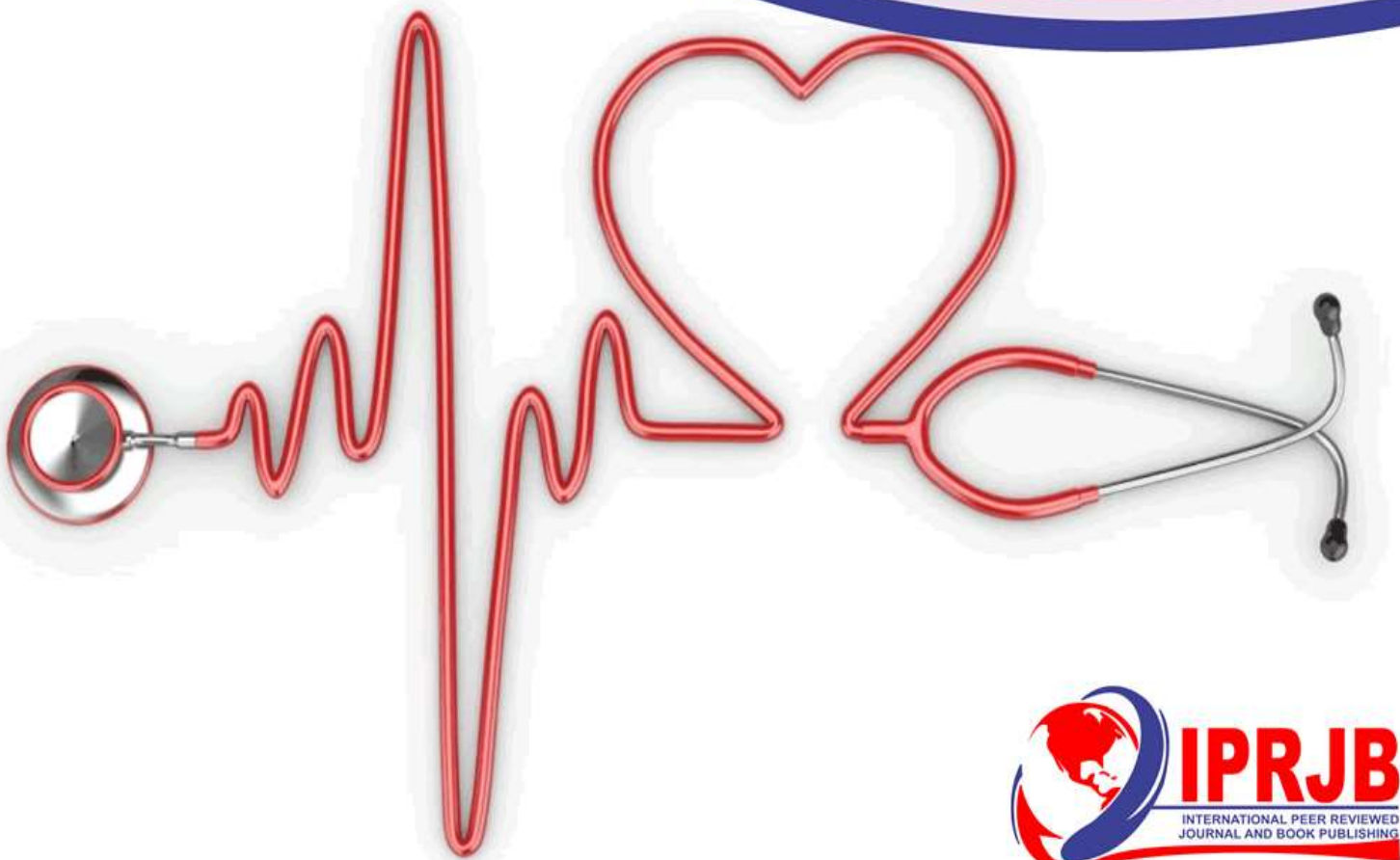


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Social-Economic Factors Influencing Voluntary Uptake of Medical Circumcision among Males in Turkana County

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Abstract

Purpose: Kenya is amongst six high-burden nations in Africa grappling high HIV infections. Approximately 91.2% of Kenyan men have undergone circumcision. However, male circumcision is not traditionally practiced in Turkana community with male circumcision rates ranging from 5-10%. The study's goals were to determine how socio-cultural factors, influence Voluntary male circumcision in Turkana County.

