

The Role of Research in Improving Health Seeking Behaviours Among MSM: A Guideline

No. 1, June 2008

What is this guideline about?

Male to male sex, injecting drug use and sex in the context of prostitution together cause a large majority of all HIV infections in the Asia-Pacific region¹. Male to male sex causes between 10-20% of all HIV infections in most Asian countries². Nevertheless, only 3% of MSM³ in Southeast Asia and 8% in China has access to HIV prevention services⁴. Part of the reason for this is the invisibility of the epidemic among MSM; also MSM themselves (or at least the occurrence of male to male sex) happens out of sight of 'mainstream' society. Not enough is known about MSM in many countries/ settings for public health authorities to take steps needed to reduce the impact of AIDS on MSM. It is also unknown which strategies are (most) successful in reducing HIV risk behaviours among MSM.

This guideline describes the need to do research on MSM, and proposes some questions that need to be answered in order to allocate sufficient resources to respond to HIV/STI epidemics among MSM, to design effective programmes for reducing HIV/STI infection and to improve health seeking behaviours (including enrolment in antiretroviral treatment (ART) programs). It also suggests a process to do so.

Why do we need research on MSM and HIV?

There are three main reasons why research on MSM and HIV is necessary:

1. We need to know how severe the HIV situation is among MSM; only if we know this can a strong argument for more funding and efforts be made. Assessing and monitoring the HIV epidemic among (different types of) MSM, measuring HIV/STI prevalence and the prevalence of risk behaviours for HIV, can provide a strong advocacy and action impetus.
2. We need to know more about who MSM are and what makes them 'tick'; only if we know this can we design HIV prevention, care and support strategies that are acceptable and appropriate to (different types of) MSM, and as a result, effective in reducing HIV transmission.
3. We need to know by which strategic approaches we can reduce HIV transmission and improve health-care seeking behaviours among MSM; only if we know this can we evaluate which strategic approaches are successful in addressing the epidemic among MSM, and worthy of scaling up.

What are the questions we need to answer?

Question One: How big is the problem of HIV among MSM?

The first thing needed is information about prevalence of male to male sex (so-called 'size estimations'), HIV and STI prevalence and sexual risk behaviours among MSM. Questions to be asked include how many men are sexually active with other men? What is their frequency of partners? How serious is the problem of HIV among MSM, also compared to other groups? In which part(s) of the country is the prevalence of HIV/STI and of risk behaviours highest among MSM? In which sub-groups of MSM (for example, transgendered males, men who visit entertainment venues, men engaged in sex work, young or old men) is the problem most profound?

This data can be collected by epidemiologists, in partnership with MSM community organizations and possibly an academic institution, as was done successfully in Thailand, Lao PDR and Indonesia.

The answer to this question will allow a comparison of MSM with other people who may be at risk of HIV in the country, to help us focus our prevention funds to where the problem is most severe, and where interventions can save the most lives.

Question Two: What are the factors influencing individual risk and health seeking behaviours among MSM?

Research of this type looks at knowledge and attitudes about HIV and STIs, skills for avoiding risky situations (including condom use skills), access to condoms and lubricants, alcohol and substance abuse and motivation for taking sexual risks. On the care and support side, questions focus on access to counselling and testing services, access to STI treatments, access to antiretroviral drugs and treatment. At the group level, questions should focus on norms and values related to sex, condoms and health care across age-, class-, religious- and other variables.

This information should be collected by a multi disciplinary research team, including social scientists, marketing specialists and public health specialists, in collaboration with trusted MSM community representatives. It can help interventions develop more effective strategies for changing behaviours and promoting a healthy lifestyle.

Question Three: What subgroups and types of MSM are there?

This research describes the variety of MSM in more detail. Questions include what identities, sub-groups, sub-cultures or 'types' of MSM are there? What are different motivations to engage in male to male sex? How does this link to sexual risk taking? How are sub-groups of MSM linked, or not linked, to other HIV epidemics (i.e. heterosexual, injecting drug use, sex industry)?

