

Background

The Together Tomorrow study is the first in Southern Africa to explore the influence of relationship factors such as trust, commitment and communication on health seeking behaviours, sexual risk taking and the HIV prevention and treatment needs of men who have sex with men (MSM) and their partners.

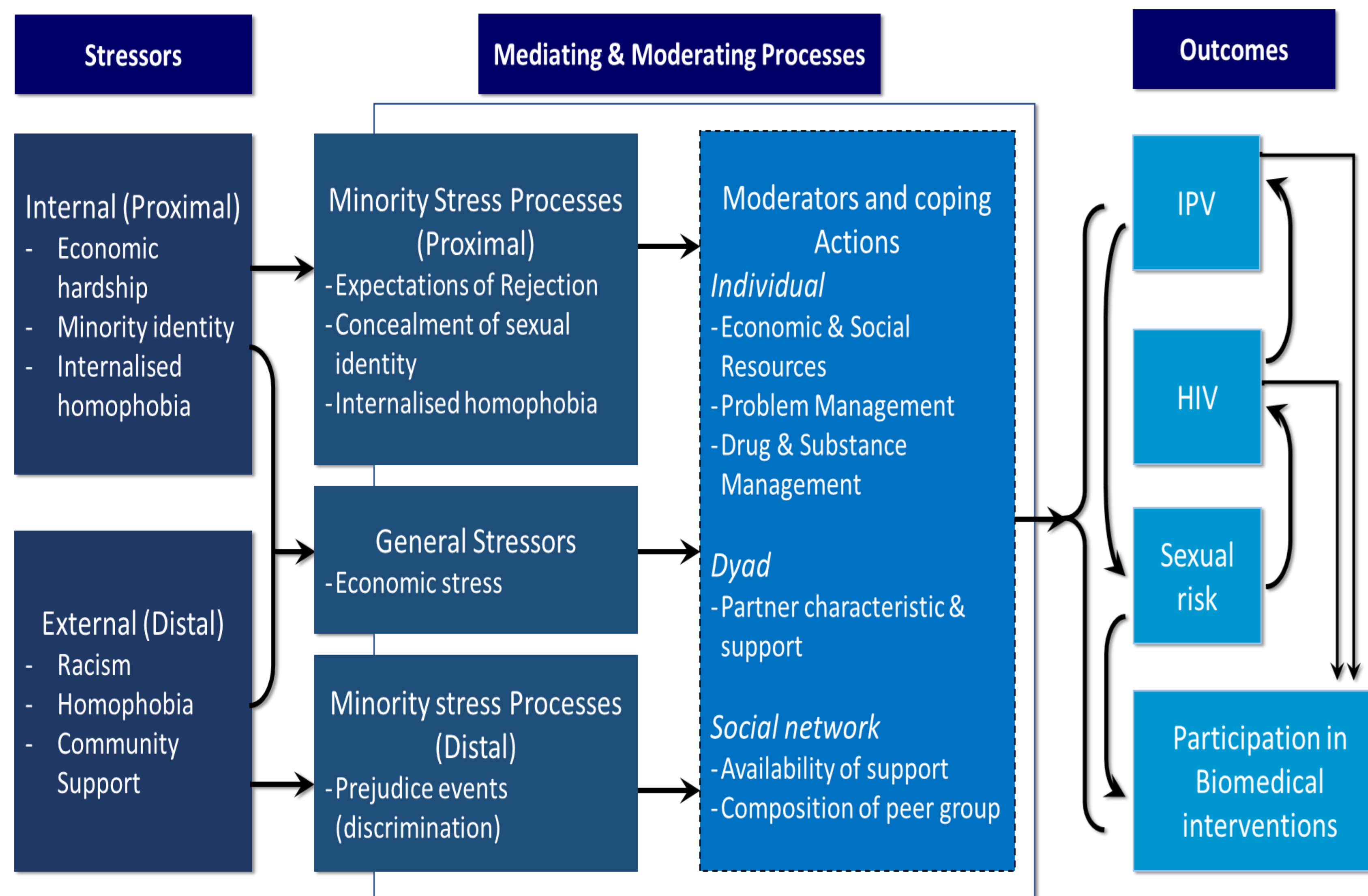
This mixed-methods study involved 603 partnered MSM in two countries, South Africa and Namibia. Field implementation was led by local civil society.

Understanding these factors may lead to the design of HIV prevention messages and interventions to reduce HIV transmission and contribute new information to aid in the design of biomedical interventions.

