



Improving sexual health and well-being
of young men in Kenya:
The Motivational Intervention (MI+) approach

Purpose

This brochure describes a new way of improving the sexual and reproductive health and rights (SRHR) and well-being of young men. The motivational intervention (MI+) approach aimed to build the capacity of peer educators, counsellors, health providers and teachers to encourage and strengthen young men's motivation for change through four consecutive rounds of training, and a continuous process of mentoring and coaching. The brochure presents the findings from the operational research in Kenya which looked at the effectiveness of the approach, as well as experiences from the field.¹ We acknowledge the generous assistance and valuable information provided to us by Dorington Oduor, Modeste Adliambo, Lucy Owuor, Victor Onjoro, Dennis Otieno and Gerard Baltissen.



KIT | Health



GGD
Amsterdam



Supported by:

SRHR funds for innovation from the
Ministry of Foreign Affairs from the Netherlands

Implemented by:

The Royal Tropical Institute (KIT)
GGD Municipal Health Services in Amsterdam
Amref Kenya
Africa Alive!

Abbreviation block for MI+ brochure:

ART: Antiretroviral therapy
DASCO: District AIDS Coordinator
MI: Motivational interviewing
MI+: Motivational intervention
SRHR: Sexual and reproductive health
and rights
STI: Sexually transmitted infection

Motivational Intervention?

A consortium consisting of The Royal Tropical Institute (KIT), Public Health Services in Amsterdam (GGD Amsterdam), Bandhu Social Welfare Society, Amref Kenya and Africa Alive witnessed that male youth were often absent from SRH services, such as family planning, management of sexually transmitted infections (STIs), HIV testing and counselling, antiretroviral therapy (ART) etc. The limited existing evidence shows that male youth face considerable unmet needs and reduced access to SRH services. In addition, health care service providers face challenges with addressing young people's sexuality, and sessions often end up providing information and advice in a moralizing way. Sometimes young men are sent away without even being attended to.

An innovative project was launched in 2013 focusing on the SRH roles and responsibilities of male youth, called motivational intervention (MI+). The client-centred MI+ approach aimed to substantially change the way in which peer educators, counsellors and health professionals engage with young men who have sex with men (MSM) in Bangladesh and male youth in Kenya, and to introduce a genuinely new dimension to interactions between providers and clients, and peer educators and peers, encouraging and strengthening clients' motivation to make healthier choices related to their sexual behaviour. While motivational interviewing (MI) was originally designed to be used on a one-to-one basis (i.e. counsellor–client), the project introduced the potential benefits of peer-led interventions at group level. The programme — running until mid-2016 — aims to take MI to the next level — MI+ — by applying the approach to male youth (via counsellors, peer educators, teachers and nurses) and experimentally adapting the strategy to peer-led community group activities.^{2,3}

¹Kiage, Paul et al., 2016. Exploring new ways of improving sexual health and well-being among young males in Kenya through a motivational intervention (MI+) approach. Comparative analysis of the after and before study of young males (15–24 years) in Siaya County, Kenya. Amsterdam: Royal Tropical Institute.

² Miller, William R. and Stephen Rollnick. 2012. Motivational Interviewing, Helping People Change. New York: Guilford Press.

³Wagner, Christopher C. and Karen S. Ingersoll. 2012. Motivational Interviewing in Groups. New York: Guilford Press.

“I decided to develop a programme specifically targeting young men”

Before the MI+ training, we did not see so many young men coming into the facility accessing SRH services. During the first MI+ training in 2013 I realized that we did not have the proper skills and services to deal with the special needs of these young men. That is why I brought my staff of 10 nurses — all in-charge of facilities — together following the training to share what I had learned. I sensitized my staff about MI+ and told them that through this method we could better help clients and get more information from them. I told the staff about the MI+ skills such as engaging, evoking, summarizing and the need to assure confidentiality. We discussed the special needs of the young people, positive counselling skills and client management. The staff tried to implement the approach, and change was visible. The attitude towards service delivery improved, and the staff started to listen more to the youth and became less judgemental. The number of youths visiting facilities increased as shown in the logbooks and attendance client lists.

