

# Experiences of living with HIV, stigma, and healthcare access in Australia among people born in China, Thailand, and Latin America compared to people born in Australia

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## Background:

Progress towards the UNAIDS 95-95-95 targets is significantly lower among people living with HIV (PLHIV) born in Latin America and Asia compared to Australian-born PLHIV. Stigma is a major barrier to progress towards these targets. This project aimed to identify differences in experiences of living with HIV, stigma, and healthcare access between PLHIV born in Asia and Latin America and PLHIV born in Australia.

## Methods:

Sydney Sexual Health Centre clients living with HIV were invited to complete an anonymous online survey, available in English, Spanish, Portuguese, Mandarin, or Thai. Participants born in Latin America, Thailand, and China were compared to Australian-born participants using multinomial regression.

## Results:

Among 153 participants, 71 were born in Australia, 45 in Latin America, 24 in Thailand, and 13 in China. Most participants (79.5%) were gay men, 97.0% were on HIV treatment and 93.5% reported an undetectable viral load (UVL). 50.3% of all participants had experienced HIV-related stigma in the past year. Over 40% from each country reported not disclosing their HIV status to health workers. Compared to Australian-born participants, Latin Americans attended more HIV-related medical appointments in the past year (RRR=3.24, 95%CI=1.01-10.33) but were less open about their HIV (RRR=0.24, 95%CI=0.10-0.57). Thai participants were less likely than Australian-born participants to report UVL (RRR=0.02, 95%CI=0.00-0.41), and reported HIV as being more central to their identity (RRR=1.38, 95%CI=1.08-1.76). Chinese participants were less likely than Australian-born participants to report UVL (RRR<0.01, 95%CI=0.00-0.18) and more likely to conceal their HIV (RRR=1.44, 95%CI=1.04-1.98).

## Conclusion:

HIV-related stigma and reluctance to disclose HIV status were commonly reported by all participant groups, irrespective of birth country. More nuanced differences in stigma-related experiences and HIV healthcare outcomes were evident among participants born overseas. Differences in cultural experiences of HIV-related stigma must be considered when developing approaches to inclusive healthcare practices.

## Disclosure of Interest Statement:

The Authors have no disclosures of interest to declare.