CONCEPTUALISING QUALITY OF LIFE AMONG ASIAN-BORN MEN WHO HAVE SEX WITH MEN LIVING WITH HIV IN AUSTRALIA

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A survey of health and wellbeing among people living with HIV

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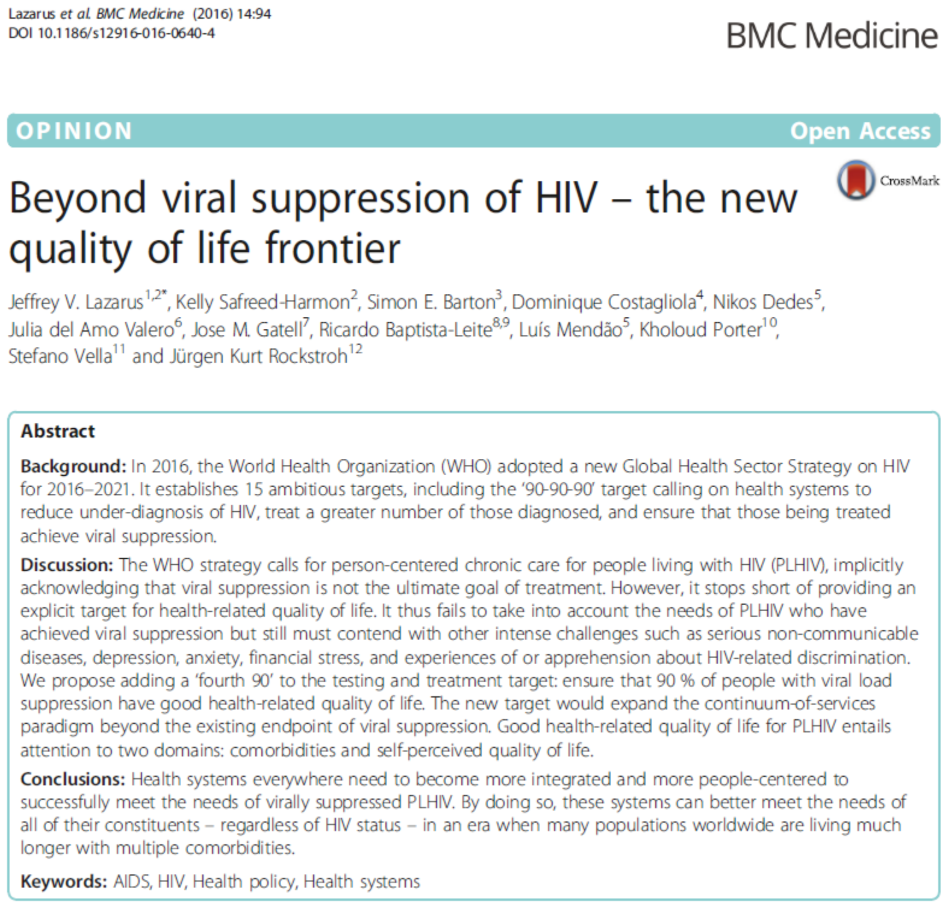
INTRODUCTION

- International HIV policy now centres on the UN 95-95-95 targets, but there is growing recognition that success also depends on the broader health and social wellbeing of people living with HIV.
- Quality of life (QoL) has therefore become a critical measure, understood as a multidimensional concept that reflects health, psychological, social, and functional aspects of everyday life.
- Prior research shows that QoL can be strengthened by income, work, and social connection, but undermined by stigma, isolation, and poor health — highlighting the need to address social as well as clinical factors.



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OPINION Open Access

Beyond viral suppression of HIV – the new quality of life frontier

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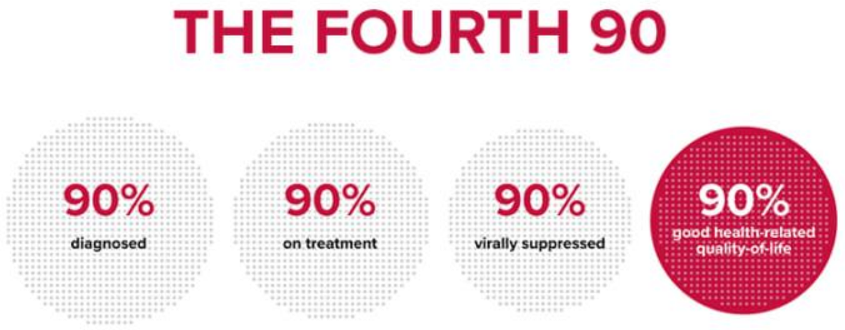
Abstract

Background: In 2016, the World Health Organization (WHO) adopted a new Global Health Sector Strategy on HIV for 2016–2021. It establishes 15 ambitious targets, including the '90-90-90' target calling on health systems to reduce under-diagnosis of HIV, treat a greater number of those diagnosed, and ensure that those being treated achieve viral suppression.

