

HIV AND YOUNG GAY, BI+ AND QUEER MEN

ACON Discussion Paper, January 2023

Executive Summary

Recent evidence from surveillance data and behavioural research suggests that young gay, bi+ and queer men (cis and trans) are using biomedical HIV prevention strategies such as pre-exposure prophylaxis (PrEP) at a lower rate than older men. As well as this, young gay, bi+ and queer men report being less aware of PrEP and PEP than their older counterparts. Young gay, bi+ and queer men are also less likely to have ever had a HIV test than older gay and bisexual men, despite being sexually active.

Young gay, bi+ and queer men are incredibly strong, capable and resilient. However, the process of growing up and learning to navigate sex, sexuality and gender is complex and can be difficult, and this may especially be the case for young men at the intersection of a number of identities. Young people have access to more information than any previous generation and can interpret what is most relevant and important to them. Therefore, it is crucial that accurate, up-to-date information about pleasure and risk is provided, so that they are supported to make informed decisions about their sexual health as they transition into adulthood.

Some key findings outlined in the paper include:

- Initiating testing at a younger age is critically important. Only 57.2% of men aged under 25 in NSW reported ever having tested for HIV, however once younger men begin HIV testing, they test at least as regularly as older men.
- Net protection coverage (use of any HIV prevention/no anal sex) for young gay, bi+ and queer men in NSW aged under 25 is 58.7%. This is compared to 78.7% coverage for gay and bisexual men aged 25 and over.
There are opportunities to increase PrEP use among young gay, bi+ and queer men. While young gay, bi+ and queer men were less likely to be aware of and using PrEP, those not on PrEP were more willing and less concerned about using PrEP than older gay and bisexual men not taking PrEP.
- Young gay, bi+ and queer men who are HIV positive are slightly less likely to be on HIV treatment and have viral suppression than older HIV positive men.
- There is evidence to suggest that the sexuality and relationship education needs of many young gay, bi+ and queer men are not adequately addressed. To achieve the goals of the NSW HIV Strategy, it is imperative that young men are engaged in health promotion and education to encourage the uptake of HIV prevention and/or treatment and the establishment of testing routines and health service engagement.
- Many young gay, bi+ and queer men find information on sexual health, HIV, and sexuality online and through peers, highlighting the need for health promoters to meet young men where they are and provide accurate information in order to increase their existing knowledge and skills to navigate sexual relationships, testing, HIV prevention and support.
- Young gay, bi+ and queer men are an extremely diverse group, and some men experience greater barriers to HIV prevention, testing and treatment. The distinct voices, experiences and needs of these men should be reflected in all aspects of HIV responses, including those who are Aboriginal and Torres Strait Islander, from culturally, linguistically and ethnically diverse backgrounds, transgender, and those living in rural and regional areas.

[TEST OFTEN] + [TREAT EARLY] + [STAY SAFE] = [ENDING HIV]

Introduction

This paper consolidates evidence to highlight and consider HIV risk among young gay, bi+ and queer men and the effectiveness of efforts to address their sexual health and wellbeing needs. The paper explores:

- Use of HIV prevention tools, testing, and HIV treatment and support for young gay, bi+ and queer men in NSW.
- Sexual health education delivered to and received by young gay, bi+ and queer men, including in schools, online, through friendship/peer networks and through healthcare providers.
- Some of the distinct experiences and needs of priority populations within this cohort, including young gay, bi+ and queer men who are Aboriginal and Torres Strait Islander, overseas born, and/or culturally, ethnically and linguistically diverse.

Young gay, bi+ and queer men are as likely as their older peers to report condomless sex with regular and casual partners, and they are as likely to report a diagnosis with a STI other than HIV.¹ However, younger men do report that they are less likely to have been tested for HIV or to have used PrEP.^{2,3,4}

Young gay, bi+ and queer men also report barriers such as lower incomes, less reliable access to healthcare and less ability to afford or access PrEP, particularly for overseas-born young men without access to Medicare.^{5,6}

Young gay, bi+ and queer men in Australia who are living with HIV are also slightly less likely to be on antiretroviral therapy and have viral suppression than older men (98% vs 94%).⁷ They are also likely to face additional social stressors and intersecting stigmas as young men living with HIV.⁸

Research suggests some young gay, bi+ and queer men, due to their age, have limited sexual experience and romantic relationships, greater difficulties navigating partnerships and the use of HIV prevention methods, negotiating consent, reticence to commence HIV testing, less connection to the gay community (and the knowledge sharing and social connectedness it can provide) and inadequate sexual health education.^{9,10,11}

Young gay, bi+ and queer men have also been shown to be more vulnerable than older gay and bisexual men to the effects of identity-based prejudice, which can manifest in discrimination, bullying, harassment, family disapproval, social isolation, violence and self-stigmatisation.¹² These factors can have impacts on physical and mental health; access to HIV testing, treatment and support; as well as emotional and social development and wellbeing.¹³

When young gay, bi+ and queer men are given appropriate support, information and access to health services and peer networks, they thrive. Community organisations and health services have a vital role to play in empowering young men to build their resilience and take control of their health.

Defining Young Gay, Bi+ and Queer Men

For the purposes of this paper, we use the term young gay, bi+ and queer men to describe men (cis and trans) who identify as gay, bi+ or queer and other men who have sex with men who are aged between 18-25 years old. This is due to the stratification of age in most HIV surveillance data and behavioural research in Australia and NSW.

We also acknowledge that young people are identifying in increasingly fluid and diverse ways. *Writing Themselves in 4*, Australia's largest survey of young LGBTQA+ people, had almost 20% of respondents identifying as non-binary, and 7% of non-binary participants also identified as gay.¹⁴ This paper therefore acknowledges that some people who occupy sexual and social networks traditionally inhabited by gay, bi+ and queer men may not identify as men. As there is limited coherent data on this population, this paper is restricted to discussion of the experience of young gay, bi+ and queer men.



ENDING HIV

It is estimated that up to 2 in 10 young men are gay, bisexual or queer. In the 2018 National Survey of Secondary Students and Sexual Health, 8.1% of Year 10, 11 and 12 male students indicated they were gay and 11% indicated they were bisexual. A further 3.6% indicated they were 'not sure'.¹⁵

Researchers, policymakers and healthcare providers have tended to treat gay and bi+ men as a relatively homogeneous group. However, young gay, bi+ and queer men are extremely diverse, experiencing different degrees of knowledge, comfort, maturity and wellbeing. Their experiences of family life, friendship and education vary widely. For these young men, experiences of coming out and identity, sex, navigating relationships, healthcare and employment are also not uniform or unchanging.

Young gay, bi+ and queer men come from all ethnic and cultural backgrounds; they may have been born in Australia or overseas, they may be newly arrived migrants or refugees. Young gay, bi+ and queer men may be religious, they may be trans, they may live in cities, regional centres or rural towns, they may have disability, chronic condition or mental illness.

While young gay, bi+ and queer men will be largely discussed as a single group in this paper, there are specific priority populations identified within the NSW HIV Strategy 2021-2025¹⁶ which require particular attention if we are to eliminate HIV transmission in NSW for all. These include young gay, bi+ and queer men who are Aboriginal and/or Torres Strait Islander; those living with HIV; culturally, linguistically and ethnically diverse men; and overseas-born men. In addition, HIV notification data demonstrates that those living in outer metropolitan, rural and regional areas, including Western Sydney, also require particular attention.¹⁷

Although there is discrete research exploring the health of Aboriginal and Torres Strait Islander Peoples, LGBTQ people and young people in relation to sexual health, the sexual health of those with each of these intersecting identities is not well understood, however, health disparities experienced by First Nations people as a result of stigma and discrimination, racism, colonialisation and identity-based prejudice,¹⁸ warrant the particular need for culturally safe resources and services.