Methodology: Utilizing a researcher-administered survey, KII schedules, and a FGD guide, data was gathered. 434 males made up the sample size. An analytical cross-sectional methodology was used in the investigation. The data was analyzed with SPSS 22.

Results: Results showed that of 374 male participants in the study, 79.9% had undergone circumcision, 77.0% were aged 18-35 years, 94.1% were Christians, and 44.7% were unemployed while 54.8% were married. The overall mean scores of responses for socio-economic factors was 2.894 (negative). The study found that socioeconomic factors was significant predictors of embracing VMMC. However, socioeconomic factors were found to decrease uptake of VMMC by 0.37 [OR = 0.371; 95% CI: -0.577-0.166, P=0.000].

Unique Contribution to Theory, Practice and Policy:

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

Keywords: *Social-Economic Factor's, Male Medical Circumcision, Voluntary Uptake*

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INTRODUCTION

A strategy to slow the rapid spread of HIV and AIDS around the world has been embraced: consensual male medical circumcision (UNAIDS & WHO, 2021). UNAIDS and WHO (2021) report recommends that Voluntary Medical Male Circumcision should also be applied together with other prevention measures for HIV, such as the Provision of female and male condoms, Sexually transmitted infection (STI) treatment and screening, tests for HIV and therapy, and the distribution of antiretroviral (ARV) therapy for HIV-positive patients are all important aspects of public health. Accumulating evidence indicates that there is a correlation between circumcisions and reduced HIV infection as stated by UNAIDS & WHO, (2022) that inner foreskin cells are prime targets for HIV entry into the body and its multiplication, as opposed to the cells on the outer exposed skin. Circumcision is a religious ritual practiced by Hermitic and Semitic communities in the Middle East, Aborigines in Central Australia, East, and Northern Africa (Emoit, 2018; Prabhakaran et al., 2018). Globally, about 30% of the male population worldwide who are aged ten years and above are circumcised (Khan et al., 2023). In the East African region, circumcision is widely regarded as a significant milestone from childhood to adulthood, as per the beliefs of many African communities (NASCO, 2022). Although most counties in the area follow the cultural practice of Voluntary Medical Male Circumcision, a few exceptions include Turkana, Siaya, Kisumu, Homa Bay, and Migori, as identified by KENPHIA in 2018. Interestingly, the last four counties mentioned also have the highest prevalence of adult HIV infection. Grund et al., (2023) states that approximately 91.2% of Kenyan men have undergone circumcision, the Elective Medical Male Circumcision initiative was launched by the Kenyan Ministry of Health in 2008 utilizing a staged method. The main justifications for circumcision were religious convictions, medical advantages, and cultural rites of passage. The program was initiated after three randomized trials showcased that male circumcision reduces HIV transmission rate amongst men by 60% (Gao et al., 2021) According to, Emoil (2018), circumcision is not considered as a cultural rite amongst Turkana men but a negative connotation because most of their traditional arch-enemies, i.e., Samburu, the Pokots, and the Marakwet's men practice circumcision. Therefore, the acceptance of circumcision amongst their men is seen as cultural infidelity and devaluation of their well-established socio-cultural rites of marking the tribal membership. Instead, Turkana men practice Asapan, an alternative ceremony intended to raise some men's status to be senior elders. Nonetheless, for the few Turkana men who accept the practice (circumcision), they acknowledged its advantages of circumcision, such as the reduced HIV infection and increased hygiene, outweigh their traditional socio-cultural practices of shunning circumcision (Sangura Wafula et al., 2021).

