The Role of Male Circumcision in Sexual Networks and Sexual Behavior among Youth in Kisumu, Kenya.

For many years, cultural practices have been strongly linked with the rapid spread of HIV/AIDS. Such practices include polygyny, widow inheritance or the custom of levirate, permissive pre-marital extra-marital relations, all in relation to the aspect of sexual behavior and sexual networks. Male circumcision, though not always in relation to sexual behavior, has been considered a high risk practice in the spread of HIV/AIDS, especially in the traditional context where a number of initiates undergo the ritual at the same time, sharing the same implements. Many studies previously done with regard to male circumcision and HIV/AIDS concentrate on the medical/epidemiological perspective of the preventive role of circumcision in shaping the epidemic, with prescribed periods at which the procedure should be performed (Bailey et al., 1999; Buve et al., 2000 and Moench, 2000). According to these studies, the neonatal period is the "window of opportunity" for circumcision to take place.

Although they do not provide evidence for a causal relationship, the studies above provide strong evidence that male circumcision is significantly associated with lower risk of HIV infection. As such, large clinical trials to confirm this association have been underway the past few years. Randomized controlled trials (RCTs) have been conducted in Kenya (Bailey et al., 2007), South Africa (Puren et al., 2002), and Uganda (Gray et al., 2002). The Uganda trial also tested previous findings suggesting that male circumcision may additionally protect the women partners of HIV-infected men. All the studies have now been discontinued due to overwhelming evidence that circumcision had a protective effect against HIV infection. The Uganda study was discontinued when it was found that men participating in the study resumed sexual activity too soon after circumcision, and were not properly healed. Ethically, it was inappropriate to continue to expose these men's seronegative female sexual partners to undue risk. Also, the results of the study would be tainted since early resumption of sexual activity would negate the protective effect of circumcision.

The UNIM Project, one of the RCTs mentioned above, was conducted in Kisumu, Kenya, where majority of the population is from the Luo community. Historically, Luo traditional initiation practices involved the extraction of lower incisors for both adolescent girls and boys. This traditional physical marker for entry into adulthood is no longer practiced to any significant extent. The practice is totally non-existent in the urban areas, and limited to two small islands in Lake Victoria in rural Luoland (Ocholla-Ayayo, 1976). Male circumcision, an initiation rite for most ethnic groups in Kenya, was never practiced by the Luo. However, there is evidence that more and more Luo men are getting circumcised, (10%, according to Buve, et al., 2000) and most of those getting circumcised in Nairobi are in their adolescent years (Wawire, 2004). One study further shows that a large number of Luo male participants expressed a desire to be circumcised and an equally large number of Luo female participants expressed preference for a circumcised partner (Bailey et al., 2002).

Before 2007, anecdotal evidence shows that this adoption of male circumcision is in part a reaction to public messages and compelling epidemiological evidence showing a significant association between lack of male circumcision and risk for HIV/AIDS infection. In Kenya, there are marked differences in HIV prevalence by province. Nyanza, the home province of the Luo, exhibits the highest rate (22%), compared with 15 percent for five of the remaining seven provinces (GoK and UNDP, 2003). Earlier studies have also indicated higher prevalence rates in hospitals and the general population in Kisumu, the largest city in the area (Richardson, 1996; Hagembe, 1998). In an unpublished study among Luo adolescents in Nairobi, there was indication that boys chose to be circumcised so as to fit in with their friends and gain popularity with girls from communities that value male circumcision (Wawire, 2004).

Since 2007 when the RCT results providing a strong link between male circumcision and lower

risk for HIV infection were released, the World Health Organization (WHO), among other international health agencies, is now backing prevention strategies that promote and provide circumcision for men in Kenya, and other African countries that have non-circumcising communities. However, there is concern that promoting circumcision as a preventive measure against HIV/AIDS may send the wrong message and lead people to be complacent, which would, in turn, negate progress made in reducing the spread of the disease. This paper explores perceptions, practices associated with circumcision that may lead to complacency in sexual behavior. More generally, the objective of this paper is to gain insight into the ways in which sexual networks are forged and sustained. By examining how male circumcision influences the formation of sexual networks and sexual behavior, the paper goes beyond issues of complacency to discuss the complex interaction of different phenomena such as ethnicity and gender in forging social networks and influencing sexual behavior.

Method: Initial participants in this study were drawn from the UNIM Project, which is an unblinded RCT that targeted sexually active male participants aged 18-24 and residing in Kisumu district. Participants were randomly selected to be circumcised or to be in the control group (not circumcised). Those who were not circumcised were offered the option of circumcision at the end of the study. A total of 20 key participants were selected from UNIM, after which the sample snowballed to include 35 members of their social networks. The social networks included the youths' sexual partners, peers, parents, community and church leaders. The main data collection methods were in-depth and key informant interviews with all in the sample, and participant observation. Through these methods, data pertaining to perceptions and practices associated with circumcision and HIV/AIDS, contexts in which these perceptions exist, and post-circumcision experiences, were collected. Pertaining to experiences after circumcision, focus was on circumcised youth's perceptions about their 'circumcised identity' and how it influences their interactions with women, especially their sexual partners. Participant observation involved participating in participants' daily activities and special occasions such as funerals, weddings, circumcision ceremonies and other recreational activities. Fieldwork took place between July, 2006 and August, 2007. My analysis approach is borrowed heavily from Seidel's (1998) model that consists of three basic parts: Noticing, Collecting, and Thinking about issues under investigation. These parts are interlinked and cyclical. Noticing interesting things in the data and assigning 'codes' to them, based on topic or theme, potentially broke the data into fragments. Codes which have been applied to the data then acted as sorting and collection devices. I Identified passages of text and applied labels to them to imply a certain thematic idea. I did this using the computer qualitative program NVIVO, which essentially helped me to organize my work in such a way that I could retrieve and collect together all the text and other data that are associated with some thematic idea.

Findings: Findings show that perceptions associated with circumcision enable circumcised men to broaden their sexual networks, enhance their sexual experience and increase frequency of sexual activity. There is a common perception among both men and women in the study that male circumcision enhances coital experience, for both men and women. As such, men are encouraged by their peers and sexual partners to get circumcised in order to improve their sexual performance. Based on this perception, many circumcised Luo men gain popularity with women, and the opportunity to extend their sexual network. Many indicated that they have more sexual partners now than they before they were circumcised. Also, because of the cultural perception that uncircumcised men are not 'full men', many women from circumcising communities tend not to be attracted to Luo men as sexual partners, especially for long-term relationships and marriage. Luo men in this study indicate that circumcision enables them to extend their sexual network beyond the Luo border. It should be noted that many male respondents indicated that they use the condom in most new relationships. However, some participants said that because of the perception that their sexual performance was better after

circumcision, they felt the pressure to perform exceptionally well on their first sexual encounter with new partners. As such, some men opt not to use the condom, because they believe the condom inhibits the 'total' experience.

Discussion and Conclusion: This paper shows that while there is physiological/epidemiological evidence that male circumcision has preventive benefits in the transmission of HIV/AIDS, the associated perceptions, attitudes and practices also play a critical role in the transmission process. The mere presence or absence of the foreskin is not enough in itself to prevent the spread of HIV/AIDS. As such, there is need to provide accurate information to target communities in order to strengthen effectiveness of efforts to reduce the spread of HIV/AIDS through circumcision.

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