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Source: *Culture, Health & Sexuality*, November 2009, Vol. 11, No. 8, Recent Research on Sexuality in East Africa (November 2009), pp. 827-839

Published by: Taylor & Francis, Ltd.

Stable URL: <https://www.jstor.org/stable/27784509>

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## Engaging men who have sex with men in operations research in Kenya

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(Received 14 July 2008; final version received 23 February 2009)

Research on men who have sex with men (MSM) in Africa is severely constrained. This paper examines the process of engaging MSM in research in a context where same-sex relationships are criminalised and socially stigmatised. Despite difficulties in researching MSM in Kenya, a convenient sample of 500 men was enrolled into a study aimed at understanding HIV/STI risks and prevention needs. Lessons drawn from this study highlight innovative methodological approaches and processes to working with and researching MSM in homophobic communities. Researchers willing to venture into MSM research in such contexts should be prepared to deal with among others, issues such as, seeking ethical approval for a study whose subjects are considered to engage in illegal activities, assuring study participants of their privacy and confidentiality and questioning of their own integrity. This study shows that despite difficulties, research of this kind can be carried out in Kenya.

**Keywords:** same-sex sexuality; MSM; sexuality research; operations research; Kenya

### Introduction

The aim of this paper is to explore methods of conducting sexual and reproductive health research among men who have sex with men (MSM) in Kenya and to highlight the methodological challenges and barriers of such research in a context where same-sex sexuality is criminalised and socially stigmatised.

Research on MSM and the subsequent development of sexual and reproductive health programmes including HIV/AIDS in Africa is severely constrained. Social hostility, legal persecution, epidemiological invisibility and funding gaps are some of the barriers that inhibit research on MSM. Researchers find it difficult to engage in research on MSM for fear of being stigmatised, while men themselves may not want to participate in research projects for fear of being victimised. However, contrary to the popular belief that same-sex relationships are foreign to Africa, a growing body of literature suggests the widespread existence of sex between men in Africa (McKenna 1996, Teunis 1996, 2001, Gaudio 1997, Herdt 1997, Murray and Roscoe 1998). Recent research has documented same-sex relationships among men in Senegal (Niang et al. 2003, Wade et al. 2005), South Africa (Lane et al. 2008), Nigeria (Allman et al. 2007) and Kenya (Kibicho 2004, Onyango-Ouma, Birungi, and Geibel 2005, Geibel et al. 2007, Sharma et al. 2008).

While research on MSM is new in Africa, this is not the case in Western countries where such research has been conducted. The literature (Parker, Herdt, and Carballo 1991,

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Zea, Reisen, and Diaz 2003) suggests the use of qualitative methods that give voice to minorities, as opposed to survey techniques, which tend to combine together sexual minorities in the category of the 'other'. Nearly two decades ago, Parker and Carballo (1990) decried the lack of a developed research tradition in the study of homosexual and bisexual behaviour relevant to HIV and AIDS. This weakness has been addressed in areas where there is a clearly defined gay community, but still persists in parts of the world such as Kenya where men's homosexual and bisexual behaviours are socially and culturally structured in very different ways.

Teunis (2001) observed that the methodology employed in much of current sex research in Africa is responsible to a large extent for the lack of attention to alternative sexualities. Despite the challenges of HIV transmission, sexual minorities (gay men and women) remain almost invisible on the research agenda in Africa where the burden of the disease is greatest (Wade et al. 2005, Lane et al. 2008). Given the hidden nature of sexual minorities, appropriate methodologies that can be used to access such groups should be explored. Although snowball-sampling techniques (Vogt 1999) have often been used to access hard-to-reach populations, other techniques include respondent-driven sampling (Heckathorn 2002) and time-space sampling (Stueve et al. 2001).

