

# Variations in Counseling Men about HIV-Risk Reduction

Responding to recommendations from the World Health Organization in 2007, Kenya became one of the first countries to scale up the provision of voluntary medical male circumcision (VMMC) as an HIV prevention strategy. The Government of Kenya's scale-up efforts have been particularly successful in the Nyanza region. The Kenya AIDS Indicator Survey found that the percentage of men in this region who are circumcised rose from 48 percent in 2007 to 66 percent in 2012.

Counseling for male circumcision clients is mandatory in Kenya, and national counseling guidelines dictate that all HIV prevention messages be delivered to all clients. However, little is known about how men are actually being counseled about HIV risk reduction in the context of VMMC scale-up.

Research on several health-related topics has shown inconsistencies in the type, scope and content of the health counseling that health care providers deliver to their clients. With support from the Male Circumcision Consortium, Dominick Shattuck and colleagues from FHI 360 conducted a study among health care providers in Nyanza to identify factors associated with variation in HIV risk-reduction counseling, as a first step toward identifying and addressing inaccuracies and inconsistencies in counseling messages.

## Study Design

The study was conducted in 2011 and 2012 among 115 health care providers recruited from hospitals, clinics, health centers and dispensaries in Nyanza. The providers were asked to share information about their age, job title, sex, circumcision status (if male) and partner's circumcision status (if female). They were also asked to describe their training in HIV risk-reduction counseling.

Twenty-four descriptions of hypothetical male clients, or clinical vignettes, were developed to help researchers assess variations in counseling. The clients in the



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- Providers should share all HIV risk-reduction messages in the national guidelines with all clients.
- Providers appeared to tailor their counseling messages according to their perceptions of a client's risk of HIV.
- Counselors were more likely to counsel younger clients on abstinence and to counsel uncircumcised clients on condom use.

vignettes varied by age, circumcision status and number of partners. Vignettes were used in the study because they are quicker, less intrusive and more cost-efficient than direct observations of counseling sessions.

Three systematically selected vignettes were read to each provider in the study, and the provider was asked to describe what counseling messages he or she would provide to each hypothetical client. The data were analyzed to determine any relationships among provider characteristics, client characteristics and the counseling messages that were delivered.



The Male Circumcision Consortium worked with the Government of Kenya and other partners — including the US President's Emergency Plan for AIDS Relief (PEPFAR), which supports service delivery — to prevent HIV and save lives by expanding access to safe and voluntary male circumcision services. FHI 360 received a grant from the Bill & Melinda Gates Foundation to collaborate on the consortium with EngenderHealth and the University of Illinois at Chicago, working with the Nyanza Reproductive Health Society.

## Results

**Several of the seven messages that the national counseling guidelines for HIV prevention recommend** for risk-reduction counseling were not mentioned by providers as components of their training.

**Whether providers shared certain risk-reduction messages during counseling** was significantly related to provider age, provider training, client age, client circumcision status and how many partners a client had.

**Providers 30- to 39-years-old were more likely to mention messages about condom use** compared to older providers

**Providers who had been trained in risk-reduction counseling in the past four years** were more likely to share messages about condom use than were providers who had been trained earlier. Providers trained in the past year were more likely to deliver messages on male social responsibility and the benefits of knowing one's HIV status than were other providers.

**Clients younger than 25 were more likely to receive counseling messages about abstinence** from providers than were older clients. However, providers were less likely to share messages about male social responsibility with this group.

**Uncircumcised clients were more likely to receive counseling messages about condom use** than were circumcised clients.

**A client's relationship status influenced the type of counseling messages he received.** Clients with at least one partner were more likely to receive condom use messages, and men with more than one partner were more likely to be counseled about having fewer partners. Circumcised clients who had no partners were more likely to receive abstinence messages.

**No significant relationships were found between provider or client characteristics and counseling messages about male circumcision.** This may have been because only half of the vignettes described uncircumcised clients, leaving too few observations to test.

## References

National AIDS and STI Control Programme, Ministry of Health, Kenya. Kenya AIDS Indicator Survey 2012: Preliminary Report. Nairobi, Kenya: September 2013.

National AIDS and STI Control Programme, Ministry of Health and Sanitation, Kenya. Guidelines for HIV Testing and Counselling, Kenya. 2nd edition. Nairobi, Kenya: 2010.

Shattuck D, Onyango M, Succop S, Chen M, Grey T, Bristow H, Stalker M. Variation within HIV risk reduction counseling in the context of adult male circumcision services. Unpublished manuscript.

## RECOMMENDATIONS

- As stated in the national counseling guidelines, providers should share all risk-reduction messages with all clients, regardless of circumcision status or other personal characteristics.
- Qualitative research is needed to determine why providers vary their messages, explain the impact of message variation on message retention, and assess whether message variation has benefits.
- Those who supervise providers should receive additional training to increase their awareness of counseling standards and tools for helping the providers adhere to those standards.
- Refresher training courses and checklists should be developed to help ensure that providers adhere to counseling message standards.

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