At the same time, I decided to develop a programme specifically targeting young men. Together with a nurse trained by the GGD, we visited the communities. I gathered young men through peer educators from youth organizations and informed them about the MI+ approach in our hospital. The young men wanted to know more, so I decided to organize a weekly meeting in our hospital to discuss sexual and reproductive health, stigma and discrimination, peer-to-peer support etc. After these group meetings, I give the young men a chance to do a self-assessment of whether they want a follow-up private counselling session. Currently, around 10 young men are joining these meetings. Before, young men were not able to open up; they suffered in silence and lived in denial. One of the youth approached me after a session, and shared a problem he was facing and the stigma within him. I was able to identify that he suffered from an STI and prescribed treatment for free. After the treatment, I followed up with him and learned that he was cured, and he acted as a champion in referring fellow youths with similar problems. — **DASCO**, *The MI+ bushfire*

Programme Strategies

The MI+ project aimed to better equip young men in Siaya County, Kenya, to make healthier choices about their sexuality. It intended to achieve this by enhancing the skills of health care providers, teachers, peer educators and counsellors (District AIDS Coordinators — DASCOS) to assist young men to change their behaviour by using a collaborative style of conversation, instead of telling them what to do. The social and health care providers have been trained to have open dialogues to encourage and strengthen male adolescents' own motivation for change. The objective was to ensure that male adolescents are better informed, and know which decisions to make and where to go for advice; feel better equipped to negotiate safer sex; know where to go for condoms, HIV testing and counselling, and ART; and are actually able to access and use these services.

Main programme activities

The MI+ programme builds on and enhances a combination of health services, outreach work and community-level activities, aiming to create an enabling environment for male youth. A number of these services and outreach work were enhanced with the MI+ approach focused on the individual and group level (Siaya, intervention sites), while other sites continued their work as usual (Bondo, control sites).

The nurses, counsellors, DASCOS, teachers and peer educators in the intervention sites received formal MI+ induction training and three more advanced training sessions on MI over the course of a year. The intensive participatory training offered a mixture of theoretical MI concepts intertwined with individual, paired and group exercises, to ensure that those trained were well equipped to apply the MI+ approach in their daily work with male adolescents as individuals and in groups.



Training

GGD Amsterdam trained three master trainers from Amref Kenya, and conducted the training for the other groups (health care providers, counsellors etc.) in close consultation with these master trainers. GGD also provided continuous mentoring and coaching support between the training sessions throughout the year. The role of the master trainers expanded over time, and they were able to train the control sites independently in basic MI. To provide additional on-site support, two MI+ representatives (MI+ reps) for each site were selected by those trained. These 24 representatives became intermediaries between all those trained and the master trainers, assisting the master trainers by providing continuous on-site mentoring and coaching support to their peers.



Operational research

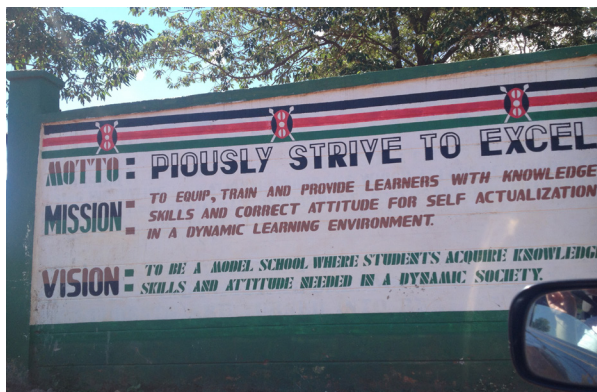
To determine whether the innovative MI+ approach worked at the individual and group level, operational research was undertaken with the following research questions:

- Is MI+ is an effective approach to improve the SRHR of male adolescents in Kenya in terms of improved access to and uptake of services and SRHR practices?
- Are those who have never used services now taking them up, and are those using them getting better-quality services that respond to their needs and rights?

YOUTH ACHIEVEMENTS 2012			
1.	Total population of youths		1407
2.	Total number of villages		11
3.	Total number of school dropouts		15
	10-14 years	Male	Female
	15-19 years	0	1
	20-24 years	4	8
	Totals	2	9
		6	9

INNOVATIONS THAT WORKED IN 2012.	
1. V.C.T Among youths	- Youth groups. - Partners. - MOPHS - APHIA + - Community.
2. Hospital delivery	- Youth groups. - MOPHS. - Community.
3. Prevention on HIV & VMC eg Circumcision.	- Youths - MOPHS - PARTNERS - Community.

SHIBEMBE YOUTH PLAN	
2. REPORTS	
2.1 PARTNERS	29/20
2.2 ADMINISTRATION	8/2



Operational research methodology

A mixed-methods, before and after study was used to document the effect of the intervention in relation to the competencies of social and health care providers, peer educators and male youth. The core of the operational research consisted of a before and after study at the intervention (Siaya) and control (Bondo) sites. The 'before' study involved almost 1,200 male youth between 15 and 24 years of age. In addition, key informant interviews were held with health care providers, counsellors, DASCOS and teachers, and focus groups discussions were conducted with male youth. In 2014 and 2015 a qualitative midline was carried out by interviews and focus group discussions with nurses, counsellors, other medical staff, teachers, peer educators and youth. The 'after' study, conducted in 2015, included around 1,150 young males.