Doyal, Papparini and Anderson (2008) attribute the failure of researchers to take an interest in sexual minorities in Africa to bias among early colonial historians who created the impression that African men were strictly heterosexual and uninterested in any nuanced sexual desire or practice. Research in this area has also been neglected because of criminalisation of MSM in most parts of Africa (McKenna 1996), difficulty of access, lack of funding and social stigma. Thus, studies on sexual minorities in Africa are still rare and there is a general lack of literature on how to access and engage sexual minorities in research especially in contexts where there is legal persecution and social stigma such as Kenya.

Previous reference to MSM in Kenya has been in the context of other studies and the present study is the first effort at designing a diagnostic operations research (Fisher et al. 2002) specifically targeting young MSM in Nairobi. Diagnostic studies examine the basic factors influencing a problem situation that need to be addressed later through planned programmes (Fisher et al. 2002). The overall goals of the present study were to document risky behaviours associated with transmission of HIV and other STIs among MSM, identify the factors associated with risk behaviours and determine the sexual health needs of such men in order to develop appropriate interventions. The study was conducted from 2001 to 2005.

## Methods

### *Research authorisation and ethical approval*

The first step in getting any research project started is to seek research authorisation and ethical approval from relevant bodies. However, ethical approval for research on MSM may be problematic in settings where sex between men is illegal and researchers must be prepared to put a strong case for such studies in order to secure the necessary approvals.

As the protection of the study informants was of great concern, the research team made a strategic decision to present the study proposal for review to three ethical review boards – one in the USA and two in Kenya. These committees were the Population Council IRB in New York, the National Council of Science and Technology (NCST) and the Kenyatta National Hospital Ethics and Research Committee (KNH-ERC) in Nairobi. Approval from New York was received within record time but approvals from the local bodies, which were mandatory, took well over ten months to come. The challenge for the local bodies

was that they had never reviewed such a proposal that was explicitly proposing to conduct research among MSM. There were also issues of the law, which criminalises sex between men and widespread social stigma in the Kenyan society.

Despite the delay, we received very positive comments from the NCST. In their comments they noted thus, 'this is a study of utmost importance, which covers an area, which has been ignored up to now in the country'. They further asked the research team to rewrite the proposal to answer mainly the question on the role of MSM in HIV/AIDS transmission in Kenya. The proposal was therefore revised and resubmitted to the NCST.

The KNH-ERC also recommended the revision of the proposal to address a number of concerns including perceived researcher conflict of interest and possibility of participant coercion. They wrote in part:

In any case MSM itself is a risk for HIV transmission and should be stamped out and not encouraged. . . . This study therefore intends to make it easier for MSM to get male partners. This essentially means an MSM advocacy!!

We requested a meeting with the committee before revising the proposal as advised because of our differing views on the morality of conducting the research, possibility of coercion and perceived researcher conflict of interest. The committee granted our request and two members of the research team appeared before them to argue the case for the study. A consensus was reached that the proposal be revised and resubmitted on the basis of the discussions. Specific changes included a focus on HIV and STI risks, justification for group consent, provision for the participants to sign the consent form if they so wish and removal of sections that appeared to advocate for the rights of the MSM. Approvals from the two bodies were received after revision.

Our experience shows that in contexts where MSM behaviour is criminalised and sensitive, researchers have to put up a strong case to convince ethics committees of the need to conduct research on the MSM even though their sexual behaviour is outlawed. Researchers should not camouflage MSM research in other research projects but argue for the need to conduct MSM research in its own right. Only when confronted with research proposals on MSM will ethics committees in such settings put aside any homophobia that they may have in order to judge the merits of the research proposal itself. The process of seeking approval should be seen as enlisting the support of the wider research community and a collaborative one in which researchers and ethics committees learn from each other.

