



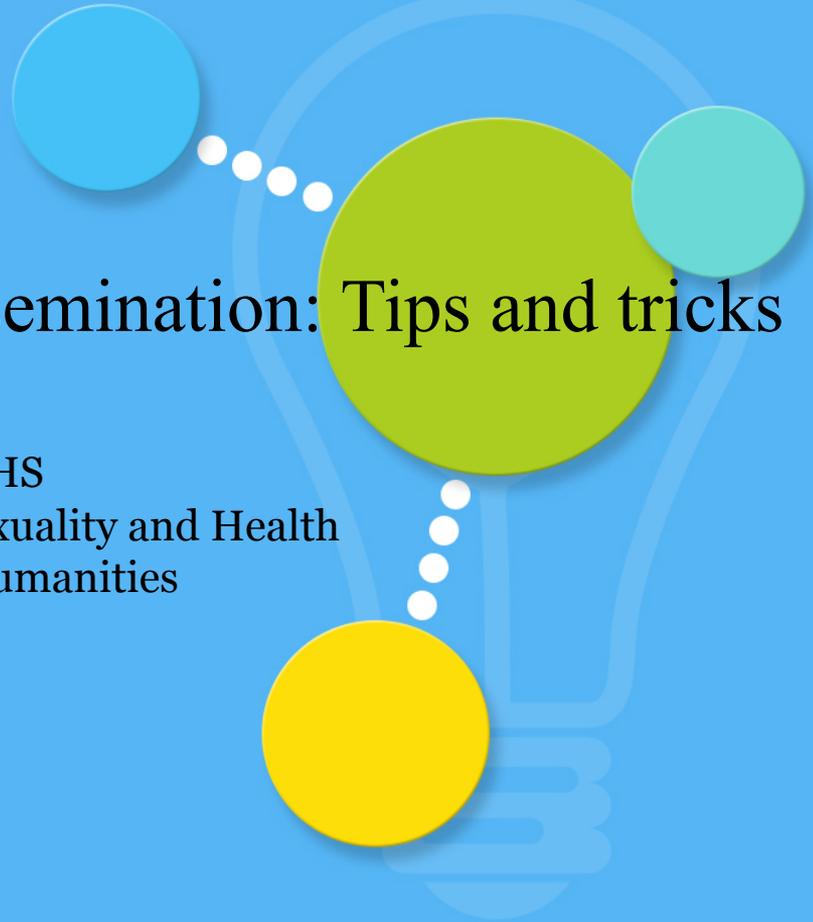
Mahidol University
Wisdom of the Land

Research dissemination: Tips and tricks

Thomas E. Guadamuz, PhD, MHS

Center of Excellence in Research on Gender, Sexuality and Health

Mahidol University Faculty of Social Sciences and Humanities



Types of research dissemination



-  Research papers/manuscripts
-  Abstracts for seminars/conferences
-  Poster exhibitions
-  Poster oral presentations
-  Oral presentations



Editorial

Ten Simple Rules for a Good Poster Presentation

Thomas C. Erren^{*}, Philip E. Bourne

Erren and Bourne. *PLoS Computational Biology* HIV 2007

Poster exhibitions and presentations

Rule 1: Define the purpose

Rule 2: Sell your work in ten seconds

Rule 3: The title is important

Rule 4: Poster acceptance means nothing

Rule 5: Rules for writing a good paper apply to posters

Rule 6: Unique features not pertinent to papers

Rule 7: Layout and format are critical

Rule 8: Content is important, but keep it concise

Rule 9: Posters should have your personality

Rule 10: The impact of a poster happens both during and after session



WEPED790

“It’s easy and convenient!”: Perceived facilitators and barriers for HIV self-testing and PrEP among adolescents and their parents in Thailand

Thomas E. Guadamuz,¹ Nattharat Samoh,¹ Nuttawut Teachatanawat,² Narukjaporn Thammajarak,² Sangusa Promthong,² Petchfa Posita,² Thunyasuta Prasit,² Stephen Mills,³ Ravipa Vannakit,⁴ Nittaya Phanuphak,² Praphan Phanuphak²

1. Center of Excellence in Research on Gender, Sexuality and Health, Faculty of Social Sciences and Humanities, Mahidol University | 2. PREVENTION, Thai Red Cross AIDS Research Centre | 3. FHI 360 and LINKAGES, Bangkok, Thailand | 4. Office of Public Health, USAID Regional Development Asia

Interest in HST and PrEP is high among Thai young MSM and trans women and their parents. Young MSM and trans woman feel that HST is easy, convenient, and accessible.





