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Research Article

Healthcare provider factors associated with the utilization of community-post HIV testing services among men aged ≥18 years in Kericho County, Kenya: an analytical cross-sectional study

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Abstract

Background: Men remain less likely than women to use HIV Testing Services (HTS) in sub-Saharan Africa. Community Posts may improve access, but evidence on provider factors influencing men's utilization remains limited in Kericho County, Kenya. **Methods:** An analytical cross-sectional study was conducted at two Community Posts and two health facilities with Comprehensive Care Centres. Participants included 397 men aged ≥18 years, 8 focus group discussion participants and 19 key informants. Quantitative data were analyzed using STATA 14 and qualitative data thematically using NVivo 14. **Results:** Overall, 273/397 (68.8%) men utilized HTS, with higher utilization among Community Post respondents (168/196; 85.7%) than facility respondents (105/201; 52.2%). Compared with excellent professionalism, utilization odds were lower for good (AOR=0.38; p=0.032), average (AOR=0.18; p=0.014) and poor professionalism (AOR=0.12; p=0.041). Lower odds were also associated with confidentiality being somewhat ensured (AOR=0.25; p=0.028), providers perceived as somewhat knowledgeable (AOR=0.21; p=0.034), and neutral provider attitudes (AOR=0.18; p=0.022). **Conclusion:** Community Post respondents reported higher HTS utilization. Provider professionalism, confidentiality, knowledge and supportive attitudes were associated with utilization. Strengthening client-centred, competent and confidential services may improve men's engagement in HIV testing.

1. Introduction

HIV remains a major global public health challenge, with an estimated 39.9 million people living with HIV in 2023. Approximately 1.3 million people acquired HIV and 630,000 died from AIDS-related illnesses that year [1]. Men generally have poorer HIV testing and treatment outcomes than women [1]. Community-based HIV testing can expand access to HIV Testing Services (HTS), particularly for populations inadequately reached by facility-based services. Evidence shows that bringing testing closer to where people live and work can increase uptake among men [2, 3]. However, utilization may also depend on provider communication, confidentiality, trust and service delivery [4].

The Behavioural Model of Health Services Use proposes that healthcare utilization is shaped by predisposing, enabling and need factors [5, 6]. Provider-client communication, trust, respectful interactions and confidentiality can influence engagement with HIV services [4, 7]. Evidence among men also identifies stigma, privacy, accessibility and healthcare delivery characteristics as influences on testing uptake [8]. Evidence on provider factors associated with men's use of Community Post HTS in Kenya remains limited.

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In Kenya, gender differences in HIV testing persist. The 2022 Kenya Demographic and Health Survey reported that 85% of women and 73% of men had ever tested for HIV and received results; 47% of women and 39% of men had tested and received results within the preceding 12 months [9].

In Kericho County, Community Posts extend differentiated HIV testing into community settings. Evidence remains limited on how provider characteristics influence men's utilization of these services.

Therefore, this study aimed to determine the proportion of men aged ≥18 years utilizing HTS through Community Post interventions and to assess the healthcare-provider factors associated with their utilization in Kericho County, Kenya.

2. Materials and Methods

An analytical cross-sectional study examined healthcare provider factors associated with utilization of Community Post (CP) HIV Testing Services (HTS) among men aged ≥18 years in Kericho County, Kenya. The study was conducted from July 2024 to July 2025 at Nyagacho and Brooke Community Posts and at Kericho County Referral Hospital and Londiani Sub-County Hospital, which have Comprehensive Care Centres (CCCs). The sampling frame comprised 79,778 men aged ≥18 years from Ainamoi and Kipkelion sub-counties. Eligible participants were men aged ≥18 years, resident in Kericho County during the study period, accessing HTS through a Community Post or health facility, and able and willing to provide informed consent. Men unable to provide informed consent, severely ill at data collection, or declining or withdrawing consent were excluded. Provider factors included perceived professionalism, confidentiality, provider knowledge and staff attitude; socio-demographic and behavioural characteristics were also collected.

Participants were selected using stratified random sampling, with strata defined by service-delivery point (Community Posts and facility-based CCCs). After sample-size adjustment for clustering, proportionate allocation was used across the four study sites: Kericho County Referral Hospital (129), Nyagacho Community Post (129), Brooke Community Post (129), and Londiani Sub-County Hospital (130).

