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Research Article

Discourse, Power, and Health Behaviour: Communication Dynamics of Medical Male Circumcision in a Culturally Embedded Community

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Abstract

Medical male circumcision (MMC) has been widely promoted across sub-Saharan Africa as a key HIV prevention strategy, yet its adoption occurs within culturally embedded contexts where traditional circumcision holds deep social significance. This study examined how public discourse influences circumcision choices among the Bukusu community in Bungoma County, Western Kenya. Using a mixed-methods design, quantitative survey data (n = 195) were integrated with qualitative interviews, narrative accounts, and institutional document analysis to explore communication channels, dominant message frames, discursive shifts, and lived experiences of communication influence. Results revealed widespread exposure to MMC messaging, primarily disseminated by health workers, community sensitisation forums, and media platforms. Dominant discourse frames centred on health safety, hygiene, disease prevention, professional medical authority, and modernity. Respondents reported that repeated exposure reshaped perceptions of risk and normalised MMC as the preferred circumcision option. Qualitative findings demonstrated strong internalisation of biomedical narratives among initiates and parents, while elders and traditional circumcisers expressed erosion of cultural authority as traditional practices were increasingly framed as unsafe and outdated. Narrative accounts illustrated how cumulative exposure, emotional risk framing, peer reinforcement, and institutional credibility progressively transformed individual decision-making processes. Documentary analysis identified systematic biomedical framing across campaign materials and revealed an overall increase in recorded MMC procedures between 2018 and 2022. Collectively, the findings demonstrate that MMC adoption is not solely driven by biomedical evidence but is fundamentally shaped by communication processes that construct authority, redefine risk, normalise behaviour, and restructure cultural power relations. The study underscores the transformative social power of public discourse in health interventions and highlights the need for culturally sensitive communication strategies that integrate traditional institutions rather than marginalise them. Integrative approaches may enhance both public health outcomes and cultural sustainability.

Keywords

Medical Male Circumcision, Public Discourse, Health Communication, Cultural Transformation, Biomedical Authority, Social Norms, Kenya

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1. Introduction

Medical male circumcision (MMC) has become a central biomedical intervention within HIV prevention strategies across sub-Saharan Africa following strong clinical evidence demonstrating its capacity to significantly reduce female-to-male HIV transmission [1-3]. Consequently, international health agencies such as the World Health Organization and UNAIDS have promoted the rapid scale-up of voluntary medical male circumcision (VMMC), particularly in regions characterised by high HIV prevalence and low baseline circumcision coverage [4]. Kenya has emerged as one of the leading implementers of MMC programmes, with widespread service expansion across western regions including Bungoma County [5].

While MMC is widely framed as a biomedical success, circumcision remains a socially embedded practice intertwined with cultural identity, masculinity, rites of passage, and community authority structures [6]. Among many Kenyan communities, including the Bukusu of Western Kenya, traditional male circumcision (TMC) historically functions as a core cultural institution marking transition into manhood through communal rituals, moral instruction, and affirmation of ethnic belonging [7]. The introduction of hospital-based circumcision into such contexts therefore represents not merely a health intervention but a profound social transformation.

The coexistence of MMC and traditional circumcision has generated complex negotiations between biomedical authority and cultural practice. Public health campaigns emphasise clinical safety, hygiene, disease prevention, and faster healing, while traditional frameworks stress bravery, endurance, and communal continuity [5, 7]. Although MMC uptake has steadily increased, concerns persist regarding cultural erosion, shifting authority from elders to medical professionals, and the reframing of tradition as risky or obsolete [5, 6].

Public discourse has become the primary mechanism through which MMC is promoted, normalised, and legitimised within communities. Health communication strategies rely on mass media, community sensitisation forums, school outreach programmes, peer networks, and institutional messaging to construct narratives of safety, modernity, and responsibility [6, 22]. Through repeated exposure, such discourse reshapes not only individual knowledge but also social norms and perceptions of acceptable behaviour [8, 9].

Discourse theory suggests that communication does more than transmit information; it actively constructs authority, defines risk, and produces new social realities by framing certain practices as desirable, safe, and progressive [10]. Within health interventions, biomedical discourse often gains dominance by invoking scientific expertise and institutional legitimacy, which can marginalise indigenous knowledge systems and reshape cultural practices [11, 12].

