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Original Research Article

Effectiveness of community post interventions in human immunodeficiency virus testing services among men compared to facility-based testing in Kericho County

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ABSTRACT

Background: Men have lower human immunodeficiency virus (HIV) testing uptake than women globally, especially in sub-Saharan Africa. In Kenya's Kericho County, structural, cultural, and behavioral barriers limit male engagement. Community posts (CPs) have been introduced to improve access, but their effectiveness is insufficiently documented.

Methods: An analytical cross-sectional study compared HIV testing services (HTS) uptake among men (≥18 years) at two CPs and two health facilities with comprehensive care centers. Mixed methods were used. Quantitative data came from self-administered questionnaires and HTS registers, analyzed in SPSS v29 using descriptive statistics, odds ratios, paired t tests, and cluster-level analysis. Qualitative data from key informant interviews and focus group discussions were analyzed thematically in NVivo.

Results: Overall, 68.8% of men had utilized HTS. Uptake was higher at CPs (85.7%) than facilities (52.2%). Mean uptake was significantly greater in CPs (84) than facilities (52.5) (t=-9.0, p=0.012). Contributing factors included convenience (81.1%), supportive environments (69.6%), free services (66.4%), confidentiality (63.1%), and perceived superior quality (90.3%).

Conclusions: CP interventions significantly improve male HTS uptake compared with facility-based services. Scaling up CPs, extending flexible hours, strengthening privacy, and implementing male-focused outreach and behavior-change strategies could further enhance testing. Provider training, respectful care, confidentiality, and service integration remain essential for sustaining engagement.

Keywords: Community posts, HIV testing, Convenience, Men's health, Kenya

INTRODUCTION

Human immunodeficiency virus (HIV) remains a major global public health challenge, with 39.9 million people living with the virus in 2023, including 7.2 million undiagnosed.[1] Despite progress, 1.3 million new infections and 630,000 HIV-related deaths occurred in 2023.[2] Achievement of the 95-95-95 targets remains uneven, particularly among men, of whom only 83% know their status, 76% are on ART, and 72% are virally suppressed.[3] CP interventions have emerged as an effective strategy to improve HIV testing and treatment by decentralizing services, increasing accessibility, and reducing structural and psychosocial barriers. These interventions provide voluntary counseling and testing, prevention education, linkage to care, flexible schedules, privacy, and culturally sensitive, client-centered services that effectively reach men and other underserved populations.[4,5]

Community posts enhance testing uptake by offering stigma-free services in non-clinical settings such as

markets, workplaces, and transport hubs. By improving privacy and reducing fear of judgment, they encourage testing among high-risk groups, including mobile workers and men who often avoid facilities because of stigma or time constraints.[6] They also improve access for rural populations facing long travel distances. Evidence shows that community-based approaches addressing logistical and psychological barriers significantly increase testing uptake and represent an effective global HIV response strategy.[7]

Globally, men remain disproportionately unaware of their HIV status. In the United States, 13% of people living with HIV are undiagnosed, although community-based services have improved testing among hard-to-reach populations.[8,9] In sub-Saharan Africa, men account for two-thirds of adults living with HIV and are twice as likely as women to remain undiagnosed.[1] Community-based strategies such as self-testing, outreach, and hybrid approaches have improved uptake in Mozambique and similar contexts.[10,11] In Kenya, persistent gender disparities in testing underscore the need for community-level interventions to increase uptake and linkage to care.[1,12,13]

In Kericho County, the Henry Jackson Foundation Medical Research International (HJFMRI) implements the community post model (CPM) to expand HTS, particularly among men, through decentralized service delivery in accessible venues such as churches and markets.[14] Key elements include strategic site placement, engagement of community health promoters, collaboration with local leaders and faith groups, and flexible operating hours, which enhance service reach, continuity of care, and retention. The model provides HIV testing, prevention, and treatment through trained staff operating under professional and ethical standards. Although promising in improving access and re-engagement in care, its effectiveness has not been fully evaluated.

