

Your Demand Creation Campaign Strategy: Men Who Sleep With Men, Clinic

Situation



Audience

This is the target population that you are looking to target, or speak to, with your PrEP communications campaign.

This segment of men who have sex with men (MSM) includes those that engage in same-sex sexual practices regardless of whether they self-identify as MSM and/or also have sex with women. Many MSM are married but do not disclose their same-sex sexual practices, generating feelings of fear and guilt. They face criminalization* and experience persistent stigma and abuse from all corners of society; some are even shunned by their own families. Some have a hard time trusting others and may even view associating with their MSM peers as a risk due to the possibility of being outted. Protective of their identity and often afraid for their safety, some turn to a life in hiding, drawing as little attention to themselves as possible to protect themselves from discrimination and life-threatening situations.

MSM live life under the radar—out of fear, shame, or necessity.

**not the case in all sub-Saharan African Countries*



Problem

The core problem you are trying to address.

PrEP access and information may be hard to come by for MSM, and much of the information and focus around sexual health caters to heterosexual sex, leaving many MSM out of the picture. In need of support but afraid of being subject to further discrimination by healthcare workers or getting their cover blown, some MSM keep up their disguise when seeking medical care or avoid it altogether. For some, HIV prevention or treatment has become synonymous with risk – of being outted or becoming the target of more abuse.

HIV prevention poses a risk to his confidentiality.

Strategy



Strategic Idea

The most powerful idea that can address the problem.

Protection that fits discreetly into your life.



Support

Reasons that support the audiences' belief in the strategic idea.

- By using PrEP you are practicing a form of safe sex that only you need to know about. Taken orally and on your own schedule, taking PrEP is protection that is your own personal business and no one else's.
- No matter the situation you find yourself in, whether you can insist on condom use or not, you can rest assured that you have an added layer of protection.
- PrEP helps build your confidence by knowing that you are safe and healthy, protected from HIV.



Considerations

- PrEP can be taken by anyone that is HIV-free, no matter your relationship status or the sexual practices you engage in.
- When used correctly and consistently, PrEP is proven to be highly effective in reducing one's risk of acquiring HIV.
- Because PrEP doesn't protect against STIs, it should be used together with condoms.

Engagement



Channel Recommendations: Clinic



Printed Materials:

Informational and educational posters (for around the clinic). As takeaways, leaflets as well as innovative and cost effective materials like bookmarks, stickers, or playing cards.



IPC:

Peer educators, younger providers (whom MSM may assume are less homophobic), doctors, healthcare service providers, and other service referrals.



Mobile and SMS/Text:

Providers and peer educators may use text messages and message apps (like WhatsApp) to confirm and send reminders about appointments and medications, as well as to provide as-needed or follow up support. Mobile may be used as a way to start one-on-one communication, before transitioning clients to come in for face-to-face communication.



Online and Social Media:

Clinics and other organizations may consider putting important details and contact information up on social media or online, and may have points of contact available online to connect with MSM who reach out.



Tips for Connecting with Your Audience

Common Interests:

Many MSM enjoy listening to music, watching TV, watching movies, socializing with friends, being on social media, traveling locally, and taking pictures.¹

Where they go for care and information:

MSM often visit NGO hospitals or drop-in centers for healthcare and testing, likely because of the hostile treatment they may receive at traditional healthcare centers.¹

MSM primarily access sexual health information through social media, peer educators, newspapers, health centers and hospitals, radio and TV, and doctors.¹

The many MSM that reported awareness of PrEP had most commonly heard of it from word-of-mouth, medical professionals, seminars, or from a specific NGO (according to one study in Kenya).¹ When asked how they think PrEP should be communicated to people like themselves, MSM recommended a range of channels: peer educators, community based organizations, guidance counseling groups, seminars, mass media, instant messenger apps, and leaflets.¹

In one interview study of MSM in South Africa, participants said they used word-of-mouth to find more welcoming clinics, and that they prefer younger providers as they were found to be less homophobic.²

Prioritize discretion:

Because confidentiality is very important to MSM, finding ways to stay discrete and build trust over time may be an effective way to engage MSM; consider mobile technology as a way to facilitate this type of interaction. One study in South Africa found that sending text messages to MSM over a period of time encouraged men to test for HIV.³

Peer engagement:

Peer educators (and other MSM) are critical to engaging this audience and gaining their trust. Studies have shown that HIV services targeted at and run by MSM have seen the greatest response and uptake as they are viewed as more credible and accessible.⁴

Tailor care and information:

Some MSM may not yet understand what PrEP is and how it works. Many may have concerns over side effects or the misperception that one must take PrEP for the rest of his life. It may be important to surface both of these common concerns and address them if needed (testing interviews).

MSM may need (and be interested in) services, such as social care and legal support, beyond health care; therefore, it may be effective to establish referral pathways between your organization and other partners for holistic care.⁵

Some MSM may be concerned about disclosing the fact that they take PrEP. Therefore, it may be helpful to talk through how to take the pills with discretion.

Communicate in relatable terms:

Some MSM may not identify with the term “MSM” as much as “gay man.” Communications materials should include references to different races and religions—MSM are a diverse and multifaceted group.



Recommended Tactics

Train providers in sensitivity and confidentiality:

Discrimination by healthcare workers, and the threat of having confidentiality violated, are by far the greatest barriers inhibiting MSM from seeking and receiving care.⁶ Providers at all levels should be adequately trained in engaging with MSM with sensitivity, confidentiality, and without judgment.

Keep it simple:

For communications materials such as leaflets, keep the message simple. The easier the message is to understand, the easier it will be to translate and engage audiences (stakeholder interview).

Deliver through peers:

Train MSM peers to educate others and provide services. For example, peers can provide support and can link others to MSM-friendly services, tactics that have been shown to be effective.⁷

Contextualize risks:

To effectively educate on the risks of certain behaviors and practices, engage MSM to explore the context of recent risky behaviors.

Highlight community ties:

To build credibility and trust, clinics and community organizations should emphasize their roots within the MSM community, as well as their MSM leadership.⁵

Partner with others:

When possible, identify and partner with existing credible sources of sexual healthcare and information for MSM, including clinics with a good reputation among MSM; peer or self-organized support groups; or any other MSM organizations or associations.

Explore the full potential of mobile:

Mobile technology may be optimal for making appointments, sending reminders, following up, and sharing information between health facilities across the border for clients who may live a more mobile lifestyle.⁸ Secret passwords can be used to enable MSM to access specialist services in mobile clinics without fear of discovery.⁹ Given the rise in accessibility and use of mobile phone technologies, consider even delivering intervention content through mobile; short videos or podcasts can either be downloaded independently by MSM or used by outreach workers to illustrate or describe prevention information.⁵ One-on-one mobile conversation is often a precursor to face-to-face interaction and clinic enrollment.

Use needs to engage:

Offering condoms, sexual lubricants, health information, a safe space, social services, security training, well-being services, and support are opportunities to reach and engage MSM.¹⁰



References

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