



ASIAN MSM'S PERCEPTIONS OF RISK BEHAVIOUR AND ATTITUDES TOWARDS HIV TESTING IN NEW ZEALAND

Shriya Bhagwat-Chitale and Camille Nakhid

Why do this research?

■ HIV in the world

End of 2017 approximately 36.9 million people living with HIV globally.

Nearly 2 million people become newly infected each year (WHO).

■ HIV in New Zealand

In comparison, in 2018 there are 3,500 people estimated to be living with HIV in New Zealand.

MSM at highest risk of HIV transmission in New Zealand

- Men who have sex with men most at risk of HIV in New Zealand according to the Otago University's AIDS Epidemiology Group (2017).
- Estimated 600 people unaware that they are living with HIV in New Zealand. A high % of these are MSM (NZAF).
- Choosing sexual partners from a smaller group that contains a high percentage of people living with HIV leads to higher likelihood of HIV transmission.

For Asian MSM... the risk may be higher still

- No data available on what proportion of the undiagnosed people living with HIV might be Asian gay, bi and MSM.
- Asian gay, bi and MSM are under-reported in data samples and are also less likely to access testing compared to those that report to be 'New Zealander'; (Saxton et al, 2015).
- The current literature on MSM in New Zealand has limited insights on Asian MSM (Azariah & Perkins, 2010).

Asian MSM minority within a minority

- Asian MSM are a part of an ethnic and sexual minority.
- The rate of sexual health check-ups was lower and less likely among Asian and Pacific MSM.
- Rates of testing amongst Asian MSM are low in New Zealand when compared to European MSM in New Zealand.

Theoretical framework: the Health Belief Model

- A multitude of factors act in conjunction to impact HIV testing behaviour and risky behaviour amongst Asian MSM in New Zealand.
- Perceptions of health, prior knowledge of health risks and health communication.
- Health behaviour and choices are situated in the context of Asian MSM's beliefs about what constitutes good health, risk taking and sexual choices (Spector, 2004).

An initial step – A pilot study

A pilot study was initiated with a view to using it as a basis for a larger study in the future.

The pilot study

- A qualitative research approach
- Open ended questions
- Purposive Sample
- Sample size: 4

Methodology

Participants

- 18 or older, identify as Asian MSM, and have lived in New Zealand for at least 5 years at the time of data collection.
- Fluent in English.
- Mid-20s to late 30s and self-identifying as homosexual.

Methodology

- Focus on: Experiences, stories, opinions, feelings and seeking their own input into health seeking behavior
- Questions on:
 - *Sexuality*
 - *community*
 - *understanding of HIV*
 - *experiences of homosexuality in the Asian community*
 - *connections within Asian community in New Zealand*
 - *Asian MSM and New Zealand society*
 - *attitudes towards HIV testing*
 - *HIV itself as an issue of concern*

Findings

- High recall of HIV prevention messages and knowledge of HIV

Barriers to HIV testing

- Perception of HIV risk is a key barrier to HIV testing.
- HIV testing as unnecessary when they mitigate HIV risk through modelling monogamous sexual relationships or avoid condomless sex with multiple partners.
- A perception of sexual partnering among the openly gay, non-Asian gay community as being riskier.

Findings

Barriers to HIV testing

- Low involvement in the openly gay community where targeted HIV testing is easily accessible.
- Fear of stigma in the Asian community around homosexuality and HIV.
- Limited desire to access primary health care (GPs) until the first episode of illness
- ...all present as barriers to HIV testing.

Findings

Susceptibility

“I’m not so sure... because I do believe straight [people] also have that issue as well. It’s just that in our community we have, actually I know someone who is straight has [HIV] as well. So for me I wouldn’t say we’re high risk, but I would say it is everywhere. Just because our proportion is smaller, that is why we kinda like, closer to that statistic.”

Jerry

Findings

Severity

“So, I would think like, for the first time, that would be the end of the world. It’s still incurable, the disease, and people always like, saying bad stuff about getting HIV and you are just going to die and you won’t get cured. So it’s kinda like it’s not the best. It’s like depressed. Yeah, kinda, after the result, I was like – ah, yes (sighs), I’m negative... personally, I would not. I will never come out to my family, to be honest, it would be a huge shock to them. It (having HIV) would be much much bigger than I am being gay, so I won’t tell family or seek any help.” Owen

Findings

- Benefits

“There was a sexual encounter and I mean, obviously I always prefer safe sex, but during the act I found out that the condom broke, so when I realized that I said, ok let’s stop, let’s not go any further. But even though I was assured by the person that he is not, that he has been tested and he is all good and even though there is this thing in the mind, let’s get tested what’s the deal, so that prompted me to go ahead and get tested.” Donald.

Findings

Barriers

“I didn’t have boyfriend in Taiwan... I have a partner now so I don’t have risky behaviour.” Jerry.

Findings

Self-efficacy

What would encourage me? To be honest, I don't know. Encourage by the others, if my partner told me I think we need to take a test, I think that should be the reason, unless he encourages me to take a test, I couldn't think of any other reason. Yes, coz I know what I am exposed to, so I know the risks that I would get HIV so I don't think any kind of like meaningless encouragement would work. I know myself well." Owen.

Discussion – Key Barriers

- High knowledge of HIV and low perception of risk
- Mitigating risk by preferring monogamy and equating promiscuous behavior (rather than unprotected sex) with higher risk
- Knowledge of New Zealand's health care system
- High level of personal responsibility
- New migrants prioritise adapting to a new environment
- The fearful prospect of a positive test result, the stigma of homosexuality and under-reporting sexual risk taking
- Communicating to a diverse population

Recommendations

- Specific research
- Response to diversity
- Updated government policy and reports
- Targeted communication

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