

Impact of stigma on accessing HIV services among overseas-born gay, bisexual, and other men who have sex with men: A qualitative study

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Word Count (max 300): 296

Background/Introduction:

Overseas-born gay, bisexual, and other men who have sex with men (GBM) represent an increasingly large proportion of HIV diagnoses in Australia. Stigma is a barrier to seeking HIV services for some overseas-born GBM. We explored the impact of stigma on seeking HIV and sexual healthcare among recently arrived, overseas-born GBM in Australia.

Methods/Approach:

We conducted in-depth, semi-structured interviews with overseas-born GBM. Eligible participants were aged ≥ 18 years, had arrived in New South Wales from January 2017 onwards, and were born in Asia, Latin America, the Middle East, Eastern Europe, or Africa. Participants were recruited through sexual health clinics and community-based LGBTQ+ organisations. Interviews were analysed thematically.

Findings/Results:

The 29 interviewees were aged between 22 and 47 years. Most participants identified as cis men ($n=25$), gay ($n=20$) and were born in Asia ($n=15$) or Latin America ($n=8$).

Participants generally reported positive experiences in public HIV services. Negative interactions were usually experienced in private clinics and generally characterised as a lack of clinician expertise in providing HIV and sexual healthcare, as distinct from expressed stigma/discrimination. For some participants, prior experiences of

LGBTQ+-related stigma in their country of birth complicated initial engagement with HIV services in Australia as some participants anticipated similar experiences of stigma in Australian services. Psychological and/or counselling services, including within public HIV services, were valued for helping explore participants' sexuality. In some instances, counselling services were a pathway through which participants were referred to HIV testing services.

Implications/Conclusion:

While stigma in HIV services was rarely reported, past and ongoing experiences of stigma related to sexuality can complicate engagement with sexual health services. Promotion of publicly HIV services should emphasise the respectful nature of these services. Psychosocial health services can also be utilised to both promote healthy relationships with sexual identities and encourage engagement with HIV/STI testing services.

Disclosure of Interest Statement

The Kirby Institute is funded by the Australian Government Department of Health. This study was supported by funds from the NSW Ministry of Health. No pharmaceutical grants were received for this study, and all authors declare no conflict of interest.

Presenter Bio:

Nathanael Wells is a medical anthropologist and research associate at the Kirby Institute, UNSW. Nathanael's research focuses on experiences of recent HIV diagnoses, barriers and facilitators to accessing sexual healthcare among overseas-born GBM, anal cancer prevention among people living with HIV, and HIV peer support services.