REDUCING HIV ACQUISITION AMONG AUSTRALIAN MALE EXPATRIATES,LONGER-TERM & FREQUENT TRAVELLERS TO SOUTHEAST ASIA: EXPLORING OPPORTUNITIES FOR PEER & SOCIAL NETWORK INTERVENTIONS

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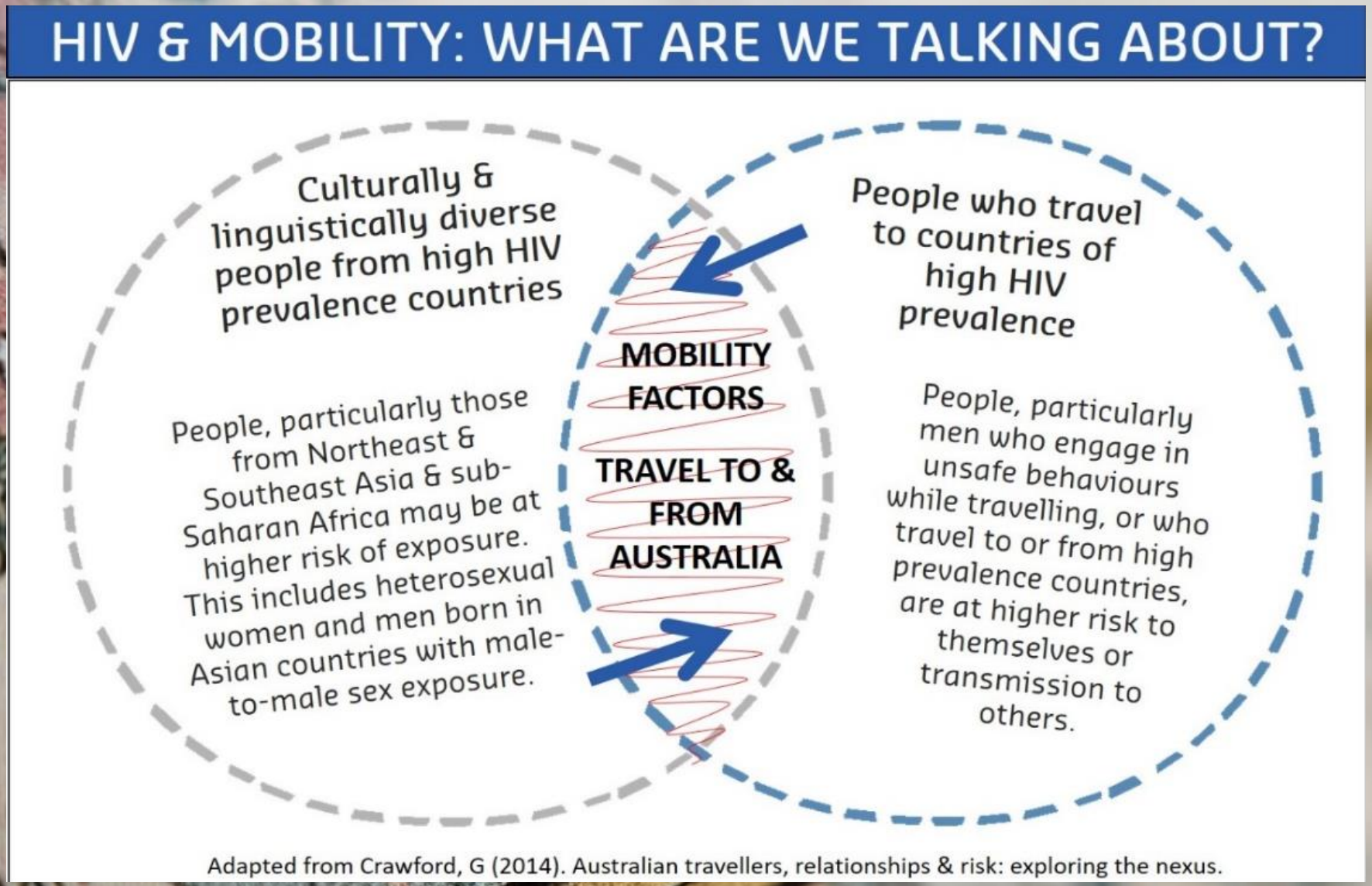
SO, WHO ARE WE TALKING ABOUT?



SOME GLOBAL CONTEXT

- Increasing acquisition of HIV amongst mobile and migrant populations across the world in low, middle and high-income contexts including Australia
- Mechanisms for transmission rooted in social, political, economic and gender inequalities amplified by globalisation and population mobility
- Populations on the move are vulnerable to HIV acquisition
- Drivers include HIV prevalence in countries of origin and destination, lack of access to testing, treatment and health services, risk practices and knowledge, poor health literacy, sociocultural, political, economic and labour factors

Auerbach, Parkhurst et al. 2011; Crawford, Lobo et al. 2014; Deane 2010; Gupta, Parkhurst et al. 2008; Gushulak 2010; Haour-Knipe 2013; International Organization for Migration 2018; United Nations 2017; World Health Organization 2018a

THE WA CONTEXT

- Posited initial data may have been in part attributed to a rapidly expanding local economy and ‘mining boom’.
- Around 40% of all HIV infections in WA are now acquired amongst mobile and migrant populations.
- Of the 1199 notifications since 2004, 160 notifications have been recorded amongst Australian-born men who have acquired HIV overseas (13%).
- Of these, 69% (n=110) were acquired in SEA.
- Two-thirds (63%) reported their exposure category as heterosexual (n=100).
- Around one-third (36%) diagnosed late.