### ***Addressing personal concerns***

Research on a topic that is highly sensitive and stigmatised, like MSM, presents personal challenges. As Teunis (2001) observed, research on same-sex sexuality in Africa is new and one into which few venture, partly due to personal concerns. Researchers who are not MSM themselves have to work hard to understand how best to conduct research of this nature. At a personal level the researcher must be prepared psychologically to deal with the fact that his/her personal integrity will be questioned when they show interest in working with MSM. Questions will arise as to whether one is an MSM/'homosexual' and why one is interested in doing research on MSM. Personal security concerns are also likely to arise. Some places where the MSM may prefer to have meetings with researchers for privacy reasons can be a security threat to researchers, as they are located in back streets and poorly lit areas. In this study we discovered that pairing during interviews and observations eliminated the danger posed to researchers in such settings.

Researchers also need to prepare their institutions and families for such kind of research. Institutions will have to be convinced to be associated with research on MSM because of widespread homophobia. There is always the danger of a backlash and most institutions fear to be associated with such kind of research. In the present study we organised sessions with the top management of the two institutions and informed them of the intended research and what it entailed. Such briefings prepare institutions to deal with future press reports and public inquiries during the study. Researchers' families also need to be prepared to understand the study the researcher is involved in. Again, due to the social stigma associated with male same-sex behaviour, researchers may need to inform their families and partners well in advance. This will help deal with suspicion and mistrust that may arise when family members discover your involvement is such kind of research.

### ***Establishing a research relationship***

There is need to explain in detail the purpose of the study to participants and why they should participate. To build *trust*, potential respondents need assurance that their participation shall not endanger them in any way whatsoever – expose them to their family and government authorities.

In order to build trust, we initially established contact with three MSM organisations in Nairobi – *Ishtar*, *Galebitra* and *Tommick*. The leaders of these organisations were briefed on the study objectives and methodology. It was stressed that participation was voluntary and only consenting individuals would be enrolled. Leaders were also informed that medical care would be provided to those in need during the study and mechanisms to deal with matters relating to privacy and confidentiality put in place. Overall, community group leaders were positive about the study – the first of its kind to look into their sexual and reproductive health needs – and expressed their willingness to participate.

The trust building process takes time and researchers should allocate adequate time, which would enable them to interact with the potential study participants. Initially our interactions with potential respondents were characterised by suspicion but with time and after some reassurance, trust developed allowing tangible discussions relating to the study. Building and maintaining trust and rapport requires showing respect and honesty. Researchers must be respectful and honest since respondents are likely to be concerned about their privacy and confidentiality of the information given. Addressing these concerns sets the pace for the development of trust in the research team and group consent for members to participate in the study.

### ***Identifying key stakeholders***

Key stakeholders including policy makers, programme managers, representatives of MSM organisations and the research community should be identified and involved in the beginning to vouch credibility for the study. A study advisory team should be constituted comprising of willing stakeholders not only to win credibility but also to discuss the challenges arising from the study. This is necessary because the issues arising from the study may simply overwhelm the research team in settings where male-to-male sex is highly stigmatised. In the present study, the advisory team was very supportive and provided the researchers with a forum for addressing concerns arising from the study.

Whereas the role of stakeholders is not unique to studying minority groups such as same-sex attracted men, a study advisory team is crucial where the research topic is sensitive, as in the case of MSM, and more so when the researchers have no previous

experience of working with the study population. In our study, the team routinely advised on various issues including methodology, how to approach potential respondents, interpretation and dissemination of results, how to target policy makers and design of interventions that are user friendly.

### *Negotiating ground rules*

It is essential to come up with general rules to guide researchers, participants and stakeholders during the research process. This is meant to further cultivate trust and to facilitate free flow of information in a manner that guarantees privacy and confidentiality. The research should be carried out on the basis of a negotiated agreement between participants and researchers – the ground rules should be negotiated and agreed upon by both parties.

In our study, we developed and negotiated the use of study ground rules. The rules specified why the issues were important, how the study participants and researchers were expected to behave in relation to each other and the handling of data collected. Other rules included maintaining confidentiality, concealing the identity of participants at all times, no external reporting of things discussed in meetings, storage of data collected in a secure place, pairing up during interviews, avoiding conflict of interest (e.g. soliciting for sex) during the study and not reporting the study results in the media. These ground rules were observed by all parties involved in the study and guided the relationships between researchers and the study participants.