These data should be obtained using expertise from a wide range of disciplines, including anthropology, sociology, psychology, political science, in partnership with MSM community organizations.

This type of research can help interventions develop more effective strategies for reaching MSM effectively by customizing the message to their particular lifestyle and life situation. Bringing serious studies about male to male sexuality to the fore can also help to normalize homosexuality and reduce stigma and discrimination of MSM.

Question Four: How does overall society view MSM?

It is important that research on risk and vulnerability is not conducted only at the level of individual MSM or MSM subcultures. The wider society in which MSM live defines gender and sexuality differently; this influences the degree to which MSM are fully accepted, the options they have for living a dignified and fulfilling life, and the degree of struggle they face in living their lives. This has a large influence on questions related to self-esteem and likelihood that MSM are willing to protect their own and their partners' lives.

Answering this question helps us understand what barriers MSM face in taking control of their lives, including levels of stigma (including self-stigma), discrimination and violence, access to education, employment and legal protection as well as access to sexual or other health services.

Question Five: What strategies and intervention models work in reducing HIV risk and vulnerability for MSM?

Once interventions to reduce HIV risk and vulnerability for MSM are in place, it is important to know which types of interventions and which prevention technologies are successful. This can be studied by looking at risk behaviour surveys and HIV prevalence trends in surveillance research, and by doing comparative evaluation research on intervention types.

These data can be collected by health economists, public health specialists and evaluation specialists, again in collaboration with MSM community organizations.

Answering this question can be useful for donors and policy makers in deciding what to scale up, and to assess what types of interventions are most cost-effective.

How to go about answering these questions?

It is important not only to get answers to the questions listed above – it is equally important that the answers are known

and 'owned' by a coalition of relevant stakeholders. This will ensure that the conclusions and recommendations flowing from the analysis of the data will be widely agreed upon and, more importantly, effectively put to good use.

Since the key to ownership is active participation and involvement, this is where the process should start: bring representatives of MSM and MSM organizations together with academics, non-government organisations/community-based organisations representatives, public health officials, health service delivery representatives, representatives of the MSM entertainment sector (if there is one) and interior ministry / policy representatives (especially in situations where male to male sex is illegal).

It is important that this happens from the very start of the process – and not if a smaller group has already done all the work.

Suggested steps are:

1. Bring together a coalition of stakeholders (see above) to discuss the problem of HIV and related issues for MSM in the country, also in the context of neighbouring countries. Discuss the terms for a literature review/needs assessment, and identify an organisation to conduct this.
2. Conduct a literature review/assessment of all research on MSM that exists in the country, with inputs and involvement of a wide range of relevant stakeholders.
3. Bring the coalition of stakeholders together again to study and discuss the findings of the assessment, and to jointly look at the checklist below in a national workshop; the coalition should now move to develop a national research agenda on MSM and HIV, including a division of labour, on who will conduct research on what, and following which methodology. The participants should also agree on ethical guidelines for conducting research on MSM – including, very importantly, safeguards for voluntarily participation, as well as confidentiality, and possibility for referral to counselling and testing services.
4. After the research has been conducted, bring the coalition together again to discuss the findings and their implications. Now, plans of action can be designed for interventions and policy (or changes in policy), using the research findings.
5. The coalition of stakeholders could eventually grow into a National MSM and HIV Working Group, which gains the status of an advisory and advocacy body to the National AIDS Programme and key donors.
6. Apart from feeding into the design or improvement of interventions, the data collected by the Technical Working Group should eventually be used in the development of a National Strategy on HIV/AIDS and MSM in the country – similar to the example of Cambodia.

