Phd Thesis Title: Audience Reception of Communication Messages in Promoting Male Circumcision for HIV Prevention: A Study of the Luo Community in Western Kenya

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Despite the promising role of Voluntary Medical Male Circumcision (VMMC) in HIV prevention, its promotion as a prevention strategy remains a challenge and a persistent barrier to meeting the national target of circumcising 860,000 men in Nyanza by 2015. Part of this failure is attributed to the initial rejection of VMMC by the Luo council of Elders, largely due to the myths and misperceptions of VMMC, and the resultant negative cultural connotations. By helping to change retrogressive norms and cultural values, VMMC communication is strategic in legitimizing MC as a necessary strategy in the fight against HIV/AIDS. This is achieved by creating a climate in which talk about sex and HIV transmission is considered acceptable, valuable and proper rather than shameful, unacceptable and against the social norms. Successful uptake of VMMC in this community therefore necessitates a renegotiation of meaning of VMMC for health purposes. This study sought to analyze the audience reception of the communication strategies used in scaling-up VMMC uptake among the Luo community. Specifically, the study aimed to determine how communication strategies used in promoting VMMC have influenced the decision making processes regarding its adoption as a HIV prevention strategy. A mixture of probability and non-probability sampling procedures were applied to identify 800 men and women aged 15-60 years, who participated in the study. A mixed approach involving a questionnaire survey, in-depth Key informant interviews and focus group discussions was then used to generate data. Statistical analysis was conducted to draw conclusions from quantitative data, while Qualitative data was analyzed through coding and identification of emerging themes. Findings suggest that mass media channels were initially used to communicate prescriptive messages with minimal attempts to raise critical consciousness to stimulate VMMC uptake among targeted audiences. However, these messages were found to have some influence on decisions to undergo VMMC among the younger age groups (18-25 years). Messages that were narrowly framed to exclude other health benefits of VMMC contributed in the low rate of uptake and low acceptability of VMMC among older men. Based on the findings, it is recommended that VMMC services be integrated in other health interventions besides HIV prevention to promote benefits for men and women. There is also a need to review the VMMC communication strategy to include use of participatory communication in which opinion leaders, peer educators, and role models play a central role in capturing positive narratives that promote VMMC.