AN ASSESSMENT OF THE ROLE OF INTERPERSONAL COMMUNICATION ON VMMC UPTAKE IN SIAYA SUB–COUNTY

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DECLARATION

This research report is my original work and has not been presented for a degree or any award in any other University.

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This research report has been submitted for examination with my approval as the University Supervisor.

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DEDICATION

I dedicate this project to my parents, Mr. and Mrs. Simon Okumu who relentlessly encouraged me during my studies particularly when writing this project. Thank you for believing in me.

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I thank the Almighty for making this possible. I also thank the individuals who encouraged and gave assistance during the period that I was writing this paper. I would like to thank and give a special gratitude to my supervisor Dr. Dorothy Omollo for her support and guidance in preparing this proposal, and for being there whenever I needed her assistance. Thank you very much.

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God bless you all.

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LIST OF ABBREVIATION

AIDS: Acquired Immune Deficiency Virus

HIV: Human Immunodeficiency Virus

HPV: Human Papilloma virus

IPC: Interpersonal communication

KAIS: Kenya AIDS Indicator Survey

KNBS: Kenya National Bureau of Statistics

MC: Male Circumcision

MDGs: Millennium Development Goals

NASCOP: National AIDS and STI Control Program

STIs: Sexually Transmitted Infections

UNAIDS: United Nations Program on HIV/AIDS

USAID: United States Agency for International Development

VMMC: Voluntary Medical Male Circumcision

WHO: World Health Organisation

ABSTRACT

This study aimed at assessing the role of interpersonal communication on Voluntary Medical Male Circumcision uptake among men in Siaya Sub County, Siaya County. The objectives of the study were to find out the knowledge levels, perceptions and attitudes of men towards male circumcision; to assess how interpersonal communication contributes to decision-making regarding voluntary medical male circumcision uptake as well as to investigate forms of interpersonal communication that were regularly used in promoting male circumcision. The study was supported by three theories: health belief model, social cognitive theory, and theory of planned behaviour. The study used descriptive research design with qualitative and quantitative data collection approaches. The target group was composed of men of ages 18-49 who reside in Siaya Sub County. The total number of these men was estimated to be 22,610, however, the sample size was 378 people. Stratified random sampling was used to collect the data where questionnaires and interview schedules were administered to the respondents by the researcher. Data was analysed through descriptive statistics and presented in tables. Research findings showed that interpersonal communication as a strategy can be used towards influencing a community to take up Voluntary Medical Male Circumcision. The findings reiterated that the use of interpersonal communication in this community has increased the knowledge about male circumcision, its health benefits and the risks accompanied by failure to get circumcised. The study also revealed that interpersonal communication had helped to change the negative attitude of the respondents towards the procedure. The study further established that through interpersonal communication the targeted men from Siaya Sub County had availed themselves for Voluntary Medical Male Circumcision to lower the risk of HIV infection. In conclusion, through interpersonal communication, a majority of the people that has been reached has been able to get more information concerning Voluntary Medical Male Circumcision and has managed to visit the hospitals for the procedure. The study recommends that interpersonal communication should be used to reach more people as it gives more insight on Voluntary Medical Male Circumcision. The study further recommends that this strategy should be used to target women to encourage their male partners to undergo the male circumcision. The study also recommends that funding should be done for capacity building of community health workers to assist in the uptake of male circumcision.

CHAPTER ONE

INTRODUCTION

1.1 Overview

In this chapter, the focus is on the background of the study, statement of the problem, research objectives, research questions, justification of the study, significance as well as the scope and limitations of the study.

1.2 Introduction

Communication is a fundamental human process without which most individuals, group, organisational, and societal activities could not happen, including how people think about and respond to different issues (Story 2014). In health, communication helps drive behaviour change.

There are different channels of communication that can be used to transfer different health messages to the target audience. The channels include a combination of nonverbal/visual, oral/spoken, and written forms, with or without the aid of technology. Television, for example, projects nonverbal images and spoken words, sounds, and text, whereas interpersonal communication consists largely of nonverbal and oral content, while print media (even with pictures) are primarily written. Further, some channels, such as cell phones (which allow oral and if it is a smart phone visual communication), are portable, whereas others (e.g., a television in one's home, landline telephony, a consultation space in a health clinic) occupy a fixed location.

In this research, researcher will focus on the interpersonal communication and how it aids in the transfer of information concerning VMMC uptake for HIV prevention amongst men in Siaya Sub County. HIV is a health problem in Kenya and there are different strategies that have been

put across to help in curbing its spread in the whole country. One of the strategies is Voluntary Medical Male Circumcision which was recommended by World Health Organisation (WHO) in 2007. VMMC is defined as the surgical removal of the foreskin by a trained health worker (Kawango et al 2015)

We all use interpersonal communication (IPC) in our everyday activities. It has therefore been defined in many ways by different scholars one of them being Miller. Using his definition, IPC takes place between two individuals and they are able to give immediate feedback (Miller et al, 1978). Other scholars define IPC based on how personal the interaction is (e.g. Peters, 1974). According to Peters, IPC involves personal communication that is between people who know each other well (Peters, 1974).

Knapp and Daly (2010) also define IPC as the process whereby one individual stimulates meanings in the mind of another person through verbal and or nonverbal means. All these definitions point out that IPC involves verbal or nonverbal communication and face to face communication which enables one to get instant feedback.

Interpersonal communication (IPC) is aimed at engaging small groups of individuals within the community with a series of targeted messages on key issues of interest. For health interventions, IPC is mainly done through in-depth interpersonal sessions conducted by trained facilitators, peer-educators, or volunteers using interactive training guides, picture codes, visual illustration and posters. Based on the targeted audiences, IPC activities can be delivered in household, workplace, and school (Hartley 1993).

Interpersonal communication is a process at the core of the human health and without it, various health activities that are either individual in nature, communal, or even organisational could not be successful. Through interpersonal communication, people become aware of health issues happening around them and as such they are able to make informed decisions on how best to remain healthy. Story et al (2014) assert that interpersonal communication is a critical aspect of how health professionals provide care and how patients seek to use it. Scholars further emphasise that IPC is also the process by which someone is persuaded to do something healthy or unhealthy.

Voluntary Medical Male Circumcision (VMMC) is one of the key components of HIV prevention. Successful VMMC uptake is heavily reliant on interpersonal communication as a mobilisation strategy. However, the uptake is lower than expected in Kenya so far, and in particular, Siaya Sub-County where there is a high HIV prevalence and incidences and low VMMC uptake as captured by (De Cock et al 2014). Despite VMMC being a key component in HIV prevention implementation, Sgaier et al (2015) notes that men are less likely than women to seek health care. Secondly, they are also of the view that VMMC is considered a "hard sell" because it requires healthy men to undergo a surgical procedure that involves some levels of discomfort and inconvenience and which offers only partial protection against an uncertain (and often unacknowledged) individual HIV risk. The uncircumcised males in Kenya who are HIV-positive is 13.2% compared to just 3.9% of the circumcised males" (Curran et al 2011).

For successful VMMC uptake for HIV prevention, IPC mobilisation strategies that target men (18-49 years) should be considered more. Various key interpersonal strategies that can be used include community group discussions, female partner interpersonal communication, community edutainment sessions, and peer education sessions. These interpersonal strategies can drive

behaviour change amongst individuals because they enhance the personal touch which means that the individuals that are involved can guide men and families to change their perceptions and support the practice.

This research, therefore, intends to assess the role of interpersonal communication in VMMC uptake for HIV prevention in Siaya Sub-County, Siaya County-Kenya with also a view to identifying where improvement can be made.

1.3 Background of the Study

World over, uptake of VMMC for HIV prevention among adult men has been lower than desired. In China, for instance, prevalence of VMMC among males below 40 years is below 5%, which is lower than that in the U.S (75%), Republic of Korea (60%), and Philippines (90%) (Wang et al 2016). Yet, by the end of 2014, according to the National Health and Family Planning Commission of the People's Republic of China in 2015, there were 501,000 reported cases of people living with HIV/AIDS (including 296,000 people living with HIV and 205,000 AIDS patients) and 159,000 deaths that were reported around China. This high prevalence of HIV is partly attributed to the low VMMC uptake among older men in the country. Still, this low VMMC uptake does not reflect an emphasis on IPC as a strategy during VMMC mobilisation.

Regionally, within Africa, the picture is not any different comparatively. Although research findings by Auvert et al (2013) strongly suggest that the roll-out of VMMC in South Africa's Orange Farm community is associated with a significant reduction of HIV levels, the same community still recorded a significantly low level of VMMC uptake even after VMMC roll-out. However, this study does not state whether IPC strategies used were effective in persuading men to consider VMMC uptake for HIV prevention.

Data presented by Gummerson et al (2013), show that there is an increase in VMMC uptake by men 20 years and older following community sensitisation and demand creation using mobile technology. The research also explores the fact that self-reported SMS referrals are highly effective in reaching the target group. However; the researchers were of the agreement that for VMMC uptake to reach the significant levels that are sufficient to suppress HIV prevalence levels among targeted populations, there is need to continue using text messaging technology in addition to other mobilisation strategies such as IPC. Interestingly, HIV prevalence is still high in Tanzania, even when VMMC demand creation strategies such as text messaging technology have been implemented. Moreover, Semeere et al (2016) suggests that the partner-mediated intervention for generating demand for VMMC is suitable in Uganda where prevalence of HIV is high against low VMMC uptake.

Kenya has an average HIV prevalence rate of 6.1%, and with about 1.6 million people living with HIV infection (KAIS Report, 2014). It is one of the six HIV 'high burden' countries in Africa. The western part of the country consisting of Homabay, Siaya, and Kisumu counties are the most affected by HIV with rates of 26.0%, 24.8%, and 19.9% respectively. In Siaya County, 15.9% of males are living with HIV, making it the second highest in the country, the highest being Homabay county Additionally, distribution of new infections places Siaya County at number three with about 9,000 new infections within the last two years. Even with success elsewhere, Skatka (2016) observes that VMMC uptake in Siaya County remains significantly low with an uncircumcised population of 109,579 men between 15-49 years. This high prevalence of HIV as well as high number of uncircumcised males still exists despite the roll-out of a number of VMMC strategies by organisations such as Impact Research and Development Organisation, ICAP, and Nyanza Reproductive and Health Society. It means, therefore, that there

is need to assess the role of IPC as a strategy to enhance VMMC uptake levels among men in Siaya Sub-County, Siaya County in Kenya.

1.4 Statement of the problem

According to studies by UNAIDS (2009) and WHO (2011), 80% of adult males get circumcised in priority countries (those leading in HIV prevalence) in Eastern and Southern Africa by 2016. Sustaining coverage levels thereafter could help in saving about 3.4 million new HIV infections within 15 years, and save billions of dollars in treatment costs of the disease. It is against this background that the government of Kenya launched Voluntary Medical Male Circumcision campaigns targeting especially the Luo community in Nyanza region, Turkana and Teso people in the North Rift regions. These communities do not practice the culture of circumcising males and with relatively high HIV prevalence. The three communities do not practice MC as a cultural rite. The Luo inhabitants of Nyanza region have the highest HIV prevalence in the country with counties such as Siaya, Kisumu and Homabay having HIV prevalence above 15.6 % (KASF 2014)

Hatzold et al (2014), in their analysis of barriers and motivators to Voluntary Medical Male Circumcision uptake among different age groups of men in Zimbabwe, concluded that VMMC demand-creation messages need to be specifically tailored for different ages. The scholars, therefore, were in agreement that the message used in mobilising different age groups for VMMC had an effect on whether the people take up VMMC or not. Despite GOK's response to similar observations in Kenya by launching VMMC campaigns with tailor made messages targeting older men in 2013, Ndege (2015) notices that VMMC uptake still remained low among the Luo community Nyanza, hence, unmet VMMC targets.

In Kenya, studies undertaken to understand barriers to VMMC have not adequately explored the types of communication strategies used during mobilisation as a possible effect to VMMC uptake. Consequently, there exists a research gap in establishing the role of interpersonal communication as a strategy in accelerating VMMC uptake among uncircumcised men in Siaya County, Kenya.