¹ Brown T, Peerapatnanapokin W. The Asian Epidemic Model: a process model for exploring HIV policy and programme alternatives in Asia. *Sex Transm Infect* 2004;80:i19-24; see also the MAP reports at <http://www.mapnetwork.org/reports.shtml> and at www.unaids.org

² De Lind van Wijngaarden JW, Brown T, Girault P, Sarkar S and Van Griensven F, The Epidemiology of HIV/STI Infection and associated risk behaviours among men who have sex with men in the Mekong sub region and China: Implications for policy and planning. (2008, forthcoming)

³ "Men who have sex with men" (MSM) is an inclusive public health term used to define the sexual behaviours of males having sex with other males, regardless of gender identity, motivation for engaging in sex or identification with any or no particular 'community'. The words 'man' and 'sex' are interpreted differently in diverse cultures and societies as well as by the individuals involved. As a result, the term MSM covers a large variety of settings and contexts in which male to male sex takes place. (APCOM 2008)

⁴ Stover J, Fahnestock M. Coverage of selected services for HIV/AIDS prevention, care and treatment in low-and middle income countries in 2005. Washington DC: Constella Futures, POLICY Project, 2005.

Checklist: What do we know?

Key Questions	Do we have data on.....?	YES	On going /planned	NO
How big is the problem of HIV among MSM?	The number or percentage of men who have sex with men			
	HIV prevalence among MSM in key cities			
	HIV prevalence among MSM by subgroup			
	STI prevalence among MSM			
	STI prevalence among MSM by subgroup			
	Sexual risk behaviours among MSM			
	Sexual risk behaviours among MSM by subgroup			
What are factors driving risk behaviours among MSM?	Knowledge and attitudes about HIV and AIDS among MSM			
	Attitudes towards HIV and safer sexual behaviours among MSM, including risk perception by partner type			
	Skills for using condoms and negotiating safer sex			
	Access and availability of condoms			
	Access and availability of lubricants			
	Access and availability of VCT			
	Access and availability of ART			
	Knowledge and attitudes towards ART			
What sub-groups and types of MSM are there?	Mapping of venues where MSM meet to socialize/find sex partners in major cities			
	Listing of different MSM labels, identities, subgroups including identity labels and sexual preferences and motivations			
	Urban versus rural forms of male to male sexuality linked to HIV vulnerability			
	Male sex work and its different forms and manifestations			
	Transgendered men			
	Homosexual experimentation among adolescents			
	Bisexuality / marriage (with women) among MSM			
	Male to male sex in prisons and other all-male settings			
	Forms of dating and methods of meeting linked to motivation and risk perception			
How does over-all society view MSM?	Population attitudes about homosexuality by religion, class, gender, ethnic group, gender, age etc.			
	Motivations for and prevalence of bullying or violence against MSM.			
	Legal framework on homosexuality, including legality of male to male sex, illegality of bullying or violence against MSM, equal age of consent, etc.			
	Access to education for MSM			
	Access to employment for MSM			
	Access to health care for MSM			
	Human and social rights of MSM			

Key Questions	Do we have data on.....?	YES	On going /planned	NO
What strategies work to reduce risk of HIV among MSM?	Mapping of interventions by type for MSM in comparison with population size and composition.			
	Evaluation of which interventions work best for HIV prevention among MSM, by subgroup.			
	Evaluation of which interventions work best for care and support of HIV positive MSM, by subgroup.			
	Cost-effectiveness analysis of different intervention types.			

This paper has been funded by Humanistisch Instituut voor Ontwikkelingssamenwerking (Hivos).

© 2008 APCOM. All rights reserved

The Asia Pacific Coalition on Male Sexual Health (APCOM) is a regional coalition of MSM and HIV community-based organisations and networks, the government sector, donors, technical experts and the UN system. The main purpose is advocating for political support and increases in investment and coverage of HIV services for MSM in Asia and the Pacific. APCOM promotes the principles of good practice and lessons learnt by bringing together representatives from diverse groups in an effort to share experience, knowledge and expertise. The APCOM website includes additional resource materials including this Commentary, Policy Briefs, reports, news stories and APCOM membership registration.

Visit www.msmasia.org for more information.