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The AFAO research briefs highlight selected research about a topic or issue relevant to the HIV response in Australia. The research briefs are intended to inform people working in HIV and sexual health policy and health promotion.

## Implications for practice

The two articles summarised below offer insights that are useful for understanding the HIV health promotion needs of Asian born men living in Australia. The first article outlines experiences of ethnicity, sexuality and gay sociality that may influence engagement with HIV health promotion and health care. The second describes knowledge and attitudes about PrEP that potentially impact uptake of PrEP in Australia by gay, bisexual and other men who have sex with men (MSM), who are newly arrived in Australia.

## HIV and overseas born gay, bisexual and other men who sex with men in Australia

The number of new HIV diagnoses attributed to male-to-male sex<sup>1</sup> in Australia has declined by 11% over the past five years and by 15% between 2016-2017<sup>i</sup>. Reductions in new HIV diagnoses have largely been among Australian born gay, bisexual and other MSM<sup>ii</sup>. In contrast HIV diagnoses are not declining among overseas born gay, bisexual and other MSM, particularly those born in Asia and the Americas<sup>iii</sup>. For example, the proportion of new HIV diagnoses in men born in Asia (Southeast Asia, Northeast Asia, and South and Central Asia) has increased from 28% in 2008 to 52% in 2017<sup>iv</sup>. Recent research from a public sexual health clinic in Melbourne showed an overall reduction in new HIV infections among MSM from 0.83% in 2014 to 0.38% in 2017, but also found that new HIV infections among newly arrived (within four years) Asian born MSM did not fall during this same period<sup>v</sup>.

The reductions in new HIV diagnoses among Australian born gay, bisexual, and other MSM over the past five years reflect the advances in biomedical prevention in the past decade, namely rapid HIV tests, treatment as prevention (TasP) and pre-exposure prophylaxis (PrEP). Recently published research from New South Wales (NSW) found that while PrEP roll out was associated with a rapid decline in new HIV diagnoses among MSM, the decline was not as large among overseas born MSM<sup>vi</sup>. Understanding and addressing the structural, and social factors that influence emerging differences in HIV incidence<sup>2</sup> between Australian born and overseas born gay, bisexual and other MSM will be important if Australia is to achieve its target of virtually eliminating HIV transmission by 2022<sup>vii</sup>.

## Summaries of selected research

**Adams, J., & Neville, S. (2018). *Exploring Talk About Sexuality and Living Gay Social Lives Among Chinese and South Asian Gay and Bisexual Men in Auckland, New Zealand. Ethnicity & Health, doi.org/10.1080/13557858.2018.1439893***

The article reports on research with Chinese and South Asian gay and bisexual men living in Auckland, New Zealand. The study explored understandings of sexuality and engagement with gay peers, social venues and community. Qualitative interviews were conducted with 27 gay and bisexual men from a Chinese background and 17 from a South Asian background. The study recruited men who had moved to New Zealand within the

<sup>1</sup> The national surveillance system collects data on presumed transmission routes and not on sexual identity.

<sup>2</sup> The number of new HIV infections in a population during a certain time period.

previous five years and men who were born in New Zealand or who had been living in New Zealand for more than five years, there were 22 men in each category.

### **Key findings**

The article focuses on four themes related to sexuality and experiences of gay sociality that emerged across the interviews:

**‘Happy in my skin’: being gay is OK:** The term gay or bisexual had salience for most participants, but it was not always the only or even central marker of identity. South Asian men who had been in New Zealand for five or less years were more likely to identify as bisexual. The authors note that men talked about their gay or bisexual sexuality ‘in unproblematic and matter-of-fact ways’. Only a few of the men interviewed completely rejected sexuality categories, these men talked in terms of sexual attraction, rather than a fixed sexuality. Some men indicated that gay or bisexual identities were not concepts that ‘were well known in Asian countries’, yet as the authors observe these ‘Western’ concepts of sexuality are present in the men’s accounts. They propose this may reflect ‘the increasing interconnections between countries making alternative views of sexuality more visible’. For some men, the perception that New Zealand was a country that supported people to be open about their sexuality was a reason for moving there.

