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Abstract:

Human Immunodeficiency Virus (HIV) and Acquired Immune Deficiency Syndrome (AIDS) is a major health problem globally and particularly in developing countries. United Nations Joint Program on HIV and AIDS (UNAIDS) 2012 global report on HIV and AIDS reveals that 34 million people were living with HIV at the end of 2011, 2.5 million people were newly infected and that Sub-Saharan Africa is home to 69 per cent of all people living with HIV and accounts for 71 per cent of people newly infected with HIV (UNAIDS. 2012). In the continued fight against HIV, ecological studies in sub Saharan-Africa have suggested a geographical association between areas of high HIV prevalence and low circumcision prevalence (Drain et al., 2006). This was further corroborated by the conclusive results of Randomized Controlled Trials (RCT) in Kenya, Uganda and South Africa which revealed that male circumcision reduces the risk of heterosexual HIV acquisition by approximately 60 per cent. In March 2007, World Health Organization (WHO)&UNAIDS recommended the recognition of male circumcision (MC) as a strategy for HIV prevention and subsequently thirteen priority countries in Eastern and Southern Africa were identified for scale up of MC. This study necessitated by the fact that no studies have been done to determine the effect of Voluntary Medical Male Circumcision (VMMC) in HIV risk reduction as VMMC program rolls out, was a descriptive cross-sectional study involving 200 men aged 15-55 sampled through simple random sampling in Mbita, Homabay County, Southwestern Kenya and investigated the effect of medical male circumcision program. in HIV infection risk reduction among men. The study found 99 per cent awareness about the VMMC program. 44 per cent VMMC uptake and 52 per cent uncircumcised respondents expressing interest in being circumcised in future. Ninety four per cent of circumcised men perceived that men were at risk of HIV infection despite 'the circumcision. Concerning HIV 'risk' practices among men circumcised under VMMC, 41.9 per cent did not observe six weeks of abstinence as recommended, multiple sexual partnerships were evident with 15.9 per cent of VMMC circumcised men having at least one sexual partner other than the regular partner post MC. Uptake of VMMC was influenced by: perceived benefit of MC, interaction with historically circumcising communities, source ,of information about VMMC, marital status and cultural orientation. The study concludes that the program is able to enhance adoption of safe sex practices among men circumcised under VMMC and recommends that: barriers to MC uptake be addressed to increase optimal uptake and benefit of the program, emphasize on the existence of HIV infection risk despite circumcision, dispel misconceptions and regularly engage stakeholders including sexual partners of men to help improve uptake of VMMC