Another key driver of consensual medical circumcision for men's adoption is the belief that it enhances sexual performance. That results from males' perceptions of masculinity, which are linked to sexual abilities and high confidence in oneself (Fleming et al., 2016). Age has an impact on the acceptance of Optional Medical Male Circumcision, so it's important to tailor services to meet the needs of various age groups. A study comparing attitudes on consensual surgical circumcision for males among young men (aged 10 to 14) and teenagers (aged 15 to 19) was carried out in Zimbabwe, Tanzania, and South Africa. According to the study, a sizable majority of guys in both age categories indicated a strong desire to get circumcised. However, compared to older men, young teenagers were less likely to mention the prevention of HIV and STIs as their reason for agreeing to consensual medical circumcision of men. The respondents were more inclined to say that encouragement and advice from others was the only factor in

their decision to undergo consensual medical circumcision for males. According to the study, the greatest worry for the male participants in consensual surgical circumcision for men was discomfort. Unemployment and financial concerns like missing income while waiting to heal are cited as the most important socioeconomic barriers to males getting voluntary medical male circumcisions, family survival while recovering period, and the inability to take time off from a job (Mwiinga, 2021; Mangomber & Kule-Sabiti, 2018). This is a crucial concern for males over 18 years likely to be holding jobs, be married, or in sexual relationships with a female partner. Family support and potential loss of wages are also crucial. The adoption of consensual medical circumcision for males is influenced by a number of factors. World Health Organization, (2021) in their studies, discovered that interpersonal communications that are intensive plus minimal compensation for wage loss (\$17 USD, which corresponds to 2 and a half days on minimum wage) lead to a substantial increment in the community adoption of consensual surgical circumcision of males which went up from 57% to over 81% .

Men often look up to the community's council of elders or leaders for guidance on social norms and cultural practices within the social hierarchy. In Zimbabwe, use of role models such as celebrities to advertise Surgical Male Circumcision Done voluntarily programs is cited as a facilitator of Voluntary Medical Male Circumcision uptake amongst young men (Thomas et al., 2020). Consequently, consensual surgical circumcision of males initiatives by international health agencies like WHO, UNAIDS, the government, and local NGOs in communities ought to engage the tribal or community leaders in their sensitization exercise to shift the social norms of the sub-population so that they can support consensual surgical circumcision of males (Siweya et al., 2018; Mavundla et al., 2020). Therefore, it is prudent for early engagement with local leadership in non-circumcising societies before the implementation process of consensual surgical circumcision of male's strategies (Zulu et al., 2022).

Problem Statement

Kenya is amongst six nations in Africa grappling with high HIV infections alongside Eswatini, South Africa, Botswana, Lesotho, Mozambique, and Zimbabwe. Compelling epidemiological evidence in Kenya indicates a robust link between the lacks of circumcision amongst males with a high burden of HIV infections in areas that are traditionally non-circumcising such as Turkana (Masaba et al., 2022; Clement et al., 2022). Spontaneous Surgical Male Circumcision is intended to be part of a comprehensive HIV/AIDS prevention scheme in Kenya due to its cost-effectiveness, coupled with structural and behavioral strategies. This has led to calls for optional medical circumcision of males to be taken into account as an intervention strategy to lower the rate of HIV in significantly impacted places like Turkana and Luo Nyanza, where men circumcision is not customarily done and HIV transmission is primarily heterosexual. According to Kenya County HIV Estimates (2020) data extracted from the Turkana County government database, the county has an HIV prevalence of 4%. Despite significant attempts, there hasn't been much success in Turkana County in spreading awareness of voluntary medical male circumcision. Therefore, as part of a thorough and detailed prevention of HIV initiative in Turkana County, it is necessary to increase the adoption of consensual medical circumcision for males coupled with organizational and behavioral strategies.

LITERATURE REVIEW

Overview of Voluntary Medical Male Circumcision

Kenya has, on average, a 6% HIV prevalence rate, with 1.6 million Kenyans living with the virus. Siaya, Kisumu, and Homabay, are those who contract HIV at prevalence rates of 23.7%,

19.3%, and 25.7% (UNAIDS, 2018). Kenya County HIV Estimates (2020) data extracted from the Turkana County government database states that the county has an HIV prevalence of 4%. Kenya's Ministry of Health began enacting the highly successful Elective Surgical Male Circumcision program in 2008 with the goal of reducing HIV infections among heterosexual men by around 60%. In Turkana County there have been concerted efforts to popularize Surgical Male Circumcision Done voluntarily among the males, little has been achieved. Currently, the data on Surgical Male Circumcision Done voluntarily in Turkana County shows low uptake amongst males at the rate of 5-10% which is below the global threshold, hence this study tend to look into the socio-economic, socio-cultural, and psychosocial and information sources influencing uptake of Surgical Male Circumcision Done voluntarily.