Statement of the problem

HIV continues to pose a significant global health burden, with 39.9 million people living with HIV in 2023, including 7.2 million unaware of their status.[15] Persistent testing gaps are reflected in 1.3 million new infections reported the same year.[2] Men aged ≥18 years are less likely than women to test or initiate treatment, contributing to delayed diagnosis, poorer health outcomes, and continued transmission.[1,16] Across low- and middle-income countries, men remain underrepresented in testing programs despite evidence that community-based approaches can improve uptake when tailored to local contexts.[17]

In Kenya, HIV prevalence was 4.0% in 2021, with approximately 1.6 million people living with HIV and 53% unaware of their status, disproportionately affecting adult men.[13,18] Gender disparities persist, with 53% of women tested compared with 45% of men. Barriers to male testing include inconvenient clinic hours, distance, mobility, stigma, sociocultural norms, and economic constraints.[19] In Kericho County, prevalence is 2.2%, yet only 69.7% of men have ever tested.[14] CP interventions have been introduced to address these gaps, but their effectiveness in overcoming structural, cultural, and behavioral barriers remains insufficiently evaluated.[20] This study therefore assessed the effectiveness of CP interventions in increasing HIV testing uptake among men aged ≥18 years in Kericho County, contributing evidence toward achieving the UNAIDS 95-95-95 targets.

Conceptual framework

The conceptual framework hypothesizes that CP interventions influence HTS uptake among men. The dependent variable is HTS utilization and linkage to care among HIV-positive individuals, while the intervention focuses on decentralized delivery, proximity, client-centered services, peer support, and flexible operations.[21]

Theoretical framework

The study was guided by Andersen's Behavioral Model of Health Services Use, developed in 1968 and later revised.[22] The model explains healthcare utilization as a function of predisposing characteristics, enabling resources, and perceived or evaluated need.[23] It assumes that health-seeking behavior is shaped by demographic and social factors, service availability, and perceived necessity of care. This framework aligns with the study because men's uptake of HTS reflects health service utilization influenced by enabling factors such as service availability, provider interaction, flexible hours, and peer support that reduce barriers and improve access.[24,25] Need factors, including perceived risk, stigma, and prior testing experience, further influence testing decisions. Together, these elements provide a comprehensive basis for understanding how community post interventions enhance access and increase HIV testing uptake among men

Objectives

The study aimed to determine the proportion of men aged ≥18 years utilizing HTS through community post interventions in Kericho County and to assess the effectiveness of community post interventions compared with facility-based testing.

METHODS

The study used an analytical cross-sectional design to examine the association between community post interventions and uptake of HTS among men aged ≥18 years in Kericho County, Kenya. Participants were recruited from two community posts (Nyagacho and Brooke) and two health facilities with comprehensive care centres (CCCs): Kericho County Referral Hospital

and Londiani Sub-County Hospital. This design enabled comparison of HTS uptake across service settings without altering interventions, reflecting real-world utilization. The study population included adult men accessing HTS between 1 July 2024 and 31 July 2025, as well as healthcare providers, peer educators, and social network members involved in testing delivery, providing a comprehensive understanding of testing behaviours and service contexts.

The target population comprised men aged ≥18 years in Ainamoi and Kipkelion Sub-Counties. According to Kenya National Bureau of Statistics, these sub-counties have 86,671 and 61,066 males respectively, with 54% aged ≥18 years. The estimated target population was 79,800 individuals, including 79,778 adult men. The secondary population included 22 healthcare providers from CCCs and community posts at the study sites.

Eligible participants were adult male residents of Kericho County who had utilized HTS at study sites and could provide informed consent. Those under 18, unable to consent, or severely ill were excluded. All healthcare providers were included through a census approach. The sample size for men was calculated using Slovin's formula at a 5% margin of error, yielding 398 participants; adjusting for clustering with a design effect of 1.3 increased this to 517. Stratified random sampling with proportionate allocation distributed participants across the four sites (129 each, except Londiani with 130).