Where: n = no. of samples; N = total population; and e = error margin / margin of error (0.05).

The calculated sample was adjusted using a design effect of 1.3 for the clustered service-delivery setting, yielding a target sample of 517 men. Of the targeted men, 397 provided complete quantitative data for analysis: 196 from the two Community Posts and 201 from the two facility-based CCCs. Eight participants took part in focus group discussions, and 19 of the 22 targeted key informants completed interviews. Participant recruitment is summarized in Figure 1.

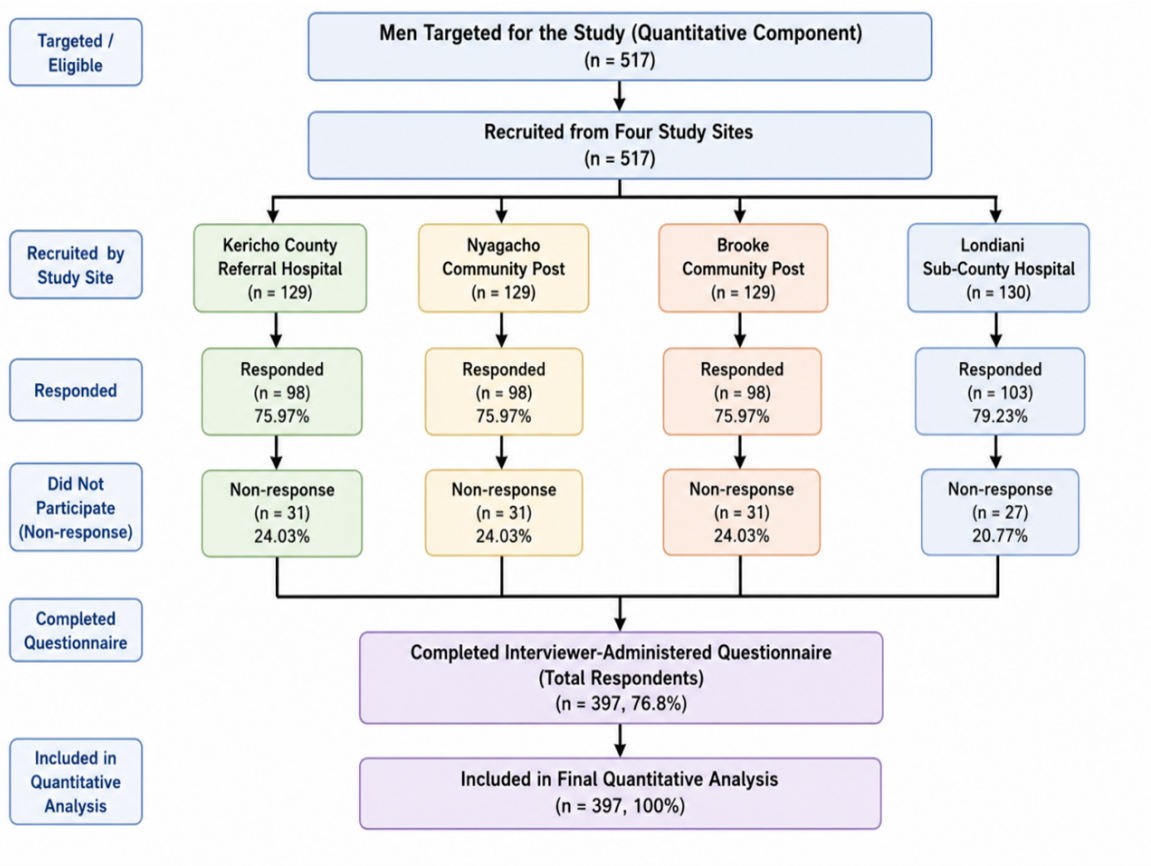


Figure 1: Study participant recruitment flowchart

Quantitative data were collected using structured questionnaires and Ministry of Health HTS registers (MOH 362). The questionnaires generated participant-level quantitative data, while focus group discussions and key informant interviews generated qualitative data. Quantitative data were coded, cleaned and analyzed in STATA 14 (StataCorp, College Station, TX, USA); data cleaning and validation assessed completeness, accuracy and internal consistency. Frequencies and percentages summarized categorical variables. Chi-square tests examined associations between categorical variables, and independent-sample comparisons were used for group differences. Because participants were sampled from clustered service-delivery points, cluster-adjusted standard errors were applied. Bivariate logistic regression generated crude odds ratios (CORs) with 95% confidence intervals; variables were subsequently assessed in multivariable logistic regression

