



**HIV**

**DISCUSSION GUIDE**

**WITH MSM**



## INTRODUCTION

- This discussion guide is an interpersonal communication (IPC) tool we will use to discuss issues related to HIV prevention, treatment, and risk reduction.
- The guide has an illustration on one side showing people in different situations and on the other side has questions for you, as an outreach worker, to ask to stimulate a discussion and participation among participants.
- Under the questions are talking points and facts you can use to guide discussion with the group.



## CREATING A WELCOMING ENVIRONMENT

- Each participant you interact with should be treated with respect and made to feel safe enough to share their concerns if they wish.
- By providing a supportive environment, it is easier to build trust and talk openly.
- It is vital that you reach all men who have sex with men (MSM) in a way that is free from judgment and ensure confidentiality.
- Men who have sex with men may be less likely to be open about their sexual health needs, so extra sensitivity is needed.
- It is ok if you do not know an answer. Your role is to refer MSM to further counseling and services from a trained provider.

## TO PREPARE THE GROUP AND YOURSELF AS A FACILITATOR

- The discussion guide may be used with a group of up to 20 MSM (no more than 20) with participants sitting in a semi-circle so they may see the picture OR it can be used for one-on-one discussion.
- It is best not to stand in front of the participants like a teacher since the idea is to facilitate discussion and encourage participants to talk about real life experiences and issues. Rather than lecture, consider yourself a facilitator of dialogue and discussion.
- IPC work requires face-to-face exchange of ideas and information so the best way to facilitate with illustrations is to sit in the circle with participants.



- You should lead the discussion by asking questions and not be the main speaker.
- Where possible, the session should take place in a space with privacy and little distractions, like a closed room.
- Participants should be asked to turn off their phones; otherwise, they will not concentrate on the process.
- Explain to participants that this activity is for them to learn about HIV, to think and consider what actions they should take, and to learn what their peers think, as well. Participation is hoped for and should be strongly encouraged.

# HOW TO USE THIS DISCUSSION GUIDE WITH MEN WHO HAVE SEX WITH MEN



## HOW TO OPERATE THE FLIP CHART

- Show the picture to the participant(s) and start with the general question “What do you see happening in this picture?” to get the discussion started.
- As the participants answer, follow the discussion with questions that promote more discussion and thoughts about HIV-related issues. Ask more questions to stimulate further discussion.
- Ask follow-up questions to encourage the participants to offer more detail about behavior and any issues they may have.
- Try to ask open-ended questions that will not receive a single word answer like “yes” or “no”, such as “Do we see this in our community”

## MANAGING SESSIONS

- Participants need time to discuss pictures; however, they should not begin repeating each other and/or get “stuck” arguing about what they see. As facilitator, you will need to both ensure they get to share while also managing the group.
- Discussing many photos in one session is not recommended unless the participants have time and you will not see the participants for a long time.

## THE KEY MESSAGES



- These are the take-home messages we want the participants to remember.
- Ideally, most key messages come up and are discussed through the participation.
- If they do not, you should mention them.
- Use this section’s information to answer questions or make points that haven’t already come up in the discussion. These are the key points each participant should walk away with.



## GETTING EVERYONE TO PARTICIPATE

- People participate in different ways, some through speaking frequently and some through occasional contribution. Remember not to let anyone dominate the conversation and keep an eye out for the more quiet person who might need extra encouragement to make their contribution; often, just by asking if they have anything to add will enable them to open up to the group.
- Ask others if they agree with the responses given.
- Do not to let one or two people talk at a time.
- Ask a question directly to a different person each time.
- You may address an issue by asking the group “ Does anyone else have a different viewpoint?”
- Ask the group if they see these issues and behaviors in their community



## BEING A GOOD LISTENER

- Don’t be judgmental or moralistic about the discussion or what people say.
- Most of the questions have no right or wrong answer, but, rather are designed to promote discussion and participation.
- The idea is to get participants to think about their behavior and choices and learn from and support each other through the discussion



## ARE YOU AT RISK?



### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- Are these men at risk for HIV infection?
- Why do you think men who engage in sex with other men have a high risk of getting HIV?
- How can these men reduce their risk?

