

PATHWAYS TO CONNECTING WITH SEXUAL HEALTH SERVICES AMONG OVERSEAS-BORN GAY, BISEXUAL, AND OTHER MEN WHO HAVE SEX WITH MEN IN AUSTRALIA: A QUALITATIVE ANALYSIS

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Background:

Newly arrived overseas-born gay, bisexual, and other men who have sex with men (GBM) account for an increasingly large proportion of new HIV diagnoses in Australia and are a priority population in Australia's HIV strategies. We explored the pathways through which overseas-born GBM connect with sexual health services to identify potential barriers and facilitators to access.

Methods:

Semi-structured interviews were conducted with overseas-born GBM (cis and trans) aged ≥18 years old who arrived in New South Wales from 2017 onwards. Eligible participants were born in Asia, Latin America, Africa, the Middle East, or Eastern Europe. Interviews explored migration experience, discovering sexual health services, and social connections with other GBM. Interviews were analysed thematically.

Results:

Of the 29 participants, median age was 29 with most identifying as cis-male ($n=28$) and gay ($n=22$). Most were born in Asia ($n=16$) or Latin America ($n=8$) and 24 were HIV negative.

Participants commonly anticipated that cost and lack of confidentiality were barriers to access, with some reporting uncertainty and nervousness when first accessing sexual health services. Participants described a wide variety of pathways for learning about Australian sexual health services, including HIV awareness campaigns, STI screening outreach programs, and information provided through university services. A small number of participants said learning about and a desire for PrEP motivated them to engage with sexual healthcare. For some, seeing information about sexual health services prompted them to engage in care with many seeking out further information of their own accord.

Conclusion:

Participants' accounts highlighted the crucial role, and need for, various resources to overcoming barriers experienced by overseas-born GBM to sexual health services.

However, further resources co-designed with overseas-born GBM, are needed. It is important for these resources to emphasise the free and confidential nature of publicly funded services, and also promote PrEP and pathways to access.

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