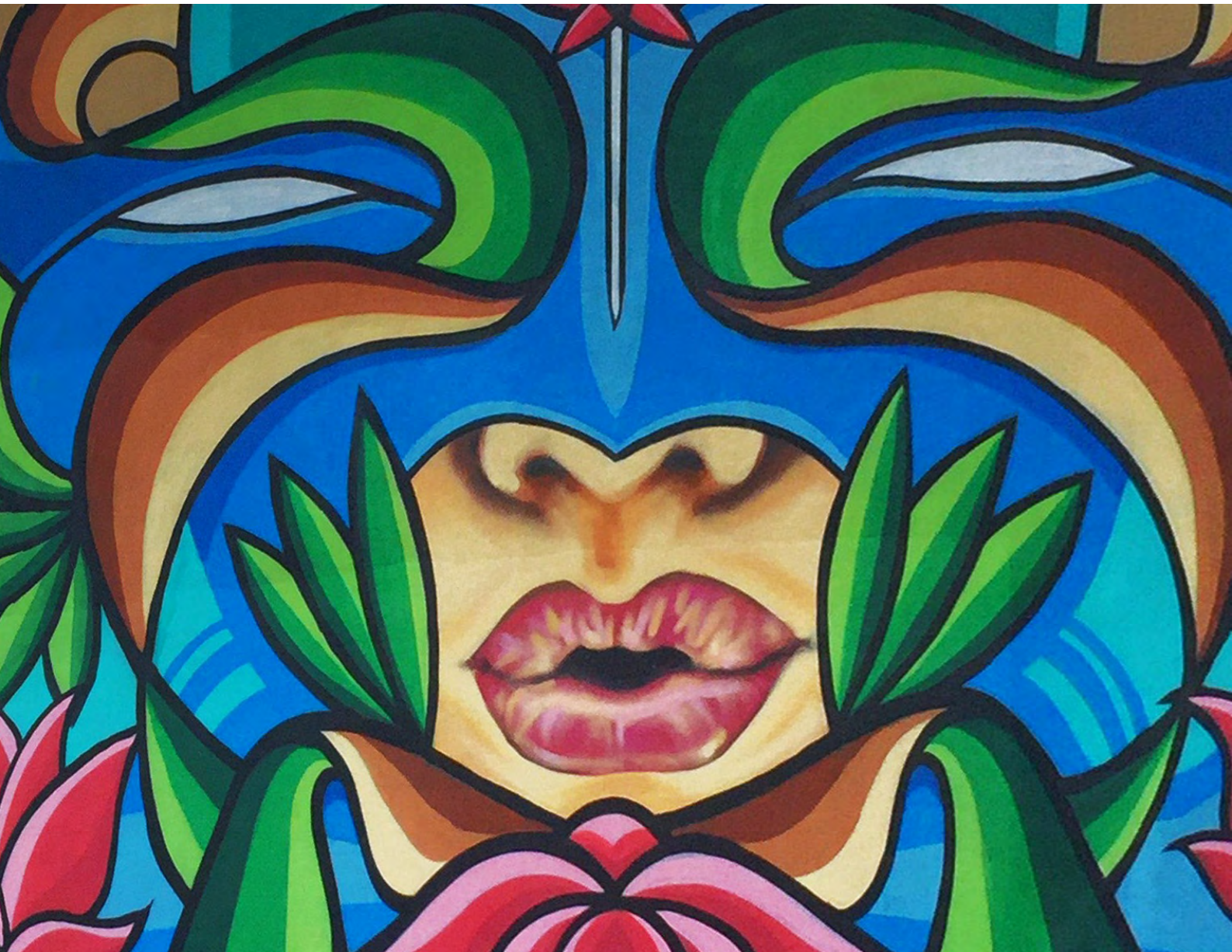


# Barriers to HIV prevention and care among gay men in Tasmania: Final report



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## Abbreviations

ART	Antiretroviral therapy
CSRH	Centre for Social Research in Health
GBM	Gay and bisexual men
GCPS	Gay Community Periodic Survey
GP	General practitioner
LGBTI	Lesbian, Gay, Bisexual, Transgender and Intersex
HIV	Human immunodeficiency virus
PrEP	Pre-exposure prophylaxis
STI	Sexually transmissible infection
TasCAHRD	Tasmanian Council on AIDS, Hepatitis & Related Diseases
TasP	Treatment as prevention
UNSW	The University of New South Wales

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# Executive Summary

The aim of this study was to examine barriers and incentives to HIV testing and treatment among gay and bisexual men (GBM) in Tasmania, including the role of stigma and discrimination in discouraging engagement with HIV and sexual health services. In-depth interviews were conducted with 16 men, and the sample included eight HIV-positive and eight HIV-negative men. Interviews were conducted by Tasmanian Council on AIDS, Hepatitis & Related Diseases (TasCAHRD) staff and peer recruiters during 2016. Participants reported that Hobart's gay community was small, and only a minority of men reported a sense of connection to this community. Many participants reported experiencing difficulties in forging social connections with other GBM, particularly outside of Hobart. HIV-positive participants reported that there was a stronger sense of a community for HIV-positive men, which provided an important space to discuss HIV treatments and health concerns, as well as give and receive social support. Most participants were satisfied with the care they had received at sexual health services, and most HIV-positive participants were satisfied with the HIV treatment and support that they were receiving. However, a number of barriers to accessing HIV testing and treatment were identified, including the limited availability of HIV testing and treatment services in Tasmania, concerns about maintaining anonymity and privacy in a small community, and stigma and discrimination towards GBM and people living with HIV. Improving the accessibility and availability of sexual health services and HIV treatment in Hobart and regional Tasmania are crucial to promote the engagement of GBM with HIV testing and treatment.

# Introduction

Gay and bisexual men (GBM) remain the population at highest risk of HIV transmission in Australia and other high-income countries. In Australia, 10% of GBM are estimated to be living with HIV, and GBM accounted for 68% of newly diagnosed HIV notifications in 2015 (Mao, Adam, Treloar et al., 2016; The Kirby Institute, 2016). The new era of HIV biomedical prevention, including pre-exposure prophylaxis (PrEP) and treatment as prevention (TasP), offers the possibility of dramatically reducing or eliminating new HIV infections (Holt, 2014). While most GBM have been tested for HIV, accessing HIV testing and treatment may be delayed or avoided for a number of reasons, including stigma related to HIV and sexual minority status (de Wit & Adam, 2008; Prestage, Brown, & Keen, 2012).

