

# 5 RESEARCH

Research is essential for effective tracking of epidemiological information relating to MSM, and for planning effective interventions and programs. It is also a core skill required for advocacy; solid research forms a foundation from which advocacy groups can make a case for a particular need or service. A strong evidence base enables communities to overcome the stigma that governs resource allocation in country and funding governments.<sup>1</sup>

This poses a challenge for MSM groups that want to move forward with advocacy projects, as there is a general lack of epidemiological and sociological research relating to MSM. Communities often find themselves in a position of needing and desiring to advocate for HIV-related programs and services for MSM without local epidemiological and social research to back their claims and lend evidence to their case that these services are needed. MSM must be creative in the way they approach advocating for programs, services, and research in light of this gap. The good news is much MSM epidemiological and sociological research has been conducted around the world, and this can be a useful tool in instances when local research and data are not readily available.

This chapter is divided into 2 main sections; research *on* MSM and research *by* MSM. The first section guides groups in assessing their country's current MSM research scenario, gives ideas for where MSM might think about directing advocacy for research, facilitates brainstorming about key issues and topics that research should cover in their locales, and provides guidance on how to move forward right now, despite gaps in the availability of localized research. Emphasis in the chapter is given to using research as a tool to help advocate for MSM-targeted programs and services, over advocating with governments and research institutions to include MSM in their overarching research agendas. The second section gives ideas about how MSM communities can apply simple research techniques themselves.

## Key points:

- MSM-related data are crucial for organizing effective advocacy for programs.
- MSM are missing from many countries' surveillance data.
- Research into effectiveness and cost-effectiveness of programs—evaluation is an oft-neglected yet important step.
- Epidemiological *and* socio-behavioral research is needed.
- Communities can use basic research tools to begin this work.
- Research should be applied appropriately for different audiences.

## Chapter goals:

Upon completing the exercises in this chapter, participants will be able to:

- Understand how research can be effective for the purposes of completing an action
- Identify core research areas for MSM
- Brainstorm core questions for their specific locale
- Understand that research can be transferable for the purposes of advocacy
- Apply research from other contexts to contexts where no research has been completed
- Cite specific ways to translate research into specific steps in an advocacy campaign

## EXERCISE 5.0

# WHY RESEARCH?

### Purpose:

To bring participants to an understanding of research's importance to advocacy in a fun and interactive way.

### Goals:

At the end of the exercise, participants will be able to:

- Understand how research can be effective for the purposes of completing an action

### Materials:

- Candy bars, or other inexpensive material incentives (enough for the whole group), hidden in a bag

### Process:

- ① Divide the group into teams of 5–8 members each. Explain to the participants that a number of special prizes have just become available for which they have a chance to qualify. The only catch is they must provide information that they meet the requirements and must provide evidence that they do.
- ② Explain to the group that they must meet the following criteria to be eligible for the prize, and must show proof.
  - Highest percentage of people from the same country
  - Greatest number of people with names beginning with the same letter
  - Highest average number of sisters per participant
- ③ Give the group time to do the research and return with findings.
- ④ Bring the group members back together and thank them for their hard work. Ask for proof that they meet the eligibility requirements for the prize.



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- ⑤ Explain that the group has just participated in research, which was later applied to further an action (proving that they are eligible for the prize). Explain that this is a very basic example of how research works in advocacy and how communities contain most of the skills required to complete research and/or advocate with research without even realizing it. Reward them all with a prize.

## EXERCISE 5.1

# WHICH RESEARCH TOPICS?

### Purpose:

To identify core research topics relevant for MSM groups and potential advocacy targets for each.<sup>2</sup>

### Goals:

At the end of the exercise, participants will be able to:

- Identify core research areas for MSM
- Brainstorm core questions for their specific locale

### Process:

- ① Break into 3 groups, assigning each group 1 of the following 3 research topics: epidemiological, behavioral, and services. Without calling the groups by those particular names, as the terms may be unfamiliar, call the groups A, B, and C. Explain that the basis of research is a set of questions that need to be answered. Ask each group to brainstorm questions relating to the following topics:
  - Group A: Patterns of HIV infection in their local MSM community
  - Group B: Individual and collective behaviors that put MSM at higher risk for HIV transmission.
  - Group C: Effectiveness of services currently available and what set of services would be the most effective possible for MSM
- ② Ask the group members to brainstorm questions for research exploration according to their topic. Clarify that the research objective is to build a better understanding of HIV and MSM communities in their locales.

## 5.1

- ③ Bring the group back together and compile a master list of potential topics for research.

Some responses could include:

Group A Epidemiological	Group B Behavioral	Group C Services
How many MSM?	Which MSM are more susceptible to the virus?	How effective are intervention services?
How many infected with HIV?	What is the sociocultural context in which male-to-male sex occurs?	How transparent is current resource allocation for services among all stakeholders?
How many MSM requiring care and treatment?	What behaviors contribute to MSM risk?	What is the optimal spectrum of services supporting HIV prevention and care?
How many MSM wives are HIV positive?	What behaviors associated with risk are the result of stigma and discrimination?	What are the best strategies for engaging diverse populations of MSM?
		What is best way to track service delivery and effects?