models and adjusted odds ratios (AORs) with 95% confidence intervals were reported. Statistical significance was assessed at $p<0.05$. Qualitative data were organized, coded and analyzed thematically using NVivo 14.

2.1. Ethical considerations

Ethical approval was obtained from the Masinde Muliro University of Science and Technology Institutional Research and Ethics Committee (MMUST IREC), Ref: MMU/COR:40312 Vol 6(01), on 2 April 2025. A data-collection authorization letter was subsequently obtained from Jomo Kenyatta University of Agriculture and Technology. A national research permit, Ref. 277884, was obtained from the National Commission for Science, Technology and Innovation (NACOSTI) on 26 June 2025. Participation was voluntary, and written informed consent was obtained from participants before data collection. Confidentiality was maintained throughout data collection and analysis.

3. Results

The quantitative analysis included 397 men aged ≥18 years: 196 respondents from the two Community Posts and 201 from the two facility-based CCCs. In addition, 8 participants took part in focus group discussions and 19 of 22 targeted key informants completed interviews. Results below use 397 as the denominator for the quantitative participant-level analyses unless otherwise stated.

3.1. Socio demographic Characteristics of Study participants

Table 1 summarizes participants' socio-demographic characteristics.

Table 1: Participant's socio-Demographic Characteristics

Characteristics	**Total (n=397)**
Characteristics	**n(%)**
Age Bracket	
18 to 25 Years	122(30.7)
26 to 35 Years	151(38.0)
36 to 45 Years	77(19.4)
46 to 55 Years	27(6.8)
56 to 65 Years	12(3.0)
Above 65 Years	8(2.0)
Marital Status	
Married	164(41.3)
Unmarried	233(58.7)
Religion	
Christian	375(94.5)
Muslim	19(4.8)
Others	3(0.8)
Occupation	
Unemployed	60(15.1)
Employed	189(47.6)
Farmer	77(19.4)
Business	71 (17.9)
Education Level	
Primary and Below	53(13.4)
Secondary	185(46.6)
Tertiary	159(40.1)
Monthly Income (in Ksh.)	
Below 10,000	217(54.7)
10,001 to 20,000	98(24.7)
20,001 to 30,000	61(15.4)
30,001 to 40,000	10(2.5)
40,001 to 50,000	5(1.3)
Above 50,000	6(1.5)
Proportion of Men (≥18 years) Who Utilize HIV Testing Services (HTS)	

Table 2 summarizes HTS utilization, Community Post awareness and testing frequency.

Overall, 273/397 (68.8%) respondents utilized HTS. Utilization was higher among Community Post respondents, 168/196 (85.7%), than facility-based CCC respondents, 105/201 (52.2%).

Overall, 282/397 (71.0%) respondents were aware of Community Posts offering HTS; awareness was higher among Community Post respondents (91.8%) than facility respondents (50.7%).

Table 2: Utilization of HIV Testing Services among Men Aged ≥18 Years

HTS Utilization Characteristics	Category	Community Posts n (%)	Facility-based CCCs n (%)	Total n (%)
Utilization of HTS services	Yes	168 (85.7)	105 (52.2)	273 (68.8)
Utilization of HTS services	No	28 (14.3)	96 (47.8)	124 (31.2)
Utilization of HTS services	**Total**	**196 (100.0)**	**201 (100.0)**	**397 (100.0)**
Knowledge of community posts providing HTS	Yes	180 (91.8)	102 (50.7)	282 (71.0)
Knowledge of community posts providing HTS	No	16 (8.2)	99 (49.3)	115 (29.0)
Knowledge of community posts providing HTS	**Total**	**196 (100.0)**	**201 (100.0)**	**397 (100.0)**
Frequency of HTS utilization in the past year	Once	54 (27.6)	103 (51.2)	157 (39.5)
Frequency of HTS utilization in the past year	Twice	104 (53.1)	82 (40.8)	186 (46.9)
Frequency of HTS utilization in the past year	Thrice	28 (14.3)	10 (5.0)	38 (9.6)
Frequency of HTS utilization in the past year	More than thrice	10 (5.1)	6 (3.0)	16 (4.0)
Frequency of HTS utilization in the past year	**Total**	**196 (100.0)**	**201 (100.0)**	**397 (100.0)**