The Gay Community Periodic Survey (GCPS) was conducted for the first time in Tasmania in 2014 (Lea, Lee, Mao et al., 2015). This survey has been conducted in mainland states and territories annually or biennially since 1996, and monitors trends in sexual practices and HIV testing among GBM to inform Australia's HIV response (Holt, Lea, Mao et al., 2017)<sup>1</sup>. In the 2014 survey, almost one-quarter of participants (23%) reported that they had never tested for HIV, and two in five men aged under 25 years (41%) reported having never tested for HIV (Lea et al., 2015). These rates of testing were lower than the national average – 88% of GCPS participants nationally reported having tested for HIV in 2014 (de Wit, Mao, Adam et al., 2015). Condomless anal intercourse with casual male partners was also reported by a high proportion of GCPS participants in Tasmania (53% in the previous six months among men who had casual partners), which is one of the key sexual practices associated with HIV transmission among GBM (Lea et al., 2015). This was higher than reported among men nationally (37% in 2014) (de Wit et al., 2015). In the 2016 GCPS, there was no significant change in the rates of having ever tested for HIV (81%), but a reduction in the proportion of men who reported condomless anal intercourse with casual partners (38%) (Lea, Mao, Howes et al., 2017).

The findings suggested that there may be lower awareness of HIV and the risks of transmission among GBM in Tasmania, as well as poorer knowledge of where to access sexual health services. This could suggest that GBM in Tasmania face unique barriers to accessing HIV testing and support, which raised a number of issues for consideration in future research and provided the rationale for the current study.

In recent decades there have been vast improvements in the social position of GBM in Australia, indicated by improved social attitudes towards homosexuality and reforms to reduce legal and social inequalities (Keleher & Smith, 2012). In the Australian Study of Health and Relationships, the proportion of men who agreed that “sex between two adult men

<sup>1</sup> The Tasmania GCPS is conducted by the Centre for Social Research in Health UNSW with support from TasCAHRD and the Department of Health and Human Services Tasmania.

is always wrong” declined from 37% in 2001-02 to 25% in 2012-13, while among women agreement with this statement declined from 27% to 13% (de Visser, Badcock, Simpson et al., 2014). However, there has been an unevenness to these social changes, as stigmatising attitudes and homophobic victimisation remain commonplace, particularly outside of large cities (Morandini, Blaszczyński, Dar-Nimrod et al., 2015).

Stigma and discrimination towards GBM and people living with HIV have been associated with poorer health and wellbeing, including social isolation, mental health problems including depression and anxiety, and problems with substance use (Meyer, 2003; Vanable, Carey, Blair et al., 2006). Stigma and discrimination towards homosexuality and HIV in the general community and in healthcare settings have also been identified as barriers to accessing HIV testing and treatment (ASHM and NCHSR, 2012). GBM with higher expectations and experiences of stigma and discrimination may be less likely to seek testing for HIV and sexually transmissible infections (STIs) (Chesney & Smith, 1999; Flowers, Knussen, & Church, 2003). HIV-positive GBM may be reluctant to disclose their HIV status to family, friends and health workers due to concerns about social exclusion and discrimination, and how this information will be used (Evangeli & Wroe, 2017). Higher expectations and experiences of HIV stigma and discrimination have been found to be associated with a reduced likelihood of commencing treatment and poorer treatment adherence (Evangeli & Wroe, 2017; Sayles, Wong, Kinsler et al., 2009).

Barriers to HIV testing and treatment related to stigma and discrimination may be exacerbated in regional and rural areas, where there are fewer sexual health services and HIV specialist general practitioners (GPs) / s100 prescribers (ASHM and NCHSR, 2012; Carman, Grierson, Hurley et al., 2009). GBM in regional and rural areas in Australia have reported difficulties in finding competent, culturally appropriate and non-judgemental health services. In particular, GBM have reported concerns about anonymity and confidentiality in accessing HIV testing and antiretroviral therapy (ART) in regional and rural areas due to the small population, limited services, and fears of being identified as gay or HIV-positive in a small town (ASHM and NCHSR, 2012; Carman et al., 2009).



# Aims

The aim of this study was to examine barriers and incentives to HIV testing and treatment among GBM in Tasmania, including the role of stigma and discrimination towards sexual minorities and HIV in discouraging engagement with HIV and sexual health services.

We hoped to generate new knowledge about GBM's engagement with HIV and sexual health services that could be used by government and non-government organisations to better support the needs of GBM and people living with HIV in Tasmania.

# Methods

## Design

This was an exploratory qualitative study, comprising in-depth, semi-structured interviews with 16 gay and bisexual men in Tasmania.

The study was conducted in 2016 by the Centre for Social Research in Health (CSRH) at UNSW Sydney and the Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD). Ethical approval was received from the Human Research Ethics Committee of UNSW (Reference: HC15676).

## Participants and recruitment

Eligible participants were men who:

- Were aged 18 years and over.
- Identified as gay or bisexual, or had sex with another man in the previous 12 months.
- Resided in Tasmania at the time of interview.
- Were proficient in spoken English and able to provide informed consent.

Purposive quota sampling was used to recruit a diverse sample of men in terms of self-reported HIV status, age, residential location and cultural background. The number of participants was based on theoretical saturation, after which new themes and concepts were unlikely to emerge during data collection. The recruitment strategy was designed to ensure that a broad range of cultural experiences were represented in the sample.

Participants were recruited from multiple sources, including targeted paid advertisements on Facebook (see Appendix A), an advertisement and news story in TasCAHRD's Man2Man magazine (published quarterly online and in print) (see Appendix A), and social media promotion by TasCAHRD. Study promotion materials included information about the study's aims, eligibility and procedures, and the telephone and email contact details of TasCAHRD's Project Officer. Potential participants contacted TasCAHRD, who conducted an assessment of eligibility and arranged a mutually convenient time and location for the interview. Participants were remunerated \$30 cash as an appreciation of their time.

## Interviews

Interviews were conducted individually and face-to-face by five TasCAHRD staff members and one TasCAHRD volunteer. All interviewers were peers who were part of the gay community in Tasmania and familiar with HIV and sexual health services across the state.

A CSRH researcher travelled to Hobart to discuss the project with TasCAHRD staff and volunteers and provide training in the conduct of research interviews. Ongoing support and feedback from the CSRH researchers was provided to the interviewers throughout the recruitment period.

The median length of the interviews was 33 minutes, and ranged from 18 to 65 minutes. Interviews were audio-recorded and transcribed verbatim by a professional transcription service. CSRH researchers checked the transcripts for accuracy and potentially identifying information (e.g., names, locations). All potentially identifying information was removed and pseudonyms were used for all participants.