Social-Economic Factors on the Uptake of Voluntary Medical Male Circumcision

One of the main obstacles to fully realizing the advantages of circumcision as a population-scale transmission of HIV reduction measure, as well as to realizing the economic feasibility that is evaluated in modeling exercises that are carried out with data from highest priority nations, is the acceptance of optional medical circumcision among men (Njeuhmeli et al., 2011). The strategies that are put in place to improve optional medical circumcision of males must address the bottlenecks and take advantage of the facilitators of acceptance within the framework of the population being studied if they are to fully realize the positive effects of the widespread adoption of optional medical circumcision of males. According to studies by Evens et al. (2014), Moyo et al. (2015), and Ssekubugu et al. (2013), unemployment, financial problems like losing income while recovering, family survival during the recovery period, and not being able to take time away from a job are the most significant socioeconomic barriers to men's uptake of optional medical circumcision for males.. This is a crucial concern for males over 18 years likely to be holding jobs, be married, or in sexual relationships with a female partner. Family support and potential loss of wages are also crucial factors that influence the uptake of Voluntary Medical Male Circumcision. Marshall et al. (2017), in their studies, discovered that interpersonal communications that are intensive plus minimal compensation for wage loss (\$17 USD, which corresponds to 2 and a half days on minimum wage) lead to a substantial increment in the community's adoption of consensual medical circumcision for males, which increased from 57% to over 81% (Marshall et al., 2017).

Research Gaps

There have been many attempts to mitigate HIV & AIDS spread across the country with mixed results. Circumcision of men performed voluntarily has been adopted as a plan to manage the fast spread of HIV. Circumcision of men performed voluntarily is a biomedical method that has been proven to scale down HIV transmission through sex from women to men by 60%. That has prompted calls for the consideration of circumcision of men performed voluntarily as an intervention strategy to scale down the HIV prevalence in severely regions areas where male circumcision is not culturally practiced, and transmission of HIV is predominantly heterosexual such as Turkana County. This study aims at examining how the socio-economic factors influence the uptake of circumcision of men performed voluntarily in Turkana County. This study is unique from other studies in that it takes a holistic approach that looks into a raft of factors pertinent to Turkana County that influence circumcision of men performed voluntarily uptake that has been overlooked by other studies, such as psychosocial and socio-economic factors. The study also builds on the study by Macintyre et. a., (2014), who examined how attitudes and perceptions potentially influence circumcision of men performed voluntarily

uptake amongst older men in Turkana County by examining adult males, both young and old, who are sexually active

METHODOLOGY

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

RESULTS

Socio-demographic characteristics

The results show that a high proportion of the respondents (77%) were within age brackets 19-35 years. About 11.4 % were over 35 years of age while 11.8% were below 18 years of age. A number of the respondents had attained secondary education 39.3%, followed by primary education 19.8%, diploma education 14.4%, certificate 9.6%, university graduates 8.8%, and no formal schooling 5.1%, while 2.9% had post-graduate education. About 44.7% were unemployed. More details are presented in Table 1.

Table 1: Demographic Characteristics of Research Respondents

Characteristics	Category	Frequency (n=374)	Proportion (100%)
Age	Below 18 years	44	11.8
	18-35 years	288	77.0
	Over 35 years	42	11.2
Level of Education	Did not attend school	19	5.3
	Primary	74	19.5
	Secondary	147	39.3
	Certificate	36	9.6
	Diploma	54	14.5
	Graduate	33	8.8
	Post-graduate	11	3.0
Religion	Christian	352	94.1
	Muslim	16	4.3
	Traditionalist	5	1.3
	Other	1	0.3
Occupation	Agriculture	11	2.9
	Business	93	24.9
	Civil servant	51	13.6
	Private sector/NGO	20	5.3
	Unemployed	167	44.7
	Other	32	8.6
Marital Status	Married	205	54.8
	Single	164	43.9
	Widowed	1	0.3
	Divorced/separated	4	1.0

Prevalence of Circumcision Status

Among 374 respondents, 299 were circumcised and 75 were not circumcised translating into (79.9 %) and (20.1%) ,respectively as shown below.

