

Intersections of culture and stigma: understanding barriers to sexual health service utilization among recently- arrived gay and bisexual men in Australia

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Background & Methods

- ❖ Culture and stigma both shape HIV-related disparities among GBM in high-income countries.
- ❖ This study explored **how culture and stigma intersect to shape engagement with sexual health care.**
- **Semi-structured** interviews (June–Dec 2024)
- **Analysis:** Framework Method
- **Inclusion criteria:**
 - ≥18 years old;
 - male (this includes cisgender and transgender men)
 - identifies as gay or bisexual or a man who has sex with men
 - was born overseas and lives in Australia
 - is **a recent migrant e.g. ≤ 5 years** in Australia
 - can participate in an interview in English or Mandarin
- **Recruitment strategies:**
 - Paid advertisement (Facebook, Instagram)
 - Community-based organization cooperation
 - Snowball sampling
 - Research connect

Characteristics of participants (n=24)

Region	Subregion	Country	Count
Africa (2)	Southern Africa (2)	Lesotho	1
Africa (2)	Southern Africa (2)	Lesotho	1
		South Africa	1
Americas (6)	North America (2)	Canada	1
		USA	1
	South America (3)	Brazil	1
		Colombia	2
	South America (1)	Venezuela	1
Asia (15)	East Asia (6)	China (incl. Taiwan)	5
		Japan	1
	South Asia (4)	India	2
		Nepal	1
		Pakistan	1
	Southeast Asia (5)	Indonesia	1
		Malaysia	1
		Philippines	1
		Vietnam	2

Category	Subcategory	Count
Interview Platform	Zoom	19
	Phone call	5
Interview Language	English	20
	Mandarin	4
Gender	Man	23
	Other: fluid	1
Sexuality	Gay	20
	Bisexual	3
	Pansexual	1
Partners	Male partners	21
	Male and female partners (incl. non-binary)	3
Length of residency in Australia	<2 years	13
	2–5 years	11
HIV status	HIV-negative	21
	Living with HIV	4

Cultural & Stigma Intersections: Home country legacies

➤ Homosexuality/HIV seen as shameful → internalised stigma, concealment

• *“Sexual minorities are looked down upon... HIV is not accepted... people ostracize, ridicule, move them away... I was tired of living a dual life... Even after coming here, I still was pretending to be somebody else.” (P13, India)*

• *“In Pakistan... in the culture, it’s not acceptable to be gay... people think you are dirty, you are a shame...and somehow inside of my heart, I feel it.” (P20, Pakistan)*

Cultural & Stigma Intersections: Home country legacies

➤ Family honour & heterosexual norms → fear of disclosure, avoiding networks

• *“In my culture, we actually value filial piety a lot, so we need to be respectful of our family's expectations...once I tried to say something about my identity, my mum just broke down crying... ever since then, I've been more hesitant... because of some cultural expectation, that if I do catch it (HIV), I'm dirty.” (P03, Malaysia)*

• *“I never had this courage and audacity to tell my parents what I am and what I prefer, because I know how they're going to react and what will happen to me. Same case with the community I grew up in. I cannot imagine myself out there, living my life there”. (P11, Nepal)*

Cultural & Stigma Intersections: In Australia

- Perception of greater acceptance, but
 - Racism and cultural disconnection in queer spaces → distress, isolation
 - *“I don’t have a sense of belonging here... Australians are very closed people, it’s very difficult to be a friend of them... I do think people see me as a Brazilian... they think I am either a sex toy or very easy to have sex with, because I am Latin American.” (P22, Brazil)*
 - Cultural taboos reinforced within migrant communities
 - *“I just avoid the Indonesian community here... they are so judgemental, and maybe they will let people in Indonesia know about my sexual identity... I’d prefer to make friends with people from other ethnical background” (P17, Indonesia)*

Structural stigma

➤ Visa and migration systems, policy fears

- “I didn’t declare that I was living with HIV when I applied for the visa, because I worried if I declare, I might get rejected.” (P08, China, PLWH)
- “I knew that my condition will be a problem for me if I wanted to apply for the permanent visa... that moment was really stressful to me.” (P23, Venezuela, PLWH)

➤ Medicare policy

- OSHC (Overseas Student Health Cover) doesn’t cover PrEP properly, and everything is so expensive. It feels like the system dose not accept people like us.” (P19, Philippine)

➤ Lack of language support

- “In Australia you can see people from every where of the world, but information from the clinic is all in English...and it’s difficult for some people like me.” (P23, Brazil)

Structural stigma

➤ Despite open and accepting attitude, exclusion persists

➤ Daily life

- *“As an immigrant, definitely, yes... for example, when you apply for jobs, there is definitely discrimination. Looking at your name or looking at where you come from, people just don’t even move forward with the application... this is one common thread that almost every immigrant faces at work. (P13, India)”*

➤ Healthcare settings

- *“The way he asked me about numbers of sexual partners, with a kind of weird smile... felt judgemental. As a doctor, you shouldn’t be getting excited or giving that fussy smile.” (P11, Pakistan)”*

Impact on Service Utilization

- Avoidance of HIV/sexual health services due to fear of judgement
 - *“I feel being judged... Ever since then I avoid make appointment with that clinic, although that’s the nearest one from where I live.” (P22, Brazil)*
- Delayed testing/treatment because of shame and concealment
 - *“Even after coming here, I haven't come out. ... I was still scared, because I don't have PR, so I might have to go back...I might lose my current job... so I was still scared to come out, so I did not look for HIV test.” (P01, India)*

Impact on Service Utilization

- Positive contrast: inclusive, culturally safe services in Australia improved engagement
 - *“Here I have good experience with all healthcare workers and community organization staff...In clinics, or everyone who has attend me in appointments are really kind, friendly, polite with me.” (P19, Colombia PLWH)*
- Still: need for better cultural safety and visibility in services
 - *“Sometimes I’m not sure if the doctor really understands people from my background...It’s not only about speaking English, it’s about whether they get our situation.” (P11, Pakistan)*

Conclusion & Implications

- Intersections of stigma and culture operate at diverse levels
- These intersections **delay or prevent service engagement**
- **Policy & practice:** strengthen culturally responsive care, improved representation, community education, and policies that reassure and protect migrant health rights
- Publicity around Visa and PR policy related with HIV status
- Ensuring migrants feel visible, safe, and supported when seeking care

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Welcome comments & questions

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