The interviews focused on the following domains:

- Connection to gay and HIV-positive communities in Tasmania.
- Experiences of living as a gay or bisexual man and/or HIV-positive person in Tasmania.
- Experiences of accessing HIV testing, HIV treatment and sexual health services in Tasmania and in mainland Australia.
- Barriers and incentives to accessing HIV and sexual health services in Tasmania.
- Experiences of stigma and discrimination in the community and when accessing health services.
- Personal strategies for maintaining sexual health.
- Ways in which HIV and sexual health services in Tasmania could work more effectively with gay and other homosexually active men.
- Ways in which gay community organisations could more effectively engage gay and other homosexually active men in HIV and sexual health services.

The Interview Schedule is shown in Appendix B.

## Data analysis

Thematic analysis was used for the analysis of interview transcripts, and was conducted by two CSRH researchers (TL and MH). This is an iterative, inductive approach that involves the identification of recurrent themes and concepts, and the re-examination of transcripts, themes and concepts as data collection and analysis proceeds. Data were initially coded by one researcher (TL) into broad categories based on the subject areas of the interview schedule. This coding was checked by the other researcher (MH) before proceeding to a second phase of identifying themes within each category (TL). The researchers periodically checked the codes as analysis proceeded to examine consistencies and discrepancies and develop a consistent coding frame. NVivo qualitative data analysis software (Version 11) was used to organise and code the interview transcripts and themes that were generated during data analysis (TL).

Direct quotes from participants are presented in the findings below. In any quote, a pseudonym has been used to preserve the participant's anonymity, and any other potentially identifying details have been removed. In each quote, the participant's age and HIV status is also presented to aid interpretation of the interview excerpt.

# Results

## Participant characteristics

Interviews were conducted with 16 men. Fifteen participants identified as cisgender men (i.e. their gender identity was the same as that assigned at birth) and one participant identified as “male-ish”. The median age of participants was 45 years (interquartile range 41.5 – 56.5 years) with participants ranging in age from 21 to 74 years. Fifteen participants identified as gay, and one participant identified as “probably gay”. While participation was advertised as open to men who identified as bisexual and other men who had sex with men, we had limited success in attracting these men to the study.

Eight participants reported that they were HIV-positive, and eight participants reported that they were HIV-negative when last tested. The median age of HIV-positive participants was older than that of HIV-negative participants (49 vs 42 years). Five participants reported that they were currently in a relationship with a man; four of these men said they were HIV-negative.

Nine participants identified as Anglo-Australian and two as Australian. The remainder identified as American (n=1), European (n=1) and Asian (n=1); two participants did not report their cultural or ethnic background. The majority of participants resided in Hobart (n=13). The remaining three participants resided in Launceston or northern Tasmania.

## Connection to gay community

There was considerable variation among men in this study in their experiences of being gay in Tasmania. While almost all participants had gay friends, only six participants reported feeling a sense of connection to a “gay community” in Tasmania. Of these men, engagement with gay community was via personal networks of gay men, attending Hobart’s gay nightclub, engagement with community organisations such as TasCAHRD, and involvement with organised social groups (e.g., a gay bushwalking group).

It was common for participants to describe the gay community in Tasmania as small, and that there were limited opportunities for meeting other gay men outside of Hobart, where the gay nightclub, community organisations and most organised groups were based. As one participant noted:

*In terms of a gay community in Hobart, I'd have to say no I don't feel like there is one, because I wouldn't know where to go and get it as I already said, but if I would have to go to Flamingo's on a Friday or Saturday night to experience that community, is that the extent of it? I'm not really into clubs, I'm not really into that scene of gay nightclubs, where else would I go? I'm aware that there are health services available at TasCAHRD, I'm aware there's identity sort of services available at "Working it Out", but they're sort*

*of quasi-health organisations in the community. There's no other outstanding locations or organisations or anything that you could go to, to get connected with people in the community. (Grant, 41 years old, HIV-negative)*

Like this man, many participants noted that the gay community was not very visible because of its small size, and thus many reported difficulties in finding places or activities through which they could forge social and sexual connections with other gay men. One participant noted that as there was only one gay nightclub in Hobart, and no saunas or sex clubs, 'beats' (public, usually secluded, places where men seek and have sex with men) therefore remained a popular way to find sexual partners. Others noted that while the increasing popularity of smartphone apps to meet sexual partners (e.g. Grindr) provided a novel means of meeting sexual and romantic partners, the growing use of apps was considered to be reducing the visibility of an already small gay community:

*As someone who's actually involved in the community, it could be better. Sometimes it feels like you know I only exist with doing stuff, because there's an absence of others and I would like to see particularly young gay men more active in community participation outside of going to a club, but even then I would say the numbers have dropped down. It seems to be, I guess in the event of social media and apps that community element has transformed and it's not what it was before social media and apps. (Adam, 27 years old, HIV-negative)*

Age was a common theme that participants raised when discussing their sense of connection to gay community. Participants in their 40s described themselves as being in a "limbo place" (Frank, 47 years old, HIV-positive), where they felt too old to regularly attend the local nightclub, which was perceived to be frequented by younger men, and too young to join gay social clubs, which were perceived to be primarily the domain of men aged 60 and above. As one participant noted:

*Well if there was a group for men in my age group that would be great, because I feel like I'm too young to be old and I'm too old to be young, so I seem to be in this limbo range in this town and when I first arrived, TasCAHRD had linked me in with bushwalking groups and all sorts of other groups, but again, everyone's very nice but there weren't necessarily any or enough people that I could relate to or identify with. Very nice older men, very nice lesbians, but actually I don't recall any young people really participating and everyone was just a lot older. I don't know maybe in those age groups, they're still on the mainland cultivating their careers possibly, but the few that are here are already in relationships and they don't participate in those groups. (Frank, 47 years old, HIV-positive)*

For some older gay men, Tasmania was seen as a place to settle down after living in larger cities on the mainland. This sentiment was echoed among some younger men who were not satisfied with the forms of gay socialising that were available to them, or the way that socialising was influenced by the demographic profile of gay men in Tasmania:

*I don't go to discos or anything like that anymore, I'm just too old for that. Maybe 20 or 30 years ago, but no, those days are long gone. Days on Oxford Street and the Mardi Gras, yeah they finished when I left Sydney. (Colin, 61 years old, HIV-positive)*

*It almost seems to be, and I hate to say this, Tasmania seems to be the place where gay men go to retire. So we've got all these elderly gentlemen and they probably*

*support each other, but for guys who aren't ready to retire like me in their 40s or in their late 30s, it's hard for us to find our niche, for lack of a better term. (John, 42 years old, HIV-negative)*

While some older participants had forged social connections within gay social clubs, some older men had experienced difficulties in finding a place within these groups, and had difficulty making gay friends:

*Well it's not easy at all. There's no real, being in the upper age group, even though my personality can be okay ... I can't meet new friends at all. I don't get invited to private parties or other parties, including the group I attend to regularly. I don't get invited to all of the so-called private things that they organise. They've got their selection process, so in my life I'm concentrating on theatre and singing. (Paul, 74 years old, HIV-negative)*

Such difficulties were considered by participants to be a product of the relatively small size of Tasmania's gay community. In order to meet new people, some participants reported socialising with people with whom there were few areas of commonality other than being same-sex attracted. One participant contrasted this with his experience of living in cities in mainland Australia such as Melbourne and Sydney, where the larger number of gay and bisexual men meant that there were more opportunities to socialise with men with whom common interests were shared (other than solely being same-sex attracted).