WEPE0790

“It’s easy and convenient!”: Perceived facilitators and barriers for HIV self-testing and PrEP among adolescents and their parents in Thailand

Authors and Affiliations

Thomas E. Guadamuz,¹ Nattharat Samoh,¹ Nuttawut Techatanawat,¹ Narukjaporn Thammajaruk,¹ Sangusa Promthong,¹ Petchda Posata,¹ Thanyasuta Prasi,¹ Stephen Mills,¹ Ravipa Vannakit,¹ Nitaya Phanuphak,² Praphan Phanuphak¹

1. Center of Excellence in Research on Gender, Sexuality and Health, Faculty of Social Sciences and Humanities, Mahidol University
2. PREVENTION, Thai Red Cross AIDS Research Centre
3. FHI 360 and LINKAGES, Bangkok, Thailand
4. Office of Public Health, USAID Regional Development Asia

Background

The incidence of HIV is high among young Thai men who have sex with men and transgender women aged 15–19 (10 per 100 person-years), and they engage in activities that put them at high risk for HIV exposure.

HIV testing and pre-exposure prophylaxis (PrEP) services are currently available at low cost in Thailand. Perceived stigma and discrimination by health care providers is a major barrier to testing. HIV self-testing (HST) may address these barriers.

We assessed perceptions of HST and PrEP uptake among young MSM and trans women, and their parents.

Methods

- 12 focus group discussions (FGDs)—four each with parents, community-based organization (CBO) staff, and health professionals
- 40 in-depth interviews (IDIs)—32 with young MSM and trans women age 15–19, and eight with their parents
- A total of 112 participants were recruited by CBO staff and FGD IDI conducted in various cafes around the country (North, South, Central and Bangkok).
- Thematic analysis was conducted using Nvivo 11 software

Conclusions

Interest in HST and PrEP is high among Thai young MSM and trans women and their parents. Young MSM and trans women feel that HST is easy, convenient, and accessible. However, there were some concerns about the validity of HST and long-term side effects of PrEP. These prevention tools could be incorporated into their everyday lives through online spaces, where they already navigate and develop their gender and sexuality.

Results

- 1) HIV self-testing is fast, easy, convenient, sustainable, and eliminated clinic visits.

“It is quite easy since you don’t have to go to hospitals. Any method will do as long as there’s no need to go to hospitals. It is boring, and nobody wants to go there.” (DI, MSM, age 18)

“It [HST] really works. So easy and convenient. I don’t have to get myself outside, and there’s no need to meet any [health care] officers.” (DI, trans woman, age 15)

- 2) Blood-based finger-prick testing is more accurate than saliva-based swabs.

“If you want me to choose, I will choose this one [finger-prick test] because it looks more credible. Moreover, I get more used to having a blood test rather than this one [oral HIV test]. But maybe I am wrong. Blood results may not be really accurate.” (DI, MSM, age 18)

- 3) Parents of young MSM and trans women want their children to have as many HIV-prevention options as possible. Some wanted schools to be involved, and some worried that their children who test positive may not be able to handle it.

“Teachers can act as parents of students at school. If kids are not brave enough to tell their parents, they should at least tell their teacher. It is better for them to let someone know about it.” (DI, parents)

“If their blood result is negative, then they are fine. But if it comes out positive, it is difficult for them to make any decisions by themselves. If they come to the clinic, they will be provided with consolation, advice, and explanations about treatment and health care process. But if they do the test and know about their [positive] result all by themselves, it could lead them to commit suicide.” (FGD, parents)

- 4) Young MSM and trans women want more information about living with HIV and felt that daily PrEP was an important option for HIV prevention; some worried about adherence and wanted online social media tools to assist in adherence.