“Testimonial”

I am a member and head of the Kalanyo Youth Rights and Advocacy Development programme. I am living and working in Gem, the land of milk and honey. Gem in Siaya sub-county has some of the best secondary schools. Following the MI+ training by the GGD Amsterdam, we visited eight secondary schools, with whom we worked before. We shared the MI+ concepts with the school Principals, and asked whether we could set up counselling clubs in their schools. The schools wanted to participate and offered support from their Heads of Counselling and Guidance.

The aim of these clubs is to enhance dialogues on SRHR issues among students. We selected 20 boys and 10 girls in each school from forms 1 and 2. As the MI+ project focused on boys, we included more boys but did not want to leave girls out, as the schools are mixed.

The students in each of the clubs were trained twice: a three-day MI+ interactive training with role plays and other exercises, with a specific focus on communication and group dynamics. After two weeks, we organized another two days of follow-up training, looking at how they had been able to apply MI+. In total, 240 students were trained. Through the follow-up trainings we learned that student-to-student communication and open sharing of SRHR challenges had improved. The clubs are meeting once a week, mostly on Tuesdays, to discuss issues related to SRHR issues that club members like to talk about. The Heads of Counselling and Guidance are patrons of the clubs, and though they were not trained on the MI+, they are supporting the activities such as by providing reference materials.

— **MI representative in Siaya**, *Moving on with a difference*

“The aim of these clubs is to enhance dialogues on SRHR issues among students”

Research findings

The mixed-methods research undertaken in 2013 and 2015 in Siaya and Bondo with a total of over 2,300 male youth produced the following results in relation to the MI+ approach.

Reaching out to male youth with information on SRHR is essential

This unique study with a large sample of male youth found that there is a considerable need to reach out to this group with SRHR knowledge and information, measures to assist them with intrinsic motivation for healthy and positive attitudes to sexuality, including in relation to STIs and HIV, and to improve their access to SRH services. The study found that the large majority of male youth become sexually active at an early age (15–16 years). Of those who are sexually active, about half currently have two or more sexual, mainly female, partners. The study, which tried to interview the same 1,200 male youth in the after study as were interviewed during the before study, showed that this group is highly mobile. Looking for greener pastures — income or education — they will move around to other parts of the country.

High HIV infection rates; STIs taboo

Young males' perceptions of the risk of contracting STIs or HIV vary considerably. Their knowledge of HIV is widespread, and their uptake of HIV testing is frequent (90 per cent of them had ever an HIV test, and 73 per cent went for an HIV test in the last 12 months). Despite their widespread HIV knowledge, a considerable number of these male youth test positive for HIV, as can be seen from the increasing demand for ART: 22 per cent of those interviewed in 2015 were on ART, compared to 14 per cent in 2013.

The study shows that a number of male youth have misconceptions about how to avoid STIs, and what to do once they have one. They only access services for treatment, including STIs, at a late stage and are not used to sharing their symptoms and conditions with others, including their peers.



Increased uptake of services because of MI+

MI+ has contributed to a higher uptake of services in district hospitals and health facilities. Around nine months after the introduction of the approach, the health registers of different facilities showed a monthly increase of 8–10 more male youth attending the health facilities. The after study also found a significant increase in the uptake of STI services in the intervention site compared to the control site.