Regarding frequency of utilisation during the preceding year, 186 (46.9%) respondents reported accessing HTS twice, representing the largest proportion, while 157 (39.5%) accessed the services once. A smaller proportion reported accessing HTS three times (38; 9.6%) or more than three times (16; 4.0%). Community Post respondents were more likely to have accessed HTS twice (104; 53.1%) compared with facility-based CCC respondents (82; 40.8%), whereas facility-based respondents were more likely to have accessed HTS once (103; 51.2%) than Community Post respondents (54; 27.6%). Overall, the findings demonstrate relatively higher HTS utilisation and awareness among men accessing Community Posts, highlighting the potential contribution of community-based service delivery in improving access to HIV testing among men.

Focus group participants reported that HIV testing at Community Posts is generally common among men, primarily because services are convenient, accessible, and located close to where they live or work. Many noted that men frequently seek testing when services are nearby, emphasizing that proximity encourages uptake. Participants described Community Posts as easily accessible and observed that men respond more positively to testing offered within their communities. However, a few participants indicated that utilization depends on individual circumstances, including location and perceived need for testing. As one participant explained, *"Not so common, it depends where you might be at that particular time and the need for testing arises."*

3.2. Provider-Level Factors and Community Post Intervention Utilization

Respondents generally rated Community Post staff professionalism positively; FGDs similarly emphasized respectful interactions as important to service use. The study sought to assess the respondents' perceptions of the confidentiality of HIV testing services provided at the community post. From the findings, most respondents perceived HIV testing services as highly confidential, with 313 (78.8%) reporting that their privacy was completely respected. These findings are supported by participants in the FGDs where the assurance of confidentiality and privacy emerged as a critical theme.

The study also sought to assess the respondents' perceptions of the knowledge level of staff at the community post regarding HIV prevention and testing. From the results, the majority of respondents perceived staff at the community post as very knowledgeable about HIV prevention and testing, with 331 (83.4%) reporting high knowledge levels. This perception was higher among Community Post respondents (191, 97.4%) compared to Facility-based CCC respondents (140, 69.7%), while 61 (15.4%) considered staff somewhat knowledgeable and 5 (1.3%) viewed them as not knowledgeable. The findings agree with the FGDs where healthcare workers' provision of information and education was found to influence testing decisions.

The study assessed respondents' perceptions of staff attitudes towards HIV testing. From the findings, most respondents (331, 83.4%) perceived community post staff as supportive and encouraging, with higher ratings among Community Post respondents (192, 98.0%) than Facility-based CCC respondents (139, 69.2%). Few perceived staff as neutral (15.6%) or judgmental (1.0%). These findings were corroborated by focus group discussions, where participants emphasized that healthcare workers' attitudes strongly influence men's decisions to undergo HIV testing.

3.3. Bivariate and Multivariate Analysis for Provider-Level Factors and Community Post Intervention Utilization

At bivariate level, all four provider-level factors were associated with Community Post HTS utilization. Relative to excellent professionalism, good professionalism had COR=0.25 (95% CI: 0.12–0.52; p=0.002), average professionalism COR=0.05 (95% CI: 0.02–0.12; p¡0.001), and poor professionalism COR=0.15 (95% CI: 0.02–1.03; p=0.053). Compared with confidentiality being completely ensured, somewhat ensured confidentiality had COR=0.11 (95% CI: 0.04–0.36; p=0.004) and confidentiality not ensured had COR=0.03 (95% CI: 0.002–0.50; p=0.022).

