



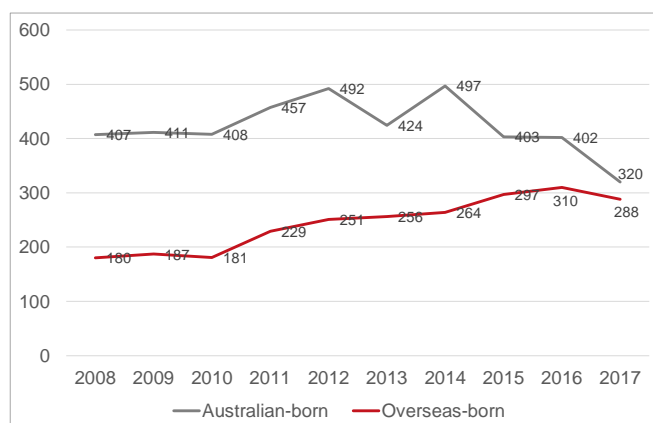
Reaching overseas-born MSM for HIV research and prevention: Opening remarks and setting the scene

Benjamin R. Bavinton | 25 September 2018



What do we know?

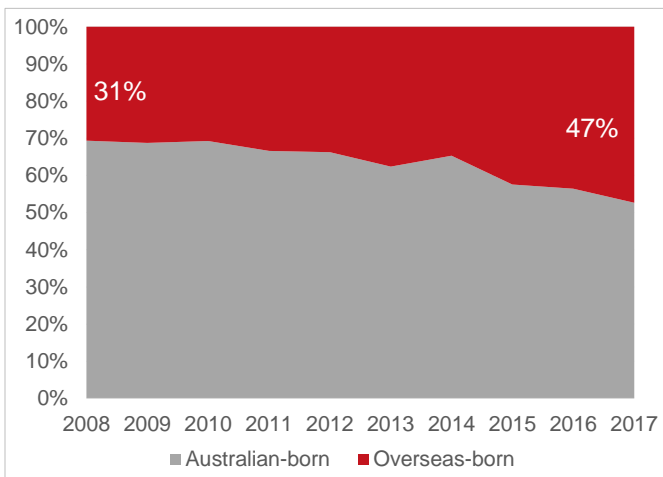
HIV diagnoses: National



Moderate decline in new diagnoses in Australian-born MSM, and an increasing trend in overseas-born MSM over a sustained period.

What do we know?

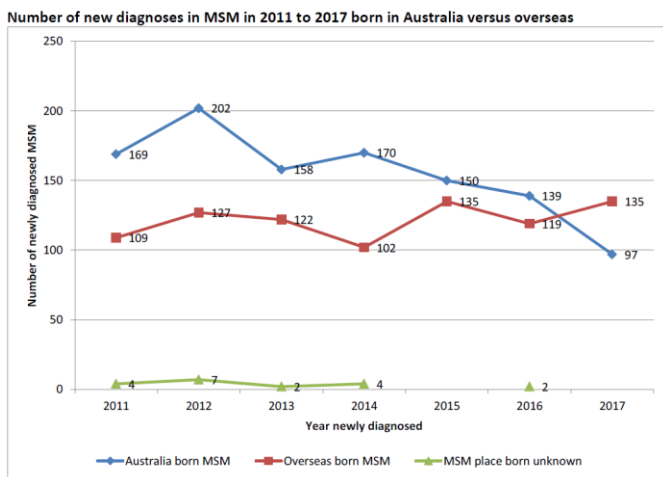
HIV diagnoses: National



The proportion of overseas-born GBMSM diagnoses increased from 31% in 2008 to 47% in 2017.

What do we know?

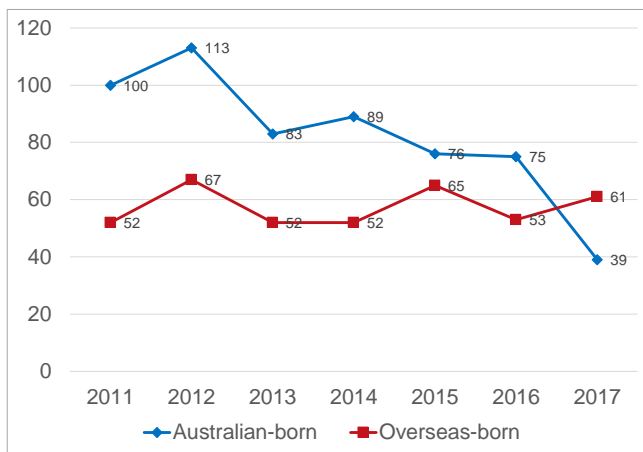
HIV diagnoses: NSW



2017 was the first year in NSW with a greater number of new diagnoses in overseas-born MSM than in Australian-born MSM

What do we know?