1.5 Study objectives

The main objective of this study was to assess the role of interpersonal communication on VMMC uptake for HIV prevention amongst men in Siaya sub county, Siaya County.

The study was guided by the following specific objectives.

1. To investigate and document the forms of interpersonal communication that are regularly used in promoting Voluntary Medical Male Circumcision in Siaya Sub County
2. To investigate how interpersonal communication contributes to decision-making regarding Voluntary Medical Male Circumcision uptake in Siaya Sub County.
3. To find out the Voluntary Medical Male Circumcision knowledge levels, perceptions, and attitudes of men between 18 to 49 years in Siaya sub county.

1.6 Research questions

The study sought to answer the following questions.

1. What are some of the forms of interpersonal communication strategies that are regularly used to persuade men to go for male circumcision in Siaya Sub County?
2. How does interpersonal communication influence decision making regarding male circumcision in Siaya Sub County?

3. How does Voluntary Medical Male Circumcision knowledge levels, perceptions, and attitudes drive the men to uptake the circumcision in Siaya Sub County?

1.7 Justification of the study

One of the Millennium Development Goals (MDGs, 2009) objectives was to combat HIV/AIDS and other diseases, Kenya as one of the countries. The prevalence of HIV/AIDS is at 6.1% as indicated by Kenya Aids Indicator Survey (KAIS, 2014). This has led to low development of the country due to the deaths that have been witnessed so far since the disease was first reported. Various prevention strategies (biological, including VMMC; structural and behavioural) have been proposed and implemented by the government to reduce the HIV prevalence. However, it is still high especially among the youth aged 15-24 years. The strategies include abstinence, proper use of condoms, counselling, testing, implementation of blood safety transfusion, treatment as prevention and VMMC.

Evens (2014) investigated the barriers to uptake of VMMC in Nyanza, Kenya among men aged between 18–35 years in a qualitative study. Although she identified several barriers that need to be addressed and included in VMMC messages, she, however, did not consider the most effective communication strategy that could be used to convey these messages as part of advocacy, and awareness creation to reduce new infection among this critical age group.

In 2014, the Ministry of Health ranked Siaya County second in HIV prevalence after Homa Bay County. Siaya County has contributed to 8.3 percent of the total number of people living with HIV in Kenya (Kenya County HIV profile 2016). The HIV prevalence is at 24.8 percent in this county. In the effort to reduce the HIV/AIDS prevalence rate in this county, various communication strategies and messages have been used to increase the adoption of VMMC.

Various channels have also been used to send the messages to the target audience. Such communication channels include interpersonal communication. However, the role of interpersonal communication on VMMC uptake has not been assessed. In addition, VMMC acceptability studies have not considered message framing and interpersonal communication as critical in opting in or out of VMMC procedure. Much attention has also been put on Homa Bay County because it is leading with HIV prevalence forgetting Siaya which is also following closely. It is against this background that the research study seeks to assess the role of interpersonal communication on VMMC uptake amongst men in Siaya sub county Siaya County, Kenya.

1.8 Significance of the study

This research will help in understanding the extent to which interpersonal communication can be used to change the perceptions and attitudes of the people towards the uptake of VMMC. The findings here will be useful in reducing new and spread of HIV infection in men and women. The findings of this research will be useful to the campaigners, health practitioners, and the government too. This is possible through policy review and development of guidelines and standards for promoting VMMC among non-circumcising communities. Health practitioners can be taken through capacity building and shown how to go about message design and participation of the communities in disseminating information to enhance VMMC uptake. The government can use the findings generated from this research to improve on existing structures with the goal of eradicating HIV infection and spread.

1.9 Scope and Limitation

This study was based in Siaya sub county, Siaya County, Kenya targeting adult men of ages 18 to 49. Siaya County is one of the top three counties with the highest HIV prevalence in Kenya. It is a county in the former Nyanza province in the western part of Kenya. It is one of the counties with the communities that do not practice male circumcision as a cultural right. Busia County borders it to the north, Kakamega and Vihiga counties to the northwest and Kisumu County to the southeast.

The headquarters of Siaya County is Siaya Sub County. It is located 74 kilometres northwest of Kisumu (KNBS 2013).Siaya sub county has a total population of 41,174 (Census, 2009), 41,174 of them being men. It has five wards: Mjini, Siaya Central, Siaya East, Siaya North and Siaya West. The population is targeted due to the reported high prevalence rates of HIV against the low recorded VMMC uptake. Different channels have been used to pass the VMMC messages, the research therefore intends to find out whether interpersonal communication used before has helped in influencing men to go for VMMC or not. To achieve this, 378 questionnaires were distributed however only 303 individuals responded.

While conducting this study, there were various challenges that the researcher came across. The main challenge was the fact that the study was led by a female researcher, yet the topic of research concerns a male-related behaviour, a situation that resulted in inhibition of freedom of expression and openness in discussing VMMC and sexuality related issues (Omollo DA, 2014). Talking about male circumcision with the older males presented a cultural challenge because they could not freely talk about VMMC.

The research area consists of people who do not culturally practice male circumcision. This makes it difficult for the men to disclose their status.

To overcome some of these challenges the researcher used male research assistants in collecting data.

Additionally, the research relied on self-declared male circumcision status. The researcher did not engage in direct observation of the respondent's circumcision. Self-reported data can rarely be independently verified, thus it may contain some potential sources of bias which the researcher will address during analysis.

CHAPTER TWO

LITERATURE REVIEW

2.1 Overview

In this chapter, the major focus was put on the theoretical and empirical literature concerning the role of interpersonal communication for Voluntary Medical Male Circumcision uptake among identified sample population.

2.2 Introduction

There are previous studies done that have laid emphasis on explaining the impacts and benefits of communication, especially in VMMC uptake, however, interpersonal communication has not been extensively discussed in this relation. Accordingly, interpersonal communication involves the process by which information, meanings and feelings are shared by persons through the exchange of verbal and nonverbal messages (Brooks and Heath 1993). It also entails interpersonal exchanges of information among peers, professional groups, within the family, and other closely linked groups. Solomon &Theiss (2013:5), on the other hand, refer to interpersonal communication as more specifically to communication that occurs between people and creates personal bond between them.

This chapter looks at previous literature on this topic to establish level of information assessed worldwide, regionally, within Kenya, and in Siaya County. The specific counts and statistics related to VMMC uptake as a result of identifiable communication methods will be analysed herein. Further, the chapter will clarify how interpersonal communication has been used earlier to promote VMMC uptake among males (18-49) in the specified area of study.

2.3 The Concept of Voluntary Medical Male Circumcision

VMMC is defined as the surgical removal of the foreskin by a trained health worker (Kawango et al., 2015). It is a strategy to prevent the spread of HIV that was recommended by the World Health Organisation (WHO) in 2007.

According to Auvert et al (2005), VMMC contributes to reduction of the rate of HIV infection by 60%. There appears to be a connection between HIV infections in uncircumcised adult males in previous studies around the world (Brito et al., 2015). In places in which male circumcision is not practised, there has been observable high number of people infected with HIV/AIDS. In 2013, Auvert did a cross sectional study in South Africa on the relationship between HIV infection rates and circumcision found out that HIV incidences was reduced by 76 percent in circumcised verses uncircumcised men (Auvert et al, 2013).

This depiction is inclined to the fact that cells that HIV attach themselves to are found in high numbers within the inner foreskin of the penis. This makes it easy for the virus to get into the body when the uncircumcised males get into contact with their female partners sexually. These cells are located close to the surface of the skin. Removing the foreskin reduces the number of these cells hence reducing the risk of getting HIV during unprotected sex (Agot et al 2010).The surface of the inner foreskin is very weak and can get bruised during sexual intercourse, the tiny bruises can allow the HIV virus to enter the body. The removal of the foreskin, therefore, makes it hard, limiting the bruises and reducing the probability of infections. Therefore, VMMC can be related to reduction of the number of new HIV infections.

Auvert et al (2013) further states that HIV incidences were reduced by 76% in circumcised men against the uncircumcised ones. From his report, WHO and UNAIDS have also recommended that this intervention be implemented in the other countries that have high HIV prevalence rate, Kenya included. Nonetheless, it is evident that achievement of this goal will not only be through one particular strategy. In essence, various strategies have been formulated as well as channels to reach out to the males, especially uncircumcised ones, to go for VMMC. It is in this respect that the role of interpersonal communication in promoting uptake of VMMC is proposed for this current study.

Male circumcision has also been observed to reduce transmission of other sexually-transmitted infections (STIs), such as syphilis, genital herpes, and human papilloma virus (HPV) - which are all found to cause cervical cancer in women (Story et al., 2014). Besides, male circumcision has also been associated with a reduced risk of penile HPV infection in men, which is a major cause of penile cancer among men (Story et al. 2014).

2.4 Voluntary Medical Male Circumcision Knowledge Level

With the knowledge that HIV spread is associated with male circumcision, there have been many campaigns to create awareness of the relationship between HIV and male circumcision. It is significant to note that this dissemination of information has been achieved through different communication channels, key among them radio, television, newspapers, focus groups among others. According to the research conducted in Botswana University, students were found to have heard about voluntary medical male circumcision. However, only a portion of them had taken the step to go for circumcision. It is figured out that just about 30% of the population of males in the world has been circumcised (Mndzebel, 2014). Consequently, WHO and UNAIDS (2007) also demonstrated that people's knowledge level of VMMC in the world and different

communities differ substantially due to the methods that are used to mobilise people for VMMC uptake, among these varied demographics, education levels, people's cultures as well as people's varied personal attributes.

Hoffman et al (2015) emphasises that people's perceptions and knowledge of VMMC in HIV prevention is still low, alluding to the idea that many people have heard about VMMC, and its health benefits. In his study, he states that, "Results show that 93% of participants have heard of circumcision and 72% have heard of some health benefit from the practice. However, detailed knowledge of the relationship with HIV infection is lacking, 12.2% mistakenly believed you could not get HIV after being circumcised, while 75.5% believe that a circumcised man is still susceptible and another 12.2% do not know of any relationship between HIV and MC"(Hoffman et al, 2015).

A majority of this population are only aware of the fact that male circumcision reduces HIV transmission, while others do not even know the relationship between male circumcision and HIV transmissions. Some of them also believe that since they are circumcised, they are totally prevented against HIV infections. Therefore, they may end up having unprotected sex with multiple partners, which might aggravate the case of HIV spread.

According to Polonskey and Waller (2010), less educated people, women and youth as opposed to adults, should be targeted with information about positive health effects of VMMC. These groups are less likely to be aware of benefits of VMMC. This is because they are marginalised in the community. The best way to go about this is to find key informants who are aware of the benefits of VMMC to give clarification or related information to them. The community members are likely to follow what they are told by these key informants. Uneducated people will always

be involved in certain aspects simply because they see some people doing them. Considerably, this study stresses on the need to reach out to this group of persons through interpersonal communication, which will be directly beneficial in relaying important information.

Furthermore, organised community dialogues (as a form of interpersonal communication strategy) in particular communities have been used before. In Kenya, politicians used their political platforms to tell the citizens the benefits of VMMC and encouraged every one of them to go for it. With community dialogue, the community members are likely to listen to the person who will take them through the conversation especially if the person is respected, for example the medical practitioners in the community, village chiefs, and also political leaders from that area. Raila Odinga is a well-respected leader in Luo community and because of this he has always used his political platforms to encourage his audience to go VMMC. He also organised seminars with the local leaders to talk about different strategies they could use to pass this information to the residence. This is because the person will make them to feel at ease by understanding their backgrounds and talking to them in a language that they understand well.

2.5 Perceptions and Attitudes on Voluntary Medical Male Circumcision Uptake

Many studies have been conducted on the perceptions and attitudes of community members on VMMC uptake by different scholars, such as, Hoffman et al, 2015; Tarimo et al, 2012; westercamp&Bailey, 2007 among others. The perceptions and attitudes of the community members will be determined by what they hear other community members saying about VMMC and some of the few unpleasant instances that have arose due to VMMC. This will either promote or hinder VMMC uptake in a community.