There are also other subpopulations which have been largely absent in research and programming, but who may have unique and additional experiences and needs that require greater attention, including young trans men, and bi+ young men.

Trans people experience multiple barriers to HIV prevention.¹⁹ They are often hidden among broader research and surveillance systems due to inadequate data collection, and the health workforce's awareness of the needs of trans people is generally poor. Transphobia and structural and legal barriers to gender affirmation and gender affirming care exacerbate these problems.²⁰ Improved data collection and healthcare and health promotion that is inclusive and affirming will help systems better understand and respond to the HIV prevention and care needs of trans men. Work is being done within NSW Health to improve the reporting of new HIV notifications to ensure that trans and gender diverse people diagnosed with HIV are captured in the data.

HIV prevention and health promotion that targets young gay, bi+ and queer men group must acknowledge the diversity within this population, and tailor responses accordingly.

Recommendation 1: As well as effective broad, population-wide campaigns, community organisations like ACON should continue to produce tailored, co-designed health promotion and peer education for priority populations of young gay, bi+ and queer men.

[TEST OFTEN] + [TREAT EARLY] + [STAY SAFE] = [ENDING HIV]

ENDING HIV

Case study: West Ball

This year ACON teamed up with The West Ball, an annual ballroom event that brings together queer communities in Western Sydney, to develop a HIV and sexual health initiative that specifically supports queer and trans people, including young gay, bi and queer men, of colour.

ACON co-designed a digital campaign with community members to create tailored HIV messaging for queer and trans people of colour and those connected to the ballroom scene in Western Sydney. The campaign promoted HIV prevention, testing, treatment and ending HIV stigma, and linked community members in with their local sexual health clinics in Western Sydney. The social media campaign targeted culturally diverse regions of Sydney including Blacktown, Liverpool, Penrith and Campbelltown, and reached over 31,000 people and received over 96,000 impressions online.

With the support of South-West Sydney Local Health District, ACON's pop-up HIV testing site at The West Ball in June conducted eight dried blood spot tests and 18 STI tests. The outreach was supported by ACON peers who are queer and trans people of colour. This was an opportunity for ACON to be physically present at a major Western Sydney event to build connections with queer and trans people of colour who have not been reached in our programs before.



$$\left[\text{TEST OFTEN} \right] + \left[\text{TREAT EARLY} \right] + \left[\text{STAY SAFE} \right] = \left[\text{ENDING HIV} \right]$$

HIV Testing and Prevention among Young Gay, Bi+ and Queer Men

Testing

HIV testing is crucial as it allows for the identification of HIV, which in turn facilitates the commencement of HIV treatment, which has long term health benefits for the person diagnosed and reduces or eliminates the risk of onward transmission. Young gay, bi+ and queer men test at similar rates to older men once they commence a testing routine, however they are less likely to have ever tested than older men.

Sydney Gay Community Periodic Survey (SGCPS) data from 2021 show that only 57.2% of men aged under 25 reported ever having tested for HIV, compared to 90.5% of men 25 and over.²¹ Data from the 2021 PrEPARE survey show a similar pattern nationally, with 38.2% of those aged under 25 in the sample never testing/having an unknown HIV status, compared to 5% of those aged over 25.²²

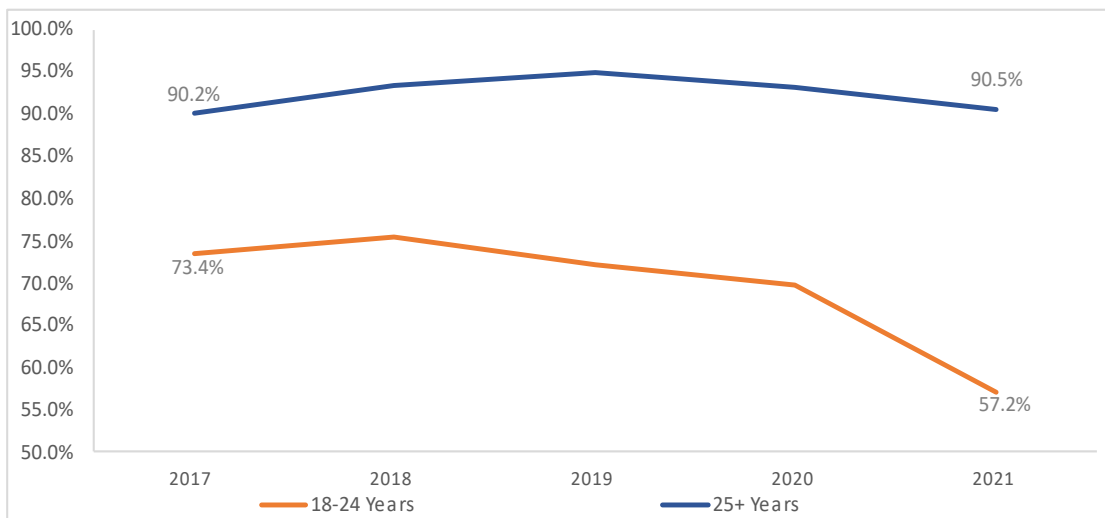


Figure 1: Proportion of SGCPS respondents reporting ever testing for HIV, by age

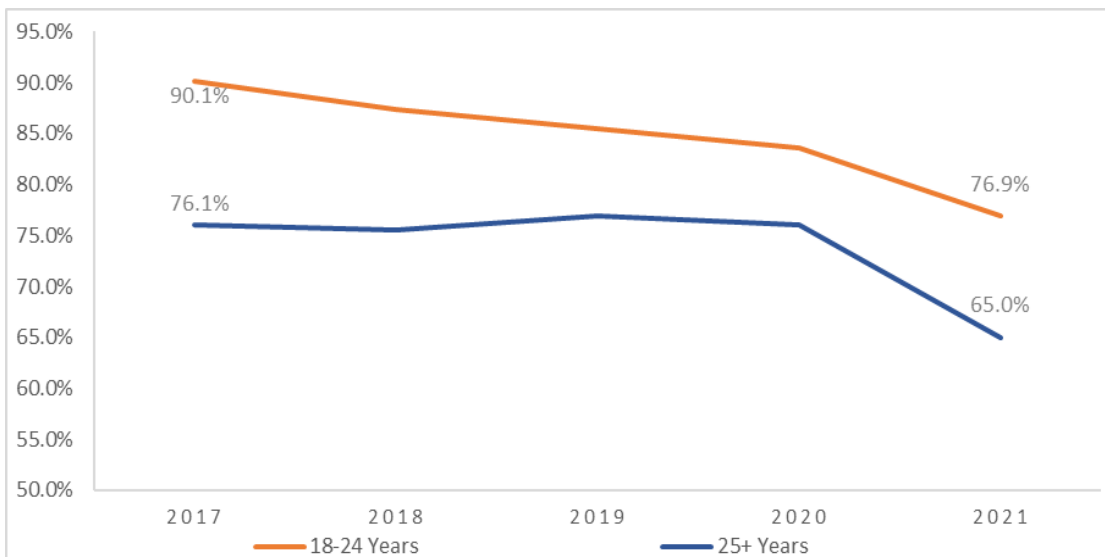


Figure 2: Of those reporting ever tested, the proportion of those who tested in the last 12 months, by age

Data from the SGCPs show that of those men aged under 25 who had commenced HIV testing, 76.9% report being tested during the previous 12 months. This rate is higher than the rate reported by older men (65%), suggesting that once younger men begin HIV testing, they test at least as regularly as older men.²³ This suggests that for young men, having a first test is a crucial starting point to the commencement of a regular testing routine.