Discussion: The WHO strategy calls for person-centered chronic care for people living with HIV (PLHIV), implicitly acknowledging that viral suppression is not the ultimate goal of treatment. However, it stops short of providing an explicit target for health-related quality of life. It thus fails to take into account the needs of PLHIV who have achieved viral suppression but still must contend with other intense challenges such as serious non-communicable diseases, depression, anxiety, financial stress, and experiences of or apprehension about HIV-related discrimination. We propose adding a 'fourth 90' to the testing and treatment target: ensure that 90 % of people with viral load suppression have good health-related quality of life. The new target would expand the continuum-of-services paradigm beyond the existing endpoint of viral suppression. Good health-related quality of life for PLHIV entails attention to two domains: comorbidities and self-perceived quality of life.

Conclusions: Health systems everywhere need to become more integrated and more people-centered to successfully meet the needs of virally suppressed PLHIV. By doing so, these systems can better meet the needs of all of their constituents – regardless of HIV status – in an era when many populations worldwide are living much longer with multiple comorbidities.

Keywords: AIDS, HIV, Health policy, Health systems



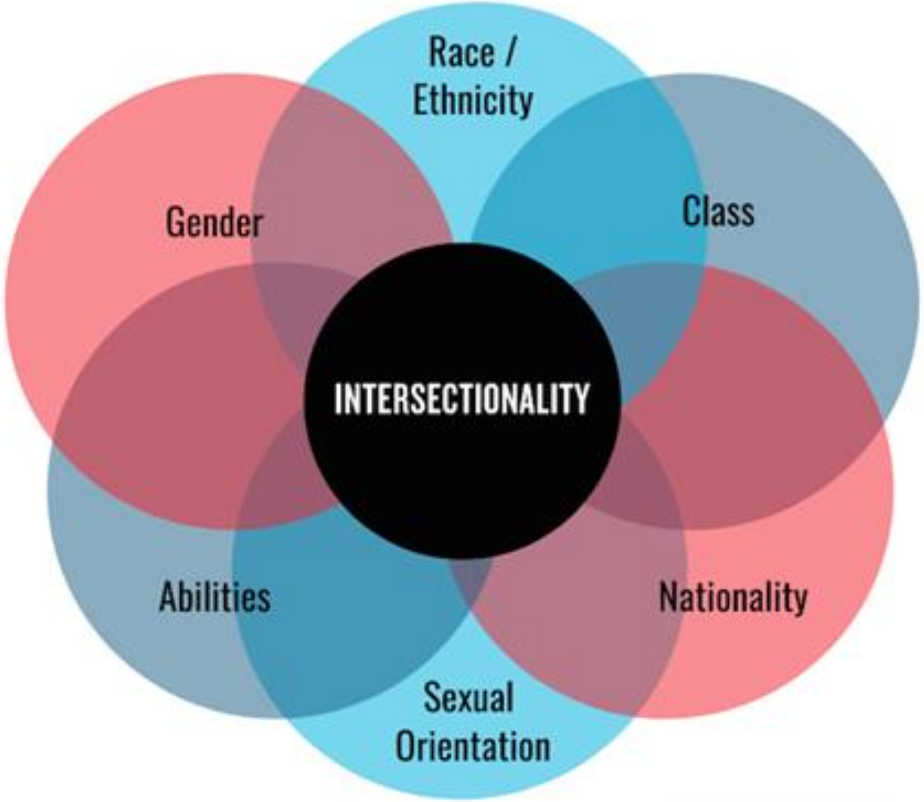
HIV AND MIGRATION IN AUSTRALIA

- While HIV diagnoses have declined significantly among Australian-born gay and bisexual men, this trend has not been mirrored among overseas-born men, especially those from Asian countries.
- Migrants often encounter unique barriers in engaging with HIV prevention and care, including language and cultural differences, lack of familiarity with services, and uncertainty linked to visa status.
- These challenges are compounded by experiences of stigma, discrimination, and isolation, which intersect with sexuality, HIV status, and migration.
- Understanding quality of life in this context is essential to ensuring Australia's HIV response is both equitable and inclusive of migrant experiences.

STUDY AIM: to understand the ways in which migration experiences, including experiences relating to identity, relationships, structural racism, social marginalisation and discrimination, affects wellbeing and QoL for MSM who are living with HIV.