Both primary and secondary data were collected. Primary data were obtained through self-administered questionnaires, key informant interviews, and focus group discussions, while secondary data were extracted using an abstraction form. Instruments were pretested in Kisumu County using 10% of the sample to assess validity and reliability.

Qualitative data were coded and thematically analysed using NVivo 14, while quantitative data were analysed in STATA 14 using descriptive statistics, cluster-adjusted standard errors, odds ratios, and independent t tests at a 95% confidence level ($p<0.05$).

Ethical approval was obtained from Masinde Muliro university of science and technology institutional research and ethics committee, with authorization from Jomo Kenyatta University of Agriculture and Technology and a research permit from NACOSTI. Participation was voluntary, informed consent was obtained, and confidentiality was maintained through anonymization and secure data storage.

RESULTS

The study sample comprised 398 men aged ≥18 years drawn from Kericho County Referral Hospital, Nyagacho CP, Brooke CP, and Londiani Sub-County Hospital. In addition, 8 participants were included in focused group discussions (FGDs) and 22 key informants from relevant health and community leadership positions. Overall, 424 participants (77.5%) responded out of the targeted 547, including facility and CP respondents, FGD participants, and key informants. Response rates were 98 (75.97%) each from Kericho County Referral Hospital, Nyagacho CP, and Brooke CP; 103 (79.23%) from Londiani Sub-County Hospital; 8 (100.0%) from FGDs; and 19 (86.36%) from key informant interviews. According to Neuman, a response rate of 70% or higher is adequate for data analysis and reporting in social science research.

Proportion of men (≥18 years) who utilize HTS

Respondents were asked whether they had ever utilized HTS. The study found that 273 (68.8%) of the 397 (100.0%) participants had utilized HTS. Utilization was higher among those accessing services through CPs, with 168 (85.7%) reporting HTS use, compared to 105 (52.2%) among those accessing facility-based CCCs (Table 1).

Key informants supported these findings, noting that CPs are generally preferred by men over facility-based testing due to the privacy and confidentiality they provide. One informant estimated that out of ten men, about five would visit a CP, three would attend a facility for other health services beyond testing, and two might not seek testing at all. Another informant observed that nearly three-quarters of men who seek HIV services prefer CPs because of flexible operating hours, including mornings, evenings, and weekends, which better accommodate men's work schedules.

The study assessed awareness of CPs providing HTS. Majority of the study population was aware of CPs offering HTS, accounting for 282 (71.0%) of the total participants. Awareness was notably higher among those in CPs, where 180 (91.8%) reported knowledge of these services, compared to 102 (50.7%) among facility-based CCC participants (Table 2).

The study examined how frequently HTS were utilized in the past one year, including the current visit. Most of the study population accessed HTS once or twice, with 186 (46.9%) reporting two visits and 157 (39.5%) reporting one visit out of 397 (100.0%). Utilization patterns differed by cluster, with CPs recording a higher proportion of twice use at 104 (53.1%) compared to 82 (40.8%) in facility-based CCCs, while facility-based CCCs recorded a higher proportion of once use at 103 (51.2%) compared to 54 (27.6%) in CPs (Table 3).

The respondents were asked where they had accessed HTS in the past year. Most participants 217 (54.7%) accessed HTS through CPs. Other sources of HTS included GOK facilities 154 (38.8%), private hospitals or pharmacies 47 (11.8%), mobile clinics or outreach programs 38 (9.6%), and faith-based organizations 26

(6.5%). The findings indicate that CPs were the most frequently utilized avenue for HTS, suggesting that interventions targeting community-level service delivery may have increased accessibility and uptake of these services. In contrast, formal health facilities such as GOK facilities and private hospitals were less commonly used, highlighting the role of community-based services in expanding HTS coverage (Table 4).