Although numerous studies document MMC uptake and biomedical outcomes, comparatively few have examined how public discourse operates as a transformative social force influencing identity, authority structures, and everyday decision-making processes [6, 12]. Much of the existing literature treats exposure to communication campaigns as a background variable rather than as a central driver of behavioural and cultural change.

Among the Bukusu community of Bungoma County where circumcision remains one of the most culturally significant rites of passage the rapid expansion of MMC services offers a particularly instructive case for examining discourse-driven transformation. While health records demonstrate rising MMC uptake, the communicative processes through which institutional narratives reshape perceptions, diminish traditional authority, and normalise medical circumcision remain insufficiently explored.

This study therefore examined how public discourse on medical male circumcision influences circumcision choices within the Bukusu community by integrating quantitative survey evidence, qualitative interviews, narrative experiences, and institutional documentation. By focusing on communication channels, dominant message frames, discursive shifts, and lived experiences, the study provides a comprehensive understanding of how biomedical messaging interacts with cultural systems to shape behavioural outcomes.

2. Methodology

2.1. Research Design

The study adopted a descriptive and exploratory mixed-methods design, integrating quantitative surveys with qualitative interviews, narrative accounts, and document analysis. This approach enabled triangulation of numerical patterns with contextual meanings, strengthening validity and depth of interpretation [13, 14].

2.2. Study Area

The research was conducted in selected sub-counties of Bungoma County in Western Kenya, a region predominantly inhabited by the Bukusu community. The area is characterised by strong cultural adherence to traditional male circumcision alongside extensive implementation of MMC outreach programmes by government and health partners.

2.3. Study Population and Sample

The target population comprised boys eligible for circumcision, young men who had undergone circumcision, parents or guardians involved in household decision-making, elders and traditional circumcisers as cultural custodians, and institutional health records and campaign materials. A sample size of 218 respondents was determined using Yamane's formula, with 195 valid survey responses achieved. Purposive selection

was employed for elders, circumcisers, and narrative participants based on cultural relevance and experiential knowledge.

Table 1. *Study Population and Sample Composition.*

Category	Targeted	Responded	Data collection method
Initiates	74	68	Questionnaire, interviews
Young men	76	70	Questionnaire, interviews
Parents/guardians	35	31	Questionnaire, interviews
Elders/traditional circumcisers	12	12	Interviews
Narrative participants	12	12	Narrative accounts
Documents/records	18	18	Document analysis
Total	227	211	Mixed methods

(Note: overlap occurred where interview participants also contributed narratives.)

2.4. Data Collection

Quantitative data were collected using structured questionnaires capturing exposure to MMC discourse, communication channels, dominant message frames, and perceived influence on circumcision preferences. Qualitative data were generated through semi-structured interviews exploring community narratives, authority shifts, and identity meanings. Narrative accounts provided detailed lived experiences of communication influence. Documentary data comprised campaign materials, media outputs, and Bungoma County health records covering the period 2018-2022.

2.5. Data Analysis

Quantitative data were analysed using descriptive statistics to generate frequencies, percentages, and mean scores. Qualitative interviews and narratives were subjected to thematic analysis to identify recurring discourse patterns and mechanisms of influence [15]. Document analysis employed content analysis techniques to establish dominant framing trends and institutional messaging consistency [16].

2.6. Ethical Considerations

Ethical approval was obtained from relevant institutional review bodies. Informed consent was secured from all participants, confidentiality was maintained through coding of responses, and cultural sensitivity was observed throughout the research process.

3. Results

This section presents findings on exposure to public discourse surrounding medical male circumcision (MMC), dominant communication channels and message frames, discursive shifts across community groups, narrative experiences of communication influence, and institutional framing of MMC promotion and uptake trends. Quantitative survey data are complemented by qualitative interviews, narrative accounts, and document analysis. Table 2 presents the main sources of MMC information, Table 3 summarises exposure frequency, Tables 4 and 5 present message frames and perceived influence, Tables 6 to 8 capture qualitative discourse patterns, while Tables 9 and 10 present documentary framing and institutional uptake trends.