**‘To come out or not’: managing sexual identity’:** While most were comfortable with acknowledging a gay or bisexual sexuality, all of the participants controlled who they told. Some men chose not to disclose to family because they were concerned that they would be excluded or financially cut-off, while others chose not to ‘come out’ because they wanted to protect their families from ridicule. Most men said they would not talk to a health care provider about their sexuality. The author’s note that this unwillingness to discuss their sexuality with health care providers has the potential to negatively impact on the sexual health of gay and bisexual men from South Asian and Chinese backgrounds. Reasons for not discussing sexuality with health care providers included, anxieties about patient confidentiality and discomfort discussing sexuality with someone from the same ethnic background. The authors also suggest that the lack of disclosure to health care providers may indicate that men from Chinese and South Asian backgrounds do not perceive a connection between sexuality and health and therefore see it as unnecessary disclosure.

**‘Places to go, people to see’: connecting with others:** The participants’ friendship networks were typically made up of people from the same ethnic background and included few, if any, gay friends. While most had some contact with gay community through attending gay venues, few had regular contact. Some men said they found gay venues intimidating because the atmosphere was ‘highly sexualised’. Only a few men reported involvement in gay community activities, these included volunteering for gay community organisations and attending Pride events. The use of mainstream and gay specific social media was high. Men reported using gay specific social media for friendship and to meet sexual partners. Some participants said they disengaged from gay apps because they were not interested in casual sex and because they found them to be sites that commodified or overly valued sex.

**‘What’s wrong with being Asian’: tolerating discrimination:** Experiences of racial discrimination from the general community was minimal, with only a minority reporting experiences of discrimination. In contrast, experiences of exclusion and discrimination from within the gay community were more common. Some men reported experiences of racial stereotyping and exclusion in gay venues and discriminatory views online.

### **Conclusion**

The authors argue that ‘weak’ connection to gay and bisexual peers, experiences of racial discrimination and a ‘lack of support from family and friends’ potentially limits the engagement of Chinese and South Asian gay and bisexual men with HIV health promotion and therefore potentially increases their HIV risk. However, the

widespread use of mainstream and gay social media and apps by these men is a potential site for health promotion. The authors propose that health promotion targeting these men should reference both ethnicity and sexuality, but that care should be taken in terms of overtly sexualised messages and images. They also highlight the need for a cultural competency approach among health care providers to actively encourage men from Asian backgrounds to talk about sex and sexuality.

**Han, J., Bouey, J., Wang, L., Mi, G., Chen, Z., He, Y., Viviani, T., Zhang, F. (2019). PrEP uptake preferences among men who have sex with men in China: results from a National Internet Survey. *Journal of the International AIDS Society*. doi/10.1002/jia2.25242 (open access)**

Han and colleagues (2019) report on findings from a national online survey of Chinese MSM about their awareness and attitudes to PrEP. Survey respondents were provided with a scenario in which PrEP was readily available in China. They were then asked a series of questions about whether they would use it, concerns about its use and where they would prefer to access PrEP if it became available in China. They were also asked about their awareness of PrEP prior to the survey and about their HIV risk behaviours. The study enrolled 4581 MSM, the majority were aged 18-25, 78.6% of them described themselves as single, 69.2% identified as homosexual, 23.3% as bisexual and 7.6% were not sure. 156 men reported that they were living with HIV. Compared to other samples in China they were younger and better educated.

### **Key findings**

HIV testing rates were low with only 49.9% of men reporting testing in the previous twelve months and 41.9% having never tested. In the previous twelve months, 43.3% of men reported having unprotected anal sex, however, the authors do not report whether this was with casual or regular partners and nor do they provide any information about how 'unprotected' is defined. Awareness of PrEP prior to the survey was low with only 22.4% having prior awareness of PrEP. The internet was the most common source of prior PrEP knowledge (65%), in contrast 24.3% said their information about PrEP came from 'contacts in the MSM community' and only 10.7% received information about PrEP from a medical facility. Men who had previous knowledge of PrEP were more likely to respond 'definitely yes' to using it. Overall, 26% said they would use it, 49.6% said they would probably use it and 24.4% said they were not ready to use it. Concerns about side effects were high (69.9%), more than half of the men reported concerns about efficacy (56.8%), and 44.7% were concerned about the financial burden of using PrEP. Having prior awareness of PrEP was associated with greater willingness to use it and less concerns about efficacy, however, men with prior awareness were more likely to be concerned about the financial burden. Survey respondents expressed a preference for accessing PrEP through online or traditional pharmacies or vending machines, with only 15.6% of men indicating a preference for accessing PrEP from a medical facility.