Some participants believed that as social attitudes towards sexual minorities had improved in Australia, there were fewer political and social struggles common to sexual minority people (e.g. equal rights, responding to HIV), and this had contributed to a reduced sense of urgency to unite as a community. As the following participant explained:

*Participant: I think in the past the groups that got together to fight for the various causes within the gay community sort of created an inclusion and groupings of social groupings and so on, which developed as a result of people being together and meeting people through those situations which luckily we are not in a situation where we need that today, but we lose out on that. That interaction where people are forced into actually coming together for a various cause has sort of faded off.*

*Interviewer: What do you think has been the cause of that?*

*Participant: The reduction in stigma that's occurred over time, yeah basically the reduction in terms of stigma, improvement on rights and acceptance within the wider community. (Michael, 31 years old, HIV-negative)*

Many participants reported that it was becoming easier to live as a gay man in Tasmania because of the liberalisation of social attitudes towards sexual minorities. However, some participants felt that there remained an undercurrent of conservatism and provinciality in Tasmania, which was reflected in negative attitudes towards sexual minorities, and towards outsiders in general:

*Tasmania needs to work harder at being inclusive and it's not. It's a very divided community, not just for gay people, but I think anyone who's a bit different. You know, it's yeah, it's Melbourne in the 1950s still, so it's really – you know, it should be welcoming of people from other places and that doesn't occur. (Derek, 59 years old, HIV-positive)*

However, many participants challenged the idea that Tasmanians were somehow different and more conservative towards sexual minorities than people in mainland cities. Describing a recent news report of homophobic violence in Sydney, one participant said:

*I mean you don't have to read newspaper articles – there was a bashing in Sydney a few months ago where this guy got assaulted for being gay and then his rescuer helped him, found out he was gay and punched him again, so you know when people talk about Hobart or Tasmania being backward or negative, it's no different to the rest of the world and if anything, you hear less and less cases happening in Tassie, so I'd like to know where that stereotype comes from. (Adam, 27 years old, HIV-negative)*

Another participant noted that while many people dismissed Hobart as having a “small town mentality” (Harry, 42 years old, HIV-negative), his interactions with people after taking part in a Tas Pride parade were more welcoming and accepting than he had perhaps expected. Another participant, contesting the notion that gay community would shrink as social attitudes improved, felt that Tasmania's gay community was growing:

*I think Tasmania is becoming a more population destination for anybody in general and therefore, Hobart more so is growing and I think the gay community here is growing and as the new generations come forward and they're not so stigmatised for being gay, I think they're going to be more open and less conservative. (Nathan, 42 years old, HIV-positive)*

## Connection to HIV-positive community

Half of the HIV-positive participants in this study reported feeling part of a community of HIV-positive men in Tasmania, although they reported that this community was small. This means that within the study sample, there seemed to be a stronger sense of HIV-positive community than gay community. Participants described the benefits of attending a “coffee club” for HIV-positive men in Hobart, which was a source of belonging, solidarity, and acceptance. Groups like this provided a means for participants to meet other HIV-positive men, and a safe space to share knowledge, education, and discuss health issues and other concerns. The following participants described how the coffee club had given them access to other HIV-positive men in Tasmania, but sustaining a small group brought its own challenges:

*There's not many of us, but we do commit to coming, and since TasCAHRD had new faces arrive, people are tending to come along a lot more often, which wasn't quite the case say two years ago. We were struggling to maintain a regular attendance, but yeah there's a lot happening and it keeps the group of people that I socialise more involved. So yeah, we are more than happy to be here. (Colin, 61 years old, HIV-positive)*

*I feel very welcomed and it's very relaxing to come here and socialise with the guys and talk to them about various issues and discuss different types of medications and the side effects and all sorts of things, which is very beneficial I think. (Eric, 51 years old, HIV-positive)*

*Well, just discussions from members of the coffee club. You know, they've been – you know obviously we value the services that are provided, both in terms of around health education, but also around supports as well, but I believe you can't separate the two. You know and when I've talked to people on the mainland about you know*

*my experiences with HIV health services here, I mean they've been, I think that's been really good.* (Derek, 59 years old, HIV-positive)

Social groups like this were highly valued by HIV-positive men as there were few opportunities to meet other HIV-positive people in a city with a small gay community and small population in general. Describing his experience of living in a large city in the United States, one participant noted that it much easier to meet other HIV-positive men without participating in organised social groups:

*Well I mean it's such a larger place .... and every other man and his dog has HIV, so it's not like you have to go and seek out these services or feel isolated, because so many people are in the same boat. You just find that as you talk to people and become closer friends, they then share their status with you and you just naturally establish a friendship without having to go and look for like-minded groups.* (Frank, 47 years old, HIV-positive)

Despite the existence of online communities of HIV-positive men in Australia (e.g. The Institute of Many, TIM), few participants reported being a part of these communities or using social media and smartphone apps to make social connections with other HIV-positive gay men. One participant had been unsuccessful in his attempts to meet HIV-positive men in Tasmania through online forums, and was unable to attend the social groups because he lived far from Hobart. This suggests that HIV-positive men may have more or less success in meeting peers depending on the method they use:

*Yeah, I've put a post up in there saying that I'm in Tasmania and I'm looking for other Tasmanians and I've had a few hundred people say where they're from, but as far as TIM goes and Facebook goes, I'm the only positive person I've ever known in Tasmania. I know there are some I assume of course, but I've never met any of them, not one... I don't think it's talked about in the community down here to be honest.* (Kris, 43 years old, HIV-positive)

Like this participant, many HIV-positive participants reported that HIV was not discussed, and many were careful in managing who knew about their HIV status and to whom they disclosed their status. As a result, many HIV-positive participants reported a sense of isolation and no sense of connection to HIV-positive peers or a community of HIV-positive men. In addition, some HIV-positive participants reported that because they were so careful about disclosing their HIV status, it was difficult to feel connected to gay community in general. These men feared being rejected after disclosing their status due to ongoing stigma towards HIV within the gay community. When asked why he was not “involved in the gay community”, one participant responded:

*Probably an HIV status has something to do with it, because it has a lot of stigma attached to it...I just don't want anyone to know that I have HIV. I think HIV plays a huge role in my social life in the gay community. I think too Tasmania is a little bit more conservative in respect to even the gay community, even though we are a minority of people that have I guess struggled with just being gay in life and the setbacks and the stigma around that, but even within the gay community, there's stigma with HIV.* (Nathan, 42 years old, HIV-positive)

This sense of isolation was more pronounced for participants who lived outside of Hobart, who described that it was very difficult to meet other HIV-positive men because “you are



much more removed ... and you don't divulge [your status], so there's no community" (Ivan, 56 years old, HIV-positive). HIV-positive men who lived outside of Hobart tended to feel that there was a HIV-positive community in Hobart that they could not access due to their geographical remoteness and they feared potentially negative consequences of disclosing their status in a community of gay men that was much smaller than in Hobart.

