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## **INFLUENCE OF CHURCH BASED CIRCUMCISION BEHAVIOUR CHANGE PROGRAMMES ON MALE INITIATES' ATTITUDE TOWARDS RESPONSIBLE ADULTHOOD IN MERU COUNTY, KENYA**

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### **Abstract**

*The study examined the influence of church based circumcision behaviour change programmes on male initiates' attitude towards responsible adulthood: A case of Meru County, Kenya. Descriptive survey research design was adopted for this study. Purposive and simple random sampling techniques were used to select a sample of 280 respondents, comprising of 250 male initiates', 25 day care parents and 5 circumcision programme organizers. Questionnaires' and interview guides were used as research instruments for collection of required data. Quantitative data were subjected to frequency, percentage, mean and chi-square test analysis using SPSS version 21. Qualitative data from open-ended question items and responses from the interviews were thematically analyzed. Church based circumcision behaviour change programmes inculcated positive attitudes towards responsible adulthood among male initiates.*

**Keywords:** *Responsible Adulthood, Male Initiates, Male Circumcision, Behavior Change*

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## **Introduction**

Male circumcision is one of the most commonly performed procedures in Africa, with a wide variation between the different regions on the practice. This is because circumcision is often done for religious and cultural or traditional reasons, which includes being part of rituals or rite of passage to adulthood. This circumcision involves surgical removal of the prepuce or foreskin from the head of the penis or glans leaving it bare (WHO, 2009a). Male circumcision is alleged to enhance hygiene, discourage masturbation and reduce the risk for sexually transmitted infections including HIV/AIDS (Warren, 2012). Methods used in traditional male circumcision process in South Africa are termed as unhygienic, causing permanent scars, resulting in erectile dysfunction, damaging the penis glans and leading to excessive bleeding (Gwandure, 2011). Still, the use of one knife on many initiates is blamed in part for the high incidence and prevalence of HIV infections in the country. As a result, medical male circumcision campaigns were launched to ensure hygiene and safety of the initiates and to promote male circumcision as a tool for preventing female to male sexual transmission of HIV/AIDS (Lange, 2013). However, South Africans are cautioned against using male circumcision as a sole HIV/AIDS preventive technique mainly because this would undermine the use of condoms and modification of behaviour as standard prevention measures (Ncayiyana, 2011). The fear was that there would be an increase in the infection rates owing to high risk sexual behaviour induced by a false sense of protection among circumcised men.

The medical male circumcision in South Africa faces resistance from the traditional male circumcision process as both men and women defend the culture, ethnic identity and traditions that consider medical male circumcision inferior. Gwandure (2011) asserts that culturally oriented women tend to decline sexual advances or marriage proposals from men who are not traditionally circumcised while the dignity and authority of such men is questioned in light of cultural beliefs. This scenario may sanction medically circumcised men into a stigmatized and ostracized life in the presence of traditionalists. Therefore, interventions to demystify medical male circumcision in South Africa and other African countries may serve to minimize misconceptions and promote coexistence as well as national cohesion in addition to a holistic model for preventing transmission of HIV/AIDS (Lange, 2013). Such interventions may take the form of sensitization, integration of the traditional and medical male circumcision models or cooperation with the traditional circumcisers.

The current social trends and modern technologies are influencing change in the manner in which male circumcision is accomplished. The forces of religion, schooling, single parenthood, nuclear families, HIV/AIDS pandemic, overpopulation, rural/urban migration, housing and economic hardships have revolutionized male circumcision practices in Kenya (Bailey & Egesah, 2006). Traditional male circumcision has been common until the upsurge of HIV/AIDS and the changing societal trends when the churches started organizing circumcision programmes for the primary school graduates as a marker of rite of passage. These programmes have since gained popularity possibly due to the disintegrating family setup as well as the complications associated with traditional male circumcision such as excessive bleeding, excruciating pain, lengthy periods of healing among others (Bailey, Egesah & Rosenberg, 2008). This means that more parents find it convenient to use the church based circumcision programmes that engage medical professionals in performing the operation.