### *Selecting and training research assistants*

The selection and training of research assistants should be carefully done to prepare them for the challenges involved in data collection. A mixed team of MSM and non-MSM assistants is ideal. There is need to maintain a balance between MSM assistants who could take advantage of the project and non-MSM assistants who might introduce bias through homophobic attitudes. Assistants who are MSM have the potential of role conflict between research and social life, while some non-MSM assistants may be disturbed by respondents' sexual practices and hence bias the responses given. We had originally planned to recruit two community members as research assistants but only one candidate was available and hence three non-MSM assistants were recruited to team up with him.

A 10-day training was organised with assistance from a researcher who had previously worked on similar issues in Dakar, Senegal. The Senegal experience served to inform the research team about specific issues to be vigilant about when working with MSM during the study. It was specifically pointed out that the assistants should be aware that some potential respondents may solicit for sex from them but at the same time they would understand when their sexual advances were rejected.

Pre-testing of methods and instruments was done as part of the training for two days in the city of Mombasa. The pre-testing familiarised the research team with typical field situations and the respondents who were going to be interviewed. It also served to reassure the interviewers that study respondents were not dangerous individuals and they behave just like other respondents during interview. The pre-testing exercise specifically allayed the fears of non-MSM assistants.

Our experience shows that the training of assistants should be fairly detailed to prepare them for the challenges of this kind of work and to make them understand what is expected of them. The assistants should be introduced to a code of conduct governed by the study



ground rules. For instance, the entire field team must re-evaluate themselves all the time in order to address sensitive issues associated with the study. The team should also strive to maintain the integrity of the research effort and research assistants made aware that they should not get drunk or take dates during fieldwork.

### ***Facilitating participation***

There may be a need to come up with a mobilisation strategy in order to get men to participate in such a study. Most individual MSM can only be accessed through their group leaders and organisations because of social stigmatisation and criminalisation of their behaviours. Individual men may be suspicious that strangers may expose them to the police and their relatives. Due to fear and suspicion, a mobilisation strategy that involves working with community leaders to access other MSM is likely to succeed. However, the leaders must be respected and trusted by fellow MSM in order gain their confidence. As reported in research among drug dealers/sellers (Dunlap and Johnson 1998) finding the right contact who can act as an intermediary between the researcher and the target population is a critical element in gaining access to hidden populations. To facilitate interactions with the MSM, two community leaders representing *Ishtar* and *Galebitra* were hired as field coordinators in our study.

Informal meetings with MSM groups in social places and attending social functions (e.g. birthday parties) are also good strategies of building trust and enlisting participation. In our study, mobilisation meetings were held with MSM groups in hotels, public parks and private residences. Participants in the group meetings ranged between 10 and 16 in number and were mainly drawn from *Ishtar* and *Galebitra* groups. During the meetings, prospective study participants were briefed on the study objectives and methodology. It was stressed that participation was voluntary and only consenting individuals would be enrolled in the study. Participants were also informed of the benefits and risks of participation.

### ***Selection of the study population***

Engaging MSM into the study presented methodological challenges to the research team. As with other minority groups, some same sex practicing men may be difficult to locate because of the hidden nature of the population. This made it difficult to randomly select a representative sample for the study. As a result, the study opted to use a snowball-sampling technique to select the study population. Individual men who had developed trust in the researchers introduced their partners, clients, acquaintances and friends to the study. Initially, we targeted 300 respondents because we were not sure many men would consent to be interviewed against the background of widespread social stigma. However, the 300 respondents were interviewed in a month and with the approval of ethics committees, a decision was made to increase the sample size to 500 respondents. Through social and sexual networks, an additional 200 respondents were recruited and interviewed within a month.