3.1. Exposure to Public Discourse on Medical Male Circumcision

To determine how MMC discourse reached community members and how frequently messages were encountered, respondents were asked to identify information sources and exposure frequency. The results are presented in Tables 2 and 3.

Table 2. *Main Sources of Circumcision Information (n = 195).*

Source	Frequency	Percentage (%)
Health workers	76	39.0
Community sensitisation meetings	42	21.5

Source	Frequency	Percentage (%)
Radio programmes	31	15.9
Peers/friends	28	14.4
Parents/relatives	18	9.2
Total	195	100

As shown in Table 2, health workers constituted the most influential communication channel, accounting for nearly two-fifths of reported exposure. Community sensitisation forums and radio programmes also played substantial roles in reinforcing MMC discourse, while peers and family members further diffused institutional messages within everyday social networks.

Table 3. *Frequency of Exposure to MMC Messages (n = 195).*

Exposure Frequency	Frequency	Percentage (%)
Many times	89	45.6
Occasionally	71	36.4
Once	35	17.9
Total	195	100

Table 3 indicates that repeated exposure to MMC communication was widespread, with over 82% of respondents encountering messages more than once. Nearly half reported frequent exposure, suggesting sustained public health campaigns and high message salience within community spaces.

3.2. Dominant Message Frames and Perceived Influence

To examine the content emphasis of MMC discourse and its perceived impact on decision-making, respondents identified dominant message themes and rated their influence on circumcision choices. The findings are summarised in Tables 4 and 5.

Table 4. *Dominant Message Emphases in MMC Communication (n = 195).*

Message Frame	Frequency	Percentage (%)
Health safety and hygiene	83	42.6
Reduced disease risk	54	27.7
Professional medical care	37	19.0
Faster healing	21	10.7
Total	195	100

As shown in Table 4, MMC discourse was overwhelmingly biomedical in orientation. Safety and hygiene dominated communication content, followed by disease prevention narratives. Emphasis on professional care further reinforced institutional authority and trust in medical procedures.

Table 5. *Perceived Influence of Public Discourse on Circumcision Choices (n = 195).*

Statement	Mean Score	% Agree/Strongly Agree
MMC messages influenced my preference	4.12	82.1
Health campaigns changed my perception of safety	4.26	85.6
Repeated exposure normalised MMC	4.08	80.5

Table 5 demonstrates strong perceived behavioural effects of MMC discourse. The majority of respondents acknowledged that campaigns reshaped safety perceptions, influenced personal preferences, and contributed to the social normalisation of medical circumcision.

3.3. Discursive Shifts across Community Groups

To explore how MMC communication was interpreted within different social contexts, qualitative interviews were conducted among initiates, parents or guardians, elders, and traditional circumcisers. The dominant discourse patterns emerging from these interviews are presented in Tables 6 to 8.

Table 6. *Interview Discourse among Initiates and Young Men.*

Code	Key Statement
Y1	Everyone says hospital circumcision is safer
Y2	My friends encouraged me to go to the hospital
Y3	Radio programmes taught us about infections
Y4	MMC heals faster
Y5	Health talks made me choose hospital circumcision

Code	Key Statement
Y6	Many boys fear the traditional method now
Y7	Doctors convinced us it is better
Y8	MMC feels modern and clean
Y9	Less pain in hospital
Y10	Hospital circumcision protects health

Code	Key Statement
C2	Traditional cutting causes bleeding
C3	Campaigns make our method look dangerous
C4	Doctors trusted more than us
E5	Parents now fear tradition
E6	Our authority is reducing

As shown in Table 6, initiates and young men consistently associated MMC with safety, hygiene, reduced pain, and modernity. Health workers, radio programmes, and peer discussions were frequently cited as influential communication channels, indicating deep internalisation of biomedical messaging among younger community members.

Table 7. *Interview Discourse among Parents/Guardians.*

Code	Key Statement
P1	Nurses explained dangers of traditional circumcision
P2	Hospital is cleaner and safer
P3	Stories about infections
P4	Doctors strongly advised MMC
P5	Campaigns frightened us about bleeding
P6	Health education changed my thinking
P7	I trust medical professionals more
P8	MMC seems more secure

Table 7 shows that parents framed circumcision decisions primarily around health protection and risk avoidance. Communication emphasising complications of traditional circumcision strongly influenced parental attitudes, while trust in medical professionals emerged as a central driver of household choices.