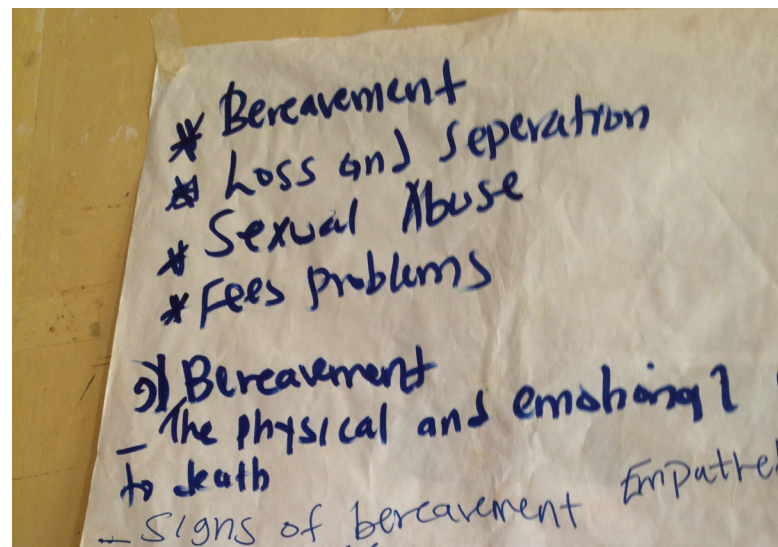


Improved interaction between health staff and youth

The interviews with nurses, DASCOS and peer educators show that they have gained a better understanding of how to communicate with youth, especially the males, to be less judgemental, to not preach to them but to ask open questions, and to allow them, where applicable, to come up with solutions for their own problems. The spirit of MI, and its emphasis on reflection and listening, has led to a more professional attitude, with young people finding them more approachable. Some of them, especially the nurses, claimed that MI+ had enhanced their self-esteem and also improved their interactions, and thus their relationships with their husbands and children.

Significant potential for quality improvements through further application of MI+

The study found that there is a significant potential for introducing quality improvement measures in SRH services by training not only staff but also male youth, teachers and peer educators in MI+. The intervention strengthened referral by jointly training a mixture of nurses, counsellors, teachers and peer educators at each site. In the programme the investment in the training of teachers was small, and in future programmes it would be better to train more of them, as this would help to positively transform the school environment to better deal with SRHR issues among youth.



Motivational interviewing (MI) refers to a counselling approach in part developed by clinical psychologists Professor William R Miller, PhD, and Professor Stephen Rollnick, PhD. The concept of motivational interviewing was first described by Miller (1983) in an article published in *Behavioural Psychotherapy*. The concepts and approaches were later elaborated in more detail by Miller and Rollnick combined (1991). MI is a collaborative, goal-oriented style of communication with particular attention to the language of change. It is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. *Motivational Interviewing in Groups* by Christopher C. Wagner and Karen S. Ingersoll. New York: Guilford Press, 2012.

“Testimonials”

In August 2013, I was involved in the before study of the MI+ programme. At that time I interviewed Omondi, a 20-year-old boda boda driver, and asked him about condom use. He said that he could never use condoms, as they deny people pleasure, although he was aware of HIV. I tried to understand his reasons and realized that the majority of his peers shared the same opinion. Two years later, when I came back for the after study, I met Omondi again. He had changed. In his boda boda post, he was now the youth representative. He had arranged a condom dispenser and made sure there are condoms available so that his colleagues can collect them there. He told me that this was because of an MI+ peer educator, who had counselled him on the risks involved and the need to access HIV testing. Omondi told me that the peer educator had helped him to open up and made him feel comfortable talking with him. It made him realize the importance of using a condom, since he was risking getting infected. He was invited to join the UCAHA youth group led by MI+ peer educators. After that he became an MI+ ambassador and motivates other young men to practise safer sexual behaviour through MI+.

— Research assistant, *Mobilizing for change through MI+*

My friend Jude, a young man aged 25 years, was in love with two ladies: Rose, 19 years old, and Francisca, 20 years old. Both were from Bondo town. Jude loved Francisca the most, but she had another sexual partner, while Rose did not. In January 2016 Jude approached me as a friend and peer educator to seek advice about his relationship with the two girls. He did not know what to do and was seeking guidance. I used my MI+ skills to listen to him, and asked questions to get the full story and understand him better. After that we talked about relationships, and I asked him what he thought about his relationship with the two ladies. I also asked him: ‘Who do you love, and why do you love her?’ By talking to me and reflecting on his relationships he realized that he preferred Rose. He decided to settle down in marriage with her, and is now happily married.

— Peer educator in Bondo, : *MI+ happily ever after*

“The peer educator helped me to open up and feel comfortable talking about it”

“I used my MI+ skills to listen to him”



For information please contact:

Royal Tropical Institute/KIT

P.O. Box 95001
1090 HA Amsterdam

Anke van der Kwaak

a.v.d.kwaak@kit.nl

Pam Baatsen

p.baatsen@kit.nl

Karen t' Hooft

k.t.hooft@kit.nl

www.kit.nl/health

Public Health Service Amsterdam (GGD)

PO box 2200
1000 CE Amsterdam
The Netherlands

Titia Heyman

theijman@ggd.amsterdam.nl

Angelita Casanovas

acasanovas@ggd.amsterdam.nl

www.ggd.amsterdam.nl/english

Amref Kenya

PO Box 27691-00506
Nairobi
Kenya

Peter Ofware

Peter.Ofware@amref.org

Walter Odede

walterodede@gmail.com

www.amref.org