

Your Demand Creation Campaign Strategy: Men Who Have Sex With Men, National

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: National



Printed Materials:

Mass media: TV, radio, magazines.



IPC:

Healthcare worker training, conferences and gatherings of MSM organizations across countries, training of providers on mental health, risk reduction, and adherence counseling.



Online and Social Media:

Social media engagement (including Facebook) can be used to communicate with MSM, broadcast information and advice, identify potential clients, and/or build and maintain an online community of MSM.

Research in Kenya found that some MSM may now be meeting each other online on dating and cruising sites, indicating that online may be an increasingly familiar medium for some and could be a good way to meet MSM where they already are.¹



Mobile, Tablets, Social, and Online Content:

Apps and web-based material (such as information, podcasts, and video content) especially pushed out via online platforms that are popular with MSM.



Journalist/Media Outlets:

Engage media outlets and journalists to cover campaigns and intervention launches.



Advocacy:

Policy development meetings with local and/or national HIV policy bodies.



National celebrations::

e.g. PRIDE, World AIDS day events.



Mobile and Social Media

National governmental organizations, especially Ministries of Health, can validate and reinforce campaign messages through social media posts.



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.²

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.

MSM primarily access sexual health information through social media, peer educators, newspapers, health centers and hospitals, radio and TV, and doctors.²

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).² 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.²

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.¹

Mass media enables discretion:

Because confidentiality and discretion are important to MSM, mass media may be beneficial for delivering messages to MSM without them having to disclose their identity publicly.

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.³

One organization in Zimbabwe, Gays and Lesbians Zimbabwe (GALZ), reports that older MSM deal with a different set of issues than do younger MSM. Older MSM may be coping with loneliness; with aging and HIV; with coming out to their children; with hiding their sexuality and relationships from family; and with divorce. GALZ has developed a separate network of “community leaders,” members of similar age who can better reach and engage these older MSM.⁴

Decrease stigma:

Because social pressure and discrimination plays a large role in MSM’s health care, it can be important to engage religious leaders, other healthcare organizations, community leaders, and the media in public, non-homophobic conversation to help alleviate stigma.

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

Keep it simple:

For communications materials, keep the message simple. The easier the message is to understand, the easier it will be to translate and engage audiences.

Deliver through peers:

Organize a group of “PrEP champions” to be the face of communications and help with outreach. Train MSM peers to educate others, to provide services, and to link people to MSM-friendly services.⁵

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.⁴

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. There may also be opportunities to collaborate with medical schools and other professional academies to train healthcare providers.⁴

Explore the full potential of mobile:

Mobile technology may be an effective way to engage MSM and disseminate information. Secret passwords can be used to enable MSM to access specialist services in mobile clinics without fear of discovery.¹ 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.⁴

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.⁶

Lobby for general MSM rights:

Advocacy and lobbying to ensure the greater inclusion of MSM in health and social care programs, as well as for the fundamental human rights of MSM, may be valuable.⁴

Target advocacy:

Focus on key influential figures to reduce the stigma that harms MSM; advocacy may focus on national and district health officials, media and journalists, law enforcement, and/or religious leaders.



References

1. Informational interviews conducted by Transcend Media Group, Kenya. 2017.
2. OPTIONS. OPTIONS Market Intelligence Report: Kenya. https://www.prepwatch.org/wp-content/uploads/2018/08/OPTIONS_MSM_Kenya_July2018.pdf. Published July 31, 2018 Accessed December 23, 2018.
3. Arreola S, Hebert P, Makofane K et al. Access to HIV Prevention and Treatment for Men Who Have Sex with Men. https://msmgf.org/wp-content/uploads/2015/09/GMHR_2012.pdf. Published 2012. Accessed December 22, 2018.
4. Bourne A, Fearon E, Nutland W. Mapping & appraisal of HIV prevention & care interventions for men who have sex with men (MSM) in Kenya, Tanzania, Uganda & Zimbabwe: A report of the SHARP programme. http://sigmaresearch.org.uk/files/SHARP_Project_MSM_HIV_Final_Report.pdf Published 2016. Accessed December 22, 2018.
5. Trapence G, Collins C, Avrett S, et al. From personal survival to public health: community leadership by men who have sex with men in the response to HIV. *Lancet*. 2012;380(9839):400-410. doi:10.1016/S0140-6736(12)60834-4.
6. Okall DO, Otieno FO, Nyikuri M, et al. Men who have sex with men in Kisumu, Kenya: support group membership and knowledge of HIV-risk factors. *Cult Health Sex*. 2013;15(8)968-80. doi:10.1080/13691058.2013.799231.