Some HIV-positive participants reported only having sex with other HIV-positive men, or avoiding sex altogether, as strategies to avoid HIV-related stigma. This was motivated both by a desire to avoid rejection from potential sexual partners and fears of one's HIV status becoming public knowledge within the gay community. As the following participant described in reference to his previous experiences:

*In a small community, you couldn't afford to get yourself labelled or whatever and there were people that were. You know so you had to be very, very cautious about what you did and who you did anything with, which then brought let's say within a sexual sense, very much isolation and a heavily imposed one... I suppose you just throw yourself into other stuff. Yeah, throw your energy, so there was a sadness and a closeness that you lost for a long period of time. (Ivan, 56 years old, HIV-positive)*

## Barriers to accessing sexual health services

Participants identified a number of barriers to accessing sexual health services in Tasmania, including poor awareness of services, limited availability of services, concerns about anonymity and privacy, and stigma towards sexual minorities and HIV.

### Awareness of services

Participants generally had good knowledge of the sexual health services available in Tasmania. However, many participants believed that gay men in their social networks were not aware of the services that were available, did not know where services were located, or how to access them. As the following participant remarked:

*I mean I have got friends who always come to me and say, "I've got this and this, where do I go?" Most people are scared of you know, they prefer to not know than actually knowing what they have. (Lewis, HIV-positive, 21 years old)*

This was compounded by a tendency for sexual health to be a topic that was not openly discussed among gay friends, so knowledge was often not shared within social networks. As the following participant said:

*I've talked to a lot of people who don't even know where sexual health is or they think getting a blood test from their doctor for HIV is actually the full extent of having a sexual health test, which I don't think is very good, so demonstrates there's a gap of knowledge in the general community and also, just people don't talk about... And you know, there was other people that thought the sexual health service was only for young people below 25, so they thought they could only go to the GP. (Adam, 27 years old, HIV-negative)*

### Concerns about anonymity

The possibility of being recognised when attending sexual health services was a barrier to

service access for some participants. While the public sexual health service in Hobart is located in a central location, its signage is discreet and its function is not easily identifiable by passers-by. While most participants welcomed the lack of signage identifying the sexual health service, some participants were still reluctant to attend these services due to concerns about being recognised when entering and exiting the service, and in the waiting room. For the following participant, these concerns arose from living in a city with a small population:

*I mean, look, if my doctor is available, I'd rather see him. That again is simply because of the fact that this is such a small town and such a small island and I don't particularly want to be seen going into a sexual health service. (Harry, 42 years old, HIV-negative)*

### Accessing sexual health services at GP clinic

For some participants, accessing sexual health services via a GP was an attractive alternative to attending a public sexual health clinic. There were two main reasons given for this. Firstly, accessing sexual health services via a GP was considered more discreet and mitigated concerns about anonymity. As one participant noted about GP services, "if you're in a waiting room and you see someone from where you work, there's no assumptions" (Harry, 42 years old, HIV-negative). Secondly, some participants reported that it was more convenient to visit their GP, particularly for men who lived outside of Hobart who could not easily access sexual health services due to the location and limited opening hours.

Despite these benefits, there were some barriers to seeing a GP for sexual health services. The most commonly mentioned barrier was the cost of seeing a GP, and that there were very few bulk billing GPs in Tasmania. Participants also reported that among GPs that did bulk bill, few had the capacity to take on new patients. While some participants reported that they could afford to pay to visit a GP for sexual health services, they considered bulk billing GPs as an important way of improving access to free sexual health services for GBM. As the following participant noted:

*There's virtually no bulk billing that I can see. I don't mind paying because I'm in a situation where I can and I can afford that and it's not a problem, but I'm also quite aware that you know a lot of the times I've had friends who are unemployed or they're working in retail and that extra \$50 is just not easy. But they're not eligible to get a concession card... I mean if you are trying to get this particular segment of the community healthy, the last thing you want to do is be charging them. (Harry, 42 years old, HIV-negative)*

Some participants reported that they did not have a regular GP, while others reported having friends that were not comfortable disclosing their sexual identity to their GP, and thus did not seek HIV and STI testing during GP visits. According to one participant:

*I have friends who aren't even out to their GP, so the GP doesn't even know what the correct range of testing involves. I'm quite resilient so I actually don't mind handing myself to wherever or whoever, but I'm aware that in the community there's still quite an uncomfortable level of outing themselves to even health professionals about their sexual identity. (Adam, 27 years old, HIV-negative)*

An additional barrier to accessing sexual health services from a GP was seeing a GP who lacked knowledge of GBM's sexual health, or was not skilled in sexual health in general.

Some participants recounted experiences of having been misdiagnosed by their GP with a STI, and other participants experienced resistance from their GP when requesting sexual health testing:

*I found it difficult to actually get my GP to include it, I had to ask several times and say “I’m sexually active as a gay man, so I sit in the risk group...so I need to be getting this done on a regular basis”, and it took actually pointing that out to actually get them to do the various paperwork so I could actually go and have those tests done. (Michael, 31 years old, HIV-negative)*

### Limited services in Tasmania

Many participants mentioned that there were only a limited number of sexual health services in Tasmania, particularly outside of Hobart. Participants who lived in northern Tasmania reported having accessed sexual health services in these regions. While participants who lived in or around Launceston reported few difficulties in accessing these services, participants in other locations reported issues with access due to clinics operating on a part-time basis.