Approximately 84% male adults in Kenya are circumcised with the Luo and Turkana ethnic groups having the least percentage of circumcised men mainly because they are not traditionally circumcising communities (WHO, 2007). Among the circumcised, there are two categories: those circumcised in the traditional setup and those

circumcised by medical practitioners. The men who choose to undergo the medical circumcision process risk being undermined and stigmatized as being irresponsible and lacking in masculinity, cultural identity and ancestral traditions (WHO, 2009b). This is because medical male circumcision is performed under anesthesia which minimizes the pain, the initiates are also not bullied into manhood and no cultural traditions or secrets are passed down from community elders. Thus, to safeguard the public image of Meru men in the community, this study seeks to investigate the effects of church based circumcision behavior change programmes on male initiates' attitude towards responsible adulthood: A case of Meru County, Kenya.

## **1.2 Statement of the Problem**

Church based circumcision programmes are becoming popular among most societies in Kenya. However, there is a great concern regarding the cultural position and responsibility of men in the Meru community as customs and practices that were passed on to young initiates through traditional circumcision programmes become elusive. Therefore, in an attempt to guard the public image of Meru men in the community, this study seeks to investigate the effects of church based circumcision behavior change programmes on male initiates' attitude towards responsible adulthood: A case of Meru County, Kenya.

## **2. Objective of the Study**

The objective of this study was to determine whether there is a relationship between church based circumcision behaviour change programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya.

## **3. Research Hypothesis**

This study sought to test the following hypothesis at a significance level of  $\alpha=0.05$ :

H<sub>0</sub>1: There is no statistically significant relationship between church based circumcision behavior change programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya.

## **5. Methodology**

This study adapted a descriptive survey research design. A sample of 250 male initiates, 25 day care parents and 5 circumcision programme organizers participated in the study. Purposive and simple random sampling techniques were used to select the study sample. The total number of study participants was 280. Data from the sampled subjects was collected by use of questionnaires and interview guides. The justification for using questionnaires is because of large numbers male initiates. The interviews schedules were used to gather in-depth information from the programme organizers. A pilot study was carried out in a neighboring County which was preferred because it had church based circumcision programmes with similar characteristics as those in the County under study. The data from the pilot study was used to compute the reliability of the instruments using cronbach's alpha coefficient. The method helped to determine the internal consistency of the question items and yielded a reliability coefficient of 0.0.867 which was considered appropriate for the study. Quantitative data was coded, entered into the computer and analyzed by use of inferential and descriptive statistics with the aid of the statistical package for social science (SPSS) version 20. Qualitative analysis was done by determining patterns and trends from the information gathered through interview method. Ultimately, the data analysis results were presented on tables and by prose narrations.

## 6. Results of the Study

The study was set to test whether there was a relationship between church based circumcision behaviour change programmes and male initiates' attitude towards responsible adulthood in Meru County, Kenya. Information was gathered from 250 male initiates, 25 day care parents and 5 programme organizers. Analyzed data generated the following results.

### 6.1 Demographic Characteristics of the respondents

The male initiates were required to indicate their age in years and the findings are presented in Table 1.

**Table 1: Age of the Male Initiates in Years**

<b>Age</b>	<b>Frequency</b>	<b>Percentage</b>
Twelve Years	12	5.1
Thirteen Years	104	44.1
Fourteen Years	67	28.4
Fifteen Years	36	15.3
Sixteen ears	9	3.8
Seventeen Years	4	1.7
Eighteen Years	4	1.7
<b>Total</b>	<b>236</b>	<b>100.0</b>

Information in Table 1 reveals that most male initiates comprising 44.1% were thirteen years of age. This is the age at which many young men in Meru County in Kenya undergo circumcision. The youngest among the initiates comprising 5.1% were twelve years old while the oldest who made up 1.7% were eighteen years of age.

The study sought information about the education level of the male initiates. The level of education of the male initiates is presented in Table 2.

**Table 2: Level of Education of the Respondents**

<b>Level of Education of the Respondent</b>	<b>Frequency</b>	<b>Percentage</b>
Standard Seven		5.1
Standard Eight	174	73.7
Form One	41	17.4
Form Two	8	3.4
Form Three	1	.4
<b>Total</b>	<b>236</b>	<b>100.0</b>

The findings in Table 2 indicate that majority of the male initiates had attained standard eight level of education. This is the education level at which primary school learners in Kenya translate to secondary school level of education. There is a societal expectation among the Ameru community that boys undergo initiation into manhood after the primary school level of education.

