

ABSTRACT

Doxy-PEP Access & Health System Navigation

Doxycycline Post-Exposure Prophylaxis (Doxy-PEP) Awareness, Access Gaps and Health System Navigation Barriers Among Gay, Bisexual and Other Men Who Have Sex with Men from Multicultural Backgrounds in NSW, Australia.

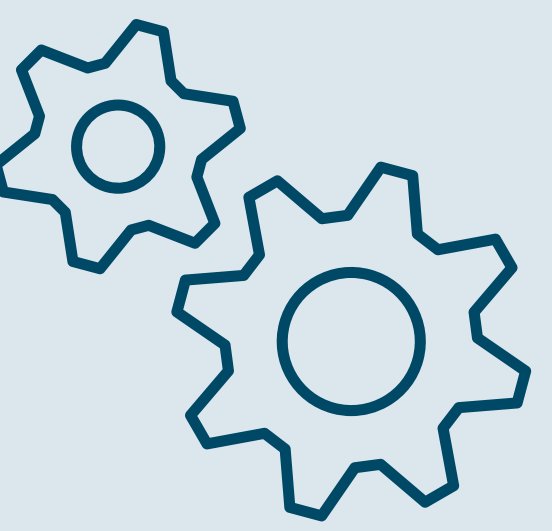
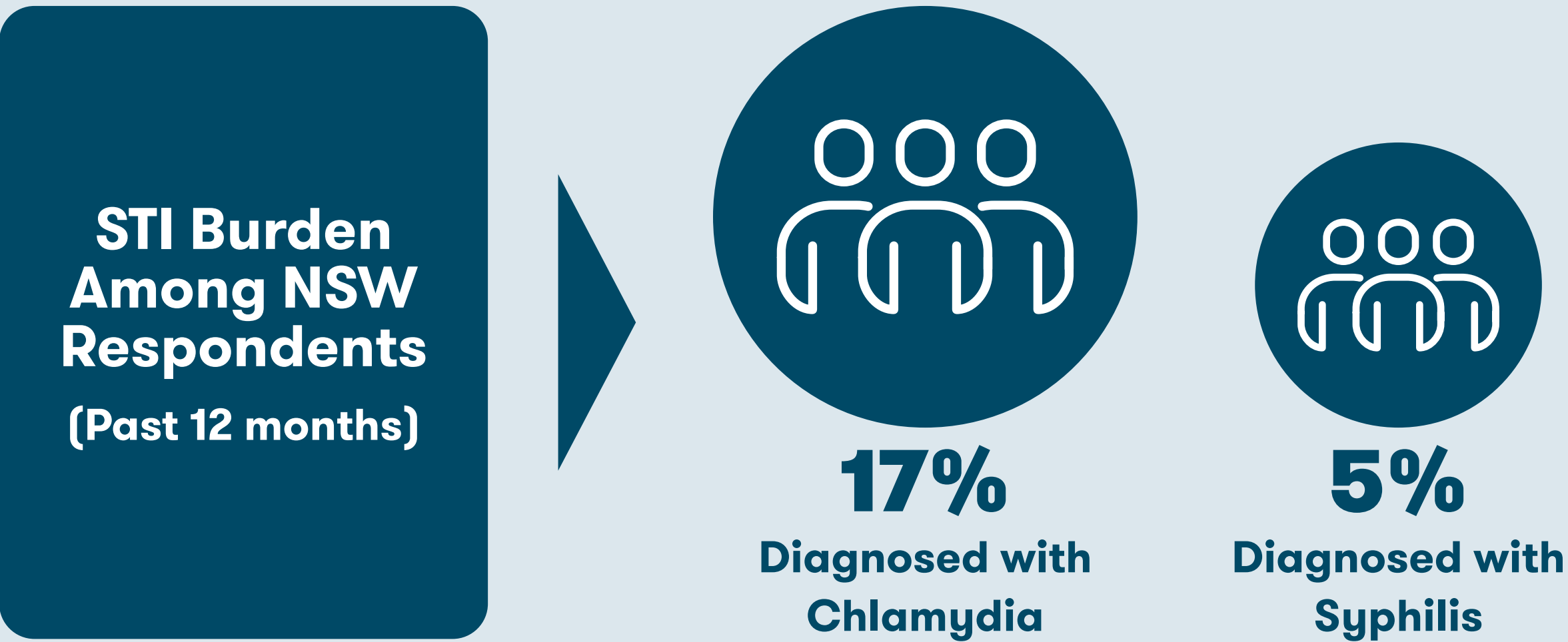
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1. BACKGROUND

Doxycycline post-exposure prophylaxis (Doxy-PEP) is used to reduce bacterial STI risk among gay, bi+, queer and other men who have sex with men (GBQMSM). In Australia, Doxy-PEP requires a GP prescription; however, in Thailand and several other Southeast Asian countries, it is available over the counter. For GBQMSM migrating from these countries, access to an affordable GP in Australia can be a key barrier to accessing Doxy-PEP. STI burden in these communities was high: chlamydia was diagnosed in 17% and syphilis in 5% of NSW respondents in the past 12 months. This study examines Doxy-PEP awareness and access knowledge among multicultural diverse GBMSM in Australia and provides recommendations for engagement.