The decision to commence testing and maintain a testing routine is impacted by structural and psychosocial barriers which can influence the uptake of HIV testing at both the individual level (e.g., fear, stigma, perceptions of risk, embarrassment in talking with health professionals) and health service level (e.g., testing location, wait time for results, cost, Medicare eligibility).^{24,25}

Young gay, bi+ and queer men in Australia have reported that their first experience of HIV testing was frightening and stressful and that a positive experience would help form stronger and longer-lasting testing routines.²⁶ The stress and fear from HIV testing include the perceived judgmental attitudes of clinic staff, wait times for results, personal and sometimes confronting questions being asked and stigma associated with HIV and HIV testing.²⁷ It is important that these negative experiences are addressed so that younger men have positive early experiences of HIV testing to ensure that so that HIV and STI testing is normalised and regular testing patterns are established and maintained.

The structural and psychosocial barriers to HIV testing listed above are varied and as such there is no single strategy which can be used to promote or encourage HIV testing for all young gay, bi+ and queer men. However, there are innovative approaches and strategies designed to facilitate easier access to HIV testing that have been introduced in NSW in recent years. These include rapid HIV testing and HIV self-testing, use of community and outreach settings for testing and the use of peer services.

Services which have incorporated elements of each of these approaches and strategies to address structural barriers to testing, such as ACON's a[TEST], have been targeted at and used by gay and bisexual men in NSW with a great deal of success.²⁸ From 2015-2019, there were around 29,268 unique clients and 42,370 total visits to a[TEST] sites, with 56.8% of clients born overseas.²⁹ The most common reason to use the service was the convenient locations and that using the service was free.³⁰

Recommendation 2: Reduce structural and psychosocial barriers to normalise and encourage the commencement of HIV testing for young gay, bi+ and queer men.

Recommendation 3: Expand access to convenient testing locations (particularly outside inner city areas), as well as access to innovative HIV testing methods, including HIV-self-testing.

HIV Prevention

The HIV prevention context in Australia and NSW has rapidly changed since the introduction of biomedical prevention such as HIV pre-exposure prophylaxis (PrEP) and the use of treatment as prevention (TasP, Undetectable Viral Load or UVL, or Undetectable=Untransmittable). Young gay, bi+ and queer men in NSW are far less likely to be using biomedical HIV prevention tools than their older counterparts.

'Net protection coverage' is defined as the regular use of condoms, PrEP, TasP or no anal sex with casual partners and is measured each year from data collected by the SGCPs. The most recent data from the SGCPs shows that the net protection coverage from HIV of gay and bisexual men aged under 25 is 58.8%. This is compared to 78.7% net protection coverage for men aged 25 and over.³¹

[TEST OFTEN] + [TREAT EARLY] + [STAY SAFE] = [ENDING HIV]

ENDING HIV

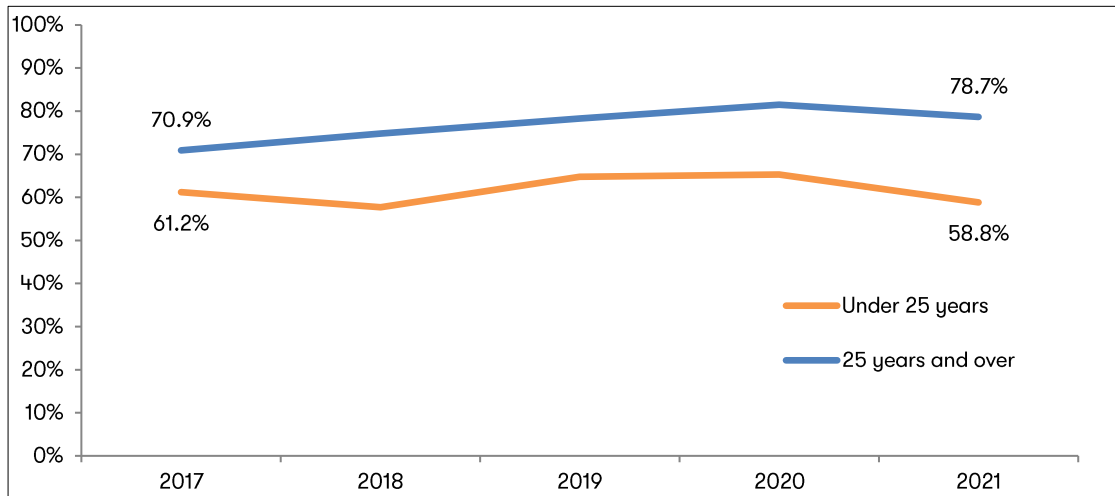


Figure 3. Net prevention coverage among participants with casual partners in the past six months

While regular use of PrEP with casual partners has increased among men over 25 (from 16.6% in 2017 to 37.7% in 2021), this increase has not occurred among young men, with PrEP use staying relatively stable at around 18%.³² Data from PrEPARE also shows that young gay, bi+ and queer men were much less likely to be using PrEP, with 18.3% of young men surveyed using PrEP, compared to 40.0% of men aged 25 and over using PrEP.³³ More attention should be given to this, noting that young gay, bi+ and queer men are as likely as their older gay and bisexual men to report condomless sex with regular and casual partners and they are as likely to report being diagnosed with a STI other than HIV.³⁴

Figures 4 and 5 demonstrate the differences in net protection coverage and coverage type by age. These graphs demonstrate the broader uptake of PrEP among the over 25s, and the higher rates of unprotected anal sex among younger gay, bi+ and queer men.

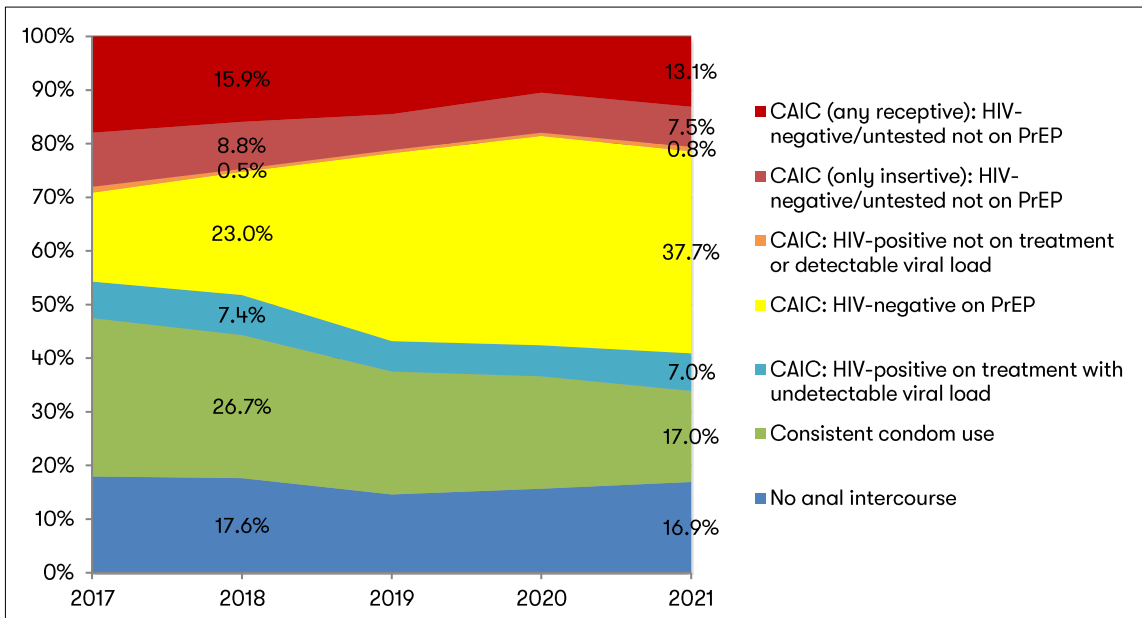


Figure 4. Anal intercourse and condom use with casual partners - Participants 25 years and over

$$\left[\begin{array}{c} \text{TEST} \\ \text{OFTEN} \end{array} \right] + \left[\begin{array}{c} \text{TREAT} \\ \text{EARLY} \end{array} \right] + \left[\begin{array}{c} \text{STAY} \\ \text{SAFE} \end{array} \right] = \left[\begin{array}{c} \text{ENDING} \\ \text{HIV} \end{array} \right]$$