Table 8. *Interview Discourse among Elders and Traditional Circumcisers.*

Code	Key Statement
E1	MMC messages are everywhere
E2	Youth believe hospitals are safer
E3	Tradition portrayed as risky
E4	Hospital seen as modern
C1	Health officers warn about infections

As indicated in Table 8, elders and traditional circumcisers recognised the growing dominance of MMC discourse but expressed diminishing cultural authority. Institutional messaging increasingly reframed traditional circumcision as unsafe and outdated, accelerating behavioural transitions.

3.4. Narrative Experiences of MMC Discourse

Narrative accounts provided deeper insight into how participants experienced and interpreted circumcision-related communication in everyday life. These narratives captured the emotional, social, and contextual pathways through which public discourse influenced personal decision-making beyond structured survey responses.

One initiate (N1) narrated that he had initially planned to undergo traditional circumcision because it was the norm in his family. However, repeated health talks at school gradually changed his perception. He explained that nurses frequently warned students about infections and excessive bleeding associated with traditional circumcision, which generated fear of the procedure. Over time, these messages convinced him that hospital circumcision was safer and more reliable, leading him to opt for MMC.

Another young man (N2) described how peer discussions reinforced health campaign messages. He reported that friends who had undergone medical circumcision shared positive experiences about quick healing and minimal pain. These personal testimonies, combined with radio programmes promoting MMC, shaped his expectation that hospital circumcision was both modern and safer than traditional methods.

A parent (N3) recounted attending community sensitisation meetings where health workers presented detailed explanations of hygiene benefits and disease prevention associated with MMC. These messages were later reinforced by radio health programmes discussing complications arising from non-clinical circumcision practices. The cumulative effect of these communications heightened fear of traditional circumcision risks and ultimately influenced the decision to seek hospital-based circumcision services for the child.

An elder (N4) narrated a noticeable shift in community communication spaces over recent years. He explained that whereas initiation teachings and circumcision guidance were traditionally conducted by elders and cultural custodians,

many families increasingly deferred to medical advice delivered during outreach clinics and school sessions. According to him, hospital staff had become the primary authority on circumcision matters, significantly reducing the influence of traditional forums.

Collectively, these narratives demonstrate that public discourse on MMC operated through cumulative exposure, emotional framing of risk, peer reinforcement, and perceived institutional authority. Rather than responding to isolated messages, individuals encountered interconnected communication experiences that progressively reshaped perceptions of safety, social acceptability, and circumcision choice.

3.5. Institutional Framing and Uptake Trends

To corroborate community-level findings, document analysis examined MMC campaign materials and county health records. The dominant message frames identified are presented in Table 9, while uptake trends are summarised in Table 10.

Table 9. *Dominant Message Frames Identified in Campaign Documents.*

Frame	Proportion (%)
Health safety and hygiene	43
Disease prevention	28
Professional expertise	19
Modern lifestyle	10

Table 9 confirms systematic biomedical framing across institutional materials, closely aligning with dominant themes reported by community members.

Table 10. *Uptake of MMC Services in Bungoma County (2018-2022).*

Year	Procedures	% Change
2018	1,240	—
2019	1,465	18.1
2020	1,312	-10.4
2021	1,598	21.8
2022	1,842	15.3

Table 10 shows that recorded MMC procedures increased from 1,240 in 2018 to 1,842 in 2022, with a decline in 2020. These descriptive records establish a service trend but do not isolate the contribution of communication campaigns or explain the 2020 decline.

4. Discussion

This study demonstrates that public discourse plays a central role in reshaping circumcision practices among the Bukusu community by actively constructing medical male circumcision (MMC) as a safe, modern, and socially desirable intervention while simultaneously reframing traditional male circumcision (TMC) as risky and outdated. The findings reveal that exposure to institutional health messaging, reinforced through media platforms, community sensitisation forums, schools, and interpersonal networks, has generated a coherent biomedical narrative that was perceived to influence individual decision-making and social norms. These outcomes align with broader health communication scholarship which emphasises the power of repeated framing, authority construction, and emotional risk messaging in transforming behavioural practices [8-10].