One participant reported not being able to access the clinic outside of Hobart when he wanted HIV and STI testing because it was open only one day a month. While he was offered an appointment in another location, he could not travel during the day due to work commitments. As a result, he visited his GP. While he reported that he was able to afford the costs of attending a GP for sexual health services, he was cognisant that other men in the region could not afford this:

*Well, anything out of Launceston and Hobart, they just don’t have the availability of a free walk-in clinic. That availability must affect some people’s access to the services. And hopefully if there was such a thing, that people would take advantage of it, but Tasmania has the problem of a low population and low populations are always hard to service properly. (Barry, 52 years old, HIV-negative)*

Another participant also reported difficulties in accessing this service due to the limited opening hours. Like the participant above, he felt that the north was inadequately serviced due to the small population, and that the services provided were basic due to staffing levels and limited opening hours:

*There’s a sexual health worker, but I don’t really think they get to do anything at all unless they’re seeing someone there because they’ve got an appointment. They are underfunded, they are stressed and they don’t have time to do anything, except see you when you get to their office. I just don’t see any groups or any “Working It Out” or what do you want to call it, programs or anything running here since I’ve been here. (Kris, 43 years old, HIV-positive)*

Another participant commented on the lack of an anonymous sexual health service in Tasmania for people aged over 26, that did not require clients to use their real name or provide their Medicare card. As he explained:

*I was looking for a place where you could essentially drop in and say, “my name is Donald Duck” and I would get a card saying [it] so you could actually test completely anonymously and you know, I think there’s a definite need for that. I couldn’t see it*

*in Tasmania apart from I think there was a place called HeadSpace, which offered anonymous testing [and is] only for people under 26. So again, I couldn't really see anything in the market for people in my age bracket to get anonymous testing. (Harry, 42 years old, HIV-negative)*

## Stigma towards sexual minorities and HIV

Some participants reported that stigma towards sexual minorities and HIV in the general community deterred some men from accessing sexual health services. One participant remarked that there was a “culture of avoidance” among some men in accessing services because of internalised stigma and fears of being publicly outed as gay (Grant, 41 years old, HIV-negative). Some participants reported that avoiding sexual health services was more common among men outside of Hobart, where there were be perceived to be more conservative social attitudes towards sexual minorities.

A number of participants felt that avoiding sexual health services was particularly apparent among bisexual men and men who identified as heterosexual and who had sex with men. As the following participant remarked:

*They have been walking around with these ideas for years and then they all of a sudden break out and then this whole new world opens to them and they have a fear and they know, because they've read it somewhere in the media, but there's this whole stigma attached to it, because it's all very discreet and nobody's allowed to know. (Ivan, 56 years old, HIV-positive)*

Some participants suggested that improving awareness and knowledge of sexual minorities and HIV in the general community were important steps to reduce stigma:

*I think education is probably the first step. Awareness would be a good one, creating the awareness, but I think that's for the community at large. I mean, you know breaking down those barriers and the concept of shame. You know, we're sexual beings, we do have sex and you know most of us and there's always that danger and I think there's also a lot of secrecy. (Tim, 57 years old, HIV-negative)*

## Barriers to accessing HIV care

All of the HIV-positive men interviewed were currently receiving HIV antiretroviral therapy (ART). While many participants reported being satisfied with their HIV specialist and care, participants reported common ongoing challenges in accessing HIV services.

One of the main barriers to HIV care was the small number of HIV specialists in Tasmania, who, according to participants, were all located in Hobart. While HIV specialists were reported to offer routine clinic appointments in the north, these were not always easily accessible to participants living in these locations, due to both the timing and location of these clinics. One participant described having missed appointments and ceasing ART for a period of time due to difficulties in commuting to Launceston for clinical appointments:

*Yeah, for me getting my pills and all that, it's a real drama because I live in north and I've got to wait for the doctor to come up here or I've got to go to Launceston every couple of months... Otherwise, the services and all that are just absolutely pathetic... So under those circumstances, that puts me in a position where I avoided my appointments and stopped taking my pills for a while there. (Kris, 43 years old, HIV-*

positive)

Due to the small number of HIV s100 prescribers in Tasmania, some participants reported that HIV specialists were unable to provide a range of services to their patients. The following participant reporting seeing an HIV specialist for routine HIV care and a GP for other health needs. This was different to his experience of receiving HIV care on the mainland, where his HIV doctor was also his regular GP:

*I was used to just seeing a GP who was I guess an infectious disease specialist, so seeing someone who's just treating HIV and then having to see a different GP for everything else, I find a little – you know a bit of a disconnect, because often times they don't always communicate each other's information back and forth accordingly, whereas if you just saw the one person, because everything I think is probably interconnected health wise, so I found it easier to see one person, because you know when I'm well, how do I know if it's HIV related or a normal illness that anyone would encounter. (Frank, 47 years old, HIV-positive)*

This created a “disconnect” between HIV and other, often related, healthcare needs. This participant reported greater satisfaction and convenience with his previous arrangement on the mainland of receiving integrated care from one GP. Another participant also discussed his experience of receiving HIV care on the mainland, where he described receiving ART and other services from allied health professionals who were located within the one service.

*My HIV doctor there was part of a practice where they had a whole lot of allied health services available, so they would have an onsite – they would have a dermatologist, you know they would have a whole nursing unit, so you didn't have to go from one place to another, you could have it all done. (Derek, 59 years old, HIV-positive)*

Such services were both convenient for clients and also allowed for good communication between clinicians and a common set of client records. These participants were often quick to report that they understood that the provision of this level of integrated care was not always feasible in a population with a small number of HIV-positive people. In contrast, two HIV-positive participants reported that the relatively small number of HIV-positive people in Tasmania meant that the HIV care that they received was more personal, immediate and satisfying than services that they had experienced on the mainland.

Some participants reported that they could only have their ART prescription filled at the hospital pharmacy, which created access difficulties related to travel and cost. Participants reported a preference for obtaining their prescription at a community pharmacy located closer to their home. In terms of cost, one participant reported that the hospital pharmacy did not provide a \$1 discount per prescription as was provided at some community pharmacies, which cumulatively became a large expense:

*I take so many medications, there's four or five that are HIV medications and then another half dozen for all the other things that I've got and times ten or eleven, that's \$10 or \$11 cheaper if I could go and fill them at a regular pharmacy, because the hospital pharmacy hasn't passed on that \$1 per prescription discount to people, so you know I find that amazing that there isn't at least one pharmacy in the city that is qualified enough to dispense HIV medications in this day and age anyway. (Frank, 47 years old, HIV-positive)*

Some HIV-positive participants recounted experiencing HIV-related discrimination during encounters with health professionals, but usually many years ago. A small number of participants also recalled recent experiences of accessing general healthcare services (e.g. hospital, ambulance, acupuncture) in which staff were either reluctant to provide care, were overly cautious (e.g. double-gloving hands before taking blood), or compromised client confidentiality and privacy by discussing a participant's HIV status in a public space.