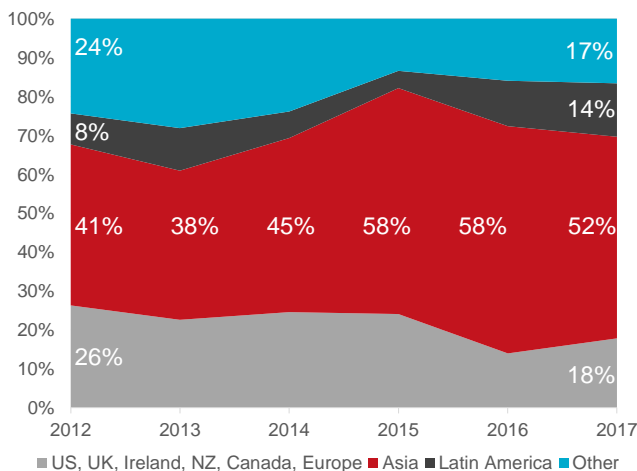
Early HIV diagnoses: NSW



The decline in Australian-born MSM diagnoses is even more marked for “early” diagnoses (i.e. ones that could have been prevented by PrEP)

What do we know?

Region of birth



Nationally, MSM born in Asia made up over half of the overseas-born MSM diagnoses in the last few years

Increase in Latin American-born MSM

What do we know?

HIV testing and late diagnosis

- Late diagnosis is more common in overseas-born MSM (Southeast Asia) nationally and in NSW.
- However, it is also more common among MSM:
 - Aged over 50
 - Not living in urban areas
 - Having sex with women
 - Having sex with women *and* injecting drugs

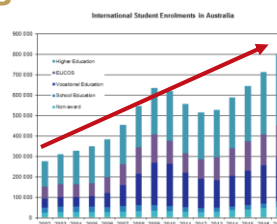
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Kirby Institute, Annual Surveillance Report, 2017; Telfer, ASHM presentation, 2017

What do we know?

International student enrolments

- International student enrolments have increased and are on a continuing upward trajectory.
- There are over 600,000 international students in Australia.
 - Only **half** are studying at universities
 - VET and English courses are the other main areas.



Countries	%	N
China	30%	≈ 230,000
India	11%	≈ 90,000
Brazil + Colombia	7%	≈ 58,000
Nepal + Sri Lanka + Bangladesh	6%	≈ 52,000
Malaysia	4%	≈ 32,000

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What do we know?

Overseas-born MSM are not a homogenous group

- This has major implications for **how** to engage them but also what we **do** once we've engaged them

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What do we know?

'Overseas-born' as a proxy?

- We are focusing on 'overseas-bornness' as the defining characteristic
 - This is primarily because it is the easy-to-measure indicator that we have in our existing datasets
- But rather than being the most important feature in itself, 'overseas-bornness' may be more of a **proxy** for a range of other factors that are less directly-measured or measurable
- We must ensure we do not over-interpret or over-emphasise the meaning of 'overseas-bornness' itself

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New diagnoses and access to HIV prevention

Overseas-born MSM

- Low health literacy, HIV literacy, health system literacy
- Dislike/distrust in medicines
- Distrust in government/authorities
- Confidentiality concerns
- Internalised homonegativity
- Fear of being seen at a clinic/outed in COB community
- Fear of being seen as 'promiscuous'
- Not identifying as/with GBM
- Cultural meanings in campaigns get lost in translation
- Inexperience in sexual situations
- Low skills in sexual negotiation
- No/low participation in informed gay or peer networks
- Low English language proficiency
- Not wanting/only wanting to see a COB doctor/service
- Not wanting to discuss sex with clinician
- Cost issues / Medicare ineligibility
- Fear of bans on permanent migration due to HIV diagnosis
- Experiences of racism in gay community/at health services
- Experiences of homophobia in COB community
- Not perceiving self as 'at risk'

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What we don't know...