ENDING HIV

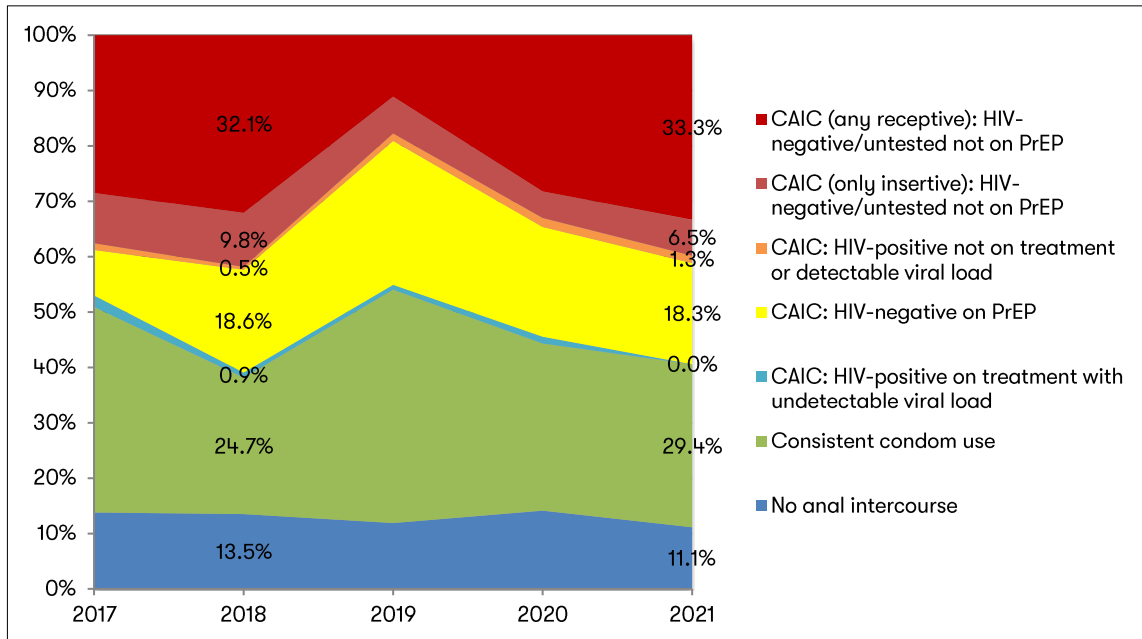


Figure 5. Anal intercourse and condom use with casual partners – Participants under 25 years

Data from the Pharmaceutical Benefits Scheme also shows that those aged under 25 are among the lowest PrEP initiators of any age group.³⁵ The PrEPARE survey used scales to examine attitudes towards taking PrEP among participants who have not initiated PrEP. Interestingly, this data shows that young gay, bi+ and queer men who are not on PrEP are far more willing to use PrEP than older men (47.1% vs 27.4%),³⁶ and expressed less concern about using PrEP than older men in PrEPARE (26.5% vs 37.0%).³⁷

Data from the SGCPS showed that awareness of PrEP was also lower among younger men, with 85.4% indicating they were aware of PrEP, compared to 94.4% of men aged 25 and over who were surveyed (awareness of PrEP was also low among young gay, bi+ and queer men at 69.4%, compared to 87.4% of men 25 and over).³⁸

The willingness of many young gay, bi+ and queer men not taking PrEP to initiate PrEP use, as well as their lower level of concern about using PrEP, highlights the need to identify and reduce barriers to initiating PrEP for younger men, such as the lower level of awareness of PrEP among young gay, bi+ and queer men.

Barriers to uptake of PrEP among gay and bisexual men include younger age and the perceived cost.³⁹ Anecdotally, cost is also reported as a barrier to accessing PrEP among young men participating in ACON's peer education programs, particularly for those who do not have access to Medicare. Because young gay, bi+ and queer men also report lower rates of HIV testing, it is also likely that they have less opportunities to be exposed to information about PrEP at the point of testing, and to be identified by clinicians and peers as suitable for PrEP initiation.⁴⁰

For those born overseas who do not have Medicare, PrEP access is a real issue. Medicare-ineligible young gay, bi+ and queer men face significant financial barriers to accessing PrEP.⁴¹ To achieve the goal of ending HIV transmissions in NSW, universally subsidised PrEP medication and clinical services must be provided, regardless of Medicare status. Medicare-ineligible men often already attend publicly funded sexual health clinics for free HIV testing and treatment.⁴² Our HIV goals are unlikely to be met without universal access to PrEP for everyone at risk of acquiring HIV, including Medicare-ineligible young gay, bi+ and queer men.

$$\left[\begin{array}{c} \text{TEST} \\ \text{OFTEN} \end{array} \right] + \left[\begin{array}{c} \text{TREAT} \\ \text{EARLY} \end{array} \right] + \left[\begin{array}{c} \text{STAY} \\ \text{SAFE} \end{array} \right] = \left[\begin{array}{c} \text{ENDING} \\ \text{HIV} \end{array} \right]$$

Recommendation 4: Reduce barriers to PrEP uptake by:

- addressing perceived and real cost barriers,
- increasing awareness of PrEP through health promotion activities, and
- providing PrEP to Medicare ineligible young gay, bi+ and queer men through community sexual health clinics.

Young gay, bi+ and queer men living with HIV

Young gay, bi+ and queer men who are living with HIV are less likely to be on antiretroviral therapy and have viral suppression than older HIV positive men.⁴³ Data from the ACCESS network (sexual health clinics and GP clinics with a high caseload of gay, bisexual and other men who have sex with men) show that, while the percentage of people living with HIV under 30 who are on treatment and who have an undetectable viral load is very high compared to other jurisdictions, they are still slightly less likely than older HIV positive people to be on treatment and have an undetectable viral load.⁴⁴

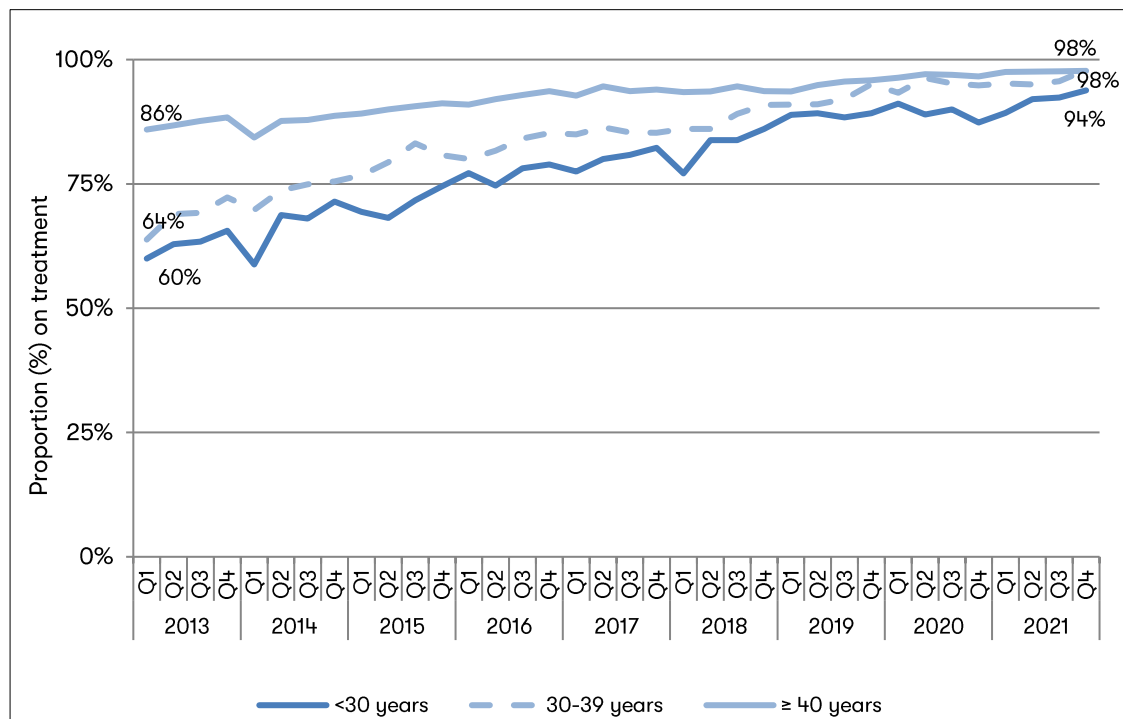


Figure 6. Proportion of people living with HIV attending any clinic in the ACCESS network who received antiretroviral treatment or were recorded as on treatment in the previous year by age group and quarter.

