

INTERSECTIONS OF CULTURE AND STIGMA: UNDERSTANDING BARRIERS TO SEXUAL HEALTH SERVICE UTILIZATION AMONG RECENTLY-ARRIVED OVERSEAS-BORN GAY AND BISEXUAL MEN IN AUSTRALIA

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Background

Culture and stigma both shape HIV-related disparities among migrant gay and bisexual men (GBM) in high-income countries. For recently-arrived GBM in Australia, stigma interacts with cultural beliefs from home countries and experiences of exclusion or marginalisation within Australia. This study explored how culture and stigma intersect to shape engagement with sexual health care.

Methods:

We conducted 25 semi-structured interviews with overseas-born GBM who had lived in Australia for <5 years. Using the Framework Method, guided by the Social Ecological Model, we analysed how internalised, anticipated, and enacted stigma intersected with cultural norms and values.

Results:

Participants (median age 29; 15 born in Asia, 4 in South America, 3 in North America, 2 in Africa) reported how cultural perceptions influenced stigma experiences, impacting social and service engagement across individual, interpersonal, community, organisational, and policy levels. Cultural norms in some home countries framed homosexuality or HIV as shameful. Though Australia was seen as more accepting, some felt judged or culturally disconnected in local queer spaces, contributing to internalised stigma, identity concealment, psychological distress, and delayed service access. Cultural expectations about heterosexuality and family honour created fear about disclosing sexuality, with some avoiding home country networks. Stigma was reinforced through cultural taboos about homosexuality in migrant groups and racism within Australia. Some participants avoided health services due to fear of judgment, while others found inclusive services in Australia but wanted greater cultural safety. Participants acknowledged Australia's anti-discrimination policies, but still encountered structural stigma in migration systems, media portrayals, and visa-related fears, leading to social and service engagement exclusion.

Conclusion:

Stigma and culture intersect across individual, interpersonal, community, organisational, and policy levels to influence overseas-born GBM's access to HIV and sexual health services. Addressing these barriers requires culturally

responsive care, improved representation, community education, and policies that reassure and protect migrant health rights.

Disclosure of Interest Statement:

The Centre for Social Research in Health receives funding from the Australian Government Department of Health. Simin Yu is supported by a scholarship from the China Scholarship Council and UNSW Sydney. This study was supported by funding from a National Health and Medical Research Council Partnership Project (GNT2002625) and the Faculty of Arts, Design & Architecture, UNSW Sydney. No pharmaceutical grants were received for this study.