### **Conclusion**

The researchers highlight the need for effective prevention in China and call for the rapid expansion of information about PrEP, including information about government plans for access. The authors argue that public health in China needs to find ways to address the low levels of trust in health care providers. However, given the current mistrust among MSM in China of health care providers and the preference to source information from the internet, it would be appropriate to use the internet for health promotion. They recommend that health promotion seek to increase awareness of PrEP and counter misconceptions about side-effects and the effectiveness of PrEP.

### Suggestions for further reading

- George, C., Alary, M., Hogg, R.S., Otis, J., Remis, R.S., Mâsse, B., Turmel, B., Leclerc, L., Lavoie, R., Vincelette, J., Parent, R., Chan, K., Martindale, S., Miller, M.L., Craib, K. J. P., Schechter, M. T. (2007). HIV and Ethnicity in Canada: Is the HIV risk-taking behaviour of young foreign-born MSM similar to Canadian born MSM? *AIDS Care*, 19(1), 9 – 16. doi.org/10.1080/09540120600909398
- Gunaratnam, P., Heywood, A., McGregor, S., Jamil, M., McManus, H., Mao, L., Lobo, R., Brown, G., Hellard, M., Marukutira, T., Bretana, N., Lang, C., Medland, N., Bavinton, B., Grulich, A., Guy, R. (2019). HIV diagnoses in migrant populations in Australia – A changing epidemiology. *Plos One*. doi: 10.1371/journal.pone.0212268
- Medland, N., Chow, E., Read, T., Ong, J., Chen, M., Denham, I., Gunaratnum, P., Fairley, C. (2018). Incident HIV infection has fallen rapidly in men who have sex with men in Melbourne, Australia (2013 – 2017) but not in the newly-arrived Asian-born. *BMC Infectious Diseases*. (open access) doi.org/10.1186/s12879-018-3325-0
- Wong, H.T.H., Mao, L., Chen, T., Yullus, H., Mackie, B., Sparks, M., Wark, T., Kao, S.C., Wong, S., Dailey, B., Haque, M.A., Gonzalez, N., Prihaswan, P., Stackpool, G., Brooks, M., Dabbhadatta, J., Aung, E., Lewis, D., Halliday, D. (2018). *2018 Sydney Gay Asian Men Survey: Brief report on findings*. Sydney: Centre for Social Research in Health, UNSW Sydney.

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<sup>i</sup> Kirby Institute, (2018). HIV in Australia: annual surveillance short report 2018. Sydney: Kirby Institute, UNSW Sydney.

<sup>ii</sup> Ibid

<sup>iii</sup> Gunaratnam, P., Heywood, A., McGregor, S., Jamil, M., McManus, H., Mao, L., Lobo, R., Brown, G., Hellard, M., Marukutira, T., Bretana, N., Lang, C., Medland, N., Bavinton, B., Grulich, A., Guy, R. (2019). HIV diagnoses in migrant populations in Australia – A changing epidemiology. *Plos One*. doi: 10.1371/journal.pone.0212268

<sup>iv</sup> Kirby Institute, (2018). HIV in Australia: annual surveillance short report 2018. Sydney: Kirby Institute, UNSW Sydney.

<sup>v</sup> Medland, N., Chow, E., Read, T., Ong, J., Chen, M., Denham, I., Gunaratnum, P., Fairley, C. (2018). Incident HIV infection has fallen rapidly in men who have sex with men in Melbourne, Australia (2013 – 2017) but not in the newly-arrived Asian-born. *BMC Infectious Diseases*. (open access) doi.org/10.1186/s12879-018-3325-0

<sup>vi</sup> Grulich, A., Guy, R., Amin, J., Jin, F., Selvey, C., Holden, J, et al. (2018). Population-level effectiveness of rapid, targeted, high-coverage roll-out of HIV pre-exposure prophylaxis in men who have sex with men: the EPIC-NSW prospective cohort study. *The Lancet*, online first [http://dx.doi.org/10.1016/S2352-3018\(18\)30215-7](http://dx.doi.org/10.1016/S2352-3018(18)30215-7)

<sup>vii</sup> [https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/\\$File/HIV-Eight-Nat-Strategy-2018-22.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/ohp-bbvs-1/$File/HIV-Eight-Nat-Strategy-2018-22.pdf)