An item in the questionnaire required the male initiates to indicate the name of their church. The findings are presented in Table 3.

**Table 3: Name of the Church of the Respondent**

<b>Church of the Respondent</b>	<b>Frequency</b>	<b>Percentage</b>
Catholic		5.5
Presbyterian	11	4.7
Seventh Day Adventist	4	1.7
Methodist	128	54.2
Full Gospel	17	7.2
Others	63	26.7
<u>Total</u>	<u>236</u>	<u>100.0</u>

The church to which the male initiate were affiliated as indicated in Table 3 reveals that majority (54.2%) of the male initiates attended Methodist Church in Kenya. Other denominations were also represented such as the Catholic Church, Seventh Day Adventist, Presbyterian Church, Full Gospel Church as well as other Protestant Churches. This finding is an indication of tolerance and cooperation among the various church denominations in Meru County in Kenya.

All the day parents were male implying that the females were not allowed to take care of the male initiates among the Ameru people. The age distribution of the day parents indicated that 33.3% were in the age bracket 16-25 years, 20% were in the age bracket 26-35years, 26.7% represented the age bracket 36-45 years, and 13.3% were in the age bracket 40-45 years while 6.7% were in the age bracket 56-65 years. Therefore, most day parents were young people. Regarding the professional affiliations of the day parents, 26.7% were students, 13.3% were teachers, 13.3% were pastors, 13.3% were business people while 26.7% were in other varied professions. The day parents were also required to indicate the name of their church. Majority (66.7%) belonged to the Methodist Church in Kenya, 13.3% were in the Presbyterian Church while 20% belonged to other varied churches in the community. The programme organizers who participated in this study were all male, belonged to the teaching profession and were affiliated to the Methodist Church in Kenya.

## **6.2 Church Based Circumcision Behaviour Change Programme and Attitude towards Responsible Adulthood**

The male initiates were required to indicate the extent of agreement or disagreement with given statements about the influence of church based circumcision behavior change programme on male initiates' attitude towards responsible adulthood on a five level likert scale: Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A) and Strongly Agree (SA). To determine whether there was a statistically significant relationship between the church based circumcision behavior change programme and male initiates' attitude towards responsible adulthood, a Chi-Square Test Statistic was conducted. The findings are presented in Table 4.

**Table 4: Male Initiates' Opinions on Church Based Circumcision behaviour change Programme and Attitude towards Responsible Adulthood Chi-Square Test Results**

	<b>Chi-Square</b>	<b>Df</b>	<b>Asymp. Sig.</b>
Through the behaviour change programme am able to respond to needs of other members of the society	299.636 <sup>a</sup>	4	.000
The behaviour change programme has assisted me on how to behave among different people in society	334.678 <sup>b</sup>	3	.000

Through the education programme am able to study hard towards my career of interest	427.347 <sup>a</sup>	4	.000
The behaviour change programme has shown me the importance of caring for the elderly in the society	448.763 <sup>c</sup>	5	.000
The behaviour change programme helps me to set social boundaries especially with female friends	258.703 <sup>a</sup>	4	.000
The behaviour change programme has helped me to work towards self reliance	434.339 <sup>a</sup>	4	.000
Through the behaviour change programme am able to live more independently	280.186 <sup>a</sup>	4	.000
The behaviour change programme has shown me how to persevere during hard times	441.458 <sup>a</sup>	4	.000

Information in Table 4 shows the values of Chi Square, the degrees of freedom and the significance levels of positive statements on the influence of church based circumcision behavior change programme on male initiates' attitude towards responsible adulthood in Meru County in Kenya. As indicated in Table 4, the P-Values were .000 for all the given statements. Since the Chi Square Test statistic was tested at  $\alpha = 0.05$  significance level, the P-Value  $< 0.05$  indicated a rejection of the null hypothesis. This meant that there was a statistically significant relationship between the church based circumcision behavior change programme and male initiates' attitude towards responsible adulthood.

To determine the nature of the relationship between the church based circumcision behavior change programme and male initiates' attitude towards responsible adulthood, mean perceptions of the male initiates about the influence of church based circumcision behavior change programme on the male initiates' attitude towards responsible adulthood were computed. The findings were presented in Table 5.