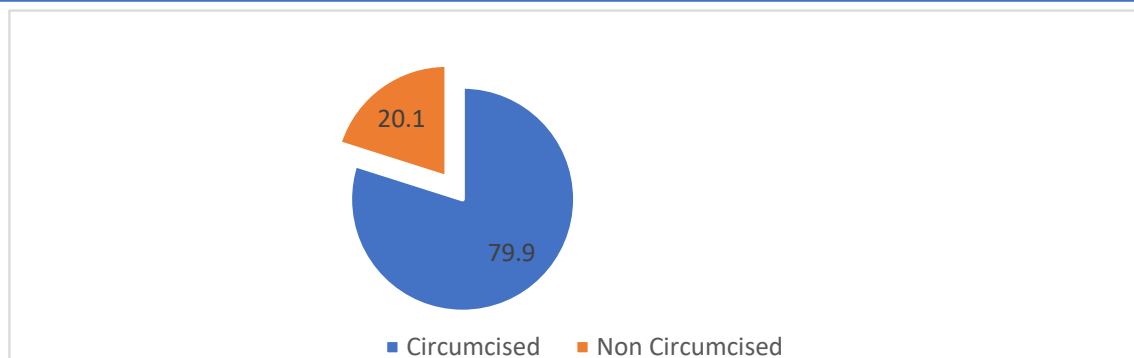


Figure 1: Prevalence of Circumcision Status

Socio-Economic Factors on the Uptake of Voluntary Medical Male Circumcision

The survey found that, amid the socioeconomic variables impacting the acceptance of consensual surgical male circumcision, 59.1% of respondents dissented from the idea that someone's financial status was a determining factor. A number of the respondents disagreed that employment or lack thereof 57.5% influenced uptake of VMMC. Additionally, some of the respondents 47.8% agreed that distance to a health facility influenced uptake of VMMC. Some of the respondents 41.7% disagreed that the nature of the profession/career does influence the uptake of VMMC while 43.1% of the respondents agreed that socio-economic status influenced the VMMC uptake.

The overall mean score indicated that socio-economic factors under this study had negative influence on the VMMC uptake as the mean score was 2.894.

The summary of the findings is presented in the Table 2.

Table 2: Socio-economic Factors on Level of Voluntary Medical Male Circumcision Uptake

Socio-economic factors	Disagree		Neutral		Agree		Total scores	Mean scores	Influence on VMMC
	f	%	f	%	f	%			
The adoption of consensual surgical circumcision for males is influenced by employment or a lack thereof.	215	57.5	67	17.9	92	24.6	910	2.43	Negative
The adoption of VMMC is influenced by the amount of income and money.	221	59.1	61	16.3	92	24.6	905	2.42	Negative
Consensual surgical circumcision for males adoption is influenced by the length of the travel distance to a medical institution.	121	32.4	74	19.8	179	47.8	1199	3.21	Neutral
The adoption of consensual surgical circumcision for males is influenced by the nature of the profession or vocation.	156	41.7	95	25.5	123	32.8	1230	3.29	Neutral
The adoption of consensual surgical circumcision for males is influenced by socioeconomic position (SES).	122	32.6	91	24.3	161	43.1	1171	3.13	Neutral
Overall Mean score								2.894	Negative

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

Differences between the Circumcised and Uncircumcised Based on Socio-Economic Factors

There was no statistically significant difference between those who were circumcised and uncircumcised in any of the socioeconomic categories. There was no discernible difference in career opportunities for circumcised and uncircumcised people, $t=0.614$, $P=0.540$, the level of income/finances, $t\text{-value} = 0.599$ and $P=0.091$, size of the distance to a health facility $t= -0.331$ $P=0.741$, the nature of the profession/career $t\text{-value} = 1.274$, $P=0.204$, socio-economic status (SES) $t\text{-value} -0.205$, and $P=0.838$.