The participants in the focus group discussions were asked to indicate how common it is for men in the community to seek HIV testing at CPs. The responses revealed that accessing HIV testing at CPs is generally very common among men. Most participants noted that men frequently utilize these services, citing convenience and proximity as key factors. For instance, respondents mentioned that testing is often sought because it is "near us and convenient" and that men "do access HIV testing frequently." Accessibility emerged as a major theme, with several participants emphasizing that men are more likely to take up testing when the services are located close to them. Statements such as "It's accessible" and "Men do respond better when testing is near" highlight the critical role of proximity in encouraging uptake. While the majority reported high frequency of use, a few participants indicated that testing is sometimes conditional on situational factors, such as the individual's location at a particular time or the perceived need for testing. One respondent noted,

"*Not so common, it depends where you might be at that particular time and the need for testing arises."*

CP interventions and men's HIV testing uptake

The respondents were requested to indicate the factors that influenced their decision to seek HTS at the CP. Most commonly reported factor was convenience of location, cited by 176 (81.1%) participants, followed by a friendly environment 151 (69.6%), free services 144 (66.4%), and privacy and confidentiality 137 (63.1%). Less frequently reported factors included encouragement from peers or family 66 (30.4%) and health education or campaigns 44 (20.3%). These findings suggest that accessibility, supportive environments, and confidentiality are the main drivers of HTS uptake at CPs (Table 5).

The study sought to assess respondents' perceptions of the quality of HTS at CPs compared to health facilities.

Majority of respondents perceived the quality of HTS at CPs as superior to health facilities, with 196 (90.3%) rating services as "much better," including 159 (94.6%) from facility-based CCCs and 37 (75.5%) from CPs. These findings suggest that CPs are highly valued, particularly by facility-based CCC respondents, indicating that community-based HTS offers perceived advantages in accessibility, service environment, and overall quality (Table 6).

Focus group participants viewed CP HIV testing more positively than facility-based testing, highlighting accessibility, confidentiality, and service quality. CP services were described as free, convenient, and less time-consuming, with shorter queues and faster care. Participants emphasized the non-judgmental and supportive attitudes of CP staff, which made men feel respected, unlike experiences sometimes reported in government facilities. Smaller client numbers also contributed to perceptions of better attention and higher-quality care. Privacy and confidentiality were considered stronger at CPs, encouraging more frequent testing without fear of stigma. CPs also enabled asymptomatic individuals to test proactively, unlike facilities that often attract symptomatic clients. Overall, CPs were seen as more accessible, private, and user-friendly, promoting regular testing and health-seeking behaviour.

Most respondents identified CPs as the most convenient option for HIV testing, with 260 (65.5%) preferring CPs, 110 (27.7%) preferring health facilities, and 27 (6.8%) indicating both were equally convenient, demonstrating improved perceived convenience of community-based HTS (Table 7).

Focus group participants highlighted clear differences in accessibility, convenience, and privacy between CP and facility-based testing. Accessibility was the most prominent theme, with men noting that CPs are located within communities and are easy to reach regardless of social or financial status. CPs were also described as highly convenient, offering flexible hours, proximity to homes or workplaces, and quick service that allows men to continue daily activities with minimal disruption. These factors increased willingness to test, as reflected in the statement:

"I can get tested near my home after work and still be back in time for my family; it is simple and private."

Privacy perceptions were mixed. Many participants felt CPs offer privacy due to quiet locations and assured confidentiality, although some believed facilities may sometimes provide higher levels of privacy. Overall, CPs were viewed as balancing accessibility, convenience, and reasonable privacy, making them a preferred option. As one participant noted:

"*I feel safe at the community post because it's quiet, away from the crowd, and the staff respect my privacy, even if a hospital might sometimes be more private.*"

Participants also identified factors encouraging men to use community health services, including accessibility, affordability, and male-friendly environments. Free services, convenient locations, privacy, supportive staff, tailored services, and self-testing options were strong motivators. Awareness, perceived risk, and positive past experiences further influenced uptake, as one participant stated:

"I prefer coming here because it's close to home, free, and the staff understand men's needs-I feel comfortable and confident using these services."

Independent sample t test

An independent sample t-test was employed to determine the difference in the mean uptake of HTS between the Facility-based CCCs, which utilized CPs, and the CPs, which accessed facility-based services. This analysis assessed the effect of CP interventions on the uptake of HTS among men aged 18 years and above in Kericho County.