Compared with very knowledgeable providers, somewhat knowledgeable providers had COR=0.09 (95% CI: 0.03–0.28; p=0.003) and providers perceived as not knowledgeable had COR=0.02 (95% CI: 0.001–0.24; p=0.018). Relative to supportive and encouraging attitudes, neutral attitudes had COR=0.02 (95% CI: 0.01–0.08; p=0.011), while judgmental and discouraging attitudes had COR=0.001 (95% CI:

Table 3: Bivariate and Multivariable Analysis of Provider-Level and Socio-Demographic Factors Associated with Community Post HTS Utilization

Variable	Category	Total n (%)	Bivariate Analysis	Bivariate Analysis	Bivariate Analysis	Multivariate Analysis	Multivariate Analysis	Multivariate Analysis
			COR	95% CI	p-value	AOR	95% CI	p-value
Provider professionalism	Excellent	251 (63.2)	Ref	–	–	Ref	–	–
	Good	85 (21.4)	0.25	0.12–0.52	0.002	0.38	0.20–0.72	0.032
	Average	59 (14.9)	0.05	0.02–0.12	<0.001	0.18	0.08–0.42	0.014
	Poor	2 (0.5)	0.15	0.02–1.03	0.053	0.12	0.01–0.98	0.041
Confidentiality	Completely ensured	313 (78.8)	Ref	–	–	Ref	–	–
	Somewhat ensured	79 (19.9)	0.11	0.04–0.36	0.004	0.25	0.10–0.63	0.028
	Not ensured	5 (1.3)	0.03	0.002–0.50	0.022	0.09	0.01–0.70	0.047
Provider knowledge	Very knowledgeable	331 (83.4)	Ref	–	–	Ref	–	–
	Somewhat knowledgeable	61 (15.4)	0.09	0.03–0.28	0.003	0.21	0.08–0.56	0.034
	Not knowledgeable	5 (1.3)	0.02	0.001–0.24	0.018	0.07	0.01–0.52	0.043
Provider attitude	Supportive and encouraging	331 (83.4)	Ref	–	–	Ref	–	–
	Neutral	62 (15.6)	0.02	0.01–0.08	0.011	0.18	0.06–0.52	0.022
	Judgmental and discouraging	4 (1.0)	0.001	0.000–0.05	0.028	0.05	0.01–0.40	0.039
Age bracket	18–25 years	122 (30.7)	Ref	–	–	Ref	–	–
	26–35 years	151 (38.0)	3.49	1.31–9.30	0.012	1.86	1.07–3.24	0.027
	36–45 years	77 (19.4)	3	1.17–7.70	0.022	2.1	1.14–3.87	0.017
	46–55 years	27 (6.8)	2.46	1.01–5.97	0.046	2.42	1.24–4.70	0.01
	56–65 years	12 (3.0)	2.23	0.98–5.07	0.057	2.7	1.34–5.45	0.006
	Above 65 years	8 (2.0)	2.86	1.07–7.65	0.036	3.1	1.46–6.61	0.003
Marital status	Married	164 (41.3)	Ref	–	–	Ref	–	–
	Unmarried	233 (58.7)	0.895	0.599–1.337	0.589	1.06	0.58–1.59	0.825
Occupation	Unemployed	60 (15.1)	Ref	–	–	Ref	–	–
	Employed	189 (47.6)	2.34	1.18–4.63	0.015	2.5	1.26–4.94	0.009
	Farmer	77 (19.4)	2.59	1.18–5.70	0.018	2.1	1.12–3.93	0.021
	Business	71 (17.9)	3	1.31–6.87	0.009	1.85	1.06–3.24	0.03
Education level	Primary and below	53 (13.4)	Ref	–	–	Ref	–	–
	Secondary	185 (46.6)	0.499	0.266–0.936	0.03	1.9	1.11–3.14	0.018
	Tertiary	159 (40.1)	0.529	0.343–0.817	0.004	2.45	1.36–4.44	0.002
Monthly income (Ksh.)	Below 10,000	217 (54.7)	Ref	–	–	Ref	–	–
	10,001–20,000	98 (24.7)	2.429	0.436–13.539	0.311	3.48	0.66–18.33	0.141
	20,001–30,000	61 (15.4)	2.356	0.412–13.464	0.335	3	0.57–15.82	0.169
	30,001–40,000	10 (2.5)	2.692	0.458–15.832	0.273	3.16	0.62–16.15	0.14
	40,001–50,000	5 (1.3)	3	0.361–24.919	0.309	2.16	0.58–8.04	0.258
	Above 50,000	6 (1.5)	1.333	0.113–15.704	0.819	1.52	0.45–5.12	0.483

0.000–0.05; p=0.028).

