

## **Understanding the HIV prevention needs of men who have sex with men (MSM) and their partners in Southern Africa: KwaZulu-Natal, South Africa and Namibia.**

**Lead Research Organisation:** Human Sciences Research Council (HSRC)

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### **Problem statement:**

There is a dearth of research on HIV and MSM in Africa. Work from the US and elsewhere has shown that a significant number of new HIV infections among MSM occur from primary partners. Understanding the factors associated with HIV risk among MSM and their partners in Southern Africa has the potential to provide significant insights into the design of prevention messages and interventions to reduce HIV among MSM in this setting.

### **Purpose:**

This innovative mixed methods study aims to understand the role of relationship dynamics and perceived and actual stressors on HIV risk taking behaviours and HIV prevention uptake among male-male couples in Southern Africa. It is intended to inform the development of socially and culturally appropriate interventions aimed at MSM partnerships.

**Target group:** MSM over 18 years old who report that they have been in a relationship with a man for at least one month.

**Setting:** South Africa – KwaZulu-Natal (rural setting), Namibia – Windhoek (urban setting)

### **Scope of Work:**

#### Phase One: Community preparedness

During this first phase the research teams will obtain stakeholder and partner support as well as permission for the study; establish Community Advisory Boards (CABs) in each country; and gain ethical review approvals. Qualitative interviews with 15-20 key informants working with MSM in each country will be conducted to gain insight into community members' and services providers' perceptions of the HIV prevention needs of men who have sex with men and their partners.

#### Phase Two: Qualitative phase

The objective of the Phase 2 (qualitative data collection with MSM and their partners) is to explore the meanings and definitions of couples, partners and partnerships and to describe stressors and their impact on risk-taking behaviour and HIV prevention uptake. The data collection will include:

- 4-8 focus group discussions in each country
- In-depth interviews with a total of 24-30 male partnerships in each country

#### Phase Three: Quantitative phase

Quantitative work will include a small scale survey with male partnerships in both countries (75 in each). This will estimate sexual risk-taking behaviour; willingness to participate in biomedical interventions; continuum of care outcomes; internal and external stressors; relationship dynamics and relationship-based coping. Outcome variables will consider 1) HIV positivity and 2) HCT in the past six months (excluding testing for the current study).