According to Hoffman (2015), perceptions and knowledge of VMMC for HIV prevention in traditionally non circumcising communities in South Africa, sought to evaluate the perceptions and attitudes of South African people on medical male circumcision. He found out that there were different barriers to the uptake of medical male circumcision. This included misperceptions and fear of complication which was brought about by traditions. The complications include bleeding, infections and surgical accidents such as penile amputation (Williams and Kapila 1993). These complications are always brought about by poor health care. Unless the potential participants are facilitated on how to take care of their wounds, such occurrences are likely to happen.

Voluntary medical male circumcision is also perceived to influence sexual drive, performances and pleasures for the man and his partner (Westercamp& Bailey, 2007). This is one of the factors that will always influence the decision to circumcise or not to. This is an attitude that people came up with to avoid circumcision since they are not even certain about the sexual performance issue. In a study conducted in the Dominican Republic, 46 percent of the respondents reported that male circumcision reduces sexual pleasures amongst men and that is the reason why they would not want to be circumcised (Brito et al., 2009).

However, research done in Kenya show that majority of women in Kenya believe that circumcised men enjoy sex and also give pleasure to their female partners than uncircumcised men (Mattson, et al 2005). The study also revealed that women enjoy sex more with circumcised men than the uncircumcised.

In non-circumcising communities, there is fear of pain during and after the procedure (Bailey, 2007). Elsewhere, research suggests that the most common individual barriers to seeking VMMC

are fear of pain associated with the surgical procedure and administration of the local anaesthesia, fear of complications, the lengthy healing and sexual abstinence period. Most individuals believe that period is too long to abstain from sex.

There is also perceived threats to masculinity, whereby the individuals think that there is nothing much they can do during this time when something strikes that need their physical strength. Lastly there is perceived costs that involve fare to and from the hospital and the amount of time spent in nurturing their wounds and being away from their daily businesses.

Others perceive the exercise as a cultural practice in other ethnic groups, and thus, would not want to adopt other people's culture. For example, in Kenya there are communities, such as, Kisii and Kalenjin who practice male circumcision as a rite of passage from childhood to adulthood. The Luo, Teso, Turkana and Asian, communities however, do not practice male circumcision at all. Other perceptions include behavioural disinhibition, stigma, discrimination, and cost (Obure et al, 2009). These communities do not want to be viewed as the circumcised ones in the societies especially if it is community that does not practice male circumcision. They, therefore, opt to stay uncircumcised.

The World Health Organisation has in the past conducted research and proved that VMMC reduces HIV infection by a 60 per cent (Van Dam and Anastasi, 2000). Some circumcised people believe that with circumcision one can never be infected with HIV and in that case they don't need to use a condom while having sex with their partners. They also believe that they can safely have sex with multiple female partners (Largade et al., 2003).

2.6 Forms of Interpersonal Communication regularly used

Interpersonal communication as a channel of communication has various ways in which information is passed to reach different groups of people.

One of the forms of interpersonal communication is through community dialogue or small group discussions. Community dialogue is an interactive communication process where both parties get an opportunity to participate in an ongoing session. It draws participants from a cross-section of the community to exchange information face-to-face, share personal stories, experiences, express perspectives, clarify viewpoints, and develop solutions to community concerns and opportunities. It emphasises listening to deepen understanding of the issues that are being discussed (Community Dialogue Toolkit, 2013).

The dialogue can be among groups or even peers. This interactive session is always meant to reach a common understanding and workable solution amongst the community members or the groups. It allows the participants to express their own views and understandings on the matter being discussed.

From the proceedings, participants and express their interests and hidden perceptions on an issue. This will allow them to get different ideas from the other people hence help them to internalise the issue at hand.

The program and its methodology helps solicit community participation and commitment in problem solving for sustainable behaviour change. This can be achieved by involving entertainment in the program whereby messages being passed to the community is presented in a form that also entertains. In that case the message will not only entertain, but also educate hence ‘edutainment’. Interactive channels like road shows and community theatre would play a critical

role in capturing the attention of the young people. This will stimulate a level of mental engagement (NAC, 2007).

For the person who will be conducting the program it will deepen the understanding of communities, that is, their situation, current practice, interests, opportunities and challenges for sustainable behaviour change. Involving the members in deep conversation about their practices and beliefs will make them feel at ease hence they will also listen to the new ideas presented to them. It is all about persuasion. This process increases awareness and understanding of HIV/AIDS and VMMC (NAC, 2007).

The second form is the interaction between sexually active couples. A female partner is able to talk his male partner into going for VMMC. However many women cannot talk to their partners about VMMC and even accompany them to the hospitals, the few that have tried have confessed that it actually works. A woman is able to convince a man to go for VMMC and they can also play a major role in educating their partners on the importance of VMMC. This will enable various messages to be coined that targets women too.

Women as intimate partners can influence their partners in the decision to seek circumcision or not. Male respondents from non-circumcising areas in two districts in Uganda said that their female partners may influence their decisions to undergo circumcision and/or get their sons circumcised. Also, some men reported that they would seek the consent of their wives or partners before undergoing circumcision this is because they believe their wives would secretly leave them if they learn that they went for VMMC without telling them (International Initiative for Impact Evaluation 2013).

According to a research done in Nyanza, Kenya by Lanham Michele (2012), it was discovered that many women discussed VMMC with their partners and it was always a joint decision for the man go for VMMC (Lanham et al 2012). This shows that reaching out to women could be a valuable intervention strategy for increasing VMMC uptake and promoting the use of other HIV protective measures after VMMC.

Studies show that female partners of circumcised men have lower HIV incidence than female partners of uncircumcised men. Although men are the main focus of VMMC education and information, female partners are also an important audience.

Women should also be targeted because they need to understand that VMMC gives partial protection from HIV and therefore they should also make informed decision about protecting themselves when their partner undergoes the procedure. Women also influence their partners' decision to undergo VMMC.

Lanham et al (2012) indicates that majority of women reported having discussed circumcision with their partners before they got circumcised. This included discussing the positive aspects of VMMC with their spouses before they decided whether to go for it or not. Women were supportive of VMMC and did not voice concern that her partner wanting to go for VMMC meant he wanted to continue or increase his risky sexual behaviours. They liked the benefits of VMMC including improved hygiene and fewer penile problems like over bleeding and swelling of the organ.

The women partners help their men to go through the whole process of VMMC, which is, abstaining from sex for six weeks (Kawango 2015). She also mentions that some women report that when their partners are circumcised, they are less worried about acquiring STIs including

HIV from him. However, some women seem to have the perception that VMMC services benefit only men and so they should make their decisions themselves. This calls for awareness creation among women on the benefits of VMMC.

2.7 The use of interpersonal communication to influence uptake of Voluntary Medical Male Circumcision

Interpersonal communication can be used to reach each and every person through whichever means. Interpersonal communication is the process by which information, meanings, and feelings are shared by persons through the exchange of verbal and nonverbal messages, Brooks and Heath (1993:7).

Interpersonal communication gives the first hand information about what the target audience think, and what they want done. This is the only opportunity that one gets to convince the other about the importance of VMMC.

This involves using the health and community workers to spread the information about VMMC. One can as well do small group discussions, community dialogue or even do door to door visits by community health workers to mobilise them. This will give the community an opportunity to ask questions and get instant feedbacks from the health workers. These community health workers and mobilisers are suitable to pass the relevant messages to community because they will reach a wider group of people.

Hatzold(2014) in his work on barriers and motivators to VMMC uptake among different age groups of men in Zimbabwe, did a survey amongst 2350 respondents between the ages 15 to 49 years. He noted that 71% of the respondents had heard about VMMC on radio.28.7% had heard about it from health and community workers as their primary source, 26.2% heard it from peers,

friends and relatives and 7.3% heard it from small group discussions. However, a small number of people heard the message through interpersonal channels the messages were very effective.

Those individuals who receive the message through interpersonal channel are likely to understand the message well since they get the opportunity to interact with the source of the message and ask as many questions as possible and get instant feedback.

2.8 Theoretical Framework

A number of theoretical approaches have been utilised to explain health communication and behaviour change. Many theories have also been used to understand the process through which interpersonal communication can be used to inform and mobilise male adults to undertake VMMC in Siaya Sub-County. This present study is backed up by three theories, discussed below:

2.8.1 The Health Belief Model

Health belief model is a model that explains and predicts health behaviours. It was coined in 1950s by social psychologists Godfrey Hochbaum, Stephen Kegel, and Irwin Rosenstock. This model focuses on the attitudes and beliefs of people. HBM was embraced to explore various health behaviours, which includes sexual risk behaviours and transmission of HIV/AIDS.

This model argues that a person is likely to take a health related action, for example go for VMMC, if the person feels that a negative health condition can be avoided i.e. HIV. These people would also take a health related action if they have a positive expectation that by taking this action they would avoid a negative health condition. In this case the target audience will always be convinced to take up VMMC if they are told the health benefit of it. The benefit here

is not only to reduce HIV prevalence but also other sexually transmitted diseases as well as keep hygiene.

2.8.2 Social Cognitive Theory

This theory was conceptualised by Albert Bandura (1986). It addresses health behaviour at the interpersonal level with the goal of not only developing better understanding but also addressing factors related to individuals' experience and perceptions of their environment. It explains the role of interpersonal communication in impacting knowledge, attitudes, and existing beliefs and attempts to explain how people process the information they receive and how they construct messages from their cognitive structure.

Bandura proposes that an individual's behaviour is brought about by interaction among behaviour, environment, psychology and cognition. For an individual or group of people to change their behaviour, they need to be given reasons to change that behaviour, social support and resources to do so. For an individual to be persuaded to go for VMMC, they have to be told the benefits of it and the process through which this will take place.

For this theory to be effective, it involves two elements: self-efficacy and social modelling. Self-efficacy is the belief that a person has the skills, abilities and motivation needed to perform the behaviour under any circumstances. All that one needs to do is convince them that it is a good idea to perform that behaviour. This is important for behaviour change. Social modelling on the other hand states that people always learn certain things by observing what others do. They will also compare their situations to the others who are in the similar situation. When people from a community see their heroes and opinion leaders going for male circumcision they are also likely

to go for it. These two approaches provide knowledge, skills and confidence for people to take up preventive measures against HIV like going for male circumcision.

2.8.3 Theory of Planned Behaviour (TPB)

This theory was proposed by Icek Ajzen in 1985. It was coined from the theory of reasoned action that was proposed by Martine Fishbein and Icek Ajzen. It states that, attitude towards behaviour and perceived behavioural control shape an individual's behavioural intentions (Ajzen 1985). Other scholars state that, the closest determinant of behaviour is the intention to perform or not perform that behaviour (Jackson et al. 2005). This is based on ones intention to perform that certain behaviour. There are three factors that determine the intention:

1. Attitude to the behaviour: this involves looking at the advantages and disadvantages associated with the behaviour and being able to make a choice from that.
2. Subjective norm: this involves the social pressure that one get from the others, for example, the media and even peers.
3. Perceived behavioural control: involves the perception that a person has about his ability to perform that behaviour.

When an individual considers the positive sides of these three factors, they are likely to perform that behaviour (Lavin and Groarke 2005). Most health campaigns that intend to change behaviour have used this theory in creating the messages to a specific audience that they intend to communicate to. They segment the audience and reach them based on their cultures and customs. For people of this community the messages will be tailored differently since in their culture they don't practice male circumcision. The people involved will have to work extra hard because they will have to convince them to go for circumcision by changing their attitudes first.

The advantages of VMMC will be stated to them clearly so that they can make a choice. This will require at least some individual to explain that in person.

The campaigners always reach different audience through various communication strategies such as mass media and interpersonal depending on how well they understand the strategy.

CHAPTER THREE

METHODOLOGY

3.1 Overview

The chapter presents the research design, study area, target population of the area of study, sample size, and sampling procedures. In addition, the chapter also presents data collection tools, reliability, and validity of the measurement instruments, data analysis as well as study's ethical considerations.