## Accessing services on mainland Australia

Participants who had lived in the capital cities of other Australian states and territories described the benefits of easily accessible free sexual health services and integrated health services for GBM. However, no participants reported currently travelling to mainland cities to access sexual health services or HIV care. However, one HIV-positive participant reported continuing with his HIV doctor in Sydney for a brief period after moving to Hobart, until this arrangement became impractical and unaffordable:

*My new HIV doctor [in Hobart] is just fabulous, very impressive. I had maintained, you know, my Sydney HIV support, but that wasn't working because I can't afford to go to Sydney, so trying to do it remotely was becoming impossible. (Derek, 59 years old, HIV-positive)*

## Supporting gay and bisexual men to access services

While many participants discussed barriers to accessing sexual health services and HIV care, many participants reported high levels of satisfaction with the available services and the care that they had received. The following participant described his experiences at the sexual health service favourably:

*The nurses are fantastic, they are very good at what they do, everything's done correctly. I think that they really do a wonderful job, I really do. (Nathan, 42 years old, HIV-positive)*

Many participants spoke about what they wanted from sexual health services and HIV care, and suggested ways that services could be improved. For many participants, the availability of confidential and discreet sexual health services was essential. However, as the following participant noted, services needed to be balance visibility and discretion to ensure that they were accessible to GBM and other populations:

*That they are really, really accessible and you know they should be discreet, but not too discreet to the fact that people don't even know that it exists. (Lewis, 21 years old, HIV-positive)*

Participants commonly noted that government-operated sexual health services were already providing discreet services with minimal street signage and privacy within the service, which was valued by many participants:

*I think the service was incredible... I felt even, not that I needed any protection there, but you know just getting a card with a number so it feels discreet, so they protect your identity. I really felt comfortable, no judgment and I felt free to talk and name things as they are and yeah, it's great. (Tim, 57 years old, HIV-negative)*

However, some participants felt that services did not go far enough to protect the privacy and confidentiality of participants, and reported a preference for completely anonymous HIV and STI testing. For example, one participant wanted to access a service where he did not have to provide his Medicare card and could use a pseudonym, similar to services he had accessed on the mainland.

Participants also commonly reported that the public sexual health and HIV services that they had accessed were comprehensive and non-judgemental. This was highly valued by participants, and particularly by HIV-positive participants who were conscious of HIV-related stigma in the community:

*They just see being HIV-positive as just another medical chronic condition that needs treatment and monitoring. That being the case, that attitude makes you feel like you are not some sort of freak that has to go to some secretive clinic hidden away in some back street somewhere. (Colin, 61 years old, HIV-positive)*

Some participants expressed a preference for accessing sexual health services via their GP, due to ease of access and positive appraisals of previous service they had received. However, as noted previously, other participants reported the cost of GP visits and dissatisfaction with services received as barriers to accessing sexual health services via a GP. HIV-positive participants also noted the small number of HIV s100 prescribers in Tasmania as a challenge to accessing HIV care. Participants reported a need for more comprehensive, accessible and non-judgemental GP services, which could be achieved via better GP training, increasing the number of HIV specialists, and increasing the number of doctors providing bulk billing for sexual health visits.

While some participants reported they were able to access a range of health services via sexual health services and their GP, other participants felt that the limited number of sexual health services in Tasmania made it difficult for these services to provide access to allied health services and integrated health care. Some participants suggested a role for community-based organisations in helping clients “join the dots” in accessing different health services, particularly as they related to HIV care:

*Most HIV people would need to interact with different parts of the health system, particularly for ageing HIV people like myself, so that's very difficult. There doesn't seem to be the resources to actually assist people find their way through the system. (Derek, 59 years old, HIV-positive)*

As already noted, the lack of discussion of sexual health within participants' gay social networks was regarded as a potential barrier to sexual health knowledge and awareness of services. While information shared between friends can be an important source of knowledge, participants more commonly reported gaining information about sexual health services and developments within HIV prevention (e.g. pre-exposure prophylaxis [PrEP]) through online forums and HIV social groups. Participants also saw community-based organisations as critical to reaching GBM with education and health promotion, acknowledging the challenges of achieving this in a small, increasingly online, gay community:

*For those who keep to themselves and don't even involve themselves in online groups, I really don't know how you get the message out there. (Barry, 52 years old, HIV-negative)*

Participants also saw a role for a more active gay media presence in Tasmania as an avenue for sexual health promotion:

*You see one of the main things that keeps people informed in Sydney and Melbourne, you know is through [gay news publications] and there's nothing here, so there's no weekly or fortnightly newspaper actually going out. (Derek, 59 years old, HIV-positive)*



# Discussion

In this qualitative study of gay and bisexual men in Tasmania, most participants were satisfied with the care they had received at sexual health services, and most HIV-positive participants were satisfied with the HIV treatment and support that they were receiving. However, a number of barriers to accessing HIV testing and treatment were identified, some of which appeared to be unique to the experience of GBM in Tasmania. The most commonly reported barriers were the limited availability of HIV testing and treatment services in Tasmania (particularly outside of Hobart), concerns about maintaining anonymity and privacy in a small community, and stigma towards sexual minorities and HIV.

Participants in this study had a good awareness of the sexual health and HIV services available to them, although many reported poor awareness of services among their gay friends, and that sexual health was rarely discussed within these social networks. Some participants suggested that GBM in their social networks avoided sexual health services because of stigma around homosexuality and HIV. They highlighted the importance of discreet services in helping to overcome concerns among some men about being identified when entering or leaving a specialist sexual health service. Many participants reported a preference for accessing HIV and STI testing via their GP, due to both ease of access and concerns about anonymity, particularly for men outside of Hobart where GBM communities and the population in general are much smaller. However, some men were reluctant to visit their GP for HIV and STI testing due to the scarcity of bulk billing doctors, concerns about their GP's sexual health expertise, reluctance to disclose their sexual identity, and fears about discrimination. Findings from the GCPS suggest that rates of HIV testing are lower in Tasmania than in other states and territories, with rates of testing being particularly low among men aged under 25 years of age (Lea et al., 2017). Recent TasCAHRD campaigns to increase awareness of the availability of rapid HIV testing in Tasmania appear to have been effective, as two-thirds of GBM who participated in the 2016 Tasmania GCPS reported knowing that this was available (Lea et al., 2017).

Despite most HIV-positive participants reporting satisfaction with their HIV treatment, they reported a number of specific barriers to accessing it. The primary concern of participants was the small number of s100 prescribers in Tasmania, who were all based in Hobart with a few clinics routinely scheduled in northern parts of the state. The lack of services for HIV-positive men outside of Hobart meant that some participants had experienced temporary interruptions to treatment due to difficulties attending clinical appointments. HIV-positive participants also noted the cost of ART and pharmacy dispensing fees as barriers to treatment adherence. In other Australian studies, financial stress from the costs of ART, travel costs to attend clinical appointments and pharmacy dispensing fees have been identified as barriers to treatment (McAllister, Beardsworth, Lavie et al., 2013; Wilkinson, McMahon, Cheah et al., 2014).

