



Encouraging Kenyan men to use HIV self-test kits

Although there is a nearly universal uptake of HIV testing among antenatal care (ANC) clients, testing of male partners at ANC clinics remains very low. Involving male partners is key, as it allows couples to make informed decisions jointly and helps prevent mother-to-child transmission of HIV.¹

HIV testing and counselling are available and free in most places in Kenya. However, it has been a challenge to get men to test. For many men, women and adolescents, the barriers to clinic-based testing include stigma, inconvenience, confidentiality concerns, and transportation or opportunity costs. Self-testing offers the potential for more people to know their HIV status by addressing some of these common barriers.

Providing oral HIV self-test kits through female partners may be a promising way to target men, who have been harder to reach. It can be critical in helping men living with HIV to access treatment, which reduces the likelihood of future transmission.

Main findings

- **Oral HIV self-test kits were acceptable and easy to use.** A majority of both women and men were willing to use the kits and found it easy to follow the instructions for use, conduct the test and interpret the results;
- **Women were able to deliver self-test kits to their male partners.** Nearly all women in the self-test group reported giving the kit to their partner. In addition, almost all women in both the self-test and control groups discussed HIV testing with their partners, and nearly all male partners who tested disclosed the result to their female partner;
- **Men were much more likely to test for HIV when given a self-test kit by their partner.** Nearly double the number of male partners in the self-testing group, compared with men in the control group, tested for HIV. Although the numbers were small, all men who tested HIV positive in the self-test group were reported to have accessed a confirmatory HIV test at a clinic; and
- **Self-test kits resulted in more partners testing together and knowing their HIV status.** Rates of partner testing were roughly similar to rates of couple testing (testing together). Of the men who tested, those in the self-test group were more likely to test with their partner than those in the other groups.

Delivering self-test kits through female partners attending ANC

The International Initiative for Impact Evaluation (3ie) funded two studies in Kenya to determine whether men are more likely to test for HIV if they receive an oral HIV self-test kit from their pregnant or postpartum partner. The studies look at the impact of providing kits to women during routine pregnancy-related clinic visits by randomly assigning a subset of them to receive two kits and share them with their sexual partner.

The first study was implemented in the former Eastern and Central Provinces and randomly assigned 470 ANC clients to one of the three groups:

- **The standard of care group**, in which ANC clients were offered a standard finger-prick blood HIV test and an invitation letter from the Ministry of Health to their male partner requesting him to accompany the woman to her next ANC visit to discuss the health of their family;

- **The improved letter group**, in which ANC clients received the standard of care and an improved invitation letter that provided specific information about HIV, HIV testing, and care and treatment options; and

- **The self-test group**, in which ANC clients received the standard of care, the improved letter and two oral HIV self-test kits to take home to share with their partner.

The second study was implemented in and around Kisumu County, and included only two groups of 300 women each: those offered HIV self-tests and those offered the standard of care and a referral card for their male partners. The referral card summarised the information presented to the women at the clinic and encouraged partners to present the card and get screened at one of the HIV testing sites. The card was intended to aid in identifying control group men who tested for HIV.

All participants in both of the studies were counselled about the importance of partner testing and received suggestions on broaching the sensitive topic of HIV testing with their partners. Women in the self-testing group received two OraQuick® Rapid HIV-1/2 tests, instructions on how to use the kits and a demonstration.

At the beginning of the intervention, women were asked about the sexual and HIV testing behaviours of their partners and factors that might influence their partners' decision to test. A three-month follow-up survey was done with women to see whether their male partner had tested for HIV. Additionally, the study in the former Eastern and Central Provinces contacted 1,410 male partners to ask whether they had tested for HIV and compared the responses with those from the female participants.





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Lessons for programming and future research

The studies show that giving oral HIV self-test kits to women at ANC and postpartum care increased the chances of their male partner testing for HIV. Testing rates were similar for men across different education levels and age groups, indicating high acceptability and usability of the oral HIV self-test kit across different segments of the population. Women mentioned that privacy was one of the most important factors in their partners' decision about whether to test for HIV, both for accessing the test and for receiving the results.

In addition, couple testing was higher in the self-test groups. This suggests that many men are willing to test with their partners, and that self-test kits can increase the number of men who choose to test together. In the study in the former Eastern and Central Provinces, self-testing men were slightly more likely to disclose their test result to their partner. This suggests that any testing is good and that men who self-test are even more likely to disclose their result than men who test in a clinic.

There is potential for scale-up. Pregnant and postpartum women represent a segment of the population that is relatively easy to reach by virtue of their greater utilisation of health services in Kenya. The model only requires that health facilities are stocked with oral self-test kits and have staff trained in explaining how to use them.

While these studies were not designed to assess linkage to care and confirmatory testing, the results also suggest that self-testers link to care at nearly similar rates to those who access standard testing services.

3ie's HIV self-testing evidence programme

As part of this programme, 3ie funded the implementation and rigorous evaluation of three pilot interventions in Kenya to increase the evidence base on whether oral self-test kits can increase HIV testing rates among

hard-to-reach populations that may be at higher risk of acquiring HIV. 3ie also funded two studies each in Uganda and Zambia that add to the evidence base further and explore additional mechanisms for delivery of self-test kits.



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Endnote

¹Morfaw, F, Mbuagbaw, L, Thabane, L, Rodrigues, C, Wunderlich, AP, Nana, P, and Kunda, J, 2013. *Male involvement in prevention programs of mother to child transmission of HIV: a systematic review to identify barriers and facilitators*. Systematic Reviews 2, pp.5



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July 2017