Group statistics for the average uptake of HTS by cluster. The CPs, which accessed facility-based testing, had a mean uptake of 52.5 with a standard deviation of 4.95, indicating some variability in uptake within this group. In contrast, the facility-based CCCs, which utilized CPs, had a higher mean uptake of 84.0, with no observed variability (standard deviation=0.0). This suggests that uptake in the facility-based CCCs was consistently high among the sampled participants, highlighting a potential positive effect of CP interventions on HTS uptake compared to facility-based testing (Table 8).

The independent samples t test was conducted to determine whether there was a significant difference in the mean uptake of HTS between the CPs (facility-based testing) and the facility-based CCCs (CPs).

Under the assumption of equal variances, the t-test yielded t=-9.000, df=2, p=0.012, with a mean difference of -31.5. This indicates that the facility-based CCCs had a significantly higher mean uptake of HTS (84.0) compared to the CPs (52.5), suggesting that CP interventions substantially increased HIV testing uptake among men (Table 9).

Table 1: Utilization of HTS services.

Utilization of HTS services	Cluster				Total	
	CPs		Facility-based CCCs			
	N	%	N	%	N	%
Yes	168	85.7	105	52.2	273	68.8
No	28	14.3	96	47.8	124	31.2
Total	196	100	201	100	397	100

Table 2: Knowledge of CPs providing HTS services.

Knowledge of CPs	Cluster				Total	
	CPs		Facility-based CCCs			
	N	%	N	%	N	%
Yes	180	91.8	102	50.7	282	71.0
No	16	8.2	99	49.3	115	29.0
Total	196	100	201	100	397	100

Table 3: Frequency of utilization of HTS services.

Frequency of utilization of HTS services	Cluster				Total	
	CPs		Facility-based CCCs			
	N	%	N	%	N	%
Once	54	27.6	103	51.2	157	39.5
Twice	104	53.1	82	40.8	186	46.9
Thrice	28	14.3	10	5.0	38	9.6
More than thrice	10	5.1	6	3.0	16	4.0
Total	196	100	201	100	397	100

Table 4: Place of HTS services utilization.

Place of HTS services utilization	Total, N (%)
Through a CP	217 (54.7)
Through a mobile clinic or outreach	38 (9.6)
Through a private hospital or pharmacy	47 (11.8)
Through a GOK facility	154 (38.8)
Through a faith-based organization	26 (6.5)

Table 5: Factors influencing the decision to seek HIV testing at the CP.

Factors influencing HTS utilization at CPs	Total, (n=397) (%)
Convenience of location	176 (81.1)
Friendly environment	151 (69.6)
Free services	144 (66.4)
Privacy and confidentiality	137 (63.1)
Encouragement from peers/family	66 (30.4)
Health education/campaigns	44 (20.3)

Table 6: Rating the quality of HTS at CPs versus health facilities.

Rating the quality of HTS	Cluster				Total	
	Community posts		Facility-based CCCs			
	N	%	N	%	N	%
Much better at the CP	37	75.5	159	94.6	196	90.3
Slightly better at the CP	1	2.0	3	1.8	4	1.8
Same quality at both	10	20.4	5	3.0	15	6.9
Slightly better at the health facility	0	0.0	1	0.6	1	0.5
Much better at the health facility	1	2.0	0	0.0	1	0.5
Total	49	100	168	100	217	100

Table 7: Convenience of HIV testing in CP and health facility.

Convenience of HIV testing	Total, N (%)
CP	260 (65.5)
Health facility	110 (27.7)
Both	27 (6.8)
Total	397 (100)

Table 8: Group statistics.

	Cluster	N	Mean	Std. deviation	Std. error mean
Average	**Facility-based**	2	52.5000	4.94975	3.50000
	CP	2	84.0000	0.00000	0.00000

Table 9: Independent samples test.