Snowball sampling has been described as a technique for accessing research subjects where one subject gives the researcher the name of another subject, who in turn provides the names of a third and so on (Vogt 1999). Snowball sampling seeks to take advantage of the social networks of identified respondents to provide a researcher with other potential contacts. The technique is recommended for studies where respondents are few in number or where some degree of trust is required to initiate contacts, as was the case in the current study. Snowball sampling, however, imposes limitation to representativeness since it is

a self-selecting approach. Thus our survey was not representative of the wide range of socio-economic backgrounds of MSM that can be found in Nairobi. For instance, the technique did not capture educated men who occupied professional jobs or many men over the age of 40 years. A majority of our sample was made up of men from low socio-economic backgrounds, since our MSM contacts were of similar background, and young. Despite increasing the sample size (from 300 to 500), our sample also missed 'isolates' who were not connected to the networks that we had tapped into.

Respondent-driven sampling and time-space sampling addresses some of the weaknesses experienced in using snowball techniques to access hard-to-reach populations. Respondent-driven sampling exploits the social contacts among members of populations to recruit those who are hard-to-reach by other means (Heimer 2005). The technique allows researchers to make unbiased estimates about hidden populations in a manner that ensures greater representativeness (Heckathorn 2002). Although respondent-driven sampling is a significant advance on the commonly used snowball techniques, it can only be used if the people in the target population know each other and it is also difficult to replicate. As shown by Stueve et al. (2001) in a study among young Latino men, time-space sampling addresses some of these deficiencies. It involves a 3-step procedure in which venues (e.g. bars, parks) are the primary sampling units and, ideally, every member of the target population has a known nonzero probability of being selected.

### *Negotiating informed consent*

Seeking informed consent should be approached with caution in a situation where signing consent forms is likely to have negative connotations, making otherwise willing participants hesitate to take part in the study. Alternative forms of recording consent should be explored due to high risk of stigmatisation based on participation in the research as has been proposed by the US National Institutes of Health (NIH 2002). In the present study, seeking informed consent was a multi-stage process. Leaders of organised groups were first consulted about the study and asked for their support to identify and approach prospective participants. Individual consent was not replaced but was supplemented by the consent of the group. Group consent is generally accepted in research touching on sensitive issues and especially where group bonds and secrets may bar individuals from making choices (NIH 2002).

Prospective participants were provided with information about the study before any consent to participate was sought. This information included, among others, aims and methods of the study, anticipated benefits and potential risks, discomfort that may arise, right to abstain or withdraw without any reprisal and measures to ensure confidentiality of the information provided. Participants who were willing to give written consent were asked to sign consent forms. Nearly all the 500 respondents signed consent forms partly due to the trust that had been developed in the research team.

### *Role of incentives*

Men require to know at the very beginning what benefits they will derive from the study. During mobilisation meetings, researchers were confronted with questions relating to the benefits participants would derive from their participation and how they would be compensated for the time lost. The demand for incentives is not unique to sexual minorities and has been reported among other hard-to-reach populations. Dunlap and Johnson (1998) have underscored the role of incentives in terms of availability of funds to



compensate respondents for interview time and other expenses associated with building and maintaining rapport among drug sellers/dealers and their families. They argued that such incentives signal the respondents that they are perceived to be equals and the information they provide is important.

In our study, the availability of funds to pay for mobilisation meeting expenses (e.g. drinks and taxis) played a significant role in building and maintaining rapport with community groups. It was also clear that some men expected monetary benefits from their participation. To address this concern, monetary compensation at an acceptable level of US\$ 6.50, was provided to cover mainly transport costs to the interview location. As found among drug dealers (Dunlap and Johnson 1998), such favours are important for interaction patterns where strong norms of reciprocity exist.

Despite the incentive, efforts were made to ensure that participation was truly voluntary. Potential respondents were taken through the informed consent process and given time to choose to participate or not and a vetting system was put in place to catch those coming for multiple interviews.

