



USING THE HEALTH BELIEF MODEL TO EXAMINE THE DECISION TO UNDERGO SAFE MALE CIRCUMCISION AMONG MALES IN KABERAMAIDO

Abstract

Many of the countries implementing mass Safe Male Circumcision (SMC) for HIV prevention are falling short of their intended targets in part due to a poor understanding of the factors that motivate or discourage men to undergo SMC. This study used the Health belief model to examine the decision to undergo SMC among men in Kaberamaido district. The relationships between the perceived threat, benefits and barriers and the decision to undergo SMC and how these variables were influenced by personal factors were studied. This would possibly provide an appropriate model upon which SMC projects could be planned and designed for more successful implementation.

This cross sectional study was conducted in Kaberamaido district among uncircumcised men of 15-49 years. Data on the Health Belief Model (HBM) variables were collected from randomly selected participants using a validated questionnaire. Binary Logistic regression model was used to determine the association between the HBM constructs and the likelihood of getting circumcised and Pearson correlation analysis to determine the magnitude and direction of association.

A total of 381 males participated. The majority (88.7%) were between 15 and 35 years old. Up to 98.4% had attained at least primary level education and 73% the participants were students and farmers. Perceived benefits of SMC and presence of cues had significant positive relationships with the decision to get circumcised. Perceived barriers and threat of HIV/AIDS were not related to decision to get circumcised. None of these relationships were significantly influenced by personal factors such as age, religion, level of education and occupation. The HBM predicted 36.2% of the decision to get circumcised.

The HBM only partially explains the decision to get circumcised and is therefore not a good model for examining the decision to undergo SMC. Only two of the four constructs of the HBM i.e. perceived benefits and presence of cues were significant predictors of the likelihood of a male undergoing SMC.

Stakeholders of SMC should harness the motivational factors of perceived benefits and cues to SMC to mobilize more males to undergo SMC and subsequently improve the performance of the SMC projects. However there remains a need to find a more explanatory health behavior model for uptake of circumcision.

