uncircumcised men admitted that they would be more likely to seek VMMC if they thought the practice was common among their peers.

Influence of leaders: Public support of VMMC by regional and local leaders may be essential in creating demand. The overall positive view of VMMC held by the traditional healers who served as key informants in this study suggests that the influence of leaders may help facilitate demand even among more traditional communities.

RECOMMENDATIONS

Creating demand for VMMC among older men in Turkana has the additional challenge of addressing the county's remoteness from the political and social centers of the rest of Kenya. The VMMC scale-up presents an important opportunity for the government and its partners to demonstrate a strengthening of relations with the many people of Turkana who have felt that their county has been isolated or neglected. Based on the data from this specific study, the following actions are recommended for creating demand for VMMC services among older men in Turkana:

1. Focus social and behavior change communication on the biomedical benefits and social normalcy of circumcision. Marketing VMMC as a biomedical and culturally neutral intervention may help distinguish it from the traditional knife-cutting circumcision ceremonies of Turkana enemies in the minds of older men. Communication efforts may also consider integrating peer influence into messaging by promoting circumcision as a social norm.
2. Adopt different communication messaging strategies tailored specifically for urban and rural areas. In the early phases of the program, efforts should address the knowledge gap by increasing basic HIV education in rural areas, while VMMC service delivery and messaging targeting older men are piloted and perfected in the more accessible urban areas.
3. Address the distance-to-service barrier for older men in rural areas by increasing outreach and mobile sites or offering transportation assistance.

STUDY METHODS & DESIGN

This cross-sectional study utilized qualitative research methods to explore and gain insight into both individual and community perceptions of male circumcision, particularly among older men. A total of 247 respondents were part of the study:

- 64 in-depth interviews
- 20 focus groups discussions (with 183 participants collectively)

Respondents were distributed across four geographic strata and across urban, peri-urban and rural sites. Individual participants were further grouped as follows: uncircumcised men, circumcised men, and the female sexual partners of either circumcised or uncircumcised men. There were also 12 key informant interviews with traditional healers and HIV public health officials.

Additionally, older men must be accommodated to ensure ample post-operative recovery before any significant travel is required of them to return home.

4. Target the lower age range for older men. Among the group examined (men ages 25-49), those 25-35 years old not only may have higher risk of HIV, but may be more apt to forgo cultural traditions for a more "modern" procedure.
5. Utilize and educate local leaders to mobilize communities. Programs will be most successful after establishing buy-in and participation from local leaders. Educating respected leaders and traditional healers about the benefits of VMMC can utilize their social leverage to mobilize older men in their communities.

CONCLUSION

Expanding VMMC services to men in Turkana County, Kenya, may be critical for reducing HIV prevalence in the region. Men and women respondents were generally supportive of the idea of expanding VMMC services. However, because cultural traditions do not align with the practice of circumcision, promoting the services in the region may be particularly difficult, especially among older men. Using messages focusing on the biomedical benefits of circumcision, and disseminating them with the support of established local leaders can help create the demand necessary for greater uptake of planned VMMC services among older men in Turkana County, Kenya, and can offer lessons learned for similar sociocultural settings.

1. Gray, R.H et al. (2007). Male circumcision for HIV prevention in men in Rakai, Uganda: a randomised trial. *Lancet*, 369 (9562), 657-66.

2. Herman-Roloff, A., Otieno, N., Agot, K., Ndinya-Achola, J., & Bailey, R.C. (2011b). Acceptability of medical male circumcision among uncircumcised men in Kenya one year after the launch of the national male circumcision program. *PLoS ONE*, 6(5), e19814.