### *Dissemination of findings*

Although the study had undergone ethical review and secured the necessary approvals, we still found the dissemination of findings an ethical dilemma. We kept wondering how to give the information back to study participants and handle the media and government authorities in a context where male-to-male sex was considered illegal. Furthermore, men were eager to know the results while the press were on our case to report the findings in the local media. In view of the circumstances, we developed a dissemination strategy that ensured that comprehensive information was given to those who required it to avoid misinterpretation of the findings.

The strategy first involved a discussion of the findings with the study advisory team before embarking on the dissemination. Consequently, the advisory team met and discussed the results and advised on how to approach the dissemination. The team recommended that the results be discussed with participants before being released to other groups. The second level of dissemination subsequently involved the presentation of the findings to the men who participated in the study. The findings were presented and discussed at a meeting with the study participants and they unanimously agreed that the findings were a true reflection of the situation on the ground. The acceptance of the results was a strong act of validation, which encouraged us to disseminate the findings to other stakeholders.

The final dissemination meeting involved the study participants and all key stakeholders working on sexual and reproductive health including policy makers, NGOs and researchers. A comprehensive and self-explanatory study report (Onyango-Ouma, Birungi, and Geibel 2005) was distributed at the dissemination meeting to avoid any future misinterpretation on the part of stakeholders. The report contained the methodology, findings and provided answers to most of the questions that would ordinarily be asked by curious people wanting to know how the study recruited the men into the study.

At the meeting, men advocated the need to implement interventions without further research since the study had shown that they lacked access to health information and services. To address this concern we appealed to the stakeholders to take up the interventions because the research project did not have funding for interventions. It is important that researchers create linkages with service providers before conducting research when dealing with hidden or poor populations since research for research sake

raises some ethical dilemmas for the study population. In the present study, provision of medical treatment during the study and the formation of an advisory team created linkages with service providers.

Overall, our dissemination strategy worked well and we did not encounter any of the problems we had initially envisaged. Our success was partly due to the consultations we had with our study advisory team comprising of key stakeholders and the decision to first present the results to the study participants. Future studies in similar settings are advised to carefully weigh the options available before disseminating the results of such studies, especially in sub-Saharan Africa.

### **Barriers to future research in Kenya**

The illegality of same-sex relationships in Kenya is the biggest impediment to research. Sections 162–165 of the Kenya Penal Code dealing with unnatural offences outlaws homosexual behaviour. Although talking to someone about such acts or providing healthcare to individuals is not illegal, such a law makes it risky for men to openly declare their sexual orientation. Hence their social life remains underground, making it very difficult to be accessed by researchers. As has been shown by Geibel et al. (2007) the sampling of men for inclusion in a study requires special techniques tailored to the specific social environment.

Social stigmatisation by the general population also inhibits future research on homosexually active men. The Kenyan population is to a large extent homophobic and generally regards homosexuality as a foreign and immoral behaviour. This means that very few men organise their social lives around an acknowledgement of homosexual desire, or even proudly talk about loving and intimate same-sex relationships, for fear of being stigmatised, discriminated against or subjected to public violence. Even researchers who engage in research on male-to-male sexuality risk being socially stigmatised. To deal with the psychological burden of stigma experienced by the MSM, researchers need to reassure participants that they have nothing to lose by participating in research. Instead, they stand to gain since the research process gives them a chance to be heard and, thereby, confront the stigma.

Seeking ethical approval for the kind of research described here is problematic in contexts where sex between men is illegal such as in Kenya. This problem may be compounded by the fact that the review committees have no previous experience with such kind of research and therefore tend to evaluate proposals on the basis of societal morals rather than on an ethical basis. Instead of dealing with principles of morality with regards to the right and wrong in the conduct of research, they refer to the morals of the intended study population. This leaves the ethical requirement of addressing standards for right conduct or practice of research unaddressed and researchers may find themselves trapped in a debate on societal morals. Much time is therefore wasted that could lead to loss of funding due to procrastination by the review committees. The reluctance of ethics committees to address issues of male-to-male sex in Africa has been reported even in South Africa where the constitution guarantees sexual minority rights (de Gruchy and Lewin 2001). Researchers seeking such authorisation may have to argue their case before the committee clears the proposals.