ENDING HIV

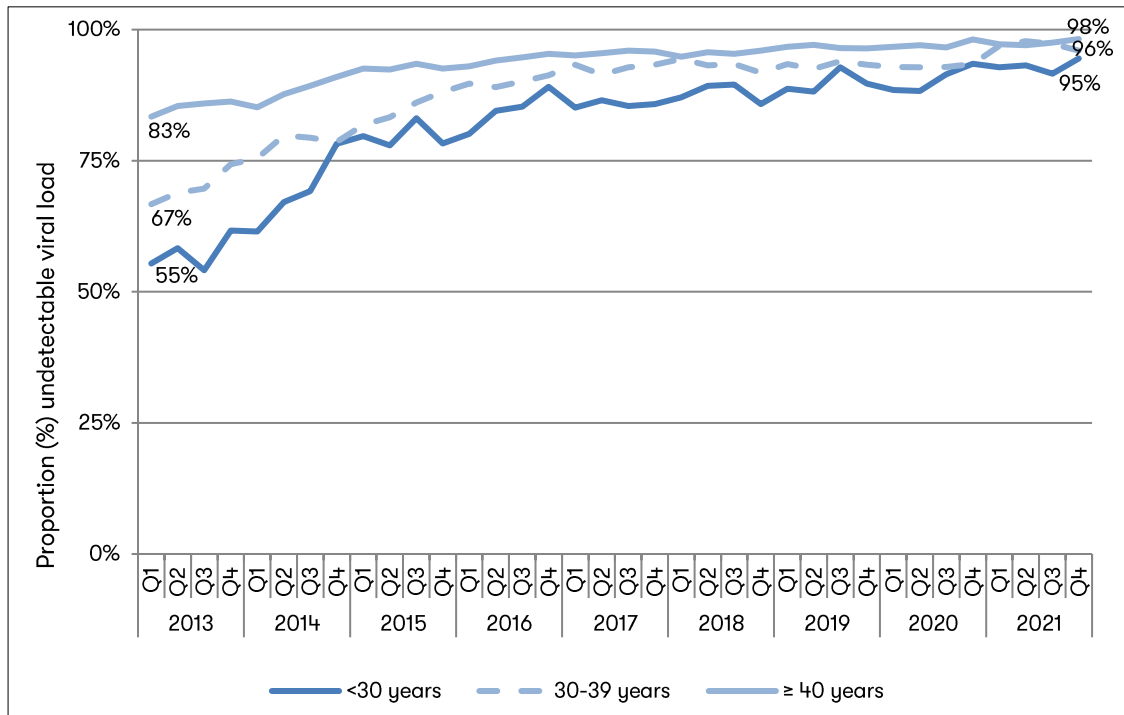


Figure 7. Proportion of people living with HIV on treatment at any clinic in the ACCESS network with an 'undetectable' viral load at their most recent test in the previous 12-month period by age group and quarter.

Young men who are living with HIV experience additional social stressors, intersecting stigmas, discrimination and isolation.^{45,46} We know that HIV stigma is still pervasive in mainstream Australian society⁴⁷ which contributes to a sense of isolation for young people living with HIV.⁴⁸ However, while this reality has existed since the emergence of HIV and continues today, the reality of being young and living with HIV today is different to the experiences of their older peers who have lived longer with HIV, especially in the context of PrEP, U=U, and dating apps that create unique spaces for disclosure.⁴⁹

The success of the NSW HIV response means that relatively few young people are living with HIV in NSW. As a result, young people living with HIV risk being overlooked and left behind in the provision of health promotion and services.⁵⁰ Additionally, young men living with HIV can also feel isolated from older people living with HIV due to their age and different stage of life and may feel that HIV services and support are designed largely with their older peers in mind.⁵¹

Young men living with HIV manage their health while navigating complex health and social support systems to have their HIV care needs met; this requires a set of skills that are complex, particularly for young people who may not have as much experience navigating health systems on their own.⁵² We must ensure that the health and social support infrastructure is meeting the needs of all people living with HIV, including younger people.

With advances in biomedical HIV treatment and prevention, the perspectives and needs of HIV positive young men have shifted, which means that the ways in which they engage with HIV supports and services are shifting.⁵³ More attention needs to be focused on the needs of HIV positive men to ensure that existing services and supports are adequately meeting their needs.

The demographics of people newly diagnosed with HIV in NSW has shifted in recent years, with overseas-born gay and bisexual men now representing a larger proportion of new diagnoses than those born in Australia.⁵⁴ A considerable proportion of the overseas-born men recently diagnosed are young.⁵⁵ With this in mind, it is important that programs and services prioritise these young men and consider their unique experiences and needs. In Australia, young HIV positive men born overseas face greater difficulties

$$\left[\begin{array}{c} \text{TEST} \\ \text{OFTEN} \end{array} \right] + \left[\begin{array}{c} \text{TREAT} \\ \text{EARLY} \end{array} \right] + \left[\begin{array}{c} \text{STAY} \\ \text{SAFE} \end{array} \right] = \left[\begin{array}{c} \text{ENDING} \\ \text{HIV} \end{array} \right]$$

accessing HIV treatment and healthcare, health insurance coverage, social isolation and strict immigration rules that may limit their ability to stay in Australia.⁵⁶

Recommendation 5: Increase access to tailored, culturally safe peer support and navigation for young people and living with HIV, including those who are newly diagnosed.

Entering Adulthood

The process of growing up and becoming an adult is significantly influenced by individual circumstance, background and experience. Culture, gender, religion, race and class each inform how we experience the world and how we understand adulthood. Through our families, peers, community, education and society more broadly, we learn what it means to be an adult and gain the skills and knowledge to navigate the world we live in.⁵⁷

For young gay, bi+ and queer men, this process is often complicated by perceived and real differences between themselves and their families, friends and mainstream society. Young gay, bi+ and queer men often grow up with little or no positive messaging about LGBTQ people and thus may struggle with their emergent sense of self as a gay, bi+, or queer man, which can be felt to be in conflict with a society and culture which positions being gay, bisexual or queer as different (at best), and this experience is different across different cultural backgrounds and different geographic regions.^{58,59}

The process of coming to terms with your sexuality (and gender identity for trans and gender diverse men) and forming social networks is complex and takes time and support, during which young queer people may struggle with accessing health services, accurate sexual health education and HIV/STI prevention. Some young gay, bi+ and queer men may face additional barriers to accessing health support associated with challenges of entering adulthood, including the disproportionate rates of mental distress, homelessness, and substance misuse by young adults.⁶⁰

During this time, in which young gay, bi+ and queer men develop a sense of identity and belonging, attitudes to sexuality and sexual practices also form.⁶¹ Critically, attitudes and behaviours which develop during adolescence and early adulthood inform long-term health and wellbeing, including attitudes towards sex, relationships and sexual health.⁶² Therefore, targeting young people with accurate and relevant messages as they grow up is vital. During this time, information which young gay, bi+ and queer men receive come from a variety of sources, including school, online, peers, and health settings.