3.2 Introduction

This chapter discusses the methodology that was used in gathering and analysing data. This research focused on obtaining data from the men between the ages 18 - 49, in Siaya Sub-County, Kenya. This age group was chosen because they are the core primary audience, sexually active, and most of them fall within the age group that is most affected by HIV and other STIs in many parts of Kenya

3.3 Research Design

The research used descriptive research design. This research design involves observing and describing the behaviour of a subject without influencing it in anyway. Through this design the researcher observed the manner in which the respondents answered the questions asked and used this to analyse the data presented.

3.4 Research Approach

The research used mixed methods involving quantitative and qualitative approaches. Mixed method gives standard data in that qualitative data provides in-depth explanations and portrays the general feeling of the target group while quantitative method provides the hard data mainly

statistics and numbers needed and help in interpretation of the qualitative data collected (Mugenda&Mugenda, 2003). The use of mixed method approach was picked for the study because it enhanced the significance of research findings through triangulation of data, explained points of convergence and departure during data analysis.

While this study used figures to interpret the rate of HIV infection in the area in addition to the number of people who had opted for VMMC, the researcher also provided the general feelings and attitudes of the target group towards VMMC uptake. The qualitative method also brought out the experiences that explained the behaviours of the target population regarding HIV prevention. Lastly, quantitative design helped in the interpretation of the data to guard against biases. The mixed research methodology helped in balancing both strengths and weaknesses of qualitative and quantitative research (Creswell, 2006) where qualitative data corroborated quantitative data by explaining the story behind the numbers and statistics.

3.5 Target Population

This study targeted adult men of ages 18 to 49 (as the main respondents) within Siaya Sub-County, Siaya County, Kenya. This group of men was targeted because it has always reported a high number of risky sexual practices which includes having unprotected sex and multiple sexual partners. This has led to higher rates of HIV infection between these groups of men.

Siaya County is one of the top three HIV high burden counties in Kenya, however the VMMC rate has picked up well in the area, even though the region does not culturally practice male circumcision. Siaya sub county has a total population of 41,174 (Census, 2009) in its five wards: Mjini, Siaya Central, Siaya East, Siaya North and Siaya West. The target population of this study was therefore 22,610 men (of the ages 18 – 49) out of 41,174 people. The population is targeted

due to the reported high prevalence rates of HIV against the low recorded VMMC uptake and the fact that the community do not practice male circumcision as a cultural rite, hence forming a genuine population to base the study. Moreover, the research also considered the various interventions and methods that have been utilised to mobilise adult males in the region to undertake VMMC. However, these strategies have not valuably contributed to an increased VMMC uptake to meet the HIV prevention fast track targets for the county, hence the need to assess the role of interpersonal communication in VMMC uptake.

Table 3.1: Population of Siaya County per Ward

Wards	**Males (18-49 years)**
Mjini	5,478
Siaya Central	5015
Siaya East	3,920
Siaya North	4,471
Siaya West	3,726
TOTAL	**22,610**

Source: KNBS Statistical Abstract (2014)

3.6 Sampling Technique and Sample Size

3.6.1 Sampling Technique

This study used a stratified random sampling technique. The stratification was done on the basis of the wards which included Mjini, Siaya Central, Siaya East, Siaya North, and Siaya West. Random sampling was then done in the various wards. With the help of assistant researchers, the respondents were identified through household and their working places (especially the boda

boda operators). Every man between 18 to 49 years had equal chance of being selected to participate in the process until the selected sample size was reached.

3.6.2 Sample Size

The target population of this research was 22,610 males (between 18-49 years) in Siaya Sub-County. However, the sample size was found to be 378 people. This is according to Krejcie&Morgan in their 1970 article "Determining Sample Size for Research Activities". The confidence level used is 95% and a margin error of 5%.

The sample size of each ward was found by dividing the ward population by the total population and multiplying by the total sample size.

Table 3.2: sample size for each ward

Wards	**Males (18-49 years)**	**Sample size**
Mjini	5,478	92
Siaya Central	5015	84
Siaya East	3,920	66
Siaya North	4,471	75
Siaya West	3,726	62
TOTAL	**22,610**	**378**

The research engaged men between the ages of 18 to 49 years, both circumcised and uncircumcised. Their different views on male circumcision helped the researcher to reach a conclusion.

3.7 Data collection Tools

In order to achieve high quality and evidence based research conclusions, this study used a mixture of data collection tools. The researcher in this study was guided by study objectives

when constructing these tools. This study used questionnaires and interviews to collect primary data.

3.7.1 Questionnaires

A questionnaire is a data collection tool with list of questions prepared by the researcher to be answered by the respondent (Mugenda&Mugenda, 2003). A questionnaire has the ability to collect a large amount of information from the respondents and to generate instant feedback. The questionnaire helped in getting the participants' opinions, attitude and perceptions. The study used both structured open and closed-ended questionnaires to generate quantitative data. The questionnaires were designed to address specific objectives. The questionnaires were administered randomly to individuals who were relevantly connected to VMMC uptake issue in the region.

3.7.2 Interviews

An interview guide is an instrument of collecting information through a series of questions and observations. It is a one-on–one dialogue with an individual or a number of individuals (Mugenda&Mugenda, 2003).

This study, therefore, used interview guides to collect data from key informants. The informants included three community members and two healthcare givers. The researcher intended to interview at least six informants but only managed to interview five.

The researcher, in this study, adopted the use of semi structured interviews and open ended questions to maximise data collected as well as ensure quality. The interview questions were general which helped in knowing what the interviewees thought about the use of interpersonal

communication to mobilise the men to uptake VMMC. These interviews were used to generate qualitative data.

3.8 Data collection

The researcher used the Certificate of field work to present to the relevant authorities such as the hospitals, and the various opinion leaders. Questionnaires were administered to the target group. The key informants for the interview were also contacted by scheduling the dates, venue and time for the interview.

3.9 Data Presentation

The data collected was presented using tables as visual representation of the merging issues. This was done in line with the research findings. The presentation also focused on key areas of the research. This was informed by the objectives of the study. Every research respondent views were captured on the findings and finally in the presentation.

3.10 Data Analysis

Data analysis refers to examining raw data and making deductions and inferences (Kombo and Tromp, 2006). The study used descriptive statistics to analyse the data that was obtained.

Qualitative data was obtained from interviews conducted. Coding and thematic analysis was used to analyse the data.

Quantitative data on the other hand was obtained from questionnaires. Descriptive statistics was used to analyse the data.

3.11 Reliability and validity

This was measured before the research instruments are given out. The reliability was measured through test-retest reliability. This reliability design allowed the researcher to administer the questionnaires twice to different individuals and adjust the questionnaires accordingly.

The researcher also measured the validity of the tools by finding out if they measured what they purported to measure. Here the researcher sought the opinion of experts in the field of study, particularly the supervisor.

3.12 Ethical considerations

The researcher was guided by ethical considerations of confidentiality and respect for all the participants in the process of the research. In this particular study, before the researcher departed for data collection, she got a certificate of field work from the University of Nairobi to present to necessary authorities in the field. (See Appendix III)

In addition, the researcher made sure that there was voluntary participation from the audience. There was honesty and openness during the data collection period. The respondents were told that the research was strictly for academic purpose. Strict confidentiality was adhered to and no information was given to any unauthorised persons. Respondents were not required to indicate their names and that helped in ensuring confidentiality. The researcher guarded against the potential possibility of invading the privacy and security of the research participants who were expected to self- disclose their male circumcision status.

The researcher also guarded against plagiarising other researchers work and instead went to the field and collected data herself. She was then awarded the certificate of originality. (See Appendix IV)

The certificate of plagiarism was awarded after the researcher had corrected all the corrections highlighted in the panel during the defence. She was then awarded the certificate of corrections. (See Appendix V)

CHAPTER FOUR

DATA PRESENTATION, ANALYSIS AND INTERPRETATION

4.1 Overview

This chapter gives the presentation of the data collected as well as the analysis. The researcher used tables to simplify the data that was collected.

4.2 Introduction

In this chapter, the focus is put on the results and findings of the study as per the research objectives. This study aimed at assessing the role of interpersonal communication on Voluntary Medical Male Circumcision (VMMC) uptake in Siaya Sub County in Siaya County. The study also sought to find out the knowledge levels, perceptions, and attitudes of the men towards male circumcision and the campaigns used to promote VMMC in the region. In addition, the study was intended to find out how interpersonal communication influences decision to take up male circumcision and some of the forms of interpersonal communication often used to persuade men to go for male circumcision.

4.3 Response Rate

Copies of the questionnaires were administered by the researcher with the help of two research assistants. The sample size of this study was estimated to be 378 males in Siaya Sub County aged 18 to 49 years. The table below shows the return rate.

Table 4.1: Questionnaire Return Rate

Target population	Sample size	Return rate	Percentage
22,610	378	303	80.16

Out of 378 respondents, 303 people responded and returned their questionnaires giving a response rate of 80.16%. A response rate of 50% is deemed adequate for analysis and reporting, a response of 60% is good and a response rate of 70% and over is very good (Mugenda and Mugenda, 2003).

The study, therefore, had a positive questionnaire response rate. The questionnaires were administered and collected back by two assistants. The research assistants emphasised to the respondents the need to fill the questionnaire as instructed. They were also available to assist some respondents in completing their questionnaires by elaborating to them whatever they did not understand.

4.4 Demographic Information

This section of the study included the demographic attributes of the respondents such as ward of residence, age, marital status, and level of education. The demographic characteristics of respondents were considered significant to the study on the basis that such variations could influence choice of uptake of VMMC or not.

4.4.1 Characteristics of the respondents by age

The researcher assumed in this study that different age groups of the respondents would be of great importance to the study with the view that younger people are usually more responsive to new ideas than older people. However, the researcher found out that the younger individuals (between 18 to 32 years) were more exposed and often not tied down by the traditions and cultures practiced by the local community. The age difference also revealed the different attitudes that they have towards male circumcision. There is still a portion of the older men of the ages 40 and above in Luo community that still consider male circumcision a taboo and therefore

they wouldn't want to be associated with it. The respondents were, therefore, requested to indicate their ages in the questionnaires and analysis of their responses were recorded in the table below.

Table 4.2: Respondents by age

Age in years	frequency	percentage
18-25	121	39.93
26-33	76	25.08
34-41	53	17.49
42-49	53	17.49
Total	**303**	**100.00**

Source: Researcher (2017)

The highest number of respondents were between the ages 18 to 25, which was 39.93%, 25.08% were aged 26 to 33, 17.49 % were aged 34 to 41 while the other 17.49 % were aged 42 to 49. This shows that majority of the respondents were aged 18 to 25 who are young adults followed by those aged 26 to 33. This indicates that the youths are the majority considering those who participated in this exercise. Most of the respondents were in the age group of (18 to 33) and they might have interacted with some materials dealing with VMMC and various people who have vast information on male circumcision. All these put together enabled them to have knowledge on VMMC. This could also be an indicator that the young individuals are more actively interested in receiving or participating in the implementation of new ideas in their environment than their older counterparts, or they are easily accessible to receive the new ideas.

4.4.2 Marital Status of the Respondents

The marital status of the respondents was meant to indicate the group most men that have been circumcised belonged. An analysis of what drove such information would provide insight on the respondents who are most likely to go for male circumcision. For the married men the researcher wanted to know whether their spouses had anything to do with their decision to go for VMMC. The married couples are also assumed to be responsible in taking care of their family hence they need to have a better reproductive health unlike the single men. The respondents were asked to complete questionnaire indicating their marital status and their responses were captured as illustrated in table 4.3.

Table 4.3: Marital Status of Respondents

Marital status	Frequency	Percentage
Single	189	62.38
Married	91	30.03
Separated	8	2.64
Divorced	15	4.95
Total	**303**	**100.00**

Source: Researcher (2017)

From the findings above, 62.38 per cent of the respondents indicated that they were single, 30.03 percent indicated that they were married, 2.64 per cent indicated that they were separated and 4.95 indicated that they were divorced. 189 respondents who indicated that they were single were between the ages of 18 to 34. The statistics in the table reveal that majority of the respondents were single men.

4.4.3 Respondents Level of Education

In this study, the researcher intended to look at the level of education of the respondents with regard to the fact that this would influence their decision to accept or reject VMMC. This is due to the level of exposure to other cultures and awareness of the various medical benefits of male circumcision which may likely enable them opt for VMMC. However, level of education could also influence their decision not to undergo VMMC as a result of fear of side effects and cultural considerations. The respondents were therefore asked to indicate their level of education in the questionnaire and the table below represents their responses.