Adapted from USAID Health Policy Initiative. Policy Brief: Investing in HIV Prevention for Men Who Have Sex with Men: Averting a “Perfect Storm”<sup>2</sup>

- ④ Explain to the participants that these questions all represent viable research topics for MSM in their area.

Lead a group discussion based on the following questions: are any members of the group aware of research that has already explored some of the questions they raised? Who completed the research? In general, who completes research? Where can MSM go to advocate for this research to be included in agendas? Identify a list of potential targets. These could include:

BSS, National AIDS Control, GFATM Country Coordinating Mechanisms, universities, research institutions (consult MSMGF Web site for ideas)

## EXERCISE 5.2

# USING WHAT WE ALREADY HAVE

### Purpose:

In most instances, communities will find that there is a dearth of data in their areas. There has, however, been much MSM-related research conducted across the globe. This exercise is designed to assist groups in thinking about how to use research that is *already* available to make a case for research in their locales.

Local universities are potential targets for advocacy. Many universities require their students to complete research. Building connections with universities and students is a great way for communities to get in touch with research skills and might even drive some locally based research.

### Goals:

At the end of the exercise, participants will be able to:

- Understand that research can be transferable for the purposes of advocacy
- Apply research from other contexts to contexts where no research has been completed

### Materials:

- Handout 5.0

### Process:

- ① Explain that one of the nice things about research is that it can be applied, which means that it is not necessary that it be tied to the particular area where it was completed for it to be relevant, as long as there is some degree of similarity shared between the 2 areas. For example, research completed in MSM populations in Indonesia can be relevant to MSM populations in Vietnam.
- ② Distribute a list of research article abstracts about a range of topics as they relate to MSM. The topics should encompass a good deal of the information identified in exercise 5.0.
- ③ Break into the 3 groups again and request that the groups put together a plan for using research findings from other contexts to advocate for a particular service in their locality. Alternatively, if the participants come from different places, assign each group 1 of the following hypothetical cases:
  - MSM community group with rampant substance abuse
  - Married MSM engaging in sex with both men and women

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- Community with little to no targeted intervention programming for MSM
- Rural MSM population without services
- Urban MSM population with limited services
- MSM in prisons

④ Ask participants to write a brief, 1-paragraph statement that

- (a) articulates the need for a particular service/investment/research
- (b) refers to evidence from other studies to make a case

Oftentimes, the most effective advocacy messages are concise. Encourage groups to keep this writing sample to less than 1 page; half a page is even better.

⑤ Return in plenary and share results. Emphasize that advocating for research in a situation where there is no research is difficult because research is an essential element in advocacy campaigns; however, research from similar contexts can be leveraged to strengthen their case.

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### **FACILITATOR NOTE:**

At the end of this exercise, point participants to the MSMGF Web site, which has country pages for each country around the world where research, reports, and other data are posted. If a particular country of interest lacks data, it may be useful to draw upon data from a nearby country in the region as an example.



## EXERCISE 5.3

# HOW TO USE RESEARCH AND DATA FOR ADVOCACY

## Purpose:

To give participants ideas about how to use research findings for advocacy.

## Goals:

At the end of the exercise, participants will be able to:

- Cite specific ways to translate research into specific steps in an advocacy campaign

## Materials:

- PowerPoint presentation: Advocacy and Dissemination of Research Outcomes, Cary Alan Johnson, Africa Team Leader, IGLHRC

Available at:

[http://www.soros.org/initiatives/health/focus/sharp/events/msmhiv\\_20080411/seroprevalance-probe.pdf](http://www.soros.org/initiatives/health/focus/sharp/events/msmhiv_20080411/seroprevalance-probe.pdf)

Consider conducting your own research. There are a number of tools and manuals to help communities get started on applying research methods such as doing surveys, interviews, and discussions. Think about whom you can reach out to for help if you need it, such as universities and colleges in your area that require their students to do project work. See resource section.

## Process:

- ① Give presentation.
- ② Lead discussion. Ask if participants have experience using data for advocacy, and if so, how they used it and what the results were.

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### EXERCISE 5.4

## CASE STUDIES

#### Try Triangulation

Triangulation presents one strategy for using diverse data-sets to develop timely recommendations for policy implementation and program improvement to guide decision-making. See the guide in the Research Resources section.

#### Purpose:

To give examples of MSM research.

#### Goals:

At the end of the exercise, participants will be able to:

- Cite specific ways research has been integrated into advocacy campaigns

#### Materials:

- Handout 5.1

#### Process:

- ① Distribute Handout 5.1. Introduce the case studies as containing examples of community-driven research. After giving participants time to read through each example, lead a discussion around the following points:

What topics did the research cover?

Is there an example of how research was disseminated/used for advocacy?

Who was involved in the research projects? What organizations were involved in addition to NGOs?