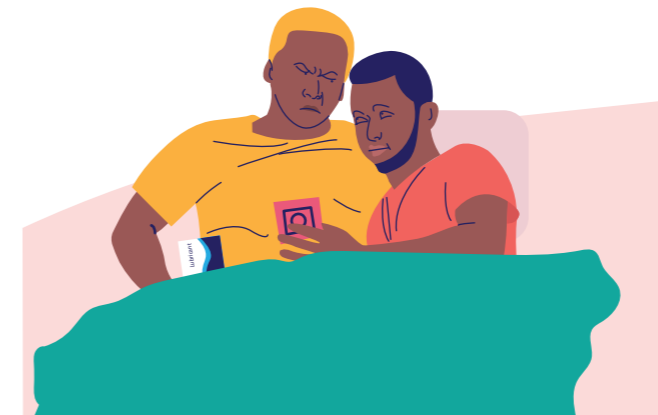


### KEY MESSAGES

- MSM are at higher risk for HIV infection than men in general population: studies have shown they are 19 times more likely to get HIV than other men in general population.
- This is because HIV transmission through unprotected anal sex is easier than through vaginal intercourse without a condom.
- The risk of a man acquiring an HIV infection during unprotected receptive anal sex (bottom) is higher than during unprotected insertive anal sex (on top).
- Some men have sex with other men because of different reasons, including exchange for drinks, food, goods, money or because of situations like being in settings like prison.
- Untreated sexually transmitted infections (STIs) are among other factors contributing to high chances of getting HIV as they are openings for receiving HIV.



## CONDOM AND LUBRICANT USE



### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- Why do you think the other is refusing to use a condom?
- How can we convince our partners to use a condom and lubricants.
- How can we maintain consistent condom use even with our partners?



### KEY MESSAGES

- Use condoms and lubricants correctly and consistently during every sexual encounter to reduce the risk of HIV infections and other STIs.
- The best time to discuss use is before you start having sex.
- If you are having group sex (with more than one partner at the same time), use a fresh condom every time you penetrate a new partner to avoid spreading HIV and STIs.
- With male condoms, you must only use water-based lubricant. Never use any product that contain oil, such as baby oil, body or hand lotions, butter or margarine, Vaseline or cooking oil.
- Condoms should only be used once.
- You can also use female condoms: the receptive partner (bottom) inserts it in the rectum before sex and insertive partner use lubricant during sex.



