

# OPTIMISING SERVICE PROVISION FOR ASIAN- BORN MIGRANTS LIVING WITH HIV IN AUSTRALIA: A QUALITATIVE STUDY.

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# ACKNOWLEDGEMENT OF COUNTRY

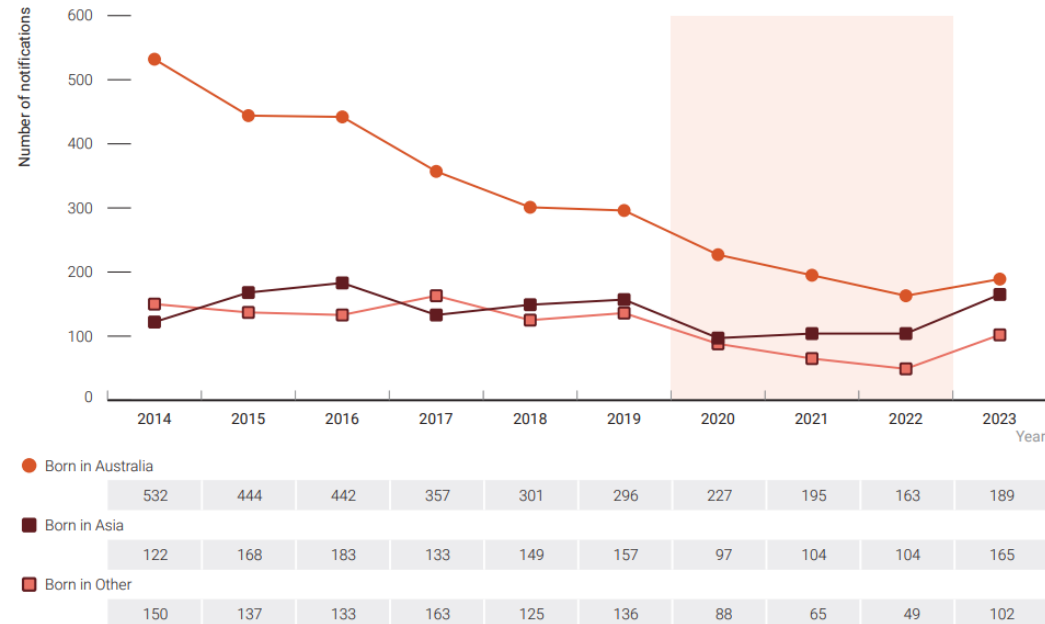
La Trobe University acknowledges our campuses are located on the lands of many Traditional Custodians in Victoria and New South Wales. We recognise their ongoing connection to the land and value their unique contribution to the University and wider Australian society.

La Trobe University is committed to providing opportunities for Aboriginal and Torres Strait Islander people, both as individuals and communities, through teaching, learning, research and partnerships across all our campuses.



# INTRODUCTION

**Figure 6** HIV notifications among men who reported male-to-male sex as an exposure risk by region of birth, 2014 – 2023



Note: The shaded section of the chart indicates the years most affected by the COVID-19 pandemic, 2020 – 2022.

Source: State and territory health authorities; see [Methodology](#) for details.

Image Source: Kirby Institute, Annual surveillance report 2024

*From 2014 to 2023, HIV cases among Asia-born men have risen, while declines among Australian-born men likely reflect PrEP use and U=U awareness.*

## Experiences of Asian-born migrants with HIV

- Social determinants (stigma, poverty, limited health literacy, migration status) hinder equitable HIV care and disrupt adherence (Menza et al., 2021; Mikolajczak et al., 2022; Norman et al., 2025)
- Asian-born GBMSM in Australia face higher rates of late HIV diagnosis, related complications, and lower care access than non-migrants (King et al., 2024; Marukutira et al., 2020; Medland et al., 2018)

# METHOD



## Participants

### Key informants (n=9)

project officers, peer navigators, case managers (e.g., social workers, nurses), program administrators, researchers, community advocates

### Asian-born PLWH in Australia (n=9)

Gay, bisexual, and other men who have sex with men (GBMSM), temporary visa holders, residing across multiple states/territories



## Data collection

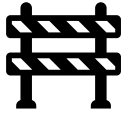
In-depth semi-structured interviews



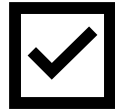
## Data analysis

Inductive approach  
Reflexive Thematic Analysis (RTA)

# KEY FINDINGS



**Barriers to Care**



**Facilitators of Care and  
Service Engagement**



**Opportunities for  
Enhancement**

# THEME 1: BARRIERS

**Cultural and language barriers:** Difficulties understanding medical information, navigating health care systems, and communicating with providers can reduce access, quality, and continuity of care.