Table4.4: Level of Education of the Respondents

Level of education	Frequency	Percentage
Primary education	45	14.85
Secondary education	144	47.52
College	30	9.90
University	76	25.08
Post graduate	8	2.64
Total	**303**	**100.00**

Source: Researcher (2017)

From the study findings, 14.85 per cent of the respondents indicated that they had primary education 47.52% had secondary education, 9.90% were college graduates, and 25.08% were university graduates and the other 2.64% were post graduates. This statistics implies that majority of the respondents were well exposed to reproductive health education in secondary schools and tertiary institutions hence well able to make informed decisions on uptake or rejection of VMMC. Apart from, this they are also exposed to different interpersonal communication strategies, print and electronic media for more information on benefits of VMMC and with secondary education they are able to read these materials.

4.4.4 The Respondents' Area of Residence

In this study, the researcher wanted to find out particular areas consist of more men who have undergone VMMC. This meant that these men must have been mobilised in a certain way to go for VMMC and they were made aware of the benefits. Certain areas are also in the rural setting which that meant that they still had stronger cultural attachment as compared to the areas considered to be in semi- urban and the urban setting. Furthermore town areas attract residents with higher levels of education who might be working in different institutions. Some respondents might also be closer to health centres and this might motivate them to seek more information about VMMC and finally go for it. The respondents were therefore asked to indicate their area of residence in the questionnaire and their responses were as follows.

Table 4.5: Area of Residence of the Respondents

Respondents ward of residence	**Frequency**	**Percentage**
Mjini ward	64	21.12
Siaya Central ward	78	25.74
Siaya East ward	57	18.81
Siaya North ward	62	20.46
Siaya West ward	42	13.86
Total	**303**	**100**

Source: Researcher (2017)

From the findings above 64 respondents (21.12%) came from Mjini ward, 78 (25.75%) came from Siaya central ward, 57 (18.81%) came from Siaya east ward, 62 (20.46%) came from Siaya

North ward and 42 (13.86%) came from Siaya West ward. This indicates that most of the respondents came from Siaya central ward indicating that most of the individuals in this area were available for the process or they are just interested in new ideas that can lead to their behaviour change.

4.5 The Knowledge Level of Voluntary Medical Male Circumcision

One of the objectives of the study was to find out the knowledge level of the men in Siaya Sub County concerning voluntary medical male circumcision as well as the health campaigns dealing with male circumcision. The researcher intended to find out if target group was able to identify campaigns convincing them to uptake male circumcision. The respondents were asked if they have heard of VMMC as well as the source. Their responses were as follows.

Table 4.6: Knowledge Level of Men on Voluntary Medical Male Circumcision

Knowledge on VMMC	Frequency	Percentage
Yes	302	99.67
No	1	0.33
Total	**303**	**100.00**

Source: Researcher (2017).

It is clear from the above data that almost all the respondents have heard about VMMC, except one person.

4.5.1 Source of Information on Voluntary Medical Male Circumcision

Virtually all the respondents (99.67%) had heard about VMMC majorly through mass media and in hospitals during the counselling sessions. There was 107 response on mass media and 183 on

Health facilities. Each respondent identified more than one channel that they received the message concerning VMMC from. None of the respondents indicated that they had heard about the messages through traditional leaders. This could be because the traditional leaders have lesser influence in the current society. The Luo council of Elders were still not for the idea of male circumcision in the Luo community.

Out of the 303 respondents only two respondents indicated that they had heard the messages in the religious centres like churches and mosques.

These findings were also supported by the interviewees who confirmed that a number of people go to the health facilities to inquire about VMMC especially if they heard it from somewhere else and feel that it is a beneficial health related procedure. Three respondents who were community members that were interviewed said that they had visited the hospital to inquire more about VMMC after they heard it from a campaign that was being aired in the radio.

Table 4.7: Source of Information on Voluntary Medical Male Circumcision

Source of information on VMMC	**Frequency**	**Percentage**
Electronic/print media	107	29.72
Health facilities	183	50.83
Worship centres	02	0.56
At work place/ Friends/Peers / Relatives / School/ College teacher	68	18.89
Traditional Leaders	0	0
Total	**360**	**100**

Source: Researcher (2017)

4.5.2 Messages heard from the above Channels

Majority of the respondents indicated that, the messages they received stated that VMMC was a safe practice. Most of them mentioned its health benefits, like improved hygiene and that it offers partial protection against HIV.

For some of the respondents, one of the most important messages that they got from the channels is that the process is free, but above all most of them seem to agree that VMMC offers partial protection against HIV.

The health practitioners confirmed that majority of the people knew about VMMC. One clinician said,

> "VMMC information that the people have got from the media has changed the perception that they originally had and in that case most of them are now ready to undergo the voluntary medical male procedure." (S. Odhiambo, Health practitioner, September, 2017)

This means that the media also play a great role in passing information about the male circumcision which later on drives the target group to go inquire more about it in the health facilities.

4.5.3 Sharing of Information Concerning Voluntary Medical Male Circumcision

One of the study questions sought to know whether these respondents freely share information about VMMC with their friends and peers. This question was conceived by the researcher to establish whether VMMC is widely known and accepted through interpersonal communication.

A number of people especially the ones between the ages of 18 to 32 share the messages freely with the others. This might be because they meet different people from different backgrounds that are not scared to talk about such issues.

Table 4.8: Sharing of Information on Voluntary Medical Male Circumcision

Sharing info. On VMMC	Frequency	Percentage
Yes	205	67.66
No	98	32.34
Total	**303**	**100**

Source: Researcher (2017)

From the data above, more than half of the respondents share information about VMMC freely. This indicates that male circumcision is becoming known and a lot of people are accepting it. Out of the 98 respondents that indicated that they do not share information about VMMC are between the ages 35 to 49. This is an indication that the young adults have a change of attitude towards male circumcision.

One interviewee during the interviews said,

> "Yes, I share information concerning male circumcision but only when somebody asks me about it. I majorly just talk about it being safe and that it reduces chances of one acquiring HIV."(Respondent 1, Siaya East Ward) September 2017)

4.5.4 The General Attitude of the Community and Workmates towards Voluntary Medical Male Circumcision

In this question, the researcher intended to find out what the community think about VMMC, whether they embrace the procedure or still have some reservations about it.

4.5.4.1. Information Shared in the Work Place

Most of the respondents agreed that the information that they share basically are the messages that they get from the various channels which emphasises that VMMC partially protects from HIV and other STIs. Some of the respondents did not manage to indicate what they share about VMMC. For the respondents who said they do not share information about VMMC, indicated a lack of confidence in sharing technical information on VMMC.

Two gentlemen that were interviewed said that they don't share information concerning male circumcision in their work places. One of them said,

> "This one's personal life and I don't intend to talk about it with anyone except a professional. I don't have time to be judged by someone else." (Respondent 2, September, 2017)

The only person interviewed who seemed to share information concerning VMMC freely was the health practitioner. This could be because they are trained on VMMC and their main role is to share freely information concerning VMMC and to train individuals on the procedure.

4.5.4.2. The General Attitude of the Community on Voluntary Medical Male Circumcision

This variable meant to find out the general attitude of the community members on VMMC. This particular community is a non-circumcising community and there must be various reasons that still make them to think that VMMC is evil, and should not be practised in the community.

The table below shows the different attitudes that the community have on voluntary medical male circumcision.

Table 4.9: Attitude of the community on Voluntary Medical Male Circumcision

Attitude of the community	Frequency	Percentage
The circumcised Luos are ridiculed	46	15.18
The non-circumcised Luos are ridiculed	30	9.90
Individual's choice is respected.	212	69.97
They do not want to hear about it.	0	0
Missing	15	4.95
Total	**303**	**100**

Source: Researcher (2017)

From the findings above, 15.18% of the respondents indicated that the circumcised Luo men are ridiculed, 9.9% indicated that the non-circumcised Luo men are ridiculed and 69.97% indicated that individual's choice is respected. This data gives us a clear indication of the people's attitude which is majorly positive. If 212 respondents out of 303 feel that individual's choice is respected then this means that the general attitude towards male circumcision being a taboo in Luo community is changing on a positive note.

Three of the men interviewed said that selling the male circumcision to the community is still a challenge since some people are still inclined to their tradition which considers VMMC as a foreign practice for the community. The health practitioners however said that there has been a change in the community since they are able to listen to them talk about MC and they have also seen many individuals come to the health centre to inquire more about male circumcision. The number of people coming for the procedure has also has improved.

4.5.5 Attitude towards Male Circumcision as Partial Protection against HIV and STIs

This objective focused on what the community members think about VMMC in relation to HIV and other STIs prevention. Do they consider the whole procedure a health benefit or not. This will help us know whether the community members are ready to take up the procedure.

Table: 4.10: Voluntary Medical Male Circumcision as a Partial Protection against HIV and STIs

MC partially protects from HIV and STIs	**Frequency**	**Percentage**
Strongly agree	129	42.57
Agree	152	50.17
Disagree	15	4.95
Strongly disagree	0	0
Missing	7	2.31
Total	**303**	**100**

Source: Researcher (2017)

From the findings 42.57% (129) of the respondents strongly agree that male circumcision partially protects against HIV and other sexually transmitted infections, 50.17% (152) of the respondents agree, 4.95% (15) of the respondents disagree and 2.31% (7) of the respondents missed out on this. This shows that over 90% of the respondents agree that VMMC can partially protect against HIV and other STIs. This means that the information that they got from the interaction with the health practitioners might have focused much on this.

The two community members that were interviewed said that they knew about VMMC to be a partial protection against HIV and other STIs from the road show campaigns on VMMC and when they visited the hospital the counsellors also emphasised on that.

4.5.6 Availability of services

The respondents were supposed to indicate the person who performed the male circumcision procedure on them. The traditional experts here referred to the individuals who would perform the procedure in the traditional setting. They would not use any medical equipment to perform the procedure.

Table: 4.11: Service providers

Service providers	Frequency	Percentage
Traditional experts	23	7.59
Health providers	219	72.28
Missing	61	20.13
Total	**303**	**100**

Source: Researcher (2017)

From the findings, 7.59% of the respondents indicated that they were attended to by traditional experts. This is considered as Male circumcision, however, its intention is not for health purposes but as a form of cultural right, 72.28% of the respondents indicated that they were attended to by health pracitioners, 20.13% (61 respondents) of the respondents did not indicate, meaning that they probably had not undergone circumcision. Implied by the statistics was that the medical circumcision services have been available to those who wanted it.

Three men interviewed also said that they received the services from a hospital. This finding is corroborated by the statics in the table above which indicate that very few people from non-circumcising communities undergo cultural MC for HIV prevention purposes. This finding can also explain why new HIV infection is still on the increase among young people in many areas in Kenya.

This table reveals that out 303 respondents 197(65.02%) have never heard of anybody complaining about a complication after the procedure. 76 (25.08%) of the respondents stated between 1 and 5 complications, 15 (4.95%) stated between 6 and 10 complications while nobody stated more than 10 complications. These statistics show that VMMC is in most cases a safe operation apart from a few instances where there is probably needs to find out under which circumstances those complications occurred**.**

4.5.9 Need for Information in Handling Complications Arising from Voluntary Medical Male Circumcision

The respondents argue that there is need for more information on how to handle different complications. The information is not sufficient and the messages should therefore be detailed. They argued that most of the information passed indicates that if there is any complication then one should see a doctor, they do not give details into some of the complications that are likely to arise. They also indicated that the core ideas for the messages be packaged to indicate the signs of every complications and encourage the affected individuals to seek for medical attention from a health facility.

4.6 Perceptions and Attitudes of men on Voluntary Medical Male Circumcision

This was also part of the first objective that sought to unveil some of the perceptions and attitudes of the men particularly in this region on voluntary medical male circumcision.