Sexual Health Education

As we have discussed, research suggests that some young gay, bi+ and queer men may face greater difficulties accessing and negotiating the use of HIV prevention methods, reticence to commence HIV testing and, for HIV positive men, unique challenges as a result of being young and living with HIV. As well as this, research suggests that young gay, bi+ and queer men face other specific issues such as a limited sexual experience and romantic relationships, less connection to the gay community (and the knowledge sharing and social connectedness it can provide) and inadequate sexual health education (including healthy relationships).⁶³

In the early days of HIV in NSW, health promotion and education were delivered in the context of crisis and by the need and desire for specific and explicit instruction on ways to protect oneself, with authoritative and directive messaging.^{64,65} As HIV has evolved in NSW, education and health promotion delivered by HIV organisations have also adapted. In the lives of young gay, bi+ and queer men, HIV is conceived less as a crisis and thus requires health promotion and education approaches which are more linked to the realities of their everyday lives.⁶⁶

Sexual health education is delivered to young gay, bi+ and queer men in formal settings (in schools and from healthcare and other service providers, including peer education programs), through personal relationships (parents, friends and partners) and online and through the media.⁶⁷ The sexual health education that is received is often inadequate or inaccurate and formal education aimed at young people



frequently focuses on issues of risk and pays little attention to pleasure or sex positivity, particularly in schools.⁶⁸ For newly-arrived men born overseas, it is important to be aware of the stark differences in the delivery of sexual health education which may or may not have been provided.

As a result, young gay, bi+ and queer men require additional supports to increase their existing knowledge and skills to navigate sexual relationships, testing and HIV prevention when they have their first sexual experiences. For priority populations, there will be additional factors to consider.

Case study: ACON's Young Men's Projects

SPARK (formerly Fun & Esteem) is a peer education program for young men that has been run by ACON since 1988, delivering sexual health information in a culturally appropriate, frank and fun way through the provision of workshops, forums and events.

Workshops cover a range of issues including coming out, healthy relationships, HIV and sexual health, and sex and pleasure. Workshops are facilitated by other young gay, bi+ and queer men, who are trained and supported by ACON staff. As its former name suggests, the program empowers and engages young men through fun, social, interactive and informative ways to build confidence, self-esteem and community connection while educating about HIV and a range of other issues.

Since its inception, over 10,000 young gay, bi+ and queer men have taken part in the peer-led workshops, with evaluations of the program demonstrating its continued success and effectiveness.

Schools

Many school-aged young people in Australia are sexually active. Data indicates that 34% of Year 10 (typically aged 15 – 16) and 55% of Year 12 students (typically aged 17-18) have had sexual intercourse, with 12% of male high school students reporting sex with someone of the same gender.⁶⁹ It is therefore vital that young people are given the tools and education they need to make informed decisions when it comes to engaging in sex.

ACON supports the view of Family Planning NSW, that 'all people should have access to age-appropriate, evidence-based and targeted comprehensive sexuality education that empowers individuals with knowledge and skills to encourage healthy and informed choices concerning their sexuality and wellbeing throughout their life'.⁷⁰

For many young gay, bi+ and queer men, school-based sexuality education, positioned within the personal development, health and physical education (PDHPE) syllabus and curriculum, is the only formal sex education they will receive. Young people report that it is one of the primary sources they use to educate themselves on sexuality, sexual health and healthy relationships,⁷¹ and there is a high level of support among students for comprehensive and life-skills based sex education in schools.⁷² However, the education received in schools is not uniform in its content, delivery, or effectiveness.

Numerous studies have shown a trend in young people's negative experiences with relationships and sexuality education delivered in schools. These studies show that the sex education needs of young people are not being met in schools, with many participants in these studies reporting a centring of cisgender and heteronormative sexual practices, pregnancy and risk. Many reported a lack of (but preference for) positive and supportive LGBTQ inclusive material that includes education around broader issues such as intimacy, trust and consent.^{73,74,75}

The last review of sexuality education in NSW was conducted in 2017⁷⁶ (prior to NSW strengthening the definition of consent in the Crimes Act 1900). As such, there is a need to review the materials to ensure that they align with newer legal definitions of consent and ensure that they are inclusive of LGBTQ+

[TEST
OFTEN] + [TREAT
EARLY] + [STAY
SAFE] = [END
ING
HIV]

students. Considering the dearth of relevant material young gay, bi+ and queer men receive through school, it is not surprising that these men seek additional information from other sources.

Recommendation 6: ACON supports and endorses the view of Family Planning NSW that comprehensive sexuality education must be included in school curricula to support young people to have healthier sexual and reproductive lives, free from stigma and discrimination. This education must meet the needs of sexuality and gender diverse people.

Recommendation 7: In light of the new sexual consent legislation, a fresh review of sexuality education in NSW should be conducted.

Online

Given the inadequacy of sexuality education in schools and the internet's ubiquity, it is unsurprising that young people report seeking sexual health and relationship information online. Research suggests that young sexuality and gender diverse people use the internet as a source of sexual health information more than their non-LGBTQ counterparts, due to the inadequacy of school education, and a fear of discrimination and prejudice.^{77,78,79}

Social media plays a central role in young people's lives.^{80,81} As a result they are confident in online environments and are not as challenged by new developments in digital technology.⁸² This presents opportunities for HIV health promoters, who must remember that for young people social and digital media environments are not separate from the offline world and are in fact inextricably integrated spaces.⁸³

HIV health promoters have long understood the importance of meeting their audiences where they are, and therefore that social media interventions can provide a mechanism for promoting HIV prevention messaging.⁸⁴ The ubiquity and popularity of social media platforms allows sexual health information to reach young gay, bi+ and queer men while being cost-effective and easily scaled-up, allowing repeated exposure to information and encourage direct engagement between information seekers and information providers.⁸⁵

While engaging with young gay, bi+ and queer men in online spaces is vital, health promoters must consider the difficulties they may face when integrating social media marketing into their health promotion practice.⁸⁶ Young people use an array of apps and use them more frequently than older people, including Facebook, YouTube, Instagram, WhatsApp, Snapchat, TikTok and WeChat, depending on their age and context.^{87,88} This has implications for the social media platforms that health promoters use to target their audiences, and the method and format of delivery of their messages.

Health promoters need to develop deep and lasting relationships with site users, requiring informational, technological and cultural literacy.⁸⁹ Peers are best placed to fulfill this role, with their deep and intrinsic understanding of trends and digital communication used by young gay, bi+ and queer men.

As well as this, sexual health promotion efforts are likely to be in competition with a plethora of material that young people are likely to find more engaging and informative.⁹⁰ Engaging with young gay, bi+ and queer men online is therefore not as simple as placing static HIV health promotion material into digital spaces. Health promoters need to deeply consider the ways in which these men exist within online spaces and how they seek out and engage with information. Approaches must be representative of the diverse experiences of young gay, bi+ and queer men.

Recommendation 8: Digital content must be co-designed with peer users in order to increase digital engagement with diverse groups of young gay, bi+ and queer men through novel social media platforms and culturally-relevant content.