Table 3: Differences Based on Socio-Economic Factors

Socio-economic factors	Circumcision status	N	Mean \pm SD	t value	df	Sig. (2-tailed)
The adoption of consensual surgical circumcision for males is influenced by employment or a lack thereof.	Yes	299	2.45 \pm 1.37	0.614	372	0.540
	No	75	2.35 \pm 1.44			
The adoption of VMMC is influenced by the amount of income and money.	Yes	299	2.44 \pm 1.35	0.599	372	0.091
	No	75	2.35 \pm 1.32			
Consensual surgical circumcision for males' adoption is influenced by the length of the travel distance to a medical institution.	Yes	299	3.19 \pm 1.39	-0.331	372	0.741
	No	75	3.25 \pm 1.40			
The adoption of consensual surgical circumcision for males is influenced by the nature of the profession or vocation.	Yes	299	2.93 \pm 1.37	1.274	372	0.204
	No	75	2.71 \pm 1.17			
The adoption of consensual surgical circumcision for males is influenced by socioeconomic position (SES).	Yes	299	3.12 \pm 1.37	-0.205	372	0.838
	No	75	3.16 \pm 1.37			

There were the barriers of low-income levels and lack of infrastructures nearby to facilitate male circumcision. Based on the fact that Turkana is a nomadic pastoralist community where men take the role of herders, they migrant with animals for long distance, VMMC was a challenge because they could not continue with their livelihood at that particular time.

"Income and distance to a health facility are important determinants of consensual surgical circumcision for males because of the cost involved." (A Turkana man aged 23 from Turkana Central)

"Most men in Turkana are herders who move over great distances in quest of pastureland and water for their animals. Circumcision will force them to stay in one place until they heal which means that if they do not have another source of income, they will not be able to take care of the family." (Turkana male elder, FGD 1, Turkana Central)

"Health facilities are located far away the cost of travel and admission is high which most men in the area cannot afford." (Turkana male elder, FGD 2, Loima)

"Most of the residents here are poor hence cannot afford to undergo VMMC procedure without compromising their families' livelihoods." (Turkana male elder, FGD 1, Turkana Central)

“Most of the Turkana people are pastoralists and healing may take a lot of time this makes them not to accept or rather undergo circumcision” (FGD 2, Turkana woman, Turkana Central)

Relationship between Socio-Economic Factors and Uptake of VMMC

The link between VMMC uptake and socioeconomic variables was evaluated using an association correlation test. The findings indicated that the level of education does influenced uptake of VMMC (Pearson correlation = 0.102, P=0.048). However, other socio-economic factors including employment or lack thereof, level of income/finance, distance to health facility, nature of profession/career and socio-economic status (SES) were found not to be statistically significant.

Table 4 presents this information.

H₀: The acceptance of VMMC is not significantly impacted by socioeconomic considerations.

Based on the results, null hypothesis was not rejected.

Table 4: Correlation Analysis of Socioeconomic Factors and VMMC

Variables	Uptake of Voluntary Medical Male Circumcision (VMMC)		
	N	Pearson Correlation	P-Value (2-tailed)
Employment or lack thereof does influence the uptake of VMMC	374	0.032	0.540
The level of income/finance does influence the uptake of VMMC	374	0.027	0.599
The size of the distance to a HF does influence the uptake of VMMC	374	-0.017	0.741
The nature of the profession/career does influence the uptake of VMMC	374	0.066	0.204
The level of education does influence the uptake of VMMC	374	0.102	0.048
Socio-economic status (SES) does influence the uptake of VMMC	374	-0.11	0.838

Qualitative Results

Socio-Economic Barriers

Work Interference

The fact that circumcision interferes with the work of men during recuperation was one of the barriers towards uptake of Surgical Male Circumcision Done voluntarily. Being in a pastoralist community, men have a responsibility to take care of livestock and hence they have limited time to stay in the homestead to recuperate.

“I have interacted with men who have confessed to be against VMMC because of the fact that it interferes with their work during the recuperation period.” (Key Informant 1 Turkana Central)

“I heard livestock so VMMC will interfere with my work.” (Turkana male elder aged 50)

“I frequently travel great miles on foot seeking out forage for my animals. That may not be the case immediately after undergoing VMMC.” (Turkana male herder aged 26)

Some of the men fear that by undergoing the VMMC, throughout their recovery, they won't be able to take care of their households' requirements. (Key Informant 1, Turkana Central) .

