

## ABSTRACT

Voluntary Medical Male Circumcision (VMMC) is an additional HIV preventive measure that is performed globally. In Kenya, the Ministry of Health added VMMC to its HIV preventive strategies after a series of consultations with various stakeholders and approved the VMMC policy in October, 2007. Majority of the Men in Usenge sub-location belong to the culturally non-circumcising Luo community and the uptake of VMMC in the region is expected to reverse the spread of HIV which is predominantly high in Nyanza as compared to other regions in Kenya. However, there is need for anthropological approach to know more about sexual behaviour of men who have been circumcised and whether the anticipated protective effect of VMMC leads to riskier sexual behaviour or not. This study therefore, sought to explore the socio-cultural context of men's sexual behaviour during post voluntary medical male circumcision in Usenge sub-location, Bondo Sub-County, Siaya County. Specifically, the study found out men's perception on sexual risk factors for HIV/AIDS following medical male circumcision; explored the influence of socio-cultural practices on men's sexual behaviour after circumcision; and examined the effectiveness of post-circumcision HIV/AIDS communication strategies in Usenge sub-location. The study was guided by the Health Belief Model (HBM) developed by Rosenstock (1966) and Becker in (1974) and cultural ecology theory coined by Julian Steward (1902-1972). The study design was cross-sectional. The study population comprised 192 medically circumcised men aged 18-49 years in Usenge sub-location. Study adopted purposive and snowball sampling methods to get 101 participants. The quantitative data were collected by the use of 101 semi-structured questionnaires while the qualitative data were collected using 101 semi-structured questionnaires, 10 in-depth interviews, 10 key informant interviews and 6 focus group discussions. Qualitative data were analyzed using content analysis method and presented in textual descriptions and illustrations using verbatim quotations. The quantitative data were analyzed using descriptive statistics by the aid of Statistical Package for Social Sciences (SPSS) version 19.0 and results presented in tables of frequencies and percentages. The findings showed that majority of participants in the survey were aged 25 to 29 years and most of them engaged in fishing and related activities as an occupation. The results further show that most circumcised men resumed sexual activities before proper healing of the wound to test whether their penises were functioning well. There existed perceptions that VMMC is "a back-up" and "a vaccine" against HIV/AIDS hence inconsistent condoms use during sexual intercourse. Fishermen's migratory patterns, transactional sexual relationships, peer pressure and alcoholism were social practices that influenced circumcised men's sexual behaviour in this study while cultural practices included: widow inheritance and other sexual cleansing ceremonies among the Luo community. There was no condom use during cultural practices that involved sexual intercourse. Local vernacular radio stations and brochures given to circumcised men were identified as communication strategies that had HIV/AIDS prevention messages. Brochures were not considered an effective method of delivering post VMMC messages while radio programmes were considered effective. In conclusion, the study revealed that during cultural practices there was no condom use. However, despite the existence of post VMMC behaviour change communications, circumcised men still engage in risky sexual practices, thus nullifying some of the intended benefits of VMMC. The study recommends the need to include local entertainment-education such as ora-media in the current HIV/AIDS communication strategies since this medium takes into account activities, beliefs and customs of local population. Moreover, policy makers and HIV/AIDS program implementers such as NASCOP and partners to integrate community members' participation in HIV/AIDS prevention programmes to minimize the conflict between cultural beliefs and new health interventions.