Bivariate socio-demographic analysis showed significant associations for several age, occupation and education categories. Compared with men aged 18–25 years, CORs were 3.49 for 26–35 years (95% CI: 1.31–9.30; p=0.012), 3.00 for 36–45 years (95% CI: 1.17–7.70; p=0.022), 2.46 for 46–55 years (95% CI: 1.01–5.97; p=0.046), and 2.86 for above 65 years (95% CI: 1.07–7.65; p=0.036). Employment, farming and business were also associated with utilization relative to unemployment. Marital status and monthly income were not statistically significant in bivariate analysis.

In the multivariable socio-demographic model, age, occupation and education remained associated with Community Post HTS utilization. Relative to men aged 18–25 years, AORs increased across older age groups: 1.86 for 26–35 years (95% CI: 1.07–3.24; p=0.027), 2.10 for 36–45 years (95% CI: 1.14–3.87; p=0.017), 2.42 for 46–55 years (95% CI: 1.24–4.70; p=0.010), 2.70 for 56–65 years (95% CI: 1.34–5.45; p=0.006), and 3.10 for above 65 years (95% CI: 1.46–6.61; p=0.003). Employed men (AOR=2.50, 95% CI: 1.26–4.94; p=0.009), farmers (AOR=2.10, 95% CI: 1.12–3.93; p=0.021) and men in business (AOR=1.85, 95% CI: 1.06–3.24; p=0.030) had higher odds than unemployed men. Secondary (AOR=1.90, 95% CI: 1.11–3.14; p=0.018) and tertiary education (AOR=2.45, 95% CI: 1.36–4.44; p=0.002) were also associated with higher odds relative to primary education. Marital status and monthly income were not statistically significant.

In multivariable provider model, professionalism, confidentiality, provider knowledge and attitude remained associated with utilization. Compared with excellent professionalism, AORs were 0.38 for good (95% CI: 0.20–0.72; p=0.032), 0.18 for average (0.08–0.42; p=0.014), and 0.12 for poor (0.01–0.98; p=0.041). Relative to confidentiality being completely ensured, somewhat ensured confidentiality had AOR=0.25 (95% CI: 0.10–0.63; p=0.028), while confidentiality not ensured had AOR=0.09 (95% CI: 0.01–0.70; p=0.047). Compared with very knowledgeable providers, somewhat knowledgeable providers had AOR=0.21 (95% CI: 0.08–0.56; p=0.034) and providers perceived as not knowledgeable had AOR=0.07 (95% CI: 0.01–0.52; p=0.043).

Compared with supportive and encouraging provider attitudes, neutral attitudes had AOR=0.18 (95% CI: 0.06–0.52; p=0.022) and judgmental and discouraging attitudes had AOR=0.05 (95% CI: 0.01–0.40; p=0.039). These findings were consistent with qualitative accounts emphasizing respectful interactions, confidentiality and provider competence as important to men's willingness to use Community Post HTS.

Key informants identified healthcare provider factors including staff attitudes, service delivery approaches, and confidentiality as critical determinants of men's utilization of Community Post (CP) HIV Testing Services (HTS). Staff who demonstrated professionalism, empathy, compassion, and non-judgmental, client-centred care were reported to build trust and encourage service uptake. Door-to-door testing and inclusive service delivery further improved accessibility. As one informant stated, *"Staff had enough confidentiality due to higher training; the queues were short, and the approach made men come freely for testing"* (KII06).

Confidentiality emerged as a key facilitator, with fear of HIV status disclosure discouraging service utilization. Informants reported that earlier breaches were addressed through targeted training on privacy and ethics. Community Posts also institutionalized the RECIPE values—Responsibility, Empathy, Compassion, Integrity, Passion, and Ethics—which strengthened client trust through respectful and confidential service delivery.