**Stigma, discrimination, and bureaucracy:** Shame, internalised stigma, and navigating different state-based health systems discourage disclosure and delay access to appropriate services

**Time and financial pressures:** Multiple jobs, high living costs, and medical/mental health expenses restrict time and resources for timely care

*"Language barriers [can be difficult] if they recently have moved over – I think that's another thing, a lot of the stuff that people produce may not be written clearly enough or they may not even have words for because again in their culture they don't think it's important therefore it may not be in their language, so how do you think explain that to someone"*

*"Probably [they're] not very familiar what the health care setting is in Australia, because it's very different from Asia."*

*"Does that mean I'm a bad person, HIV is so connected to morality in a lot of Asian cultures, so that really is like step one. You know, like, who are you, like are you a dirty person?"*

*"I would say there is an intersection with some people of Asian background where they might be juggling many different things in their lives – I wouldn't say poverty is one of the things that they're juggling but they might be juggling many jobs – so they're time poor [..]"*

**Culturally responsive care:** Bicultural workers and services that affirm ethnic, cultural, and religious identities enhance trust, engagement, and continuity of care.

**Integrated and holistic support:** Combining mental health, legal, and HIV services reduces complexity and improves timely access to care

**Transnational and community networks:** inclusive peer and diaspora networks provide social support, advocacy, and sense of belonging beyond clinical care.

*"I really want to have a community of people from the (country of birth) community or from south Asian or Asian community to working for me."*

*"So I know that there is really good program that works with I think gay Asians [...] but I know that's really good for like networking people [...] I know that [LGBT health organization] and [PLWH community organization] have tried to like you know create kind of brochures and all that with different languages on it "*

*"It's about creating literacy, wellness and access to health services from within the community and it has to be more focused on health and less focused on the HIV issue."*

*"targeted like prior to their visas experiencing or maybe prior to them having been in that point of crisis."*

*"I guess [what] I was saying is that the HIV sector in Australia could be working – there's an opportunity to work a little bit more in tandem with international or Asian-based HIV organisations."*

## **Peer- and community-led initiatives:**

Expanding initiatives led by Asian-born PLHIV fosters ownership, trust, and meaningful engagement in HIV services.

**Leadership pathways:** Creating roles for community members in decision-making and policy co-design strengthens representation and responsive care systems.

**Empowering service environments:** Promoting agency and dignity in service delivery ensures equitable access and addresses structural barriers beyond clinical needs.

*“So these models of peer support that are not only based on behaviour but on their cultural understanding or linguistic understanding so there are different models of support and care that should be explored, because there is no one size fits all.”*

*“I found peer support worker really effective in this little transition area”*

*“I guess more people living with HIV from Asian background to stand out and share their work—that’s really good, and I think that will eventually empower others.”*

*“Maybe if you look at more of a stewardship role, like once we teach someone how to be a leader, especially within the Asian migrated experience that we then start building up people that have gone through peer support or through these networks to become leaders themselves and then try to find one or two other people and make that trickle-down effect really happen and then it will happen really really fast and so leadership training is something.”*

# CONCLUSION

Overall, participants suggested that...

- **Inclusive, empowering services** → enhance engagement & health outcomes
- **Community-led, culturally responsive care** → addresses complex and evolving needs
- **Cultural competency & anti-stigma frameworks** → promote inclusivity and trust
- **Centralised HIV platforms** → streamlines processes and improves service navigation
- **Policy support** → foster equitable access, sustainable engagement and transnational networks

*These recommendations recognise the efforts of existing programs and the experiences shared by participants, aiming to further enhance services for Asian-born PLHIV.*

**“IT’S ALMOST OUR TURN NOW TO START REALLOCATING RESOURCES TO THESE MINORITIES TO TRY AND TARGET THEM SPECIFICALLY – WHICH GAY OR BISEXUAL ASIAN MEN ARE ONE OF THEM”**



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# ACKNOWLEDGEMENT OF AUTHORS

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# **DISCLOSURE OF INTEREST STATEMENT**

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# THANK YOU

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