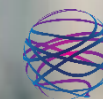




Curtin University

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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SIREN
WA Sexual Health and Blood-borne Virus
Applied Research and Evaluation Network



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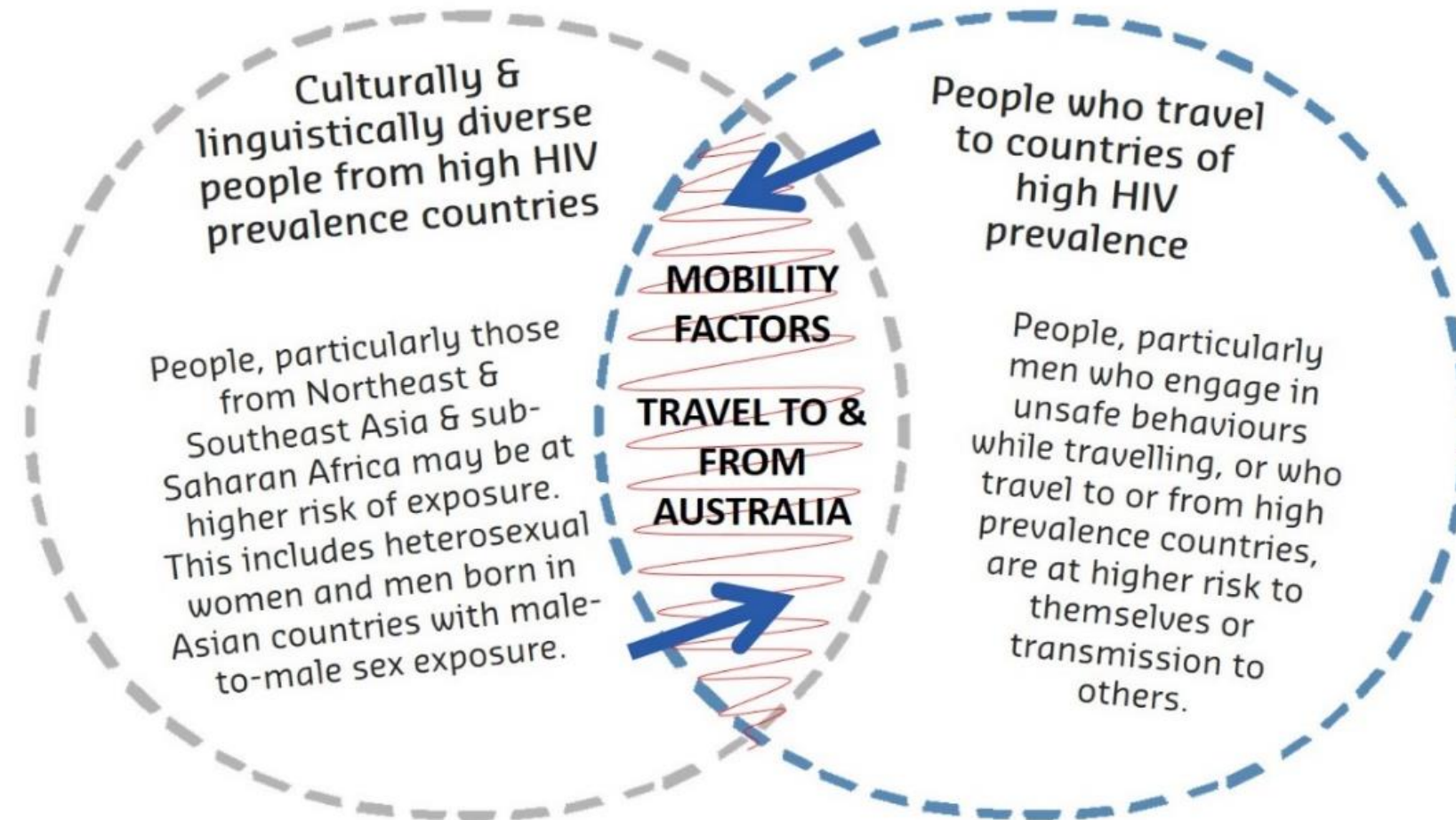
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SO, WHO ARE WE TALKING ABOUT?

HIV & MOBILITY: WHAT ARE WE TALKING ABOUT?



