Normalization discourse in the practice of provider initiated counselling and testing for HIV in Kenya

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Background

• Normalization of HIV refers to the process of treating HIV just like any other illness by removing the specialized requirements for its diagnosis and treatment (Burki, 2015)

• A change in the HIV testing approach has been largely driven by the need to normalize HIV and the testing process (WHO 2015)

• Treating HIV differently from other medical conditions is a key barrier to expansion of testing and HIV services uptake.
Background

• Provider initiated testing and counselling (PITC) is a key strategy for integration and normalization of HIV testing in clinical settings

• Expansion of HIV testing through facility based initiatives such as PITC remains an important gateway to the treatment cascade (Muhula et al., 2016).
Background

• Complexities of implementing PITC guidelines in different cultural and healthcare contexts exist

• Stigma remains a barrier to HIV testing and counselling in Kenya (Ministry of Health, 2015; UNAIDS, 2017)

• Normalcy is elusive in the context of HIV (McGrath et al., 2014; Moyer & Hardon, 2014)
Purpose

• The purpose of this study was to examine how PITC implementation by lay and nurse counselors impacts on normalization of HIV

• It has been suggested that health care workers may not be ready for normalization (Evans & Ndirangu 2011)

• The social environment is characterized by negative perceptions about HIV
Methodology

Qualitative design

Sociocultural norms of interaction
Lay constructs / perceptions about HIV

Interpretivist

Constructionist
Methodology

- Observation / audio recording of consultation
- Normalization of PITC
- Observation of setting e.g. patient flow
- Pre & Post test interviews (patients)
- Counsellor interviews (n=5)
Participants

Hospital A

- Participants approached (14)
- Pre-test interviews (14)
- Observations (13)
- Post-test interviews (8)
- Follow up interviews (7)

Hospital B

- Participants approached (16)
- Pre-test interviews (16)
- Observations (16)
- Post-test interviews (13)
- Follow up interviews (7)
## Findings – Biodata

### HIV test results at Hospital A

<table>
<thead>
<tr>
<th>Testing area</th>
<th>No. tested</th>
<th>Negative</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outpatient</strong></td>
<td>6 (4 male)</td>
<td>4</td>
<td>2 (Male)</td>
</tr>
<tr>
<td><strong>Inpatient</strong></td>
<td>4 (3 male)</td>
<td>3</td>
<td>1 (Female)</td>
</tr>
<tr>
<td><strong>TB clinic</strong></td>
<td>4 (3 male)</td>
<td>3</td>
<td>1 (Male)</td>
</tr>
</tbody>
</table>

### HIV test results at Hospital B

<table>
<thead>
<tr>
<th>Number tested</th>
<th>Negative</th>
<th>Positive</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>16</strong></td>
<td>16 (9 male)</td>
<td>0</td>
</tr>
</tbody>
</table>
Findings

• Two key themes identified

• Social environment of HIV testing

• Realities of communication during the PITC consultation
Findings: Social environment of HIV testing

- HIV is a unique disease that is defined by moral undertones of immorality and social transgressions

“Others think that maybe if you come here [HIV testing center] you will meet with people who know you, they will think you are a prostitute that is why you want to be tested. A person does not want to be seen by another one when she goes for testing. Now you think that... Won’t they think I am a prostitute?.....” (Adhiambo, 33 year old female patient, Hospital B)
Findings: Social environment of HIV testing

• Similar sentiments were expressed by counsellors:

“The first reason [that hinders HIV testing] I think is the stigma. The people fear to be stigmatized because, for example, when people go for door to door testing where they find that people will say that those who go there [for HIV testing] they ‘know’ themselves.... (Waithera, female counsellor, Hospital A)
Findings: Realities of communication

• Consultation played multiple roles to maintain moral face and navigate a difficult interaction

Hazina (Counsellor): Do you know about HIV?
Kimathi (Patient): I do not know.
Hazina (Counsellor): You do not know how someone gets it?
Kimathi (Patient): I do not know.
Hazina (Counsellor): Eeh.
Kimathi (Patient): because when I leave my house in the morning, I come back in the evening, I don’t have this, behaviour.
Findings: Realities of communication

• Maria (counsellor): Which one [HIV prevention method] do you think you can choose?
• Alphonso (patient): I don’t know

• Abdul (counsellor): ....Do you have a question?
• Nangila (patient): I wanted to ask, if a person has HIV, why is she not allowed to breastfeed?
• Abdul (counsellor): I will capture that question later. Coming back to the kits that I am going to use [to test]...
Discussion

• Professional dominance served as a means of self-protection in managing a difficult encounter, protecting patient privacy, self-regard and reputation in this context.

• Normalization in PITC guidelines is a biomedical construct, yet the response to HIV and the practice of HIV testing are socially constructed.
Discussion

• Normalization is difficult in a context where HIV is shrouded by stigma and negative perceptions of immorality

• HIV consultation is itself unique as it constitutes discussions about sensitive matters (sex and HIV)

• Passivity helped patients keep their risky behavior a secret
Limitations

- The small sample of participants that was drawn from two urban health facilities may not be reflective of the rural context of HTC.

- The study did not appraise everyday patient provider norms without the added complication of a HIV test in this context.

- Further research is needed: evidence from interactions in none HIV situations would inform policy and practice on the norms of patient provider consultations in this environment.
Conclusion

- Distance of HIV policies from practice is due to heavy reliance on experts rather than indigenous evidence to inform policy development (Bell, et al 2015; 2016)

- When policy is far removed from the realities of the practice world, health providers adopt recommendations to the practice context

- Generation of context relevant research from different settings can in turn inform context appropriate policies and guidelines


References


Thank you

Questions