Integrated service delivery also enhanced utilization. Community Posts offering HIV testing alongside treatment for common illnesses, tuberculosis screening, nutritional counselling, and gender-based violence services were perceived as convenient "mini-hospitals." Flexible service hours and short waiting times further improved access by reducing disruption to men's daily activities.

Informants recommended increasing the number of trained healthcare workers and Community Posts, providing continuous on-the-job training, and expanding services to include chronic disease management. As one informant summarized, *"Creating a client-friendly environment, offering flexible hours, short queues, and integrated services ensures that men feel comfortable and refer others to the community post"* (KII09).

4. Discussion

HTS utilization was substantially higher at Community Posts than at CCCs (85.7% vs. 52.2%), suggesting that community-based delivery may improve access for men. This aligns with evidence that community-based approaches can reach men who may not routinely use facility-based services [2, 3].

However, the higher utilization observed at Community Posts should not be attributed to location alone. Provider-related factors were also associated with utilization. Respondents who rated provider professionalism below excellent had lower odds of Community Post HTS utilization. The qualitative findings similarly identified respectful, responsive and non-judgmental interactions as important facilitators. This is consistent with evidence that provider-client interactions can influence engagement with HIV services [4].

Confidentiality was similarly important. Participants who reported that confidentiality was only somewhat ensured or not ensured had lower odds of utilizing HTS than those who reported complete confidentiality. Concerns about unintended disclosure may expose men to stigma, discrimination, or relationship-related consequences and consequently discourage testing [7, 8]. Ensuring private counselling and testing spaces, protecting client information, and clearly communicating confidentiality procedures are therefore essential for building trust in CP-based HTS.

Provider knowledge and attitude also influenced utilization. Respondents who perceived providers as less knowledgeable had lower odds of utilizing HTS, suggesting that provider competence affects confidence in the quality of counselling and testing. Knowledgeable providers can address misconceptions, explain test results, provide appropriate counselling, and facilitate linkage to care. Similarly, neutral provider attitudes were associated with lower utilization than supportive and encouraging attitudes. The qualitative findings reinforce this result, highlighting supportive and non-judgmental interactions as facilitators. These findings are particularly relevant for men, who may be reluctant to discuss sexual behaviour or HIV-related concerns in settings where they anticipate judgment or stigma.

The findings are consistent with the Behavioural Model of Health Services Use, which emphasizes the influence of predisposing, enabling, and need factors on service utilization [6]. In this study, Community Post represent an enabling mechanism that improves accessibility, while provider professionalism, confidentiality, competence, and supportive attitudes influence the acceptability and trustworthiness of services. Therefore, decentralization alone may not be sufficient. HIV programmes in Kericho County should combine accessible CPs with continuous provider training in communication, confidentiality, stigma reduction, and respectful care. Strengthening these provider-level factors, alongside peer-led community engagement, could improve men's trust in HTS and contribute to narrowing the gender gap in HIV

testing.

Limitations of the Study

The study was limited to selected sites in Kericho County, restricting generalizability. Its cross-sectional design precluded causal inference, while self-reported data were susceptible to recall and social desirability bias. However, qualitative interviews strengthened the findings by providing contextual insights and triangulating the quantitative results.

5. Conclusion

Professionalism, confidentiality, provider competence, and supportive attitudes were associated with men's utilization of Community Post HIV testing services. Strengthening these provider-related factors through continuous training, ethical practice, and client-centred care may support HIV testing uptake and engagement with services.

Recommendations

Healthcare providers should receive regular competency-based training and supportive supervision focusing on professionalism, confidentiality, ethical conduct, HIV counselling, effective communication, and client-centred care. Strengthening these competencies can improve the quality of services and enhance men's trust in Community Post HIV Testing Services.

Healthcare facilities and programme managers should institutionalize quality assurance mechanisms through routine monitoring of provider performance, client satisfaction, confidentiality practices, and adherence to professional standards. Such mechanisms would strengthen accountability and support the delivery of consistent, high-quality HIV testing services.

Community-led demand creation should also be strengthened through the engagement of male champions, peer educators, community health promoters, and local leaders. These approaches can help address HIV-related stigma and misconceptions, increase awareness of Community Post HIV Testing Services, and encourage continued utilisation of services among men.