2. METHODS

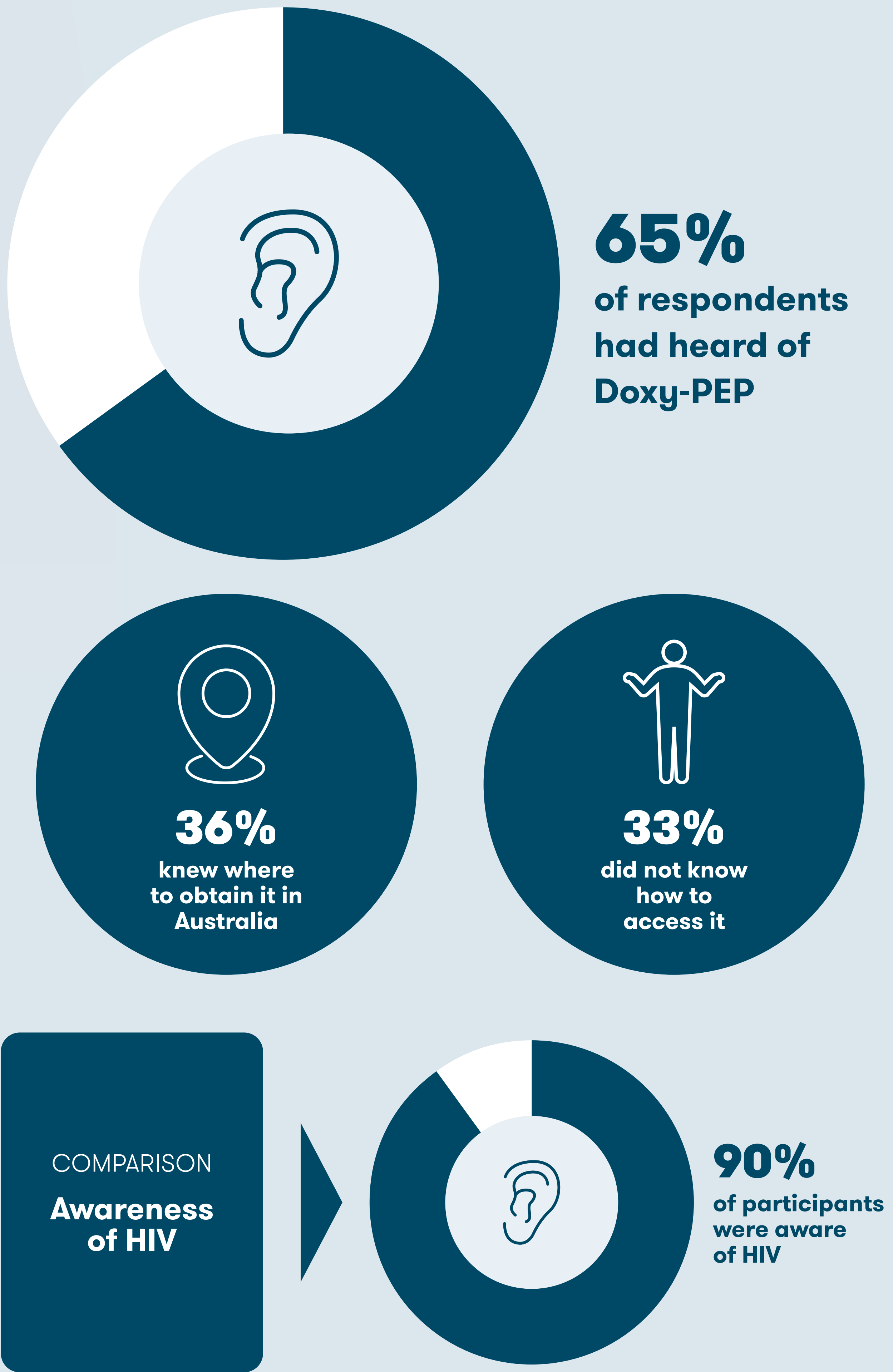
The data was drawn from the GLAAAM+ Survey 2025, a national cross-sectional behavioural study of GBQMSM from Asian, African, Latin American, Middle Eastern and other multicultural backgrounds (n = 956 nationally; n = 526 NSW), conducted in September–December 2025. Respondents were asked about Doxy-PEP awareness and knowledge of access pathways. Subgroup analyses were conducted by country of birth, years lived in Australia, and visa status.



3. RESULTS

The majority (65%) of respondents had heard of Doxy-PEP, of whom whom 36% knew where to obtain it in Australia, , and yet, of whom 30% who did not know know how to access it. This identifies a critical knowledge gap, affecting nearly one-third of participants. By comparison, 90% of participants were aware of HIV. The gap was most pronounced amongst recent arrivals (within four years) and those on temporary visas.

AWARENESS AND ACCESS TO DOXY-PEP



4. CONCLUSIONS

For migrants from countries where Doxy-PEP is available over the counter, limited access to affordable general practice in Australia represents a significant barrier to Doxy-PEP access. Health promotion must move beyond awareness to explicitly teach health system navigation, including how to access Doxy-PEP in Australia. Peer educators from CALD LGBTQ+ communities, with lived experience of navigating different health systems, are uniquely placed to bridge this gap. Multilingual, peer-led resources co-designed with migrant communities are essential to ensure equitable Doxy-PEP access amongst CALD GBQMSM.