Research protocol considerations when working with male couples: Lessons learned from the field
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Positive Vibes Trust

Background
The Together Tomorrow study is the first in Southern Africa to explore the influence of relationship factors such as trust, commitment and communication on health seeking behaviours, sexual risk taking and the HIV prevention and treatment needs of men who have sex with men (MSM) and their partners. This mixed-methods study involved 603 partnered MSM in two countries, South Africa and Namibia. Field implementation was led by local civil society.

Understanding these factors may lead to the design of HIV prevention and treatment needs of men who have sex with men (MSM) and includes homosexual, heterosexual, bisexual men and transgender women. MSM were recruited from South Africa and Namibia.

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Theoretical Framework
Minority stress framework and a relationship-based conceptual model was adapted to inform this study’s theoretical framework, see below.

Study Overview
Research question
What is the role of relationship dynamics and minority stressors on HIV risk taking behaviors among MSM couples in Southern Africa?

Sample Size

<table>
<thead>
<tr>
<th>Qualitative phase</th>
<th>Location</th>
<th>Target</th>
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</thead>
<tbody>
<tr>
<td>Namibia</td>
<td>HIV+ couples, over the age of 18. Must have had an sexual relationship for longer than 1 month. (phase 1): 1 month (phase 2)</td>
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<tr>
<td>S: 90 couples</td>
<td>South Africa</td>
<td>18-25 year olds, previously HIV negative, currently in a steady relationship and regular condom user</td>
</tr>
<tr>
<td>Quantitative phase</td>
<td>Keetmanshoop, Swakopmund, Windhoek; South Africa</td>
<td>70 couples</td>
</tr>
</tbody>
</table>

Eligibility criterion of a relationship of at least one month in duration

We found one month would be too short a time to assess relationship dynamics in the survey. This was revised to three months for the quantitative phase.

Purposeful recruitment with respect to racial and ethnic identities.

All partners were required to be interviewed concurrently, by a gender-matched interviewer.

Defining MSM - Refers to all biological males who have sex with other biological males and includes homosexual, heterosexual, bisexual males and transgender women. MSM refers to behaviour only.

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Quantitative Phase

HIV testing will be offered to survey participants who do not report knowledge of HIV sero-status.

Both sites’ uptake of optional HIV testing was considerably low. Reasons cited for declining services included: pressure to disclose their status, their partner, inadvertent disclosure of an HIV positive status; recently been tested.

Protocol Requirements & Implementation Challenges

Both Phases

All health research requires ethical review and approval prior to implementation in South Africa and Namibia.

Reimbursement of participants for their time, inconvenience and expenses.

In Namibia, reimbursing participants was not endorsed by the review board. Language was rephrased as a stipend for travel costs.

Financial stipends increased the number of ‘fake’ couples presenting. Different screening tools helped identify these couples.

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Lessons Learned - Future Protocol Considerations

Ethics Review Processes
Multi-country studies requires research into ethics board requirements and processes, prior to submission of protocols.

Sexual Orientation, Gender Identity & Expression (SOGIE) Consideration
Research with sexual and gender minorities require protocols that are responsive and adaptable to SOGIE, cultural, and contextual factors. It also requires the meaningful participation of ‘fake’ couples in the testing, developing and validating of both protocol and tools.

Time equals Money
Plan for delays with regards to funding disbursements, ethical approval and mobilisation.

Plan for multiple data collection rounds per site.

Money Matters
Poverty and unemployment may influence the possibility that participation is incentive-driven. The risk of fake respondents is therefore increased. To minimize risk, employ multiple screening or incentivization methods.

Partners HIV Testing
Plan for the time (and emotional response) difference in relaying +/- HIV results, and keep each person in testing rooms for same amount of time.

Alternatively, partners should be interviewed and tested concurrently, but in separate venues, where a natural time delay will occur as a result of distance.

Scheduling Roll-out
Mobilisation or implementation close to or over public holidays and weekends, increases the likelihood of no shows, incomplete and fake respondents. Also consider other studies in the same sites: Testing, Participant population etc.

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