Health workers were the most frequently reported information source, suggesting that professional credibility contributed to participants' circumcision preferences. Accounts from elders and traditional circumcisers also indicate a perceived shift in authority. Foucault's analysis of medical knowledge and Conrad's work on medicalization offer lenses for interpreting this shift [17, 18]. However, these accounts do not establish that cultural custodians have been displaced across the whole community. Parkhurst and colleagues show that circumcision policy can also become a site of identity and political negotiation, making local context central to its reception [12].

The strong emphasis on safety, hygiene, and disease prevention observed in both survey responses and campaign materials underscores the effectiveness of risk-based communication strategies. Health messages frequently invoked fear of infection, bleeding, and poor healing associated with traditional circumcision, a technique commonly used in public health promotion to elicit behavioural change [21, 25]. Narrative accounts in this study vividly illustrate how emotional framing of risk gradually generated anxiety surrounding TMC and elevated MMC as the rational protective choice. Such affect-driven persuasion has been shown to be particularly powerful when reinforced through repeated exposure and trusted messengers [9, 12]. Fear-appeal research also cautions that threat alone does not ensure effective behaviour change; communication should strengthen perceived efficacy and practical capacity to act [21, 25].

Respondents' agreement that repeated messaging normalised MMC suggests that communication contributed to perceptions of social acceptability. Rogers' diffusion framework helps explain how interpersonal networks may reinforce such preferences [19]. Nonetheless, perceived influence should be distinguished from measured uptake. In the Kenyan TASCO trial, interpersonal communication and modified service outlets did not significantly increase uptake among men aged 25–39 years [24]. This contrast suggests that communication responses vary with age, setting, and service constraints, and

that the present findings should not be generalised to all populations.

Discursive shifts were particularly evident across generational lines. Younger participants strongly internalised biomedical messaging, associating MMC with cleanliness, reduced pain, and modernity. This reflects the susceptibility of youth to institutional narratives delivered through schools, peers, and media platforms, where modern health identities are actively constructed [6, 10]. Parents similarly adopted risk-avoidance frames, prioritising safety and clinical trust over cultural continuity. Elders and traditional circumcisers, however, articulated resistance and loss of authority, revealing how biomedical discourse restructures power relations within communities.

These findings resonate with critical public health scholarship that argues that health interventions often produce unintended cultural displacement by privileging biomedical knowledge over indigenous practices [11, 12]. While MMC campaigns succeed in improving clinical safety, they simultaneously marginalise traditional institutions that historically served as social cohesion mechanisms. Among the Bukusu, circumcision traditionally functioned as a rite of passage involving moral education, community bonding, and identity affirmation [7]. The erosion of these spaces may have long-term implications for cultural transmission and intergenerational authority.

Institutional framing further reinforced biomedical dominance. Documentary evidence showed systematic prioritisation of safety, disease prevention, professional expertise, and modern lifestyle narratives across campaign materials. This consistency across communication platforms produced what discourse theorists describe as hegemonic messaging where a single narrative becomes accepted as common sense and alternatives are delegitimised [10]. Traditional circumcision was not directly banned but discursively positioned as dangerous, thereby guiding behavioural change without overt coercion.

The increase in recorded procedures is consistent with expanded use of MMC services, but the annual totals do not establish that communication caused the increase. Earlier Kenyan scale-up experience highlights the importance of coordinated service expansion [5], while South African implementation research describes the operational resources required for comprehensive services [20]. WHO's more recent guidance considers demand creation alongside access, quality, and programme sustainability [22, 23]. The present findings therefore support culturally sensitive engagement while leaving the independent effect of communication on uptake unresolved.

Overall, the study demonstrates that MMC adoption among the Bukusu community is not merely a result of biomedical evidence but is fundamentally driven by communication processes that construct authority, frame risk, normalise behaviour, and restructure cultural power relations. Public discourse emerges as a powerful social force capable of transforming deeply embedded cultural practices.

These findings require interpretation within the study design. Descriptive survey responses measure perceived communication influence and do not establish causality. The purposive qualitative accounts illuminate experiences rather than their prevalence across the county. Annual service totals cannot separate messaging effects from service availability or other contextual factors. Future longitudinal or intervention studies should test these mechanisms directly.