Finally, multi-county implementation research should be undertaken to validate the findings across diverse settings and examine how health-system capacity, socioeconomic conditions, technology, and community engagement influence sustained HIV testing utilisation and linkage to HIV care.

Article Information

Ethical Approval: Ethical approval was obtained from the Masinde Muliro University of Science and Technology Institutional Research and Ethics Committee (MMUST IREC), Ref: MMU/COR:40312 Vol 6(01), on 2 April 2025. A data-collection authorization letter was subsequently obtained from Jomo Kenyatta University of Agriculture and Technology. A national research permit, Ref. 277884, was obtained from the National Commission for Science, Technology and Innovation (NACOSTI) on 26 June 2025.

Informed Consent: Participation was voluntary, and written informed consent was obtained from participants before data collection. Confidentiality was maintained throughout data collection and analysis.

Data Availability: The datasets generated and/or analyzed during the current study are available from the corresponding author upon reasonable request.

Conflict of Interest: The authors declare that they have no conflict of interest.

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Author Contributions: L.N.K. - Conceptualization, Methodology, Investigation, Data Curation, Formal Analysis, Resources, Writing – Original Draft, Writing – Review & Editing, Project Administration; J.M.N. - Writing – Review & Editing, Supervision; K.N. - Supervision.

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References

[1] Joint United Nations Programme on HIV/AIDS. The Urgency of Now: AIDS at a Crossroads. 2024 Global AIDS Update. Technical report, UNAIDS, Geneva, 2024.

[2] A. K. Groves, P. Stankard, S. L. Bowler, M. S. Jamil, L. T. Gebrekristos, P. D. Smith, C. Quinn, N. S. Ba, T. Chidarikire, V. T. T. Nguyen, R. Baggaley, and C. Johnson. A systematic review and meta-analysis of the evidence for community-based HIV testing on men's engagement in the HIV care cascade. *Int J STD AIDS*, 33(13):1090–1105, 2022. URL https://doi.org/10.1177/09564624221111277.

[3] S. Dave, T. Peter, C. Fogarty, N. Karatzas, N. Belinsky, and N. Pant Pai. Which community-based HIV initiatives are effective in achieving UNAIDS 90-90-90 targets? A systematic review and meta-analysis of evidence (2007–2018). *PLoS One*, 14(7):e0219826, 2019. URL https://doi.org/10.1371/journal.pone.0219826.

[4] A. Gourlay, A. Wringe, I. Birdthistle, G. Mshana, D. Michael, and M. Urassa. "It is like that, we didn't understand each other": exploring the influence of patient-provider interactions on prevention of mother-to-child transmission of HIV service use in rural Tanzania. *PLoS One*, 9(9):e106325, 2014. URL https://doi.org/10.1371/journal.pone.0106325.

[5] R. M. Andersen. Revisiting the behavioral model and access to medical care: does it matter? *J Health Soc Behav*, 36(1):1–10, 1995. URL https://doi.org/10.2307/2137284.

[6] B. Lin, J. Liu, Y. Ma, and X. Zhong. Factors influencing HIV testing and counselling services among men who have sex with men in Western China: a cross-sectional study based on Andersen's Behavioral Model. *Environ Health Prev Med*, 27:21, 2022. URL https://doi.org/10.1265/ehpm.22-00066.

[7] S. Qiao, G. Zhou, and X. Li. Disclosure of same-sex behaviors to health-care providers and uptake of HIV testing for men who have sex with men: a systematic review. *Am J Mens Health*, 12(5):1197–1214, 2018. URL https://doi.org/10.1177/1557988318784149.

[8] B. Hensen, S. Taoka, J. J. Lewis, H. A. Weiss, and J. Hargreaves. Systematic review of strategies to increase men's HIV-testing in sub-Saharan Africa. *AIDS*, 28(14):2133–2145, 2014. URL https://doi.org/10.1097/QAD.0000000000000395.

[9] Kenya National Bureau of Statistics (KNBS), Ministry of Health (MOH), and ICF. Kenya demographic and health survey 2022. volume 2. Technical report, KNBS, MOH and ICF, Nairobi, Kenya and Rockville, Maryland, USA, 2023.