**Table 5: Male Initiates' Mean Perceptions about Church Based Circumcision Behavior Change Programme and Attitude towards Responsible Adulthood**

	N	Min	Max	Mean	Std. Deviation
Through the behaviour change programme am able to respond to needs of other members of the society	236	1	5	4.45	.660
The behaviour change programme has assisted me on how to behave among different people in society	236	2	5	4.71	.541
Through the education programme am able to study hard towards my career of interest	236	1	5	4.64	.647

The behaviour change programme has shown me the importance of caring for the elderly in the society	236	1	55	4.94	4.708
The behaviour change programme helps me to set social boundaries especially with female friends	236	1	5	4.33	1.002
The behaviour change programme has helped me to work towards self reliance	236	2	55	4.89	3.324
Through the behaviour change programme am able to live more independently	236	1	5	4.40	.886
The behaviour change programme has shown me how to persevere during hard times	236	1	5	4.64	.672
Valid N (listwise)	236				

Information in Table 5 reveals that the means ranged between 4.33 and 4.94 out of a possible minimum mean of 1 and a maximum mean of 5. The standard deviations from the means ranged between .541 and 4.708. This implies that the church based circumcision behavior change programme had a positive influence on the male initiates' attitude towards responsible adulthood.

An item in the questionnaire required day parents to indicate the extent of agreement or disagreement with given statements about the influence of church based circumcision behavior change programme on male initiates' attitude towards responsible adulthood on a five level likert scale: Strongly Disagree (SD), Disagree (D), Undecided (U), Agree (A) and Strongly Agree (SA). To determine whether there was a statistically significant relationship between the church based circumcision behavior change programme and male initiates' attitude towards responsible adulthood, a Chi-Square Test Statistic was conducted. The findings are presented in Table 6.

**Table 6: Day Parents' Opinions on Church Based Circumcision Education Programme and Attitude towards Responsible Adulthood Chi-Square Test Results**

	Chi-Square	Df	Asymp. Sig.
The behaviour change programme enable initiates to respond to needs of other members of the society	11.400 <sup>a</sup>	3	.010
The behaviour change programme improves initiates' interaction with different people in society	7.600 <sup>b</sup>	2	.022
Through the behaviour change programme initiates develop a positive attitude towards school	6.400 <sup>b</sup>	2	.041
The behaviour change programme develops initiates concern about caring for the elderly in the society	10.333 <sup>a</sup>	3	.016

The behaviour change programme facilitate initiates to set social boundaries among female friends	12.667 <sup>c</sup>	4	.013
The behaviour change programme enables initiates to work towards self reliance	8.400 <sup>b</sup>	2	.015
Through the behaviour change programme initiates tend to make independent decisions	5.200 <sup>b</sup>	2	.074
The behaviour change programme enhances initiates' skills of persevering during hard times	6.400 <sup>b</sup>	2	.041

As indicated in Table 6, the P-Values ranged between .010 and .074. Since the Chi Square Test statistic was tested at  $\alpha = 0.05$  level of significance, all the statements yielded P-Values that were more than .05 meaning that there was a statistically insignificant relationship between the church based circumcision behavior change programme and male initiates' understanding of the needs of other members of the society, concern about caring for the elderly in society, being able to set boundaries among female friends, make independent decisions and able to initiates' skills of persevering during hard times.

To determine the nature of the relationship between the church based circumcision behaviour change programme and male initiates' attitude towards responsible adulthood, mean perceptions of the day parents about the influence of church based circumcision behaviour change programme on the male initiates' attitude towards responsible adulthood were computed. The findings were presented in Table 7.

**Table 7: Male Initiates' Mean Perceptions about Church Based Circumcision Education Programme and Attitude towards Responsible Adulthood**

	N	Min	Max	Mean	Std. Deviation
The behaviour change programme enable initiates to respond to needs of other members of the society	15	1	5	4.07	1.271
The behaviour change programme improves initiates' interaction with different people in society	15	2	5	4.40	1.056
Through the behaviour change programme initiates develop a positive attitude towards school	15	1	5	4.40	1.056
The behaviour change programme develops initiates concern about caring for the elderly in the society	15	1	5	4.27	1.163
The behaviour change programme facilitate initiates to set social boundaries among female friends	15	1	5	4.13	1.246
The behaviour change programme enables initiates to work towards self reliance	15	1	5	4.47	1.060

Through the behaviour change programme initiates tend to make independent decisions	15	1	5	4.33	1.047
The behaviour change programme enhances initiates' skills of persevering during hard times	15	1	5	4.40	1.056
Valid N (listwise)	15				

Information in Table 7 reveals that the means ranged between 4.07 and 4.47 out of a possible minimum mean of 1 and a maximum mean of 5. The standard deviations from the means ranged between 1.047 and 1.271. This means that the church based circumcision behaviour change programme had a positive influence on the male initiates' attitude towards responsible adulthood.