5. Conclusion and Recommendations

This study provides compelling evidence that public discourse is a central mechanism shaping medical male circumcision preferences among the Bukusu community in Bungoma County. Through sustained institutional messaging emphasising safety, hygiene, disease prevention, and professional authority, MMC has been progressively normalised as the socially acceptable and modern circumcision option. Repeated exposure across health facilities, schools, community forums, media platforms, and interpersonal networks reshaped perceptions of risk and legitimacy, leading to widespread behavioural adoption.

Elders and traditional circumcisers described traditional practices being portrayed as unsafe and outdated and expressed concern about diminished cultural authority. These accounts indicate perceived cultural displacement rather than a measured community-wide loss of tradition. The findings show how participants interpreted communication in relation to identity, norms, and authority, while the study did not directly measure clinical outcomes or population-level HIV prevention effects.

Future MMC communication strategies should adopt culturally inclusive approaches that integrate traditional leadership within health promotion frameworks. Rather than positioning traditional circumcision as inherently dangerous, campaigns should focus on clinical safety improvements while recognising the cultural significance of initiation rites. Collaboration with elders and circumcisers could enhance trust, preserve cultural continuity, and promote safer circumcision practices without social marginalisation.

Additionally, health communication should move beyond fear-based messaging toward balanced, empowerment-oriented discourse that informs communities without generating stigma. Further research should explore long-term cultural impacts of biomedical discourse on traditional institutions and identity formation, as well as evaluate hybrid intervention models that harmonise public health objectives with cultural sustainability.

Abbreviations

MMC	Medical Male Circumcision
VMMC	Voluntary Medical Male Circumcision
TMC	Traditional Male Circumcision

HIV	Human Immunodeficiency Virus
WHO	World Health Organization
UNAIDS	Joint United Nations Programme on HIV/AIDS
NASCOP	National AIDS and STI Control Programme
COVID-19	Coronavirus Disease 2019

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Author Contributions

Grace Linet Sitawa Mwanja: Conceptualization, Data curation, Formal Analysis, Investigation, Methodology, Resources, Software, Writing – original draft, Writing – review & editing

Abraham Mulwo: Supervision, Validation, Visualization, Writing – review & editing

Justine Clemencia Nabulumbi: Supervision, Validation, Visualization, Writing – review & editing

Data Availability Statement

The data is available from the corresponding author upon reasonable request.

Conflicts of Interest

The authors declare no conflicts of interest.

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Biography



Grace Linet Sitawa Mwanja is a Kenyan communication professional and researcher with a master's degree in Communication and Media Studies. Her areas of specialisation include health communication, strategic and public communication, gender and masculinity, development communication, social change, and digital media communication. Her scholarly work includes research on audience engagement with health reporting on social media. In the present study, she examines how public discourse shapes medical male circumcision choices within the Bukusu community in Bungoma County, Kenya. This research explores communication channels, message framing, perceptions of safety, cultural identity, and relationships between biomedical and traditional authority. Her contributions to the manuscript include conceptualisation, methodology, investigation, data curation, formal analysis, and preparation of the original draft. The study brings together survey responses, interviews, narrative accounts, and institutional documents to examine how health messages are interpreted within community life and how communication relates to personal decisions, social expectations, and culturally embedded practices.



Abraham Mulwo is an Associate Professor of Development Communication and Dean of the School of Information Sciences at Moi University, Kenya, where he has taught since 2004. He earned his PhD in Communication and Media Studies from the University of KwaZulu-Natal, South Africa, in 2010. His areas of specialisation include development communication, participatory action research, qualitative research methodologies, health communication, community engagement, and human-centred design. He has coordinated a science communication partnership between Moi University and SciDev. Net, supporting journalism students in communicating scientific information to public audiences. His professional experience includes research consultancy with UNESCO and Kenya's Ministry of Education, alongside the Centre for AIDS Development, Research and Education in South Africa. He has also contributed to public communication and citizen participation through government advisory and county governance roles. His published scholarship includes HIV and AIDS communication, social media, youth, and participatory approaches to education, research, and community engagement.

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