# ANAL SEX



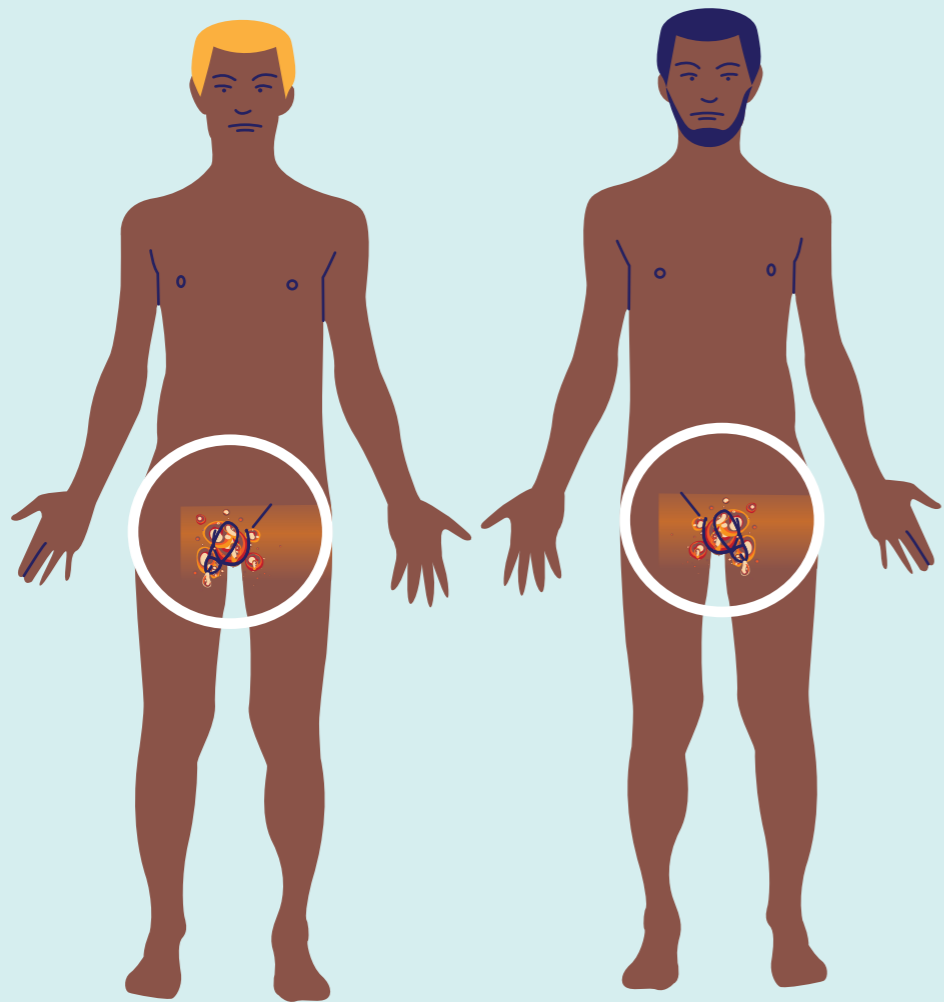
## YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- How can we best protect ourselves from infection if we engage in anal sex?

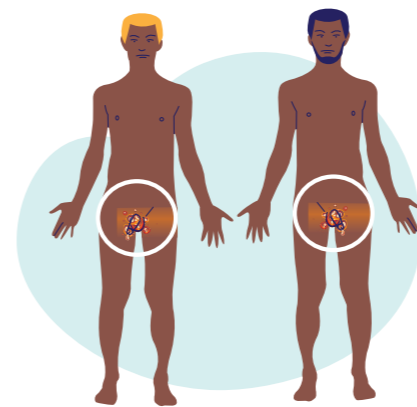


## KEY MESSAGES

- The risk of getting HIV through anal sex is greater than vaginal sex.
- There is no natural lubrication in the anal area.
- Always use a condom and water-based lubricant when engaging in anal sex.
- Avoid using oil-based lubricants and any other types which are not water-based.



## SEXUALLY TRANSMITTED INFECTIONS (STIS)



### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- What do you know about STIs?
- How do you know you have an STIs?
- How can we protect ourselves from STIs?
- What are some of the most serious consequences of untreated STIs?



### KEY MESSAGES

- STIs are contracted through sexual contact (vaginal, oral and anal sex).
- STI symptoms include, abnormal discharge, swelling, frequent or burning urination.
- You can have an STI without feeling sick or having any of the symptoms but still you can pass the STI to someone.
- Seek medical treatment before you have sex again.
- Finish all you prescribed medication.
- Do STIs screening regularly or if you engage in unprotected sex.
- Always use condoms and lubricants correctly and consistently to avoid getting STIs.



## DECIDING TO GET AN HIV TEST



### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- What is involved in getting an HIV test?
- What are the benefits of getting an HIV test?
- What makes it difficult to go for an HIV test for others?



### KEY MESSAGES

- It is important to know your HIV status so you can take care of yourself according to your status.
- There are options based on your result: treatment if you are positive and prevention options, like PrEP, if you are negative.
- You should also encourage your partner(s) to know their HIV status.
- HIV Counselling helps you prepare for the HIV results.
- There are different approaches to HIV testing like HIV self-testing or partner testing.
- HIV self-testing is convenient and confidential for those who would prefer to not go to a health facility.
- Knowing your HIV status links you to HIV treatment and/or all preventive packages.
- Everyone has the right to access health services without discrimination against sexual orientation and gender identity.