Study Overview	Research question	Sample Size	Location	Target
	What is the role of relationship dynamics & minority stressors on HIV risk taking behaviors and HIV prevention uptake among MSM couples in Southern Africa?	Qualitative phase Nam: KIIs (15), FGDs (7), CIDs (11 couples) SA: KIIs (20), FGDs (8), CIDs (16 couples) Quantitative phase NAM: 70 couples SA: 150 couples	Namibia Windhoek, Walvis Bay, Swakopmund, Keetmanshoop, South Africa Kwazulu Natal	<ul style="list-style-type: none"> MSM couples, over the age of 18. Must have had an sexual relationship for longer than 1 month (phase 1); 3 months (phase 2)

Theoretical Framework

Minority stress framework¹ and a relationship-based conceptual model², was adapted to inform this study's theoretical framework, seen below.



Protocol Requirements & Implementation Challenges

Both Phases	
All health research requires ethical review and approval prior to implementation in South Africa and Namibia.	Variations in ethics review processes, time and regulations across study sites presented a challenge in terms of simultaneous implementation of data collection phases.
Reimbursement of participants for their time, inconvenience and expenses.	In Namibia, reimbursing participants was not endorsed by the review board. Language was rephrased as a stipend for travel costs. Financial stipends increased the number of 'fake' couples presenting. Different screening tools helped identify these couples.
Qualitative Phase	
Eligibility criterion of a relationship of at least one month in duration	We found one month would be too short a time to assess relationship dynamics in the survey. This was revised to three months for the quantitative phase.
Purposeful recruitment with respect to racial and ethnic identities.	Racial (White, Coloured, Indian), ethnic (Owambo and Herero in Namibia) and other target (more affluent) groups were more challenging to recruit, despite numerous efforts to engage these groups.
Defining MSM - Refers to all biological males who have sex with other biological males and includes homosexual, heterosexual, bisexual men and transgender women. MSM refers to behaviour only.	Through community consultations, it became clear that transwomen preferred to be excluded from a MSM-focused study, given their gender identity. The study team therefore did not actively recruit transwomen, except for two transwomen specific FGDs in Namibia.
All partners were required to be interviewed concurrently, by a gender-matched interviewer	Many Namibian participants expressed preference for female interviewers. We submitted a protocol amendment to remove gender matching to the ethics review board which was approved.
Quantitative Phase	
HIV testing will be offered to survey participants who do not report knowledge of HIV sero-status.	Both sites' uptake of optional HIV testing was considerably low. Reasons cited for declining services included: pressure to disclose their status to their partner; inadvertent disclosure of an HIV positive status; recently been tested.

Lessons Learned - Future Protocol Considerations

Ethics Review Processes
Multi-country studies requires research into ethics board requirements and processes, prior to submission of protocols.

Sexual Orientation, Gender Identity & Expression (SOGIE) Consideration
Research with sexual and gender minorities require protocols that are responsive and adaptable to SOGIE, cultural, and contextual factors. It also requires the meaningful participation of community in the testing, developing and validating of both protocol and tools.

Time equals Money
Plan for delays with regards to funding disbursements, ethical approval and mobilisation. Plan for multiple data collection rounds per site.

Money Matters
Poverty and unemployment may influence the possibility that participation is incentive-driven. The risk of fake respondents is therefore increased. To minimize risk, employ multiple screening or incentivization methods.

Partners HIV Testing
Plan for the time (and emotional response) difference in relaying +/- HIV results, and keep each person in testing rooms for same amount of time. Alternatively, partners should be interviewed and tested concurrently, but in separate venues, where a natural time delay will occur as a result of distance.

Scheduling Roll-out
Mobilisation or implementation close to or over public holidays and weekends, increases the likelihood of no shows, intoxicated, and fake respondents. Also consider other studies in the same sites: Testing, Population group etc.

References:
 1) Frost, D. M., & Meyer, I. H. (2009). Internalised homophobia and relationship quality among lesbians, gay men, and bisexuals. *Journal of counseling psychology*, 56(1), 97-109.; Hatzenbuehler, M. L., Nolen-Hoeksema, S., & Erickson, S. J. (2008). Minority stress predictors of HIV risk behaviour, substance use, and depressive symptoms: results from a prospective study of bereaved gay men. *Health Psychology*, 27(4), 455.; Lehavot, K., & Simoni, J. M. (2011). The impact of minority stress on mental health and substance use among sexual minority women. *Journal of consulting and clinical psychology*, 79(2), 159.; Lewis, M. A., McBride, C. M., Pollak, K. I., Puleo, E., Butterfield, R. M., & Emmons, K. M. (2006). Understanding health behaviour change among couples: An interdependence and communal coping approach. *Social science & medicine*, 62(6), 1369-1380.; Lewis, R. J., Derlega, V. J., Griffin, J. L., & Krowinski, A. C. (2003). Stressors for gay men and lesbians: Life stress, gay-related stress, stigma consciousness, and depressive symptoms. *Journal of Social and Clinical Psychology*, 22(6), 716-729.