...And we can explore using existing data sources

- Questions such as:
 - How much does location of residence matter in relation to COB?
 - How much does age matter in relation to both COB and location of residence?
 - Are there major differences between jurisdictions?
 - Are there differences in those born overseas according to when they arrived in Australia?

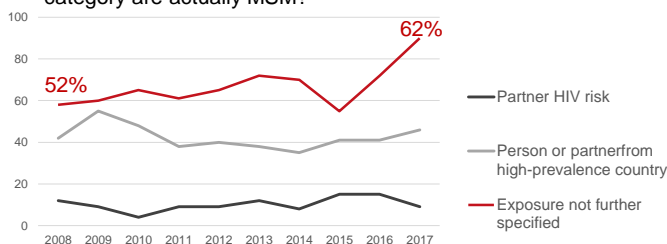
The Kirby Institute's national 'Gaps Project' is working on these analyses now

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What we don't know...

...And we probably can't figure out using existing data sources

- Questions such as:
 - How much do all the different factors impact diagnoses and interact?
 - How connected to gay community are the newly-diagnosed overseas-born MSM?
 - How many of the men in the “heterosexual, unspecified risk exposure” category are actually MSM?



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What we don't know...

...And we probably can't figure out using existing data sources

- Questions such as:
 - How much do all the different factors impact diagnoses and interact?
 - How connected to gay community are the newly-diagnosed overseas-born MSM?
 - How many of the men in the “heterosexual, unspecified risk exposure” category are actually MSM?
 - What are the patterns of sexual mixing among those born overseas, and how does this relate to location of residence and age?
 - How many of the new diagnoses are in international students (or MSM who were recently students)?
 - What are the ethnic breakdowns among the Australian-born GBMSM diagnosed with HIV? (i.e. could this be a “CALD” issue rather than an “overseas-born” issue? They are not synonymous!)

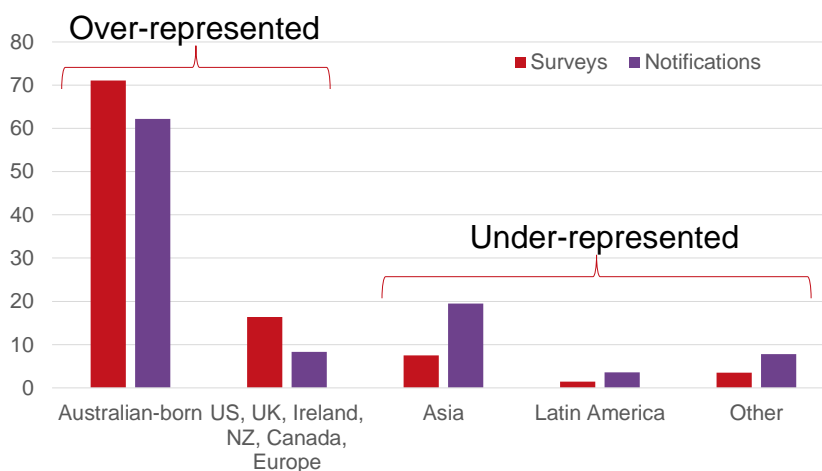
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Implications and Issues for Discussion

- There is a lot we do not know – we must be careful about making assumptions
- Individual stories are important but not necessarily representative
- Thinking about this group/subgroups as ‘hidden’ population(s)?
- How reflective is our current survey research of who is now getting diagnosed?

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Representativeness of our research



- Surveys recruit mostly gay-community-attached men

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Implications and Issues for Discussion

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- Individual stories are important but not necessarily representative
- Thinking about this group/subgroups as ‘hidden’ population(s)?
- How reflective is our current survey research of who is now getting diagnosed?
- How should we make decisions on what to prioritise (in light of limited evidence and many assumptions)?
- How do we ensure that research, programs, and services are not reoriented ‘too much’?

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Acknowledgements

- **Kirby Institute:**
Eithandee Aung, Skye McGregor, Jonathan King, Rebecca Guy, Andrew Grulich, Garrett Prestage, Mo Hammoud, Stefanie Vaccher, Praveena Gunaratnam and Phillip Keen
- **Centre for Social Research in Health:**
Martin Holt, Limin Mao and Tim Broady
- **ACON:**
Matthew Vaughan, Tim Chen
- All the people at countless meetings where these issues have been discussed over the past 2 years

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