## HIV TESTING SERVICES (HTS)



### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- Why is it important to know about HIV status?
- What are the barriers for men who have sex with men accessing HIV testing services?
- Where do you go for HTS?
- What do you think a negative or positive result will mean to you?



### KEY MESSAGES

- Discuss HIV status issues with your partner(s) so you can protect each other.
- We also encourage all clients who test, especially if they test positive, to give us contact information or invite others they know who are likely to be at risk of HIV infection.
- Index testing is when you invite your sexual partner. This should be done to help protect your partner.
- You can invite your friends for testing who are at high risk and this is called risk network referrals.
- Index testing and risk network referrals allow people to know their status and to start treatment towards U =U (discussed below) or to access prevention like PrEP and condoms and lubricants.



## HIV SELF-TESTING



### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- What do you know about HIV Self-testing?
- Can you do HIV self-testing when you are on HIV treatment



### KEY MESSAGES

- HIV self-testing is an oral fluid based HIV test you can do with or without assistance of a health care provider, as you can follow the simple instructions.
- It only takes about 20 minutes to get results.
- It gives you privacy, confidentiality and it is convenient.
- If you screen HIV positive, go to nearest facility for HIV confirmatory test.
- If you are HIV negative, access HIV preventative packages (PrEP, Condoms).
- It is not recommended for people in HIV treatment because it might give a false negative result.

# PRE-EXPOSURE PROPHYLAXIS (PREP)



## YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- What do you know about PrEP?
- Who is PrEP meant for?
- How effective is PrEP for preventing of HIV?
- What do you know about event-driven PrEP

## KEY MESSAGES

- Pre-exposure prophylaxis (PrEP) is a daily pill, during your period of risk, that can help a HIV negative person stay negative.
- It is for all people who are HIV negative and are at high risk for being infected by HIV.



- It is initiated by a nurse and is taken daily during the time of being at risk of getting HIV.
- PrEP become effective after 7 days of starting and if you decide to stop, you should talk with your nurse and you will have to take it for 28 days after the last sex exposure.

### Event-driven PrEP

- ED-PrEP is also referenced as “on-demand”, “event-based”, or “intermittent” PrEP or “2+1+1
- Event-Driven PrEP is an additional dosing regimen for men who have sex with men (MSM) only where:
  - Two pills are taken 2 to 24 hours before sex (the loading dose) followed by
  - One pill 24 hours after the loading dose (the 3rd pill), followed by
  - One more pill 24 hours after the 3rd pill (the 4th pill)
  - Basically 2 pills should be taken in 24-hours intervals after the last sex encounter.
- This kind of PrEP is taken whenever you are planning to have sex, not daily and can be started and stopped as needed.
- Some clients can switch from the event-driven PrEP to a daily PrEP or the other way around.
- Similar to daily oral PrEP, it can reduce HIV acquisition through sexual transmission among MSM by more than 90% when taken as prescribed.
- 10 percent of PrEP Clients experience side effects, that can be managed by a health care worker and often go away after the first 30 days.