One objective of this study was to examine whether GBM regularly travelled to the mainland to access sexual health services and HIV treatment. With the exception of one participant who commuted to Sydney for a brief period after moving to Tasmania, no study participants reported currently travelling to the mainland for services. For many participants, this practice was considered impractical, expensive and time consuming. Many participants noted that despite the limitations of services available in Tasmania, they were satisfied with the care and support they received, which was regularly described as professional, inclusive and non-judgemental.

Only a small number of participants felt a connection to gay community in Tasmania, which was typically described as small, with limited opportunities to forge social connections with other gay men outside of Hobart. Some participants felt that the combination of improved social attitudes towards sexual minorities and the advent of smartphone apps to meet other men had contributed to a small, physical and visible gay community reducing even further in size. This phenomenon is not unique to Hobart and has occurred in most cities in Australia and other high-income countries (Rosser, West, & Weinmeyer, 2008). In contrast, most HIV-positive participants reported that there was a small but inclusive community of HIV-positive GBM in Hobart. This community provided an important space to discuss HIV treatments and health concerns, as well as give and receive social support. HIV-positive participants outside of Hobart more commonly reported feeling isolated from both the gay community and other HIV-positive men, and few reported finding a supportive network online. Some participants experienced multiple stigmas associated with being gay as well as HIV-positive, and had experienced stigma related to HIV from other GBM (Riggs & Treharne, 2017). Some of these participants reported having sex only with other HIV-positive men or avoiding sex altogether to avoid having to disclose their HIV status and mitigate fears about being identified as HIV-positive within a small community.

The sample was somewhat older than other studies of GBM in Australia, which in part reflects that half of participants were HIV-positive, who were on average seven years older than the HIV-negative participants. The participant perspectives reported here reflect a largely Hobart-centred and gay experience, as few participants lived in other locations in Tasmania and only one participant did not identify as gay. Future research and program evaluations should consider making targeted efforts to include bisexual and other homosexually active men who do not identify as gay, as well as men who live outside of Hobart.

# Recommendations

The report has identified a number of key areas for policy makers, services and organisations working with GBM to improve the delivery of HIV testing, treatment and other sexual health services. We recommend that the following be considered to promote the engagement of GBM with gay community and sexual health services, and to reduce stigma and discrimination towards GBM and people living with HIV.

1. Improve access to HIV testing and treatment in regional and rural settings in Tasmania, by increasing the capacity of specialist sexual health services in these locations to see clients (e.g. staffing levels, extended opening hours) and alternative models of testing (e.g. self-testing, self-sampling).
2. Continue to support public advertising campaigns on sexual health and HIV with the aims of increasing community awareness of available services and reducing stigma associated with accessing these services.
3. The provision of comprehensive, accessible and non-judgemental sexual health and HIV treatment services via GPs. This could be achieved via better GP training, increasing the number of s100 prescribers, and increasing the number of GPs providing bulk billing for HIV and STI services.
4. Increase the capacity of community pharmacies to dispense ART and encourage hospital pharmacies to provide a discounted prescription as is provided at community pharmacies.
5. Consider ways to promote social support and connection, particularly for gay men and HIV-positive people who live outside of the Hobart metropolitan area (e.g. peer support, social activities, community and online events).


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# Appendix A: Advertising materials


## Facebook advertisement



**Barriers to HIV prevention and care in Tasmania study**  
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We are currently seeking gay and bisexual men to participate in a brief research interview



tasCAHRD, Tasmanian Council for AIDS Hepatitis and related diseases | HIV Prevention Interview

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## Man2Man magazine advertisement



### Barriers to HIV prevention and care in Tasmania



Researchers at the Centre for Social Research in Health at UNSW Australia and the Tasmanian Council on AIDS, Hepatitis and Related Diseases (TasCAHRD) are seeking volunteers to learn about barriers to HIV prevention and care among gay, bisexual and other men who have sex with men in Tasmania.

#### Would the research project be a good fit for me?

The study might be a good fit for you if you:

- Identify as a gay or bisexual man, or have had sex with another man in the past 5 years.
- Are at least 18 years of age.
- Currently live in Tasmania.

#### What would happen if I took part in the research project?

If you decide to take part you will be interviewed about your experiences of accessing HIV testing, treatment and sexual health services in Tasmania. This interview will take around 60 minutes.

#### Will I be paid to take part in the research project?

You will be reimbursed \$30 cash for any out-of-pocket expenses associated with participating in the research.

#### Who do I contact if I want more information or want to take part in the study?

If you would like more information or are interested in being part of the study please contact:

Name: Matt  
 Email: [projects@tascahrd.org.au](mailto:projects@tascahrd.org.au)  
 Phone: 03 6234 1242

# Appendix B: Interview schedule

**Before commencing:** *Introductions, Participant Information Statement and Consent Form, assurance of confidentiality, audio recording.*

## Introductions and sexual identity

Can you briefly introduce yourself (e.g. age, gender, sexual identity, HIV status (if you know it), relationship status, cultural background, residential location) and why you want to be involved in this study?

Do you think there is a sense of community for gay or bisexual men or HIV-positive people in Tasmania? Do you feel part of any of those communities?

## Experiences of stigma and discrimination

How would you describe your experience of living as a [gay / bisexual / other] man in Tasmania?

Have you had any [good / bad] experiences that you would like to describe? Is there anything in particular that stands out for you? Why?

*For HIV-positive participants:* Have you had any [good / bad] experiences that you attribute to being HIV-positive? Is there anything in particular that stands out for you? Why?

## HIV and sexual health services in Tasmania

What do you view as the roles and responsibilities of HIV and sexual health services in Tasmania in working with gay and bisexual men?

What have been your experiences of engaging with HIV and sexual health services in Tasmania?

What things are these services getting [right / wrong]?

How could these services be improved?

Have you ever accessed HIV and sexual health services in mainland Australia?

If so, how does accessing services in Tasmania compare to accessing services in mainland Australia?

## Strategies for maintaining sexual health

*For HIV-negative/untested men:* What things do you do to reduce the chances of acquiring HIV during sex?

*For HIV-positive men:* What things do you do to reduce the chances of passing on HIV?

What do you do to maintain your sexual health?



## Role of gay community in supporting gay men to engage with services

Do you think that your gay and bisexual friends value HIV and sexual health services in Tasmania?

How do you think gay and bisexual men in Tasmania could encourage each other to engage more with HIV and sexual health services?