Another barrier to research is assuring the study participants of their privacy and confidentiality during the study. In a social environment where same-sex relationships are stigmatised and the practice outlawed, potential study participants may find it difficult to participate in the study unless they are assured of their privacy and the confidentiality of

the information given in interviews. Privacy is a great source of concern for many same-sex attracted men for security reasons. They may fear that the police and the wider public may target them if they disclose their sexual practices. Researchers should therefore put in place mechanisms to assure respondents of their privacy and confidentiality. For instance, interview locations should guarantee privacy and safety of respondents and must be approved by study participants. Mechanisms to maintain privacy and confidentiality will go a long way in helping men develop trust in researchers as well as allaying their fears.

The questioning of researchers' own personal integrity can also be a barrier to research on male-to-male sex in Kenya. There will always be the suspicion that one is interested in such kind of research because of personal desires. Researchers must therefore be prepared to be confronted with a myriad of questions including, 'why are you involved in this?' 'Could you be one of them?' In our study, one of the local review bodies put their suspicion in writing in their response to our request for ethical review. They claimed there was conflict of interest on the part of researchers and that the researchers intended to make it easier for MSM to get partners, writing:

There is an element of coercion for the researchers and participants in this study and this is unethical you should declare or deny conflict of interest in this study.

Similar queries also came from fellow researchers who wondered aloud about our interest in working with the MSM. Researchers need to examine their own interest in the wellbeing of minority populations and be prepared to stand up for their research interests drawing on scientific and ethical arguments and must question fallacious arguments.

Another barrier to research arises from how to deal with men's demands for immediate interventions, e.g. violations of their rights, treatment and compensation for time lost. There is a general consensus among MSM that their rights are being violated and any research should lead to interventions that will enable them access health services and recognition of their rights. Respondents may be passionate in their desire to seek recognition of their sexual identity/rights and researchers will be confronted with this issue and asked whether their research will put in place interventions towards that end. As with other minority groups, MSM may expect researchers to help them in advocating for their rights. Researchers will have to convince respondents that it is important to conduct research first and use the results later as a basis for advocacy for their rights including access to health services. Combining advocacy with research may jeopardise the research process in settings where same-sex relationships are socially stigmatised.

Security concerns for researchers are also a barrier to research. Research that requires visiting and making observations in the social places where men frequent may pose a security threat as some of these places are located in back streets prone to criminal activities. Some of the social places are discreet and researchers may find them risky especially during the evenings. In our study, for instance, there were reported cases of car breakages on the campus grounds where interviews were conducted. This, in addition to some MSM coming for interviews looking drunk and drugged, frightened some interviewers who requested for extra security arrangements during interviews.

Particularities of language may present another barrier to MSM research in Kenya. Our experience shows that descriptions of sexual practices may be explicit and difficult for non-community members to engage with and understand, especially when translated into local languages. The use of direct and sexually explicit language may confront researchers' sexual identity thereby causing them a lot of uneasiness. For example, when asked why he preferred to be homosexual as opposed to heterosexual, one MSM informant replied: 'vaginal sex is like swimming in a swimming pool while anal sex is tight and

sweet'. Researchers who decide to participate in MSM research may require appropriate training in euphemisms and explicit terms and in how to deal with questions about personal preferences and practices.