## ART - ANTIRETROVIRAL THERAPY



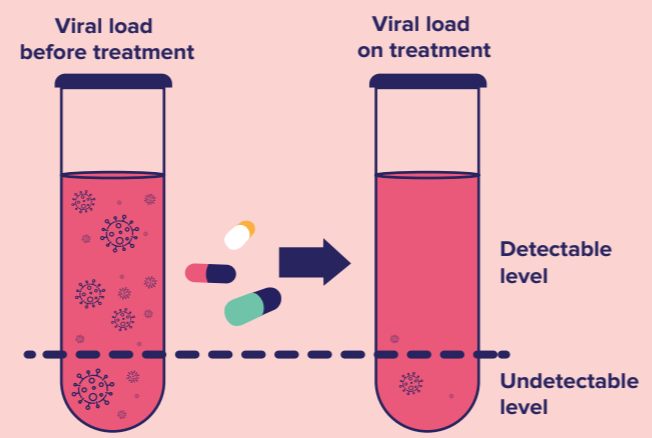
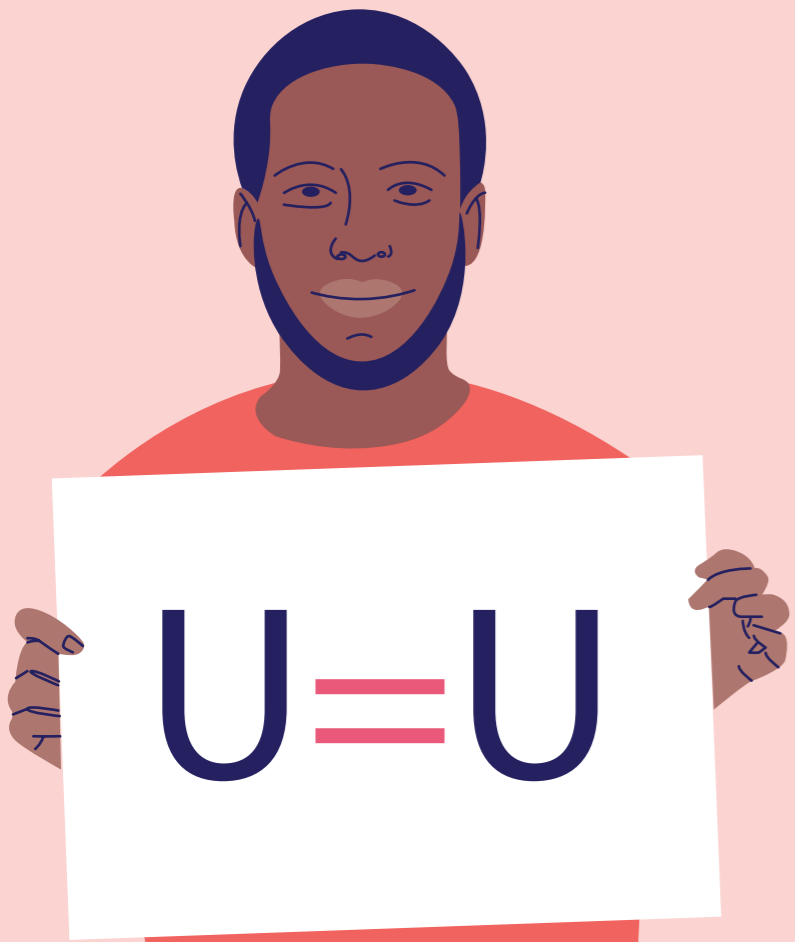
### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- Why is it important to take your HIV treatment as prescribed by the healthcare worker?
- What can you do to make sure you remember taking your HIV treatment?

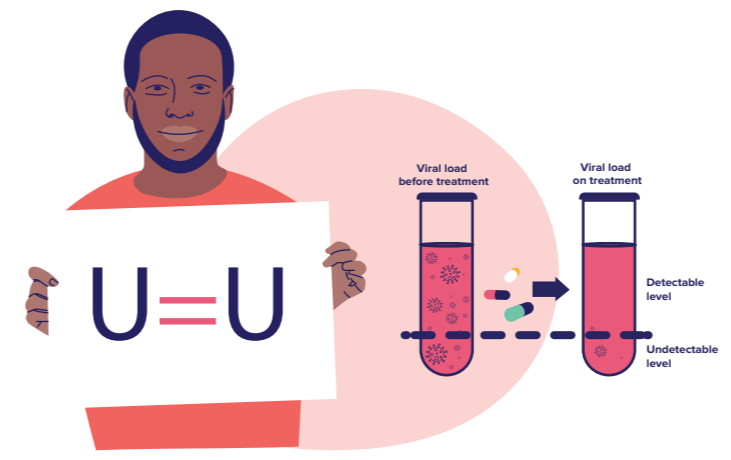


### KEY MESSAGES

- Anti-retroviral therapy (ART) is a combination of ARVs used by HIV positive clients.
- Once you start ART, it should be taken for life.
- If taken daily as prescribed the medicine is effective in suppressing HIV, keeping the client healthy and reducing the risk of HIV transmission to a partner. This is known as undetectable (virus) which is untransmittable (U=U) and will be discussed below.
- Remember there is no cure for HIV but ART is the treatment to keep you healthy.
- Get a HIV treatment supporter to remind and encourage you as you continue talking your HIV treatment.
- It is also important to set a time reminder to make sure you do not forget taking your treatment daily.