Friends/Peers

Young people's health knowledge is informed by relationships and 'significant sites of care', including friendships.⁹¹ Friends and peers, who often talk openly and honestly about sex and sexuality, play a pivotal role in sex education and knowledge for young gay, bi+ and queer men.⁹²

Meeting other young men who are openly gay or bisexual is an important feature of young gay, bi+ and queer men's information gathering about sex and sexuality, including HIV prevention, the mechanics of sex and an understanding of community and 'what it means' to be gay, bisexual or queer.⁹³ Young people's expertise is therefore not solely gathered from top-down education but is increasingly lateral.⁹⁴

Building networks of young gay, bi+ and queer men is experienced differently by men with different cultural backgrounds. Various research demonstrates that sexual racism is experienced by groups of gay, bi+ and queer men, including Asian gay men,⁹⁵ men from Arabic-speaking backgrounds,⁹⁶ and Indigenous men.⁹⁷ These experiences shape social networks, spaces men inhabit, experiences of mental distress and discrimination, and therefore, access to sexual health information.⁹⁸

It is important to consider the ways in which HIV health interventions can strengthen young gay, bi+ and queer men's own practices of friendship, education and support among diverse networks. Young people, including young gay, bi+ and queer men, are well placed to find and disseminate accurate sexual health information within existing networks.⁹⁹

Informal information sharing among friendship networks may also involve misinformation and misunderstanding, reinforcing the importance of providing clear, simple HIV prevention messaging and supporting cultures of care and support, so that accurate information is shared between friends, and these networks can build their own practices of sexual health information sharing.¹⁰⁰

Recommendation 9: Young gay, bi+ and queer men must be upskilled and empowered to provide accurate HIV and sexual health information to their friends, with autonomy and across a range of settings and modes, including online and in-person.

Primary Care

Healthcare providers are considered a highly trusted source of information among young people, but not one with which young people regularly engage as an information source.¹⁰¹ Generally, healthcare providers are regarded by young people as accessible only if a medical intervention of some kind is required.¹⁰² Despite this, we know that healthcare providers such as general practitioners (GPs) can be an invaluable source of accurate and up-to-date sexual health information.

Young people report having to make and wait for an appointment, the inability to get an appointment without their parents' knowledge (especially for those residing in regional and rural areas) and the potential cost of accessing GPs as barriers to accessing general practitioners for sexual health information.¹⁰³ For young gay, bi+ and queer men, there may be additional barriers to accessing sexual health information from primary care providers such as stigma, fear of discrimination, embarrassment and concerns about confidentiality.

The provision of sexual health care needs to be culturally appropriate, provided by culturally competent staff, and built on a comprehensive and long-term approach.¹⁰⁴ Short-term, time-limited activities do not achieve successful outcomes, as trust and relationships can take time to establish between young people and their healthcare provider. Education and support should be strengths-based, recognising the knowledge, skills and resilience of young gay, bi+ and queer men.

GPs should receive specific training and continuing education in sexual health, HIV care and LGBTQ health to ensure that the information and support they provide is accurate, evidence-based, appropriate and free from discrimination, bias and stigma. The Australasian Society for HIV, Viral Hepatitis and Sexual

ENDING HIV

Health Medicine (ASHM) and ACON's Pride Training provides a comprehensive suite of workforce education programs for healthcare providers in Australia.

Recommendation 10: Support primary care providers to receive specialised training in providing sexual health information to young LGBTQ people, including young gay, bi+ and queer men.

Conclusion

HIV in NSW remains concentrated among gay, bi+ and queer men. Young gay, bi+ and queer men face additional and unique issues and barriers in relation to HIV testing, prevention and treatment. Young gay, bi+ and queer men who have additional intersecting identities such as being Aboriginal or Torres Strait Islander, culturally, ethnically, or linguistically diverse, overseas born, trans, or who are bisexual, face further stressors. If we are to end HIV transmissions for all, these groups must be meaningfully involved in the design and delivery of programs and services for young gay, bi+ and queer men.

We have made significant progress in the effort to combat HIV, particularly with advancements in biomedical prevention such as PrEP and TasP/UVL. To fully capitalise on the promise of these achievements, we must reduce barriers to ensure that all young gay, bi+ and queer men have equitable access to these technologies, HIV testing and HIV support.

Young gay, bi+ and queer men face other specific issues such as limited sexual experience and romantic relationships, less connection to the gay community and inadequate sexual health education in formal settings such as schools.

The NSW health system and HIV sector must continue to support and educate young gay, bi+ and queer men, online and through community organisations, peers and healthcare providers, to ensure that this cohort of gay and bisexual men is not left behind in our efforts to end HIV transmissions in NSW.

[TEST
OFTEN] + [TREAT
EARLY] + [STAY
SAFE] = [END
ING
HIV]

ENDING HIV

Recommendations

Recommendation 1: As well as effective broad, population-wide campaigns, community organisations like ACON should continue to produce tailored, co-designed health promotion and peer education for priority populations of young gay, bi+ and queer men.

Recommendation 2: Reduce structural and psychosocial barriers to normalise and encourage the commencement of HIV testing for young gay, bi+ and queer men.

Recommendation 3: Expand access to convenient testing locations (particularly outside inner city areas), as well as access to innovative HIV testing methods, including HIV-self-testing.

Recommendation 4: Reduce barriers to PrEP uptake by:

- addressing perceived and real cost barriers,
- increasing awareness of PrEP through health promotion activities, and
- providing PrEP to Medicare ineligible young gay, bi+ and queer men through community sexual health clinics.

Recommendation 5: Increase access to tailored, culturally safe peer support and navigation for young people and living with HIV, including those who are newly diagnosed.

Recommendation 6: ACON supports and endorses the view of Family Planning NSW that comprehensive sexuality education must be included in school curricula to support young people to have healthier sexual and reproductive lives, free from stigma and discrimination. This education must meet the needs of sexuality and gender diverse people.

Recommendation 7: In light of the new sexual consent legislation, a fresh review of sexuality education in NSW should be conducted.

Recommendation 8: Digital content must be co-designed with peer users in order to increase digital engagement with diverse groups of young gay, bi+ and queer men through novel social media platforms and culturally-relevant content.

Recommendation 9: Young gay, bi+ and queer men must be upskilled and empowered to provide accurate HIV and sexual health information to their friends, with autonomy and across a range of settings and modes, including online and in-person.

Recommendation 10: Support primary care providers to receive specialised training in providing sexual health information to young LGBTQ people, including young gay, bi+ and queer men.