# RESEARCH RESOURCES

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## START : SIMPLE TOOLKIT FOR ADVOCACY RESEARCH TECHNIQUES

### Volunteer Services Overseas (VSO)

<http://www.search4dev.nl/record/288477>

VSO's advocacy research toolkit, based on VSO's own experience of low-cost, non-academic professional research.

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## HIV TRIANGULATION RESOURCE GUIDE

### World Health Organization (WHO)

<http://www.who.int/hiv/pub/surveillance/triangulation/en/index.html>

This guide offers a 12-step, systematic approach to conducting a data triangulation analysis. The examples used are adapted from real-life situations in countries affected by HIV and are interspersed throughout this guide.

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## THE HANDBOOK FOR EXCELLENCE IN FOCUS GROUP RESEARCH

### Academy for Educational Development (AED)

<http://www.globalhealthcommunication.org/tools/60>

This document provides practical guidelines in appropriately using focus group research, as well as suggestions for modifications to developing world realities. This exhaustive handbook includes an overview of qualitative research and guidelines for setting up and implementing focus group research.

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## GUIDELINES FOR EFFECTIVE USE OF DATA FROM HIV SURVEILLANCE SYSTEMS (ENGLISH, SPANISH)

### World Health Organization (WHO)

<http://www.who.int/hiv/strategic/surveillance/hivpubsurveillance/en/index.html>

This section gives an overview of some of the principles involved in the effective use of surveillance data for advocacy and then discusses how to package data for specific audiences. Later sections give practical guidance on how to prepare presentations and reports for greatest effect.

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## RAPID ASSESSMENT AND RESPONSE ADAPTATION GUIDE ON HIV AND MEN WHO HAVE SEX WITH MEN

### World Health Organization (WHO)

[http://www.who.int/hiv/pub/populations/guide\\_msm/en/index.html](http://www.who.int/hiv/pub/populations/guide_msm/en/index.html)

This adaptation guide for work with men who have sex with men offers guidelines on how to conduct a Rapid Assessment and Response (RAR) focusing on lifestyles, behaviors, and HIV/AIDS concerns. It outlines a series of simple and practical activities that may be used to explore the circumstances, experiences and needs of men who have sex with men across a variety of settings. It is designed to be used either in conjunction with the WHO Rapid Assessment and Response Technical Guide (TG-RAR) or as an independent resource.

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## RAPID ASSESSMENT TOOL FOR SEXUAL & REPRODUCTIVE HEALTH AND HIV LINKAGES

### International Planned Parenthood Federation (IPPF)

<http://www.ippf.org/en/Resources/Guides-toolkits/Rapid+Assessment+Tool+for+Sexual+Reproductive+Health+and+HIV+Linkages.htm>

This generic tool covers a broad range of linkages issues, such as policy, systems, and services. By design, it aims to provide a guide for assessing linkages that can be adapted as needed to regional or national contexts based on a number of factors.

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## MSM AND HIV/AIDS RISK IN ASIA

### The American Foundation for AIDS Research (amfAR)

<http://www.amfar.org/community/article.aspx?id=3710>

This TREAT Asia special report examines the scope and surprising diversity of male-male sexual activity throughout Asia, illuminates its role in contributing to the spread of HIV infection, and offers solutions for reducing vulnerability to infection among these hard-to-reach populations.

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### **OFF THE MAP: HOW HIV/AIDS PROGRAMMING IS FAILING SAME-SEX PRACTICING PEOPLE IN AFRICA**

#### **International Gay and Lesbian Human Rights Commission (ILGHR)**

[http://www.aidsportal.org/Article\\_Details.aspx?ID=4103](http://www.aidsportal.org/Article_Details.aspx?ID=4103)

Explores the ways in which HIV/AIDS stakeholders are potentially jeopardizing overall efforts to combat the AIDS epidemic.

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### **LGBT HEALTH AND RIGHTS IN EAST AFRICA: A SNAPSHOT OF SUCCESSES AND CHALLENGES FOR THE ADVOCACY COMMUNITY**

#### **Open Society Institute (OSI)**

[http://www.soros.org/initiatives/health/focus/sharp/articles\\_publications/publications/lgbteastafrica\\_20070930](http://www.soros.org/initiatives/health/focus/sharp/articles_publications/publications/lgbteastafrica_20070930)

The information in this report is organized into five topics: Challenges to the LGBT movement; LGBT groups operating in East Africa; reports and convenings focusing on LGBT issues in Africa; potential opportunities for future advocacy on LGBT issues; and recommended next steps for funders.

# CHAPTER 5

## REFERENCES

1. USAID Health Policy Initiative. HIV expenditure on MSM programming in the Asia-Pacific region. <http://www.healthpolicyinitiative.com/Publications/Documents/MSM%20HIV%20Expenditures%20FINAL%20Formatted%206-11-07.pdf>. Published September 2006. Accessed June 23, 2010.
2. USAID Health Policy Initiative. Policy brief: investing in HIV prevention for men who have sex with men: averting a perfect storm. <http://www.healthpolicyinitiative.com/index.cfm?id=publications&get=keyword&keywordID=27>. Published September 2009. Accessed June 23, 2010.