Study duration January 2016 - February 2018 (22 months)

Targeted Research Advancing Sexual Health For Men who have sex with Men

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Johannesburg, South Africa

Nairobi, Kenya

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Study Summary

Research Question

- What existing and emerging HIV prevention and care interventions are feasible, acceptable and needed by MSM in the current socio-political climate towards homosexually active men in Kenya and South Africa?

Specific Aims:

- Determine the sexual identities and lived experiences of MSM and ways of reaching this target population
- Determine the nature, frequency and setting for online and offline social and sexual networking among MSM
- Determine knowledge, awareness and health seeking behaviours of MSM for HIV and STIs testing
- Determine the characteristics of sexual risk taking behaviour among MSM
- Location mapping of availability of appropriate services and of social and sexual networking venues
- Estimate the size of the MSM population in the study areas and describe online and physical networking characteristics within these populations

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Overview of Study Design

- **Phase 1:** Conduct formative qualitative research to map and describe the social and sexual networks, locations, and healthcare needs of MSM in each study setting and the available service delivery infrastructure.
- **Phase 2:** Using information from the initial formative research, design and conduct respondent driven sampling (RDS) surveys to collect data from a representative sample of MSM at each site in each country.
- **Phase 3:** Use results from phase 1 and 2 to inform population size estimation, availability of services, and make recommendations about what HIV prevention interventions are likely to be feasible and acceptable and the needs they address

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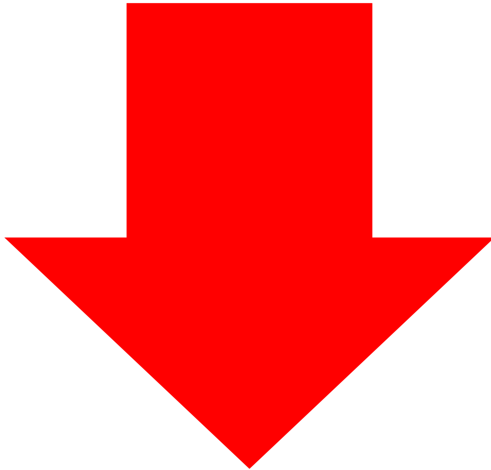


Challenges

Clinic Flow Management.

Participants not honoring appointments.

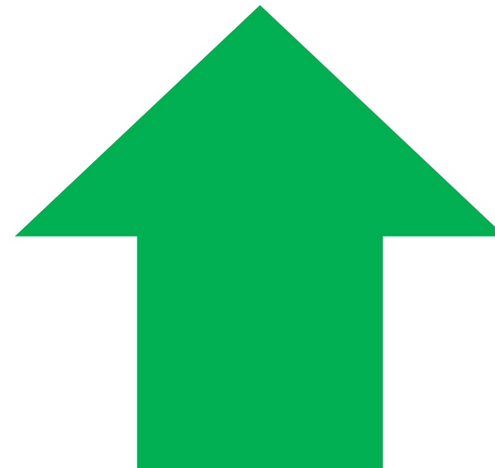
Staff feeling overwhelmed by interviews.

Overcoming the challenges ?

Setting Appointments

Rescheduling participants

Interview debriefing sessions.



TRANSFORM

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TRANSFORM PHASE 2

TRANSFORM

300 MSM from Gauteng and 600 MSM from Nairobi.

- Initial 60 MSM from Phase 1 form seeds for Phase 2.

Procedures:

- Completion of Respondent Driven Sampling Survey.
- HIV testing and referral for treatment and care and
- Testing for selected STI's and treatment or referral for treatment.

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TRANSFORM Stakeholder engagement

Phase 1 and 2

- GPP principles
- Community Advisory Boards (Johannesburg and Nairobi)
- Community and Policy Committees
  - SANAC, Johannesburg
  - G10 & KPTWG, Nairobi

Phase 3

Plan for structured workshops between community, policy-makers and research teams to interpret study findings and to plan a collaborative response.

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TRANSFORM Stakeholder engagement

WHAT WORKS	WHAT DOES NOT WORK
Early identification of stakeholders	Rushed engagement
Timeous and consistent updates	Inadequate budgeting
Maintaining Transparency	Inconsistent updates
Study related training.	Inadequate stakeholder training

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Phase 1 preliminary results

- Preference for MSM specific health services.
- Stigma and harassment in Public clinics and hospitals.
- Condoms Primary method of HIV and STI prevention.
- Holistic sexual health service preferred.
- More MSM are in the closet and bisexually active in Kenya, in comparison to the South African participants. (Being MSM is illegal in Kenya whereas it is legal in South Africa).
- Verbal Abuse is the most common form of abuse faced by MSM
- More cases of MSM having sex in exchange for money in Kenya, than in South Africa- could be due to recruitment efforts since Kenya has a large sex-worker cohort.

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Significance to policy and Programmes

- Both study sites have engaged policy makers, in ensuring that we can advise them of key issues that they may be able to influence.
- MSM population is not adequately represented in health policy in either site.
- Stigma and discrimination affects use of health services by MSM and has resulted in some MSM not attending to their sexual health need

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Significance to policy and Programmes

TRANSFORM

- From the first TRANSFORM IDI's, a substantial number of MSM participants who present as feminine have reported not being keen on visiting public hospitals and clinics, due to the fear of victimization by clinic staff in South Africa.
- Some participants have actually experienced discrimination or faced public humiliation when visiting these clinics.
- These clinics are actually the most accessible and they out number MSM friendly clinic institutions within communities. (closer to participants places of residence, they are free to use and they offer holistic services desired by the MSM population in both sites)

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Significance to policy and Programmes

- Studies such as TRANSFORM allow Policy makers, Through researchers, to receive feedback from community members on key service delivery issues
- Needs are identified and potential for recipients of care to influence future policy revisions based on honest, open feedback provided

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