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FINAL YEAR DISSERTATION

**FACTORS INFLUENCING VOLUNTARY MEDICAL MALE
CIRCUMCISION UPTAKE AND THE ROLE OF INTIMATE
PARTNERS IN NOMADIC COMMUNITY OF KARAMOJA
SUB-REGION, UGANDA: A CROSS-SECTIONAL STUDY**

By

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ABSTRACT

Background: Voluntary Medical Male Circumcision (VMMC) is a proven HIV prevention strategy, yet uptake remains low (<20%) among nomadic men in Uganda's Karamoja sub-region, hindering national targets of 90% coverage. This study assessed factors influencing VMMC uptake and the role of intimate partners in decision-making.

Methods: A cross-sectional study was conducted among 371 men aged 18-54 years, randomly sampled from men seeking health care at outpatient departments of six facilities that provide medical male circumcision service. Uptake of medical male circumcision was defined as being circumcised medically and willingness to take-up service when available among the non-circumcised men. Men responded to structured questions for quantitative data that captured socio-demographics, circumcision status among others. The data were analyzed using descriptive statistics, chi-square tests, and modified Poisson regression for adjusted prevalence ratios (PR) with 95% confidence intervals (CI). In-depth interviews with 35 purposively selected married women explored intimate partner actions on decision making by men and influencing factors. Thematic inductive analysis was done and results presented in two main themes: Intimate partner actions and factors influencing actions. Convergent discussion done for findings.

Results: The mean age of men was 31.61(SD 9.29), and most men resided in rural areas (60.11%, 223) and were married (69.54%, 258). Mean age of women was 28.03(SD 6.40), and were married for mean duration of 7.89 years (SD 5.15) with majority being peasant farmers (54.28%, 19). Overall circumcision uptake was 45.3%(n=168) and Medical male circumcision prevalence was 38.27%(n=142), with 32.35% (66/204) of uncircumcised men reporting willingness. Factors independently associated with low uptake of circumcision were: older age, Jie and Thur ethnicity, significant fears about procedure complications, and 1-2-hour travel duration to VMMC site. While enabling factors were education, previously married, having circumcised friends, reported partner influence, and service availability. Intimate partner actions include encouragement, polite persuasion, and discouragement. These are influenced by knowledge, socio-cultural factors, barriers (myth and misconceptions) and health services factors.

Conclusion: Uptake of 45.3% signals progress but underscores socio-cultural, intimate partner actions and systemic access barriers in nomadic contexts, necessitating equitable services to address disparities in marginalized agro-pastoralist communities. While targeting key stakeholders in accelerating VMMC uptake.

DECLARATION

I, **Robin Chepkurui** hereby declare that this study dissertation is original and has never been submitted to any University or another institution of higher learning for examination for an academic award.

Robin Chepkurui,

Sign: 

Date: 7th of November 2025

APPROVAL

This dissertation has been submitted for examination with the approval of the following supervisors:

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DEDICATION

I would like to dedicate my report to God the Almighty for His unconditional love and way back to him through Jesus Christ. May all the Glory be unto Him forever and ever, Amen.

I would like to dedicate this dissertation to my family for their unwavering support and sacrifice during my study time for this program. Particularly by beloved wife Dr. Ivy Chesang: A virtues woman of God for ably managing the household and nurturing our children Reignon Rotte Chepkurui, Raphaella Rossy Chepkurui, and other members of our family. In addition to my parents who started my academic journey that has been successful with support from friends and teachers.

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ABBREVIATIONS AND ACRONYMS

ACP: AIDS Control program of the Ministry of health

AIDS: Acquired Immune Deficiency Syndrome

DEFF: Design Effect Factor

HIV: Human Immunodeficiency Virus

MC: Male circumcision.

SMC: Safe Male Circumcision

STDs: Sexually Transmitted Diseases

STIs: Sexually Transmitted Infections

UAC: Uganda AIDS Commission

UNAIDS: Joint United Nations Program on HIV/AIDS (UNAIDS)

UPHIA: Uganda Population HIV Impact Assessment

VMMC: Voluntary Medical Male Circumcision

WHO: World Health Organization

DEFINITION OF KEY TERMS

Intimate partner: Is a person who has a current or previous close personal relationship that is characterized by regular connection, physical contact, sexual behaviors, identity as a couple, and good knowledge about each other.

Intimate partner role: Actions of the intimate partner towards fostering or discouraging uptake of medical male circumcision.

Nomadic community: This is a community characterized by a lifestyle of moving from one place to another in search of livelihoods while maintaining their connections to their ancestral land.

Safe male circumcision (SMC). This is the Ugandan term for medical male circumcision performed by trained health workers, who completely remove the penile foreskin, as compared to the traditional circumcision performed by traditional circumcisers in some communities of Uganda.

Sexually transmitted infection. These are infections transmitted by sexual contact within the community.

Voluntary Medical Male Circumcision: This is a one-time medical procedure that involves complete surgical removal of the penile foreskin by a trained health worker with consent from the client for reasons that are health-related, social, cultural, and religious

Urban residence: Participants who live within the town councils of the selected health facility catchment.

Uptake: The act of deciding and being ready to utilize or having already utilized a service (VMMC service for HIV prevention).

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