# UNDETECTABLE EQUALS UNTRANSMITTABLE U=U



## KEY MESSAGES

- Studies have shown that a person living with HIV (PLHIV) who has undetectable viral load does not transmit HIV to their sexual partners.
- U=U means if you take your treatment correctly you get to a point where the virus is undetectable and therefore untransmittable to other people
- Undetectable viral load is when someone is on ART and the virus in their body is so low that standard blood tests cannot detect it.
- This does not mean the virus is no longer in the body, once you stop ART, it starts to multiply again
- It is important to check your viral load and know your results
- Viral load should be checked by health care provider at six months after starting treatment.
- Having an undetectable viral load prevents HIV transmission but does not protect against other sexually transmitted infections (STIs) or unintended pregnancy. Use a condom to prevent them.

## YOUR QUESTIONS TO PARTICIPANTS?

- Have you heard about U=U?
- What do you think it means if HIV virus is undetectable?
- What does it mean the HIV virus is untransmittable?
- Do you think people should know their HIV viral load results?



## ALCOHOL AND DRUG USE



### KEY MESSAGES

- Drugs and alcohol make people have confidence of doing things they would not ordinarily do if they were sober.
- Alcohol and drugs use cloud judgment and people can make unsafe decisions and engage in risky sexual behaviors like not using condoms during sex.
- Alcohol and drugs use increases the risk of violence.
- Intimate partner violence survivors are more likely to experience higher rates of health problems and perceive their overall health as poor.

### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- How does alcohol and drugs put men who have sex with men at risk of HIV?
- What can we do to ensure our health and safety?
- What would you do if you were in this situation?



## PARTNER REDUCTION



### YOUR QUESTIONS TO PARTICIPANTS?

- What is happening in this picture?
- What are the dangers of having more than one partner during the same time of period?
- What are the different reasons for some men to have multiple partners?
- Do you think these men have other partners besides the ones you see in these pictures?



### KEY MESSAGES

- Having multiple partners at the same time can lead to increased risk of HIV infection for the men and/or women involved
- If one partner gets infected with HIV, he or she can infect their other sexual partners.
- Having sex with fewer men and women will lower your chances of getting or infecting other with HIV and other STIs.
- Consistent use of condoms and water-based lubricants is essential.



## VIOLENCE PREVENTION AND RESPONSE



### KEY MESSAGES



Violence is:

- A human rights violation and should stop.
- Increases HIV risk.
- Decreases testing uptake and disclosure.
- Decreases adherence to ART.
- Any form of violence that is directed at an individual based on biological sex, gender identity (e.g., transgender), or behaviors that are [perceived as] not in line with social expectations of what it means to be a man or woman, boy or girl.
- It includes physical, sexual, and psychological abuse; threats; coercion; arbitrary deprivation of liberty; and economic deprivation, whether occurring in public or private life.
- Some people experience violence from their partners, and is known as intimate partner violence.
- It is important to report any form of violence to an Outreach Worker, or health care worker, or at SWAGAA or at the police DCS unit. You can also SMS "SWAGAA" to 8500 or call a helpline at 951.
- If you know people that are experiencing violence please encourage and support them to report.
- If you are HIV negative and experiencing violence with your partner, please use PrEP to protect from getting HIV.

### YOUR QUESTIONS TO PARTICIPANTS?

- What do you see from this picture?
- What do you understand by violence or GBV?
- Do you think people seek help when experiencing violence?



## ACKNOWLEDGEMENTS

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