In this community, MC is not culturally practised, however out of 303 respondents, 273 (90.10%) individuals indicated that they supported VMMC. This shows that most of the respondents supported VMMC. They also gave their reasons for supporting this procedure. Most of their reasons focused on the health benefits of VMMC, for example, the fact that it partially protects the men from acquiring HIV, and other STIs infections. They also mentioned the hygiene purposes. One of the respondents said that everybody has his own choice and whichever choice he takes, he respects it. Most of these perceptions and attitudes have been changed through the different campaigns that have been going round on VMMC through televisions, radios, road shows, counselling sessions in the health centres, and through community mobilisation.

From the interviews, the health professionals stated that the young people should be circumcised but not with the idea that they cannot be infected with the disease, they can still contract the virus.

The healthcare professional indicated that he fully supported VMMC as it reduces the chances of HIV infection and improves hygienic standards. He also indicated that Human Papilloma Virus that is responsible for cervical cancer in women is reduced when males undergo VMMC. This means that the female partners of circumcised men are likely to reduce chances of getting cervical cancer when their male partners are circumcised.

4.7 Forms of interpersonal communication regularly used

This objective intended to find out some of the forms of interpersonal communication that are regularly used in such communities to pass the information concerning VMMC. Siaya Sub County, being a non-circumcising community, has a challenge for the people responsible to penetrate and convince them to go for the procedure. Various respondents gave out some of the interpersonal communication channels that they had been involved in by attending the sessions, and even participating in them.

4.7.1 Forms of Interpersonal Communication

This objective intended to find out some of forms of interpersonal communication that were regularly used to pass information concerning VMMC. Here respondents were required to indicate the various forms of interpersonal communication they had come across and the ones that gave me information concerning VMMC.

Table: 4.12: Forms of Interpersonal Communication

Forms of interpersonal communication	**Frequency**	**Percentage**
Road shows	36	11.88
Group discussion	30	9.9
From health practitioners	79	26.07
Peer Educators or CHWS	30	9.9
Community Elders	6	1.98
Friends	85	28.05
Family	24	7.92
Missing	12	3.96
Total	**303**	**100**

Source: Researcher (2017)

From the findings above 36 (11.88%) individuals indicated that they had attended road shows that were dealing with VMMC, 30 (9.9%) had attended group discussions, 79 (26.07%) had met health practitioners who enlightened them on VMMC, 30 (9.9%) individuals had met peer educators or CHWS, 6 (1.98%) individuals had received the information from community elders, 85 (28.05%) of them received the information from friends and 24 (3.96%) received the information about VMMC from family members. This shows that information about VMMC is already out there and most of the men will be convinced to go for it if they hear it from a professional like the health practitioners or people they trust like friends .From the foregoing data, it is very clear that people do not talk about male circumcision openly in their families. Only 24 individuals out of 303 said they heard about VMMC through their family members and participated in the conversation.

Most of the respondents indicated that the information they received from these channels (one-on-one, community dialogue) contributed to their decision to go for VMMC. The respondents interviewed who were community people said that they visited the hospital and met with the health practitioners after they heard the information from mass media to know more about it. The health practitioners on the other hand stated that they alias with the ministry of health through workshops to get the right information to pass to the public.

One health practitioner who was interviewed indicated that one-on-one communication benefited the target audience so much as it enabled the people to have deeper understanding of the situation hence driving them to go for VMMC.

> Talking with these individuals most of the times has been beneficial. When I talk to some of them I realise that they totally have a different idea about male circumcision that seem to be instilled in them by somebody else, I just have to work my ways around them to make them understand the importance of this. Most of the times I manage to convince them by talking for long hours and exhausting everything, and they ask a lot of questions that I have to make sure that I give the right answer in a manner that will make them want to try it out. (S. Odhiambo, Health practitioner, September 2017).

All these indicate that interpersonal communication can easily enhance behaviour change. The one on one communication promotes the personal touch which means that the people involved in this process, like the counsellors and the mobilisers can guide men and different families to change their attitudes and perceptions and support the practice.

4.7.2 Knowledge on Anybody who had Undergone Circumcision

The respondents were asked to indicate whether they had knowledge about anybody around them who had undergone VMMC in the recent past. From the findings, 85.15% (258 respondents) indicated that they knew of someone around them who had undergone VMMC in the recent past, while 9.9% (30 respondents) indicated they did not know of anyone around them who had undergone VMMC in the recent past. This shows that most of the respondents knew of someone around them who had undergone VMMC in the recent past. The other 4.95% did not answer that question.

The respondents who indicated that they knew of someone around them who had undergone VMMC in the recent past were also asked to indicate where the circumcision took place. From the study findings, the respondents mentioned health facilities such as Siaya District Hospital where the procedure took place. When the few interviewees were also asked the same question they responded that the procedure was done in a health facility.

A key informant who was a health practitioner indicated that recently the major recipients of VMMC are infants and children between the ages 1 to 10 whose decisions are made for by their parents or guardians.

4.8 Interpersonal Communication Influences Decision to Take up Voluntary Medical Male Circumcision

The respondents confirmed that the conversations that they had with the peer educators and or health practitioners about VMMC had a great impact on their decisions to take up male circumcision. This is because there was a broad explanation on why VMMC is important and how to tackle some minor problems that may arise after the procedure.

The health practitioners also agreed with stating that most of the individuals they sat down and talked with concerning male circumcision ended up going for the procedure. The two individuals stated that the individuals would get all the information concerning the procedure and how to take care of themselves after the surgery.

4.9 Discussion of Findings

In relation to the objective of this study, the findings describe the role of interpersonal communication on VMMC uptake among men in Siaya Sub County. It is clear from the findings that the manner in which messages concerning VMMC are framed and communicated to audiences influence the decisions by men in the Siaya sub-county to take up the procedure or reject it as has been demonstrated in other researches done as indicated in the literature review section.

Research done in various countries, for example research done by Auvert (2011) in South Africa, has indicated that communities that practice male circumcision have a lower HIV prevalence as compared to the communities that do not practice. This is very much evident in this community. Siaya county community is one of the communities in Kenya that do not practice male circumcision as a cultural right and the HIV prevalence is also high. Siaya County is the second highest leading in HIV prevalence at 24.8%.

The findings in this research indicate that majority of the men have interacted with various sources of information concerning VMMC which includes interpersonal communication, however, just a portion of them have gone ahead and done the procedure. The researcher found out that only 77% of the respondents were circumcised. Hoffman (2015) in his work indicates that the knowledge level of an individual concerning VMMC will either make him go for the procedure or not. The researcher confirmed this when the findings indicated that the majority of the men that go for VMMC are aged between 18 to 33 years. Most of the men in this age group are university and college students. This group of individuals are exposed and have knowledge of VMMC and its health benefits. The respondents in this age group confirmed that they were exposed to different channels that aired issues concerning male circumcision. They were able to make sense of the information passed through these channels and thereafter decide to go for the procedure.

The male respondents aged between 42-49 years recorded that most of them had not embraced male circumcision. Their main reason was that male circumcision is a taboo among the luos and their culture that has a different way of initiating men into adulthood. 99 per cent of the respondents indicated that they had heard VMMC being mentioned but it is evident that only of a portion of them have made the decision to go for the procedure. Most of them have also heard of

these messages but they were never interested to know more about it, all they know is that it is a male circumcision that is done by the doctors and not by traditional leaders as is the case with communities that culturally practice male circumcision. These men do not know any more details about the whole procedure.

The attitudes of these men towards VMMC also differ. Some of them think that VMMC should be taken seriously and that the men need to be sensitised and mobilised to take up VMMC. However, some of the men also think that there is no need to take up VMMC because it is not culturally accepted to this community and it is also painful. Most of them wonder why a perfectly healthy person decides to go for the surgery. The study done by Hoffman (2015) in his work, perceptions and knowledge of VMMC for HIV prevention in traditionally non circumcising communities in South Africa, found out that there was various miss perceptions and fear of complications resulting from the procedure, in Siaya sub county this was not the case instead the respondents were more concerned with how they are going to fend for their families when they undergo the procedure and six weeks stay at home until they are healed.

The health workers and peer educators are used in the health facilities to share information concerning VMMC and discuss at a personal level the health related benefits of voluntary medical male circumcision to the public. Such interpersonal interactions between community members and the health professionals proved to be of great help in increasing understanding while at the same time disregarding the misconceptions about voluntary medical male circumcision which were rampant in the community.

The researcher also came to know that some of the opinion leaders in the community who are supposed to be sensitizing the community members are ignorant of the role of VMMC for HIV

prevention and yet they are viewed as the credible source of information to the community. However the impact that Honourable Raila Odinga had in influencing the Luo community to go for VMMC was great since he comes from Siaya County. As a politician, community leader and information gate keeper, his views on VMMC was considered as important and this enhanced uptake, especially on the age group of 35 years and above who were still resistant to the medical procedure for curbing HIV.

The researcher therefore realised that interpersonal communication; especially one-on–one approach can help guide the individuals to acquire more information on VMMC for HIV prevention, change their mind and support the practice, this is because it involves interactive sessions between the facilitator and the people and this builds on the principles of behaviour change.

CHAPTER FIVE

SUMMARY OF FINDINGS, CONCLUSION AND RECOMMENDATIONS

5.1 Overview

This chapter gives the summary of the findings, conclusions as well as the recommendations of the study

5.2 Introduction

This chapter presents a summary of the findings, conclusions, and the recommendations for further research on the problem in relation to the purpose of the study. This study set out to assess the role of interpersonal communication on VMMC uptake in Siaya Sub County.

Interpersonal communication specifically face to face interactions in the hospitals and even Barraza's promote behaviour change amongst people in a given area. It has uniquely helped in influencing the attitude, beliefs and behaviours of the individuals and at the same time in the dissemination of the information to different people. It has helped the respondents to know more information concerning VMMC, hence changing their attitude towards the procedure.

These forms of interpersonal communication also have enhanced community empowerment and participation in addressing issues that affect society. The respondents also agreed that the information that they got from the hospitals and other radio programmes on VMMC gave much light on the procedure which empowered the community to even accept the procedure. Due to this parents took their male children for the procedure as other adults also decided to go for the procedure.

Interpersonal communication also enables individual participants to make decision concerning the health related issue they were seeking. It gives the personal touch to the issues being discussed and guides the people to change their mind and support the practice.

5.3 Summary of Findings

5.3.1 Knowledge Level of the Luo Men

The study found out that most of the respondents knew about voluntary medical male circumcision and its benefits. 99.67 per cent of the population confirmed that they knew about voluntary medical male circumcision. They found more information about it from the health practitioners, friends and family. Due to the different knowledge that they got from these individuals and other forms of interpersonal communication like road shows, a number of them opted to go for the procedure.

The study also found that most of these respondents knew someone who had undergone voluntary medical male circumcision in the recent past and they all had the procedure in a Health facility

The study also found out that most of the respondents had been exposed to different forms of interpersonal communication that enlightened them on voluntary medical male circumcision although some of them did not realise what these forms were until the researcher elaborated on them. The respondents encountered interpersonal communication on a daily basis although some of the respondents also indicated that mass media, e.g. radio, played a great role in providing them with more information about VMMC. An example is “Miya Ngima” spot campaign that was being aired on Radio Ramogi. The intention of this campaign was to create awareness about

VMMC and further prevent the spread of HIV. The campaign emphasised on why it is important to go for VMMC.

In relation to awareness of the benefits of VMMC, the study found that most men from Luo community were aware of VMMC and some of the campaigns around it and they were positive about the procedure. The messages delivered by these campaigns had widened their knowledge, hence the positive response towards VMMC. The decision by some Luo men to embrace circumcision was not taken lightly since it was interfering with their culture. It was seen to be eroding the identity of the Luo community which is a culturally non circumcising community.

5.3.2 Forms of Interpersonal Communication Regularly Used

The study found out that most of the forms of interpersonal communication that the respondents had come across included one on one communication with a professional, family and friends. They confirmed that with the one on one communication they were able to get the information as it is from somebody who knew much about VMMC and they were also able to ask questions and get instant feedback. The respondents explained that they opted for this form of interpersonal communication because the discussions were mostly private and nobody was going to judge them later.