Adapted from Crawford, G (2014). Australian travellers, relationships & risk: exploring the nexus.

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?

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

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

PROJECT ORIENTATION EXPLORATORY PHASE 1

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**

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

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

EXPLANATORY PHASE

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
- Cluster 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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Commentary

The influence of population mobility on changing patterns of HIV acquisition: lessons for and from Australia

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Abstract. Investment, bipartisan support and involvement from affected communities have characterised Australia's HIV response, and helped maintain a low prevalence epidemic. Patterns of HIV acquisition are changing, with an increasing number of infections acquired overseas by migrant and mobile populations. A coordinated national response is required to address HIV acquisition in the context of population mobility.

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The changing patterns of HIV in Australia

Australia has experienced a low prevalence HIV epidemic concentrated primarily among gay and other homosexually active men.¹ Over the last decade, an increasing proportion of infections have been acquired overseas by migrant and mobile populations travelling to and from countries with high HIV prevalence (particularly in sub-Saharan Africa and South East Asia).² In Western Australia (WA) for example, an 83% increase was recorded in the number of infections acquired overseas (n = 202/ w v n = 106) between the 5 year periods 2004-2008 and 2009-2013. HIV infections acquired overseas now make up half of all new infections in WA.³

Historically, Australia's HIV response has been a public health response, characterised by investment, bipartisan government support and significant involvement by affected groups.⁴ However,

changing patterns of acquisition require previously used strategies to be re-examined in the context of a more globalised world. Those from high HIV prevalence countries and their partners' and 'travelers and mobile workers' migrant and mobile populations were identified as priority populations in the Australian HIV National HIV Strategy (2010-2015).⁵ Leadership is lacking to effectively implement and evaluate the response to address overseas-acquired HIV within migrant and mobile populations. A coordinated, whole-of-government effort is now critical.

¹Low HIV prevalence in the general population, but 28% in at least one high-risk subgroup, such as gay or other homosexually active men, who inject drugs, sex workers or clients of sex workers. See <http://www.health.gov.au/health/2012/05/04/nvhl/>

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Protocol



Exploring the potential of expatriate social networks to reduce HIV and STI transmission: a protocol for a qualitative study

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'Living a life less ordinary': exploring the experiences of Australian men who have acquired HIV overseas

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Abstract. Background: Increasing international mobility has led to a growth of cross-border HIV in the world. In Australia, increasing rates of HIV infection acquired overseas have been reported. This qualitative study explored experiences and risk perceptions of 14 Australian men who acquired their HIV overseas from the year 2000. Methods: Symbolic interactionism informed the study's theoretical framework. Australian men living with HIV who were aged 18 years and older, believed infectious while working or travelling overseas during or after the year 2000, and were diagnosed HIV positive participated. A semi-structured interview schedule was developed and tested for content reliability. Data analysis was conducted using an adapted form of grounded theory from the ha-

Additional keywords: behavioural factors, condom use, cultural factors, mobility, risk, social

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In Western Australia (WA), mobility presents risks for HIV transmission, in particular, overseas migration, conflict and war.^{1,2} Epidemic patterns have changed as HIV urban cross-border travel has become an emerging risk of diagnosis for high-income countries.³ Although Australia has typically experienced a concentrated epidemic, risk is not limited to migrant populations. In fact, sex workers, men who inject drugs, and sex workers, men who inject drugs and sex workers have experienced increases in migration. From high HIV prevalence rates, it is people travelling from Australia for work or to continue with higher HIV prevalence.⁴

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Internationally recognised for its response to the HIV epidemic, Australia has demonstrated strong partnerships, high levels of investment, actions by affected communities and utilisation of peer and social influence in prevention.⁵⁻⁷ However, changing transmission dynamics '3-4' means these approaches need to be considered in new contexts. Australian data points to an increasing number of diagnoses of HIV among men, acquired while working or travelling overseas, including among heterosexual men.⁸ People who travel to and from countries with high HIV prevalence have been

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Crawford et al

Original Paper

Prevention of HIV and Other Sexually Transmissible Infections in Expatriates and Traveler Networks: Qualitative Study of Peer Interaction in an Online Forum

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Abstract

Background: In high-income countries such as Australia, an increasing proportion of HIV cases have been acquired overseas, including among expatriates and travelers. Australia's national strategies have highlighted the need for public health interventions for priority populations. One approach is to expand efforts to places or spaces where expatriate communities reside. Online settings such as forums used by expatriates and travelers have potential for promoting socially transmitted infections with those hard to reach through more traditional interventions.