Combs and Giele 2009; Department of Health Western Australia 2017; 2018.

WHAT DID WE SET OUT TO DO?

To explore social network processes of Australian male expatriates, longer-term or frequent travellers (ELoFTs) to Thailand and SEA to determine how ELoFT social networks may be harnessed for public health intervention related to HIV and other STIs, particularly via peer education and social influence; ***a cornerstone of Australia's historical HIV response.***

HOW DID WE DO IT?

PROJECT ORIENTATION EXPLORATORY PHASE 1

- Stakeholder consultation
- Fieldtrip 1
  - Observations
  - In-depth interviews
- Initial review of literature
- Memos and fieldnotes
- Reflection with Supervisors

- **Transcription**
- **Constant Comparison**
- **Open Coding**

EXPLORATORY PHASE 2

- Stakeholder consultation
- In-depth interviews
- Online forum analysis
- Fieldtrip 2
  - Observations
  - Stakeholder consultation
- Literature Review
- Reflection with Supervisors
- Memos and Fieldnotes

- **Theoretical sampling**
- **Axial Coding/Integration**

EXPLANATORY PHASE

- Fieldtrip 3
  - Observations
- Literature review
- Memos and Fieldnotes
- Reflection with Supervisors
- Synthesis and write-up

- **Theoretical Saturation**
- **Conceptual Model**

THEMES

- **Becoming Expat**: (re)creating identity and self-concept amongst ELoFTs
- **The Journey**: pathways and motivation for expatriation, longer-term and frequent travel
- **Exotic, Erotic and Mundane**: experiences of, and relationship with, Place
- **A "New Normal":** how ELoFTs experience and make meaning through the adjustment process
- **Reward, Routine and Ritual:** perceptions and experiences of risk and risk-taking
- **Being a Mate:** how ELoFTs experience and make meaning through support
- **At Home on the Move:** perceptions of country of origin and destination and the liminal space between
- **Community – Communitas:** creating meaning & identity through connection

REWARD, ROUTINE AND RITUAL: RISK

A lot of the guys here are older and didn't grow up with condoms. A lot of them have the attitude of "well I'm 65 anyway. I'm going to be dead in 15 years. I might as well enjoy myself while it lasts". (Jackson, 27)

It happened with the girl that I was with. We were smoking crystal…there was a really strong bond. You know and there was a couple of times where she said don't worry about a fucking condom, it's alright. (Stewart, 52)

…you know condoms for anal intercourse. And that had worked for me in Australia. I think I'd gotten one STI in my entire sex life up to the point I went to Thailand. I had been in Thailand a month and I had to go and see a doctor and I had two STIs from one sexual encounter. In Thailand my standard in sex safe was one where I got an STI immediately. I was like holy shit, I had to re-evaluate all of that. It put me off a bit, but not entirely. (Bruce, 56)

REWARD, ROUTINE AND RITUAL: RISK

I had a condom break. Normally I would tell the girl we need to go to the hospital and get a check. But if I couldn't get in touch with her the next day, if she had disappeared or whatever, I'd get a course of it (PEP). I got to the point of if the condom broke and there was no blood I wouldn't worry about it. Cos you know the chances from getting it from an infected girl are what, 1 in 1000? Say at most 1 in 10 girls are infected, well the odds of having caught it are so minuscule compared to having an absolute month of crap and needing those pills again so I wouldn't worry. And if there is blood I would go the hospital and get checked and fortunately I haven't had an incident where there has been blood and haven't been able to get to a hospital. So, for now and the foreseeable future I use condoms, not for oral sex but for penetrative sex. I want to be enjoying this place if it's still here when I'm 57, not dead when I'm 37. (Jackson, 27)

WHAT ARE THE OPPORTUNITIES?

- Online intervention via ELoFT forums
- Closer work with GPs and travel medicine providers around testing and PrEP
- Whilst potentially resource intensive, a settings-based intervention in-country working with peers and in-country agencies
- Further network analysis
- A broad public awareness campaign - maybe
- Follow-up research with recently diagnosed men to explore additional factors influencing acquisition and engagement with various intervention strategies.
- A broader survey of practices and behaviours relating to HIV and other STIs amongst Australian men who travel
- Custer analysis to help segment future interventions.

WHAT ARE THE CHALLENGES?

- Better understanding the Australian ELoFT diaspora
- The impact of living in the liminal space between country of origin and country of destination.
- What ‘active participation by affected groups and individuals’ means in this context.

SUMMARY

- Australian ELoFTs in Thailand have strong social networks comprising key actors and assets which can be harnessed for intervention to reduce HIV risk.
- In the context of population mobility, reducing overseas acquired HIV notifications in WA requires close examination of the connection between local and global, and consequent complexity of networks, settings, behaviours, norms and contexts for risk and for prevention.
- We require tailored and targeted strategies, an empathetic policy context that does not reify difference and that reduces stigma, and policy and practice that recognises the heterogeneity of priority populations

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https://siren.org.au/hiv-mobility/community-of-practice-for-action-on-hiv-and-mobility