Other forms of interpersonal communication included road shows and group discussions on voluntary medical male circumcision. The respondents indicated that the information that they got from these channels contributed to their decisions to take up VMMC despite the local discourse, and community narratives that did not favour VMMC.

The interviewee indicated that the main methods that they used to create awareness included campaigns in the mass media and one on one conversation with the health practitioners and peer educators. The interviewees who were health providers indicated that the one on one communication benefited the target audience because it enabled the people to have deeper understanding of the procedure for health purposes rather than cultural, hence driving them to go for VMMC.

5.3.3 Perceptions and Attitudes of the Male Participants on Voluntary Medical Male Circumcision

The respondents for this study came from the Luo community and this is a community that do not culturally practice male circumcision. Despite this, the study found out that most of the respondents supported voluntary medical male circumcision for HIV prevention. Their main reason for supporting this procedure was because voluntary medical male circumcision helps in reducing HIV/AIDS infection by a percentage. The respondents however, did not know about the importance of male circumcision in reducing the chances of getting cervical cancer for the women. A health practitioner interviewee delved into details how male circumcision does not only benefit the men but the women too because VMMC reduces the transmission of human Papilloma virus from infected men to uninfected women during sexual encounters. The Human Papilloma Virus (HPV) causes cervical cancer in women. The study also found that although the Luo community in general do not practice cultural male circumcision, they are ready to embrace VMMC for health reasons; specifically for HIV transmission bearing in mind that HIV prevalence in this region is almost 4 times higher than the national prevalence.

The study also revealed that the VMMC campaigns have been of benefit to the Luo community as it has sensitised and made the community to embrace male circumcision as much as it was a foreign practice to this community. Nyanza region recorded an increase in men who had embraced circumcision from 48% in 2007 to 66% in 2012. (KAIS 2012); and to 80 % in 2016 (Kenya UNAIDS HIV status Report, 2016.)

5.3.4 The Use of Interpersonal Communication to Influence uptake of Voluntary Medical Male Circumcision

From the study findings, the respondents illustrated that they had come across various forms of interpersonal communication and it is through this channel that they were able to learn more about voluntary medical male circumcision and later on opted to go for it.

Many respondents indicated that they had talked one on one with a peer educator or health worker about VMMC. These professionals were able to give them information that later on had contributed to their decision to take up VMMC.

5.4 Conclusion

Drawing conclusion from the study findings, the study variables (face to face interaction, road shows) were found to have a great influence on the uptake of VMMC by men in Siaya Sub County. The demographic characteristics that were looked at included, age, marital status, level of education and there area of residence. The level of education was to show how exposed the individual is concerning issues related to VMMC.

The findings in this study indicate that interpersonal communication is an effective strategy in mobilising the community to change their behaviour. This can be achieved through training programs and mobilising a large number of people to contribute to causes they consider worthy.

Voluntary medical male circumcision is an important health issue and interpersonal strategy seems to be one of the best ways to use to sensitise the community to practice it.

Some of the interpersonal strategies that were regularly used were one on one conversation with the health professionals, friends and family, counselling services, booths set up by VMMC providers and some leaders talking to their community about male circumcision.

This study also contributes to the information that emphasises on the role of interpersonal communication towards a behaviour change. A group of people are likely to embrace VMMC when they have been sensitised and explained to in details the health benefits of male circumcision.

From findings in this study, the researcher is convinced that interpersonal communication is a better way to reach a community and influence them to change their behaviour. This is because through interpersonal interaction one can easily share information and discuss at a personal level the various health issues affecting the people.

The study found out that most of the Luo men in Siaya sub county have knowledge of what voluntary medical male circumcision is and its benefits, however the older men's knowledge level about VMMC was low, all they knew about the procedure was that it is male circumcision and the fact that, it is a taboo in the community, they do not want to hear any other thing about it.

The men who were slightly younger (18-34 years) were receptive to the idea and they had some knowledge of what voluntary medical male circumcision was all about and why it is important. This was because the young people are slightly exposed and also considering their level of education. Generally most of the people that were reached with VMMC information had an idea of the procedure and interrogated the information further through self-reflection leading to favourable decision to undergo VMMC.

Different programs dealing with VMMC have also widened the knowledge of these men concerning the spread of HIV/AIDS and how through VMMC, they could prevent transmission of HIV. This information was relevant and critical especially to the uncircumcised men that convinced them to undergo the procedure. The programmes were rolled out using different channels, interpersonal strategy being one of them.

The respondents agreed that VMMC was important and the use of interpersonal communication to widen the knowledge about it has yielded fruits, there is however some challenges that were men due to the perceptions and attitudes of some of the men. Some of the challenges included, traditional and cultural practices. The study found out that the community members had the perception that the process of VMMC was painful and led to medical complications. This was mainly because they had witnessed some individuals over bleed. However, many campaigns designed for VMMC have helped to change the negative perceptions of some of the people about the procedure. Apart from the campaigns some individuals got to know about these by visiting counselling sessions and knowing more about the procedure.

The various forms of interpersonal communication that were regularly used to pass more information about voluntary medical male circumcision included one on one conversations with peer educators, health workers, family and friends about VMMC.

Most of the respondents got to know more about voluntary medical male circumcision and its benefits from these sources. Some opinion leaders also mentioned VMMC to the group of people that they meet indicating that it is a beneficial procedure. Some individuals would go for it because it was mentioned by somebody they admire and respect but most of them would not embrace it because they are not told these benefits of VMMC. This happened in political rallies and or in public participation forums.

The study also found out that the various interpersonal strategies that are regularly used to create awareness about voluntary medical male circumcision worked well towards convincing many men to go for the procedure. This was because a broad explanation of what VMMC was and its benefits were laid out. The people were also allowed to interact with different materials and also ask questions relating to the topic of discussion in which they would get instant feedback.

The study also found out that interpersonal communication, especially face to face communication can trigger behaviour change when combined with other forms of mass media channels community radio to reinforce VMMC uptake.

Through interpersonal communication, the study found out that new social norms were adopted especially among young people (18 – 25) which helped to change the negative social narratives on VMMC thereby increasing the uptake among this age group. Through IPC societal norms among the studied community began to shift as more men adopted the procedure making this new behaviour begin to appear “normal.”

Interpersonal communication especially community dialogues brought about lasting behaviour change due to the personal touch adopted by the health service providers in explaining the added value of the procedure beyond the health benefits. Both the mass media (radio, newspapers) and IPC exposed the audience to new information on VMMC where the message recipients became early adopters of the new behaviour.

The study also revealed the fact that VMMC is one of the culturally and Health related issue that require that require moving beyond dissemination of information into interpersonal dialogues, self-reflection and clear decision making pathways to create a win-win situation for those who opt to undergo the procedure.

5.5 Recommendations

Although a good number of respondents had knowledge that VMMC provides a partial protection to HIV/AIDS, there is need to make sure that the remaining population understand that male circumcision provide partial protection to HIV/AIDS infection.

From the different forms of interpersonal communication looked at, the researcher concluded that interpersonal communication can help convince many people to take up voluntary medical male circumcision, therefore, funds should be allocated more towards the capacity building of community health workers to assist in the uptake of VMMC

The study also recommends that VMMC campaigns and talk shows should not only target the males, but also the females to encourage their husbands to go for the procedure and also such awareness will increase knowledge of the benefits of VMMC for women. Women are the key influencing individuals for their husbands and therefore they need to be well informed about VMMC.

The study also found that there were varied perceptions and attitudes towards VMMC. The study recommends that more training sessions should be held for people in these regions to enable the people access the facts around VMMC for a non-circumcising community such as the one in this study.

Community mobilisation can also be used to engage the community in supporting voluntary medical male circumcision in this region. This can build new social norms and create a lasting behaviour. Community mobilisation activities can also be created to spark interest and secure commitments from leaders.

5.6 Suggestions for Further Studies

The study sought to assess the role of interpersonal communication in the VMMC uptake in Siaya Sub County. The study was limited to Siaya sub county, other studies should therefore be conducted to focus on other sub counties.

A Study should also be conducted focussing on women and impact of VMMC particularly their role in enabling their spouses to accept or reject VMMC.

REFERENCES

Ajzen, I. &Fishbein, M. (1975). Belief, attitude, intention and behaviour: An introduction to theory and research, MA: Addison-Wesley.

Ajzen, I. (1985). From intentions to actions: A theory of planned behavior. In J. Kuhl&

Aldridge, D. (2000). *Spirituality, Healing and Medicine*. London: Jessica Kingsley

Atkin C. (2001). Theory and Principles of Media Health Campaigns. In R.E. Rice and

Auvert, B., Taljaard, D., Rech, D., Lissouba, P., Singh, B., Bouscaillou, J. & Lewis, D. (2013). Association of the ANRS-12126 male circumcision project with HIV levels among men in a South African township: evaluation of effectiveness using cross-sectional surveys. PLoS Med, 10(9), e1001509.

Bandura, A. (1986). Social foundations of thought and action: A social cognitive theory. Englewood Cliffs, NJ: Prentice-Hall.

Brito M. O., Caso L. M, Balbuena H, Bailey R C, (2009). Acceptability of Male Circumcision for the prevention of HIV/AIDS in the Dominican Republic. PLoS ONE 4(11): e7687

Brito, M. O., Lerebours, L., Volquez, C., Basora, E., Khosla, S., Lantigua, F., &Donastorg, Y. (2015). A clinical trial to introduce voluntary medical male circumcision for HIV prevention in areas of high prevalence in the Dominican Republic. PloS one, 10(9), e0137376.

Brooks, W. & Heath, R. (1993) Speech Communication. Dubuque, IA: W.C. Brown

Burke, Kenneth 1945. A grammar of motives.C.K. Atkin (eds), *Public Communication Campaigns* (third edition), pp. 49–68.

Communications, 2(3), 307-327.

Creswell, J.W. (2006). Research design. Qualitative, quantitative, and mixed methods

De Cock, K., Rutherford, G., &Akhwale, W. (2014). Kenya AIDS Indicator Survey 2012. JAIDS Journal of Acquired Immune Deficiency Syndromes, 66, S1-S2.

Duggan, A. (2006). Understanding Interpersonal Communication Processes Across Health Contexts: Advances in the Last Decade and Challenges for the Next Decade. *Journal of Health Communication, 11:* 93–108.

Eric E. D. (2013). International for Impact Evaluation: Scoping report on increasing the demand for Voluntary Medical Male circumcision.

Government of Kenya, Ministry of Public Health and Sanitation, National AIDS/STI Control

Greener, S. L. (2008). Business Research Methods. Copenhagen: Ventus Publishing

Gummerson, E., Maughan-Brown, B., &Venkataramani, A. (2013). Who is taking up voluntary medical male circumcision? Early evidence from Tanzania. AIDS,27(16), 2657-2659.

Hartley P. (1993) Interpersonal Communication

HatzoldK,MavhuW,Jasi P, Chatora K, Cowan FM, et al (2014) 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 9(5): https://doi.org/10.137/journal.pone.0085051

Hoffman J., Arendse K., Larbi C., Johnson N., Vivian L., - Global Public Health – (2015) Perceptions and knowledge of voluntary medical male circumcision for HIV prevention in traditionally non-circumcising communities in South Africa. Global Public Health, 10(5/6), 692-707.

Hoffman, J. R., Arendse, K. D., Larbi, C., Johnson, N., & Vivian, L. M. (2015). http://journals.lww.com/jaids/Fulltext/2014/08151/ What Is Health Communication and How Does It.2.aspx

http://www.uky.edu/~drlane/capstone/group/drama.html

http://www.uky.edu/~drlane/capstone/interpersonal/socexch.html

J. Beckman (Eds.), Action-control: From cognition to behavior (pp. 11–39). Heidelberg: Springerg

Kenya Aids Indicator Survey, (2014). Kenya HIV estimate. NASCOP

Kenya County HIV profile (2016) Siaya County

Kenya National Bureau of statistics (2013). County Development Profile: Siaya County

Kibira, H.B. (2014). An Assessment of the Impact of Voluntary Medical Male Circumcision Campaign on Curbing The Spread of HIV and AIDs: A CaseStudy of Karateng' Location In Kisumu County. Retrieved fromhttp://erepository.uonbi.ac.ke/.