During the interviews, the programme organizers were required to state some of the issues addressed in the church based circumcision behaviour change programme. The responses included issues about secondary school life; social development; peer pressure; parent-initiate relationship; career guidance; discipline and empowerment of the boy child. Regarding attitudes instilled in the initiates by the church based circumcision education programme, the programme organizers revealed that values of unity, respect, patriotism, hard work, God fearing, confidence, Good citizenship, and readiness to face challenges were inculcated in the initiates. The programme organizers were also probed about changes the male initiates were expected to make in response to the church based behavior change programme. The responses included being role models in the community, focusing on education goals, uphold Christian values and plough back in improving the church based circumcision programme. The study also enquired about other areas that needed to be included in the church based circumcision behavior change programme. The programme organizers noted issues regarding family life, the role of man in the family, technology, care of the environment, style of dressing as well as university and college life.

## 7. Discussion of the Findings

The church based circumcision behavior change programme in Meru County Kenya assisted male initiates to develop a positive attitude towards responsible adulthood. The male initiates were taught about social expectations and living values pertinent to responsible manhood. This is because the society expects male initiates to exhibit characteristics of a young adult in terms of thoughts, speech and conduct after circumcision (Bailey & Egesah, 2006). Initiates explained how the whole family was involved in circumcision, how they had said goodbye to younger children and their grandparents, and how special feasts would be prepared for them on their return to mark the change they had undergone. The study findings indicated that the church based circumcision behavior change programme enabled initiates to understand the needs of other members of the society, to acquire skills on how to interact with other people and to appreciate the importance of extending kindness to the needy. These findings support suggestions by Ofaha (2011) who purports that respect by men for authority, the elderly, children and the women are held in high esteem among many societies. This means that the church based circumcision behavior change programme had a positive influence on the initiates' attitude to responsible adulthood with respect to interpersonal relationships and care for humanity.

The study findings revealed that male initiates' attitude towards perseverance during hard times was enhanced through the church based circumcision behavior change programme. This is in line with the findings of Bailey & Egesah, (2006) who emphasized that after circumcision, initiates were expected to exude courage and resilience

since a man's role in society included protecting and providing for the family. The justification for courage and resilience among male initiates was that men were to demonstrate courage by risking their life or spend themselves on behalf of others especially family members and the vulnerable in society. In addition, the church based circumcision behavior change programme mentored the male initiates into becoming self reliant and independent minded. This finding is in agreement with Catholic Medical Mission Board (2007) suggestion that male initiates were taught the art of self-reliance and determination by being encouraged to initiate micro income generating activities either as individuals or in partnership with parents or friends. The male initiates in this study also indicated that they were able to choose career paths as a result of the church based behavior change programme. This facilitated the values of self reliance and being independent minded since relevant career paths are fundamental to socioeconomic stability.

## 8. Recommendations

Based on the findings of this study, the following recommendations were made:

- i. Planners and other leaders need to promote dialogue and support those who have undergone medical circumcision, to show that it is not viewed as less masculine than traditional male circumcision. This will change the perception that a portion of the society has towards church based circumcision model.
- ii. The social media such as "whatsapp" may be employed to enable the male initiates to share information and experiences regarding responsible adulthood even long after graduating from the church based circumcision behavior change programme in order to enhance social support and the spirit of brotherhood.
- iii. Availability of resources such as fliers and documents accessible to the public is crucial in the dissemination of correct information to demystify wrong perceptions and inaccurate ideas about the behavior change circumcision programme.
- iv. There is need to promote male circumcision for its health benefits. Agents of change, such as those who have been recently circumcised and opinion leaders from the community can be used as advocates for male circumcision a healthy set up.

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