In FGDs, Lack of money was one of the barriers towards uptake of Voluntary Medical Male Circumcision. A number of the men from Turkana community fail to undergo circumcision because the procedure is expensive while they live in poverty.

“The majority of men is from humble background and cannot be afford the cost to undertake.” (Turkana male elder, FGD 2, Loima)

The money involved is quite high for an ordinary Turkana to afford coupled by the fact that others have children to take to school and families to feed. (Key Informant 3, Turkana Central)

“I don’t have the money to undergo VMMC.” (Turkana male youth aged 26)

“I am an unemployed youth hence unable to get money to undergo VMMC.” (Turkana male youth aged 22)

DISCUSSION, CONCLUSIONS, AND RECOMMENDATIONS

Discussion

Respondent’s Demographic Characteristics

The survey's findings, which supported a study by Macintyre et al. (2014) on the factors that facilitate and hinder consensual surgical male circumcision among men in Turkana, showed that the majority of respondents (77%) were young (19-35 years). The findings of this investigation concur with Gasasira, Sarker, Tsague, and Nsanzimana and Mugwaneza (2012) who found out that the willingness to get circumcised amongst males was significantly higher amongst younger males in Rwanda. The study's findings also revealed that the majority of the participants (39.3%) had completed secondary school, followed by primary education (19.8%), diploma education (14.4%), certificate holders (9.6%), university graduates (8.8%), no formal schooling (5.1%) and post-graduates (2.9%), respectively. These results are consistent with an investigation by Kibel et al. (2019), which found that the acceptability of elective medical circumcision of men was significantly influenced by a person's level of education. This explains why Age and education was a big factor in The absorption of surgical circumcision of men on an as-needed schedule in Turkana County with younger and more educated males being more receptive to the procedure.

Christians comprised the majority of the respondents (94.1%), followed by Muslims (4.3%), Traditionalists (1.3 %) and other religious affiliations (0. 3%). Christianity and Islam which are the major religious affiliations in Turkana County, had Both religions support male circumcision, which has a big impact on the adoption of elective medical procedures for male circumcision. The findings in this study agrees with Masunda, Mbengo & Ngomi (2020) and Gurman et al., (2015) who stated that the perceived influence of value systems by Christianity was a significant factor in the rate at which men in Botswana are voluntarily undergoing medical procedures for circumcision and Eswatini, respectively. The study also shows that most of the respondents (44.7%) were unemployed, followed by those involved in business (24.9%), civil servants (13.6%), other occupations (8.6%), and private sector/NGO (5.3%). That explains the challenge with the cost of undergoing the procedure as one of the major barriers since a sizeable number of the male residents who live far from a health centre could not afford to pay fare to go for the procedure and stay at the hospital to recuperate. Also, those employed or involved in business found it difficult to undergo circumcision because of fear of losing their jobs or income from their businesses while recuperating. The results of the study agree with Evens et al., (2014) and Westercamp (2010) who stated that the nature of work

could be a significant barrier of enabler of Surgical Male Circumcision Done voluntarily, in Luo Nyanza Kenya, Contrary to the men that had been unemployed, employed men found it difficult to have their male organs circumcised because they feared losing their paychecks and their jobs. The study's findings also show that the majority of respondents (54.8%) were married, followed by singles were (43.9%), divorced/separated, (1.1%) while only 0.3% were widowed which in agrees with studies done by Osaki et al., (2015) that marriage was a key driver of male circumcision in Tanzania with women rejecting marriage proposals by males who had not undergone circumcision

The key challenges highlighted by the key informants in the execution of the interview for Elective Surgical Male Circumcision include: fear that the wound may take long to heal or that there will be complications a Selective Surgical Male Circumcision has been performed, which interferes with movement during herding activities. According to Herman-Roloff, Otieno, Agot, Ndinya-Achola, and Bailey (2011), a crucial factor in the acceptance of elective medical circumcision for males in Kenya was the worry about complications. The findings of this study corroborate this assertion. The findings of the study concur with those of Bailey et al. (2002), Kebaabetswe et al. (2003), Mattson et al. (2005), and Ngalande et al. (2006) who discovered that fear of the pain experienced before and following circumcision was a key deterrent to the adoption of consensual medical circumcision for men.