Average	T	Df	Sig. (2-tailed)	Mean difference	Std. error difference	95% CI of difference	
						Lower	Upper
Equal variances assumed	-9.0	2	0.012	-31.500	3.500	-46.56	-16.44
Equal variances not assumed	-9.0	1.0	0.070	-31.500	3.500	-75.97	12.97z

DISCUSSION

The study found that CP interventions significantly increased men's uptake of HTS in Kericho County compared to facility-based testing. Key drivers included convenient locations, supportive environments, free services, and strong assurances of privacy and confidentiality. CPs also improved awareness of HTS, although motivation levels were higher among men exposed to facility-based CCCs. These findings align with Pasipamire et al in Eswatini and Indravudh in Malawi, who reported that community-based HIV testing improves male engagement by reducing stigma, travel burden, and access barriers.[26] Similarly, Kazadi et al in Zambia found that proximity and supportive staff interactions at CPs foster trust and increase utilization among adult men.[27]

CPs also promoted repeated and proactive HIV testing. Over half of the men accessed HTS two to three times through CPs, demonstrating sustained engagement, while others tested at least once. Participants consistently rated CPs as more convenient and user-friendly than facility-based services due to flexible operating hours, shorter waiting times, and male-friendly environments. These findings are consistent with Groves et al, Phiri et al and Oseni and Erhun, who found that community-based HIV services encourage repeat testing by improving

accessibility, privacy, and supportive care, thereby addressing barriers associated with facility-based testing.[17,28,29]

Independent sample analysis confirmed significantly higher mean HTS uptake in facility-based CCCs utilizing CPs compared to CPs accessing facility-based services (mean=84.0 vs. 52.5, t=-9.0, p=0.012). This highlights the effectiveness of CP interventions. The combined effects of convenience, confidentiality, friendly staff, and immediate linkage to care support sustained engagement, early diagnosis, and continuity of care. These findings reinforce evidence that community-based HIV testing models enhance male participation and provide advantages in accessibility, privacy, service quality, and user satisfaction compared to traditional facility-based approaches.

Limitations

This study was conducted in selected facilities and CPs within Kericho County, which may limit generalizability to other regions with different service delivery contexts. Presence of unmeasured confounding factors, such as cultural norms or individual risk perceptions, may have influenced HTS utilization but may not have been fully captured.

CONCLUSION

A substantial proportion of men (≥18 years) in Kericho County utilize HTS through CP interventions, with overall uptake at 68.8%. Utilization was higher in CPs (85.7%) than in facility-based CCCs (52.2%) according to data available. CP interventions significantly increased HTS uptake relative to facility-based testing. Major drivers included convenience of location (81.1%), supportive environments (69.6%), free services (66.4%), and confidentiality assurance (63.1%). Awareness of services was higher in facility-based CCCs (91.8% vs. 50.7%), while service quality at CPs was rated superior (90.3%). Repeated testing was more common in facility-based CCCs, and statistical analysis confirmed higher mean uptake (84.0 vs. 52.5), demonstrating that CP interventions improve engagement and timely linkage to care.

Recommendations

The Ministry of Health, National AIDS Control Council, and county health departments should expand CPs offering HIV testing, especially in areas with large male populations, to improve accessibility and promote repeat testing. Policies should support flexible service hours, shorter waiting times, and privacy-focused delivery. Male-centered outreach and education programs should also be strengthened.

CPs should integrate HIV testing with additional health services, including nutritional counseling, tuberculosis screening, treatment of common illnesses, and chronic disease management, to increase convenience and service utilization. Healthcare workers should maintain respectful, non-judgmental interactions to foster trust and sustained engagement. Privacy and confidentiality must be ensured throughout testing processes to reduce stigma and enhance uptake.

Future studies should examine CP utilization in other Kenyan counties to improve generalizability. Research should also explore additional determinants of uptake, including economic barriers, technology use, and structural health system factors, as well as the long-term effects of CPs on repeat testing and linkage to care. Further investigation is needed on the role of community engagement strategies, including peer education, local leadership involvement, and social mobilization, in improving men's uptake of HTS.

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