“As I told you, young kids should be offered choices. For 15-year-olds who expose themselves to risks, they could find this option interesting. It is their choice. I am not saying that it is good or not good. It can just be one of the options for them to choose from.” (FGD, health care providers)

“It is good to have a new technology like mobile applications to remind people of taking their medicine. I know one project that will send an SMS to people who participated, to remind them every day of taking their medicine.” (DI, trans woman, age 15)

- 5) Some young MSM and trans women with low HIV risk worried that PrEP may not be good for the liver and kidneys.

“But taking a lot of medicine is not good, right? It could make your kidneys work hard. There’s no problem actually with taking medicine on a daily basis. But in the long run, it could be harmful to your kidneys. Life would be difficult if one of your kidneys is damaged.” (DI, MSM, age 16)

"It's easy and convenient!": Facilitators and barriers for HIV self-testing and PrEP uptake among adolescent men who have sex with men, transgender women, and their parents

Thomas E. Guadamuz,¹ Nattharat Sarnoh,¹ Nuttawut Teechatanawat,² Narukjaporn Thammarak,² Sangsua Promthong,² Petchfa Posita,² Thunyasya Prasit,² Stephen Mills,³ Ravipa Vannak,⁴ Nittaya Phanuphak,² Praphan Phanuphak²

¹Center of Excellence in Research on Gender, Sexuality and Health, Faculty of Social Sciences and Humanities, Mahidul University, ²PREVENTION, Thai Red Cross AIDS Research Centre, ³FHI 360 and LINKAGES, Bangkok, Thailand, ⁴Office of Public Health, USAID Regional Development Asia

Background

- Thai young MSM and TGW age 15–19 years have high HIV incidence (10 per 100 person-years) and engage in high-risk activities
- HIV testing and PrEP services are currently available at low costs in Thailand
- Perceived stigma and discrimination by health care providers is a major barrier to testing
- HIV self-testing (HST) may address these barriers
- We assessed perceptions of HST and PrEP uptake among young MSM and TGW, and their parents



Methods

- 12 focus group discussions (four each with parents, CBO staff, and health professionals)
- 40 in-depth interviews (32 with young MSM and TGW, and 8 with their parents)
- Thematic analysis was conducted using Nvivo 11 software



Results

HIV self-testing is fast, easy, convenient, sustainable and eliminated clinic visits

"It is quite easy since you don't have to go to hospitals. Any method will do as long as there's no need to go to hospitals. It is boring and nobody wants to go there."

(IDI MSM 18 years old)

"[HST] really works. So easy and convenient. I don't have to get myself outside, and there's no need to meet any [healthcare] officers."

(IDI TG 15 years old)

Blood-based finger-prick testing is more accurate than saliva-based swabs

"If you want me to choose, I will choose this one [finger-prick test] because it looks more credible. Moreover, I get more used to with having a blood test rather than this one [oral HIV test]. But maybe I am wrong. Blood results may not be really accurate."

(IDI MSM 18 years old)

Parents of young MSM and TGW want their children to have as many HIV-prevention options as possible. Some wanted schools to be involved, and some worried that their children who test positive may not be able to handle it

"Teachers can act as parents of students at school. If kids are not brave enough to tell their parents, they should at least tell their teacher. It is better for them to let someone know about it."

(IDI Parents)

"If their blood result is negative, then they are fine. But if it comes out positive, it is difficult for them to make any decisions by themselves. If they come to the clinic, they will be provided with consolation, advice, and explanations about treatment and healthcare process. But if they do the test and know about their [positive] result all by themselves, it could lead them to commit suicide."

(FGD Parents)

Young MSM and TGW want more information about living with HIV and felt that daily PrEP was an important option for HIV prevention, some worried about adherence, and wanted online social media tools to assist in adherence

"As I told you, young kids should be offered with choices. For 15-year-old kids, who expose themselves to risks, they could find this option interesting. It is their choice. I am not saying that it is good or not good. It can just be one of the options for them to choose from."