According to the results from the FGD, majority of the members stated that cultural practices, beliefs, myths, and misconceptions amongst men and women in the community about male circumcision had a strong influenced the acceptance of surgical circumcision for men that is consensual. The most prevalent myths and beliefs was that Male circumcision performed voluntarily diminishes sexual pleasure as it affects the erection of the penis (25%), it increases the chances of contracting sexually transmitted infections (16.7%), makes the males lose their sexual power/prowess, penis size, and shape (8.4%), and that it makes the penis grow big for some people (8.3%). The findings of the study are consistent with those of Macintyre et al. (2014), who found that cultural customs, notions, myths, and errors concerning male circumcision significantly impacted consensual surgical male circumcision in Turkana County.

The focus group participants claimed that the popular press (25%) and health professionals' instruction regarding consensual medical male circumcision (25%) had the greatest impact on the acceptance of this procedure. Local leaders (16.7%) were the third most effective source for knowledge on the adoption of consensual medical circumcision for men, and healthcare institutions' public awareness campaigns (16.7%). Social media (8.3%) and ceremonial and religious events (8.3%) such as a church, mosque, contributed a paltry 8.3%. Local authorities, vernacular media outlets, and health professionals have a lot of influence in Turkana since the population looks to them for information. The findings of this study concur with those of Kebaabetswe et al. (2003) and Scott et al. (2005) who believed that professional training and information campaigns in the general media were the most efficient means of raising acceptance of optional healthcare circumcision for men in Botswana and South Africa.

Socio-Economic Factors

In Turkana County, it was discovered that social-economic factors had a detrimental impact on the adoption of consensual medical circumcision for men. The correlation findings, however, demonstrate a positive connection (0.139) between socio-economic factors and a rise in the use of consensual medical circumcision for males in Turkana County with a p-value of 0.004 which implies that it is statistically significant. According to Hankins, Forsythe, and Njeuhmeli

(2011), the correlation data support their claim that the price of consensual medical circumcision for males is a barrier to its expansion in Eastern and Southern Africa. The findings concur with George et al.'s (2014) research on elective medical circumcision for men in the South African province of Kwa Zulu Natal, which found that the uptake of the procedure was negatively impacted by the society's poor socioeconomic conditions.

CONCLUSIONS AND RECOMMENDATIONS

Conclusions

The study rejected the null hypothesis for socio-economic factors since they had a negative and significant influence on Voluntary Medical Male Circumcision.

Recommendations

Recommendations for Practice

The following actions are recommended to generate interest in consensual medical circumcision for males' services amongst men in Turkana County:

1. Further studies should focus on behavioral change and societal acceptance in communicating health advantages, social acceptance, and appeal of unforced Medical Male Circumcision.
2. As a condition for encouraging Elective Medical circumcision for males in Turkana County, the government and NGOs should make sure there is appropriate HIV/AIDS education.
3. For the purpose of bringing Elective Medical men's Circumcision service closer to the public, expand awareness and mobile clinics.
4. Initiatives to upscale and promote Voluntary Medical Male Circumcision amongst younger Turkana males are encouraged.
5. Respected local leaders must be used to raise community awareness and support for the Turkana County Elective Medical Male Circumcision initiative.

Policy Recommendation

All the policies addressing the elective surgical circumcision of male's adoption amongst men in Turkana County should incorporate the traditional leaders and local administrators for societal acceptance. These policies should also advocate for the local leadership to be adequately trained so that they can mobilize communities, sensitize and educate them about behavioral change and the importance of Male Circumcision by Elective Medical.

Suggestion for Further Research

Since the Turkana community's cultural traditions do not support the practice of circumcision in men, encouraging the adoption of voluntary medical circumcision for males' services through the elders who are the custodians of cultural traditions is essential in achieving cultural perception changes in order to encourage the acceptance of consensual medical male circumcision alongside a focus on its biomedical advantages such as lowering HIV infections. Also, the study recommends the inclusion of government policy on male circumcision as an intervening variable for subsequent studies since Turkana male do not culturally practice it.

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