Objective: Our objectives were to (1) identify and describe the domains of social interaction and engagement in an online forum used by Australian expatriates and travelers living or working in Thailand; and (2) make recommendations to health-promoting organizations and policy-makers regarding the role of these forums in public health interventions with mobile populations who may be at risk of acquiring HIV or other sexually transmitted infections.

Methods: We identified forums and users in 2 stages. We identified 13 online forums and analyzed them for inclusion criteria. We searched 1 forum that met the required criteria for users who met inclusion criteria (n=50). Discussion threads, rather than individual posts, were units of analysis. For each user, we collected as transcripts the first 100 posts and 10 most recent posts, including the thread in which they were posted. We analyzed and thematically coded each post (n=250). Emergent posts and analyses were reviewed and refined by multiple members of the research team to improve rigor. Themes were not initially emergent but evolved across symbolic interactionism concepts of presentation of self, meeting, and socialization.

Results: Key domains were as follows: the forum (characteristics of the space and reasons for using, gaining access (from family and prior), identity (presentation of self and role of language), advice, support, and information (sources of information, support provided, influences, topics of discussion, and responses to advice), and risk (expectations and perceptions). The forum established elements of unique language, rules and norms, and processes for managing conflict and key influencers. The forum was a substantial source of health information and advice provided to users via confirmation, reassurance, or affirmation of beliefs and experiences, risk perceptions and expectations varied, risk taking, including around sex, appeared to be a key occupation of travel or the experience of being an expatriate or traveler.

Conclusions: Australian expatriate and long-term traveler participation in the online forum allowed, advanced, and reinforced knowledge, attitudes, interactions, and identity. Such forums can be used by policy makers and health-promoting organizations to provide supplementary sources of support and information to hard to reach mobile populations who may be at risk of acquiring HIV or other sexual transmitted infections. This will complement existing ongoing research with health professionals and other public health interventions.

<http://www.jmir.org/2015/01/e17/>

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Review

HIV, Other Blood-Borne Viruses and Sexually Transmitted Infections amongst Expatriates and Travellers to Low- and Middle-Income Countries: A Systematic Review

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Abstract: In some high-income countries, a proportion of human immunodeficiency virus (HIV), other blood-borne virus (BBV) or sexually transmitted infection (STI) diagnoses have been reported as acquired overseas in low- and middle-income countries. A review was conducted to explore HIV, other BBV or STI related knowledge, risk behavior and acquisition amongst expatriates and travelers, particularly males, travelling from high to low- and middle-income countries. Seven academic databases were searched for 26 peer reviewed articles that met inclusion criteria. Significant variability in the studies was noted. In age, travel duration and frequency and outcomes/risk factors measured and reported on. Risk factors described included longer duration of stay; being single; factor for romance or sex; alcohol and other drug use; lack of travel advice; being male; higher number of sexual partners; and inconsistent condom use. Vaccination, pre-travel health advice, and having fewer sexual partners were described as protective. Studies are needed focusing on the social context in which risk-taking occurs. Better collaboration is essential to deliver comprehensive health promotion interventions alongside more consistent pre- and post-travel testing and advice. Policy measures are crucial, including consistent evaluation indicators to assess impacts of HIV, other BBVs or STIs in the context of mobility. Risks and responses for these epidemics are shared globally.

Keywords: expatriates; travelers; HIV; HIV acquisition overseas; sexual health; high- to low- and middle-income countries; population mobility

1. Introduction

Population mobility is significant in scope, complexity and impact. It is an intrinsic feature of an increasingly globalized and borderless world [1,2]. Every year, more than three billion passengers travel by air [3] and over 50 million people travel from high to low- and middle-income countries [4,5]. Public health is confronted by issues incommensally linked to population mobility [6,7]. For example, evidence closely links population mobility with deleterious impacts on sexual health, including the transmission or acquisition of human immunodeficiency virus (HIV), other blood-borne viruses (BBVs) or sexually transmitted infections (STIs) [8]. Mobility has not only been identified as a driver of epidemics, it may also exacerbate existing risk factors, or increase individual vulnerability for

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