INTERSECTIONAL APPROACHES TO QOL

- HIV-related stigma does not affect all people equally; its impact is shaped by intersecting factors such as sexuality, gender, race, migration status, and class.
- Intersectionality provides a framework to understand how these overlapping identities and structural inequalities influence the lived experiences and wellbeing of people living with HIV.
- In particular, racism and xenophobia within health and migration systems compound HIV stigma, limiting agency, access to care, and opportunities for belonging.
- Applying an intersectional lens enables us to critically examine how quality of life is shaped not only by HIV itself, but by broader systems of power, exclusion, and representation.



STUDY DESIGN

- Qualitative study (18 interviews: 9 people living with HIV, 9 key informants)
- Participants: Asian-born MSM with HIV in Australia, and community stakeholders
- Co-designed and run with community (PANA, NAPWHA); peer interviewer
- Analysis guided by an intersectionality framework

PANA
POSITIVE
ASIAN
NETWORK
AUSTRALIA

napwha
national association of
people with HIV australia

LIVING IN LIMBO

- **Anxiety about visa uncertainty, long waiting periods**

"It's always in the back of my mind, I try not to think about it as often as possible. But it's always at the back of my like, you know, am I going to stay, am I going to live [in Australia], will there be a tribunal and all that stuff.." — Amir, NSW, 30s

- **Financial strain**

"I had to take out a loan as well when I moved here from [country of birth], just to be able to cover all of my costs, my lawyer costs, my migration costs because it's quite expensive." — Amir, NSW, 30s

"My clients are saying that 'I have paid my tax, I have two or three jobs that I juggle to survive here, and yet just because of one diagnosis I cannot get a permanent residency" — NSW, peer navigator

- **Uncertainty about ongoing HIV-related care**

"I worry if my visa got rejected and I need to go back to [country of birth] and then I'm really really worried about my HIV condition, because back there it's quite difficult to access medication […] It's already hard to live there as a gay man because we can't come out as gay there. But plus with the HIV it's much much more harder of course." — Rohan, VIC, 30s

WORTHINESS

- **HIV increases creates a burden of proving ‘worthiness’**

“Living with HIV adds a layer of complexity to the immigration experience and [it’s] almost like having to prove your worth to the Government.” — Community health promotions officer, NSW

- **Closing migration pathways**

“Had I not been HIV positive, I could have gone onto other pathways, other visa, which probably I suppose which probably would have been easier […] with the sponsorship visa that I’m on now, it's probably a long journey, and of course you know when we apply further down the track, the permanent residency, we would need the health waiver and that is also another process. So it's going to be a long journey, that is the uncertainty”. — Adam, VIC, 30s

FEAR OF REJECTION & DISCLOSURE

- **Concerns about disclosing HIV status to family/friends**

Coming from South Asia or Asian cultures – when you are not open about your sexuality with your family or the society at large and now you are also not really sure if you want to open up about your HIV diagnosis with your dear friends and friends in the LGBT circle as well. So that definitely creates a bit of a – like you hide things from people so already you're used to hiding things from the larger society and now it also hides certain aspects of your life from the gay society of friends as well that you live with or hang out with. — Jay, NSW, 40s

I have not disclosed to my family – I don't think I will, I just see no reason in going down that road, I don't see any benefit in that for me. — Dev, NSW, 20s

- **Fear of dual rejection**

"Being in a new country you kind of tend to feel isolated and worried about how your future is going to pan out if the future prospects of having a partner or something – those concerns and I think that concern is normally shared by LGBTQ+ people but that gets aggravated when you are also living with HIV because then that becomes an additional hurdle when you're trying to make meaningful relationships". — Jay, NSW, 40s

NAVIGATING BELONGING

Experiences of racism and exclusion

"Culturally it's very different how I grew up, so I guess even like after being in Australia for 7 years now I still find it sometimes can be a little bit [of a] struggle because of my race […] I guess just because of my appearance it's very different than what Australian society looks like." — NSW, HIV community advocate

Resilience and empowerment through HIV experience

"I think you know because the health care system that treated me well when I first diagnosed positive in Victoria, I was inspired to work in the health care setting, that's why I've chosen to work in [health field]." — Adam, VIC, 30s

Representation fosters belonging and safety

"It's just the fact that when as a client if I go to a group, a peer group, a service, and I can see someone of my skin colour there, I know I will be safe. That is why having representation of the groups we're trying to reach in the work is so important." — NSW, community health promotion officer

CONCLUSIONS

If we do not look at the impact of an HIV diagnosis in relation to migration experiences or racism, we will not understand the ways in which HIV stigma functions for many people living with HIV or the ways in which racism affects quality of life for people with HIV.

Improving quality of life for all people living with HIV in Australia requires attention to racism and supporting people to build belonging and connection.

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