One other barrier to research on MSM in Kenya derives from the divergent interests and needs of different MSM groups. Just like other minority groups, different MSM groups in Nairobi are not united and each of them has different agenda. Men in Nairobi belong to organizations that reflect their socioeconomic backgrounds. For instance, the sex workers belong to *Ishtar* while the more professional MSM belong to *Tommick*. And, while *Ishtar* members are mainly concerned about access to healthcare and police harassment, *Tommick* members are mainly concerned with violation of their human rights and the protection of the same. Researchers working in this field need to find ways of dealing with the divergent interests and needs of the different groups, given that no one group would like to be left out in research. One way of dealing with this barrier may be to design studies focusing on specific groups of MSM, such as sex workers (Geibel et al. 2007).

### Conclusion

Despite difficulties, research on MSM in Kenya is feasible provided the right procedures are followed and methodological concerns and issues highlighted here are addressed. This paper attests to this possibility and has broken new ground. It addresses an information gap in the literature regarding how to access and engage sexual minorities in operations research. To this end, the paper has highlighted methods of conducting sexual and reproductive health research among MSM and identified barriers to such research in Kenya. The illegality of male homosexual behaviour and stigmatisation by the general population remain the key barriers to research.

### Acknowledgements

We are grateful to the study respondents who contributed immensely to the fulfilment of this study during the data collection stage. Funding for this study was provided by the United States Agency for International Development (USAID) through Population Council's Horizons Programme cooperative agreement of Award NO. HRN-A-00-97-00012-00. The findings and conclusions in this manuscript are those of the authors and do not necessarily represent the views of USAID. Thanks to anonymous reviewers for their valuable comments.

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## Résumé

Les recherches sur les hommes qui ont des rapports sexuels avec des hommes (HSH) en Afrique se heurtent à de nombreuses contraintes. Cet article examine les moyens employés pour impliquer des HSH dans la recherche, dans un contexte où les relations entre personnes de même sexe sont



criminalisées et socialement stigmatisées. En dépit des difficultés rencontrées par la recherche sur les HSH au Kenya, un échantillon bien utile de 500 hommes a pu être recruté pour une étude visant à approfondir les connaissances sur les risques liés au VIH et aux IST, et les besoins en prévention. Les leçons retenues mettent l'accent sur des approches méthodologiques et des processus innovateurs pour collaborer avec et poursuivre des recherches sur les HSH, au sein de communautés homophobes. Les chercheurs qui souhaitent s'engager dans des études sur les HSH dans de tels contextes doivent être préparés à se préoccuper, entre autres questions, de la validation éthique de recherches dont les participants sont considérés comme ayant des activités illégales, de garantir aux participants le respect de leur vie privée et de la confidentialité, et du questionnement de leur propre intégrité. Cette étude montre que malgré les difficultés, les recherches de ce type peuvent être menées au Kenya.

## **Resumen**

Los estudios sobre hombres que tienen relaciones sexuales con hombres en África están seriamente limitados. En este artículo examinamos qué métodos se siguen para que los hombres que tienen relaciones con otros hombres participen en investigaciones dentro de un contexto en el que las relaciones homosexuales están criminalizadas y socialmente estigmatizadas. Pese a las dificultades para hallar hombres que tienen relaciones homosexuales en Kenia, una muestra adecuada de 500 hombres participaron en un estudio cuyo objetivo era entender cuáles son los riesgos del contagio del virus del sida y de las infecciones de transmisión sexual y qué medidas de prevención son necesarias. Las lecciones que hemos aprendido de este estudio ponen de relieve los planteamientos y procesos metodológicos innovadores para el estudio y el trabajo con hombres que tienen relaciones bisexuales en comunidades homofóbicas. Los investigadores que estén interesados en hacer un estudio sobre este tipo de relaciones sexuales en tales contextos deberán estar preparados para tratar entre otras cosas con cuestiones tales como buscar la aprobación étnica para un estudio cuyos sujetos se considera que participan en actividades ilegales, asegurar la intimidad y confidencialidad de los participantes en el estudio y ver que su propia integridad se pone en cuestión. En este estudio se demuestra que pese a las dificultades, en Kenia es posible realizar investigaciones de este tipo.