KNBS statistical Abstract (2014) Siaya County

Kothari, C. R. (2004). Research methodology: Methods and techniques. New Delhi:New Age International (P) Limited Publishers.

Lanham M. , L'Engle K. L., Loolpapit M., Ogum I. O. ,(2012) Women's roles in Voluntary Medical Male Circumcision in Nyanza, Kenya.

Miller K. 2001. Communication theories. New York: MC Graw – Hill companies.

Ministry of Health (June 2014) Kenya HIV Estimates: Siaya county

Mndzebel S.L and Tegegn G.A (2014), Knowledge, attitude of Voluntary Medical Male Circumcision among male students attending Botswana University.

Mugenda, A.G. &Mugenda, O.M. (2003). Research methods; Qualitative and Quantitative Approaches. Nairobi: Kenya Acts Press

Muturi, N. (2007). The interpersonal communication approach to HIV/AIDS prevention: Strategies and challenges for faith-based organisations. Journal of Creative

NASCOP, (2009). Progress Report on Kenya's Voluntary Medical Male Circumcision Programme 2008-2009: Summary, 2010:1-14.

National Health and Family Planning Commission of the People's Republic of China (2015). Retrieved14December2016, from http://www.unaids.org/sites/default/files/country/./CHN_narrative_report_2015.pdf

Ndege, V. O. (2015). An assessment of the role of radio campaign on voluntary medical male circumcision uptake in Kisumu west sub-county: a case study of "miyangima" campaign on Ramogifm (Dissertation, University of Nairobi).

Obure, A.F., Nyambedha, E.O., Oindo, B.O. &Kodero, H.M. (2009). PsychosocialFactors Influencing Promotion of Male Circumcision for HIV Prevention in aNon-Circumcising Community in Rural Western Kenya. The QualitativeReport, 14(4), 665-687.

Polonsky, M. & Waller, D. (2010). Designing and Managing a Research Project. SAGE, India.

Programme, 2008-10 [Internet].Nairobi, Kenya: Government of Kenya; (2012). [Cited 2012 Dec 1]. 32.

Programme. (2012), Progress report on Kenya's voluntary medical male circumcision Publishers.

Semeere, A. S., Castelnuovo, B., Bbaale, D. S., Kiragga, A. N., Kigozi, J., Muganzi, A. M., &Kambugu, A. (2016). Innovative demand creation for voluntary medical male circumcision targeting a high impact male population: a pilot study engaging pregnant women at antenatal clinics in Kampala, Uganda. Journal of Acquired Immune Deficiency Syndromes (1999), 72(Suppl 4), S278.

Sgaier, S. K., Baer, J., Rutz, D. C, Njeuhmeli, E., Seifert-Ahanda, K., Basinga, P. &Laube, C. (2015). Toward a systematic approach to generating demand for voluntary medical male circumcision: insights and results from field studies. Global Health: Science and Practice, 3(2), 209-229.

Skatka, L. (2016). Getting to zero-or just empty promises: A study of Kenya's AIDS Strategic Framework from a Human Rights perspective.

Solomon, Denise and Jennifer. (2013.) Interpersonal Communication: Putting Theory into Practice. Abingdon: Taylor & Francis.

Storey, D., Seifert-Ahanda, K., Andaluz, A., Tsoi, B., Matsuki, J. M., & Cutler, B. (2014). What is health communication and how does it affect the HIV/AIDS continuum of care? A brief primer and case study from New York City. JAIDS Journal of Acquired Immune DeficiencySyndromes,66, S241-S249.

Tarimo, E.A.**,** Joel, M. F., Deodatus, K., Patricia M.**,** Muhammad, B., & EricS. (2012**).** The perceptions on male circumcision as a preventive measure against HIV infection and considerations in scaling up of the services: a qualitative study among police officers in Dar es Salaam, Tanzania. *BMCPublic Health*, 12**,** 529.

Thirumurthy, H., Masters, S. H., Rao, S., Bronson, M. A., Lanham, M., Omanga, E., & Agot, K. (2014). Effect of providing conditional economic compensation on uptake of voluntary medical male circumcision in Kenya: a randomised clinical trial. Jama, 312(7), 703-711. Thousand Oaks, CA: Sage.

UNAIDS (2008), Report on the global AIDS epidemic. [Cited 2009 Feb]. Available from: http://data.unaids.org/pub/GlobalReport/2008/jc1510_2008_global_report ppl_10_en.pdf

USAID, (2012), VMMC for HIV Prevention

Wang, Z., Feng, T., Lau, J. T., & Kim, Y. (2016). Acceptability of Voluntary Medical Male Circumcision (VMMC) among Male Sexually Transmitted Diseases Patients (MSTDP) in China. PloS one,11(2), e0149801.

Weiss HA, et al. (2008), Male circumcision for HIV prevention: from evidence to action? AIDS 22: 567–574. doi:510.1097/QAD.1090b1013e3282f1093f1406

Westercamp, N., Bailey, R, C, (2007). Acceptability of male circumcision for prevention of HIV/AIDS in Sub Sahara Africa

WHO (2007). Joint United Nations Programme on HIV/AIDS (UNAIDS): New data on male circumcision and HIV prevention: Policy and programme implications, 2007:3–10.

Williams B.G.,et al. (2006), The potential impact of male circumcision on HIV in sub-Saharan Africa. 3:1032-40.

World Health Organisation Regional Office for Africa, (2013) Progress in scaling up voluntary medical male circumcision for HIV prevention in East and Southern Africa, January December 2012

World Health Organisation, Joint United Nations Program on HIV/AIDS (2007), New data on male circumcision and HIV prevention: policy and programs implications—WHO-UNAIDS recommendations. Geneva: World Health Organisation, Joint United Nations Program on HIV/AIDS.

World Health Organisation, Joint United Nations Program on HIV/AIDS: (2012), Progress in male circumcision scale-up: country implementation and research update. Available: http://www.malecircumcision.org/documents/

World Health Organisation: World Health Statistics (2011), Available: http:// www.who.int/whosis/whostat/EN_WHS2011_Full.pdf. Accessed 13 June 2012.

APPENDICES

Appendix 1: Questionnaire

A QUESTIONNAIRE ON THE ROLE OF INTERPERSONAL COMMUNICATION ON VMMC UPTAKE IN SIAYA SUB COUNTY.

This survey is a study being conducted by Odwar Belinda, a student of Masters in communication studies at the University of Nairobi. The purpose of the study is to assess the role of interpersonal communication on the uptake of VMMC in Siaya Sub County. There is no right or wrong answers. Only be sincere to share your experience and your ideas with utmost honesty as your responses will be treated with confidentiality. Your answers will help to determine whether interpersonal communication has either contributed or not to the uptake of VMMC in this region.

Demographic information

1. What is your age?

18-25 years [ ] 26-33 years [ ]

34-41 years [ ] 42-49 years [ ]

2. Marital Status

Single [ ] Married [ ]

Separated [ ] Divorced [ ]

3. What's your highest education qualification?

Primary education [ ] Secondary education [ ]

College [ ] University [ ]

Postgraduate [ ]

4. Your area of residence?

a) Mjini ward [ ]

b) Siaya Central ward [ ]

c) Siaya East ward [ ]

d) Siaya North ward [ ]

e) Siaya West ward [ ]

The knowledge level of VMMC

5. Have you heard about Voluntary Medical Male Circumcision (VMMC)?

Yes [ ] No [ ]

6. If yes, how did you hear about it? (Tick the relevant ones)

a) Electronic Media (Radio/TV) / Print Media (Newspapers/ Magazines) [ ]

b) Visits to clinics/ hospitals/ Ministry of Health Campaigns / NGO campaigns /HIV VCT Centres [ ]

c) Worship Centres [ ]

d) At work place/ Friends/Peers / Relatives / School/ College teacher [ ]

e) Traditional Leaders [ ]

8. What messages have you heard from the above channels regarding VMMC?

_____

_____

9. Do you freely share information about VMMC at your place of work?

Yes [ ] No [ ]

10. If yes, what kind of information do you share?

_____

_____

11. What is the general attitude of?

i. Your community on voluntary medical male circumcision?

_____

_____

ii. Your work mates towards VMMC? (Tick what applies)

a) The circumcised Luos are ridiculed / stigmatised [ ]

b) The non-circumcised Luos are ridiculed/ stigmatised [ ]

c) Individual's choice is respected. [ ]

d) They do not want to hear about it. [ ]

12. Male Circumcision offers partial protection against HIV and other Sexually Transmitted Infections (Tick one)

a) I strongly agree [ ]

b) I agree [ ]

c) I disagree [ ]

d) I strongly disagree [ ]

13. Have you embraced circumcision? (Tick one)

Yes [ ] No [ ]

14. If you have undergone circumcision, who provided the service? (Tick one)

a) Traditional expert [ ]

b) Health provider [ ]

15. Did you experience any complications after undergoing VMMC?

Yes [ ] No [ ]

16. If yes, what kind of complications did you experience?

_____

_____

18. Were there information within the VMMC messages on how to handle the complications?

19. If No, is there need for information / messages specific to handling the complications arising from VMMC?

20. If yes, what should the core idea in the messages?

_____

_____

Perceptions and attitudes of the men on VMMC campaigns

21. Do people of your community practice traditional male circumcision?

Yes [ ] No [ ]

22. Do you support men to undergo voluntary medical male circumcision?

Yes [ ] No [ ]

23. Explain your answer above.

_____

_____

24. What are some of the channels and activities used to transmit messages on VMCC at the community level?

_____

_____

25. In your opinion, do you think the VMMC road shows and community participations have benefited the community in any way?

Yes [ ] No [ ]

26. If yes, explain how_____

Forms of interpersonal communication regularly used

27. Have you come across the use of interpersonal communication in the dissemination of VMCC messages?

Yes [ ] No [ ]

28. If yes, which one is it?

a) Road shows [ ]

b) Group discussion [ ]

c) From health practitioners [ ]

d) Peer Educators or CHWS [ ]

e) Community Elders [ ]

f) Friends [ ]

g) Family [ ]

29. (a) Has the message from these channels been of any help to you in any way?

Yes [ ] No [ ]

(b) If yes, explain_____

(c) If No, explain_____

30. (a) Do you know of anybody around you who has undergone VMMC in the recent

Past? Yes [ ] No [ ]

(b) If yes, where was the circumcision done? _____

31. (a) Do you think the information they got from these channels contributed to their decision?

Yes [ ] No [ ]

(b) If No, explain_____

Interpersonal communication influences decision to take up VMMC

32. a) Have you ever talked one-to-one with a peer educator, or health worker about voluntary medical male circumcision?

Yes [ ] No [ ]

b) If yes, did the conversation benefit you in anyway? (Explain)

_____

_____

33. a) Have you attended any talk or meeting on voluntary medical male circumcision?

Yes [ ] No [ ]

b) If yes, did the conversation benefit you in anyway? (Explain)

_____

_____

34. a) Have you seen any live drama performance about VMMC?

b) If yes, what did it teach you about VMMC?

_____

_____

35. If you have attended any of the above programs, did the information you received had anything to do with your decision for VMMC uptake? (Explain your answer)

_____

_____

Appendix II: Interview Schedule for Key Informants

Work place _____

Role Played in VMMC implementation_____

1. When did you begin implementing the VMMC program in this region (Siaya Sub- County)?

2. What aspects of the VMMC Continuum are you involved in?

3. What methods do you use to create awareness on VMMC?

4. Do you participate in these awareness programs? If yes, how?

5. What is the general response of the people towards the awareness messages?

6. Are the messages understood well by the target groups (people) people)?

If not why?

If yes, what are the indicators for successful message internalization?

7. Which are some of the forms of interpersonal communication that are regularly used to reach the intended group?

8. What major role has specific interpersonal communication strategy/approach played in influencing the men to go for VMMC?

9. Do you think the VMMC campaigns majorly passed through interpersonal communication have significantly contributed to men undergoing the procedure?

10. As an individual what do you think about interpersonal strategy as a way to mobilise the men to go for VMMC?

11. Do you think the government should invest more in interpersonal strategy to reach a wider group of people or not? Give reasons.