(FGD Health care providers)

"It is good to have a new technology like mobile applications to remind people of taking their medicine. I know one project that will send an SMS to people who participated, to remind them every day of taking their medicine."

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Some young MSM and TGW with low HIV risk worried PrEP may not be good for liver and kidneys.

"But taking a lot of medicine is not good, right? It could make your kidneys work hard. There's no problem actually with taking medicine on a daily basis. But in the long run, it could be harmful to your kidneys. Life would be difficult if one of your kidneys is damaged."

(IDI MSM 16 years old)

Conclusions

High interest in HST and PrEP among Thai young MSM and TGW and their parents. These prevention tools could be incorporated into their everyday lives through online spaces, where they already navigate and develop their gender and sexuality.

Examples

FROM “ANGEL’S TOMB” TO “ANGEL’S MEDS”

**Toward viral
suppression among young
gay, bisexual and other
MSM in Thailand**

Oral presentation at the 4th International Conference on the Social Sciences and Humanities in HIV. Amsterdam, the Netherlands (2018)

Kunakorn Kanchawee, Pimpawun Boonmongkon and Thomas E. Guadamuz
Center of Excellence in Research on Gender, Sexuality and Health (GSH)
Faculty of Social Sciences and Humanities, Mahidol University, THAILAND

Examples



IF NOT FOR ONLINE TESTING, I WOULD NEVER GET TESTED:

Willingness for online HIV testing among app-using
YMSM in Bangkok

Nattharat Samoh
Thomas Guadamuz

Center of Excellence in Research on Gender, Sexuality and Health
Mahidol University, Thailand

Watch out for...

- Want papers not just abstracts and presentations
- Be strategic about seminars/conferences/meetings
- Energy, time and money
(Faculty of Graduate Studies/your Faculty)

Papers and manuscripts

- Begin, begin, begin (i.e., write something down please!!!)
- Procrastination vs. having a goal
- Short and concise
- Sexy title and attention grabbing abstracts
- Proper citations
- Clear and concise research question or argument
- Sound methodology
- Conclusion and recommendations are informed by study's findings

Example titles

- Young, online and in the Dark...
- Playing and never testing...
- Buying narrative...
- Not so Innocent...
- Ice parties among MSM in Thailand:
Pleasures, secrecy and risks



RESEARCH ARTICLE

Young, Online and in the Dark: Scaling Up HIV Testing among MSM in ASEAN

Thomas E. Guadamuz^{1,2*}, Doug H. Cheung^{2,3}, Chongyi Wei⁴, Stuart Koe⁵, Sin How Lim⁶

1 Department of Society and Health, Faculty of Social Sciences and Humanities, Mahidol University, Nakhon Pathom, Thailand, **2** Center for Health Policy Studies, Faculty of Social Sciences and Humanities, Mahidol University, Nakhon Pathom, Thailand, **3** Department of Epidemiology, Harvard School of Public Health, Boston, Massachusetts, United States of America, **4** Department of Epidemiology and Biostatistics & Global Health Sciences, University of California San Francisco, San Francisco, California, United States of America, **5** ICM Pharma Pte Ltd, Singapore, **6** Center of Excellence for Research in AIDS, University of Malaya, Kuala Lumpur, Malaysia

* tguadamu@hotmail.com

Productivity and Stress

Productivity

- Where do you work?
- When do you work?
- How do you work?

Stress and productivity are correlated?

- When is more productive? When chilling or when stressing?
- High competition or some/no competition? (Harvard model?)
- Stress management

Watch out for...

- Plagiarism and self plagiarism
- Salami publications
- Data fabrications (i.e., findings and reproducibility)
- Self citations



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Thank you

For further details, please get in touch

Thomas E. Guadamuz Mahidol University Center of Excellence in Research on Gender, Sexuality and Health

tguadamu@hotmail.com