

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

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: Community



Printed Materials:

Leaflets, posters, bookmarks, postcards, stickers, and other innovative materials to post and hand-out (at nightclubs and bars frequented by MSM).¹

IPC:

Peer-driven communication and outreach programs, targeting locations frequented by MSM. Also, events and services from communitybased organizations; guidance counseling groups; seminars; and one-on-one information and advice.



Mobile and SMS/text:

Mobile engagement methods, including text message and message apps (like WhatsApp), have been used effectively to make initial contact with MSM, to interact prior to face-toface interventions, and to maximize attendance at clinics.¹ Instant messaging can also be used for group

discussion or one-to-one contact or information exchange.² In the 2017 OPTIONS study in Kenya, 90 percent of MSM interviewed had access to a cell phone. Of those, 77 percent had access to a smartphone.³



Online and Social Media:

As with mobile outreach, 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



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.³

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.³

MSM primarily access sexual health information through social media, peer educators, newspapers, health centers and hospitals, radio and TV, and doctors.³

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).³ 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.³

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.⁴

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.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.

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.⁶

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.²

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.

Tailor care and information:

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.²

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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

Deliver through peers:

In the cases where MSM are unwilling or unable to visit an external clinic, peer-delivered services are effective alternatives.⁷ 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.⁸

Use mobile and hotspot outreach:

Bring peer educators and champions, and possibly a mobile clinic, to meet MSM where they are, providing services such as enrolment and HIV testing at common hotspots.

Be consistent:

One organization worked with various club owners to organize a consistent mobile clinic popup and outreach intervention. Showing up regularly allows MSM to expect and rely on this method of accessibility; coupled with word-of-mouth, the reach of a consistent intervention program can grow significantly. One case study observed that this tactic increased the number of MSM going to the regular clinic for follow-up sessions (testing interview).

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.²

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.⁹ 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.² One-on-one mobile conversation is often a precursor to face-to-face interaction and clinic enrollment.

Some CBOs have been experimenting with existing technologies popular with MSM, such as Facebook and WhatsApp, to engage a wider constituency of men.² Facebook groups may be targeted and maintained to reach wider and new groups of men.²

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

Create safe, social spaces:

Social events and parties can be used to establish a physical space where MSM can congregate and be engaged for interventions, education, or training.

Map out hotspots:

By identifying MSM hotspots and keeping track of shifts, a map may become a very useful reference and tool in outreach activity.²

Include and sensitize community influencers and leaders:

Because of the stigma inflicted upon this population, it may be important to approach and include community leaders, tribal elders or chiefs, and religious leaders to join the conversation and intervention.²



References

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