**[TEST
OFTEN] + [TREAT
EARLY] + [STAY
SAFE] = [END
ING
HIV]**

References

- ¹ Chan et al. (2020).
- ² Grulich, A., Nigro, S., Chan, C., Patel, P., Bavinton, B., Holt, M., Prestage, G., Callander, D., Murray, C., Power, C., Pinto, A., Mao, L., Broady T., and Keen, P. (2020). *Trends in HIV and HIV prevention indicators in gay, bisexual and other men who have sex with men in NSW, 2015-2019: implications for new interventions and for monitoring and evaluation in a new NSW HIV strategy*. Kirby Institute, UNSW Sydney: Sydney, Australia. DOI: 10.26190/5f58034fee100
- ³ Chan et al. (2020).
- ⁴ Hammoud, M. et al. (2019). HIV pre-exposure prophylaxis (PrEP) uptake among gay and bisexual men in Australia and factors associated with the nonuse of PrEP among eligible men. *Journal of Acquired Immune Deficiency Syndrome*, 81(3), e73–e84.
- ⁵ Morgan, E. et al. (2018). High rate of discontinuation may diminish PrEP coverage among young men who have sex with men. *AIDS Behaviour*, 22(11), 3645–3648.
- ⁶ Newcomb M, et al (2018). Pre-exposure prophylaxis (PrEP) use and condomless anal sex. *Journal of Acquired Immune Deficiency Syndrome*, 77(4), 358–64.
- ⁷ Aung, E., Chan, C., McGregor, S., Holt, M., Grulich, A., Bavinton B. (2020). *Identifying gaps in achieving the elimination of HIV transmission among gay, bisexual, and other men who have sex with men in Australia: The Gaps Project Report*. Sydney: Kirby Institute, UNSW Sydney. DOI: 10.26190/5f9f3f288a6ae.
- ⁸ Hussen et al. (2017). Cognitive and behavioral resilience among young gay and bisexual men living with HIV. *LGBT Health*, 4(4), 275-282.
- ⁹ Broady, T., Chan, C., Bavinton, B., Mao, L., Molyneux, A., Delhomme, F., Power, C., Fraser, N., Prestage, G., & Holt, M. (2021). *Gay Community Periodic Survey: Sydney 2021*. Sydney: Centre for Social Research in Health, UNSW Sydney.
- ¹⁰ Kolstee, J. et al (2017). Partnership agreements less likely among young gay and bisexual men in Australia – data from a national online survey of gay and bisexual men’s relationships. *Sexual Health*, 14 (1), 355-362.
- ¹¹ Cameron, S. (2014). Are young gay men really so different? Considering the HIV health promotion needs of young gay men. Sydney: AFAO. Available at: <https://www.afao.org.au/wp-content/uploads/2016/12/AFAO-Young-Gay-Men-Discussion-Paper-2014.pdf>
- ¹² UNAIDS (2015). A technical brief: HIV and young men who have sex with men. Available at: https://www.unaids.org/sites/default/files/media_asset/2015_young_men_sex_with_men_en.pdf
- ¹³ UNAIDS (2015).
- ¹⁴ Hill AO, Lyons A, Jones J, McGowan I, Carman M, Parsons M, Power J, Bourne A (2021) *Writing Themselves In 4: The health and wellbeing of LGBTQIA+ young people in Australia*. National report, monograph series number 124. Melbourne: Australian Research Centre in Sex, Health and Society, La Trobe University.
- ¹⁵ Fisher, C., Waling, A., Kerr, L., Bellamy, R., Ezer, P., Mikolajczak, G., Lucke, J. (2019). *6th National Survey of Australian Secondary Students and Sexual Health 2018*. Available at: https://www.latrobe.edu.au/_data/assets/pdf_file/0004/1031899/National-Survey-of-Secondary-Students-and-Sexual-Health-2018.pdf
- ¹⁶ NSW Ministry of Health (2020) NSW HIV Strategy 2021-2025. Available at: <https://www.health.nsw.gov.au/endinghiv/Publications/nsw-hiv-strategy-2021-2025.pdf>
- ¹⁷ Grulich et al. (2020)
- ¹⁸ ABS (2019) National Aboriginal and Torres Strait Islander Health Survey. Available at: <https://www.abs.gov.au/statistics/people/aboriginal-and-torres-strait-islander-peoples/national-aboriginal-and-torres-strait-islander-health-survey/latest-release>
- ¹⁹ Cook, T. (2018). Trans and Gender Diverse People in HIV Data. Available at: <https://www.afao.org.au/article/trans-and-gender-diverse-people-in-hiv-data/>
- ²⁰ Cook, T. (2018).
- ²¹ Broady, T. et al. (2021).
- ²² MacGibbon, J., Bavinton, B.R., Broady, T.R., Kolstee, J., Power, C., Molyneux, A., Ellard, J., Murphy, D., Heslop, A., Clackett, S., de Wit, J., & Holt, M. (2022). *Trends in attitudes to biomedical HIV prevention among gay and bisexual men: Key findings from the PrEPARE Project 2021*. Sydney: Centre for Social Research in Health, UNSW Sydney. DOI: <http://doi.org/10.26190/jpap-4w04>
- ²³ Broady, T. et al. (2021).
- ²⁴ Bolsewicz, K. et al. (2015). Factors impacting HIV testing: a review – perspectives from Australia, Canada, and the UK. *AIDS Care*, 27(5), 570-580.
- ²⁵ Mutch et al. (2017). Increasing HIV testing among hard-to-reach groups: examination of RAPID, a community-based testing service in Queensland, Australia. *BMC Health Services Research*, 17(310), 1-7
- ²⁶ Frommer, M. & Wilcock B. (2014). HIV testing among gay men and other men who have sex with men. Sydney: AFAO. Available at: https://www.afao.org.au/wp-content/uploads/2017/02/HIV_Testing_Discussion_Paper-ONLINE-July-2014.pdf
- ²⁷ Frommer, M. & Wilcock B. (2014).

- ²⁸ Chan, C., Patel, P., Johnson, K., Vaughan, M., Price, K., McNulty, A., Templeton, D., Read, P., Cunningham, P. and Bavinton, B. (2020a). Evaluation of ACON's community-based a[TEST] HIV and STI testing services, 2015-2019. Kirby Institute, UNSW Sydney: Sydney, Australia. DOI: 10.26190/5f0ff88e20f47
- ²⁹ Chan, C. et al. (2020a).
- ³⁰ Chan, C. et al. (2020a).
- ³¹ Broady, T. et al. (2021).
- ³² Broady, T. et al. (2021).
- ³³ McGibbon, J. et al. (2022).
- ³⁴ Chan, C. et al. (2020).
- ³⁵ Commonwealth Department of Health (2022). Pharmaceutical Benefits Schedule Highly Specialised Drugs Programme (PBS) data from April 2018 to December 2021 Annual Surveillance Report.
- ³⁶ McGibbon, J. et al. (2022).
- ³⁷ McGibbon, J. et al. (2022).
- ³⁸ Broady, T. et al. (2021).
- ³⁹ Peng, P. et al. (2018). A global estimate of the acceptability of pre-exposure prophylaxis for HIV among men who have sex with men: a systematic review and meta-analysis. *AIDS Behaviour*, 22(4), 1063-1074.
- ⁴⁰ Chan, C. et al. (2020).
- ⁴¹ Cornelisse, V. (2022). Barriers to accessing HIV pre-exposure prophylaxis for Medicare-ineligible people in Melbourne, Australia: analysis of patients attending the PrEPMe Clinic. *Medical Journal of Australia*, 216 (6), 320-321.
- ⁴² Cornelisse, V. (2022).
- ⁴³ Aung, E. et al. (2020).
- ⁴⁴ ACCESS
- ⁴⁵ Wojciechowski, L. et al. (2020). Young + Positive: Are we doing enough to support young people living with HIV?. *HIV Australia*. Available at: <https://www.afao.org.au/wp-content/uploads/2020/11/YoungPositive.pdf>
- ⁴⁶ Hussen et al. (2017).
- ⁴⁷ Broady, T.R., Brener, L., Cama, E., Hopwood, M., & Treloar, C. (2020). Stigmatising attitudes towards injecting drug use, blood borne viruses, and sexually transmissible infections in a representative sample of the Australian public. *PLOS ONE*, 15(4), e0232218. <https://doi.org/10.1371/journal.pone.0232218>
- ⁴⁸ Wojciechowski, L. et al. (2020).
- ⁴⁹ Wojciechowski, L. et al. (2020).
- ⁵⁰ Wojciechowski, L. et al. (2020).
- ⁵¹ Wojciechowski, L. et al. (2020).
- ⁵² Wojciechowski, L. et al. (2020).
- ⁵³ Wojciechowski, L. et al. (2020).
- ⁵⁴ NSW Health (2022).
- ⁵⁵ NSW Health (2022).
- ⁵⁶ Murphy, D. (2020) *Experience of HIV among overseas-born men who have sex with men (MSM) and MSM from migrant backgrounds*. Available at: <https://napwha.org.au/wp-content/uploads/2021/10/Experience-of-HIV-among-overseas-born-MSM-and-MSM-from-migrant-backgrounds-Dean-Murphy.pdf>
- ⁵⁷ Onken, S. & O'Brien, K. (2021). Navigating minority and majority cultures in emerging adulthood: a pilot study of young hearing adults of deaf parents and young heterosexual adults of lesbian/gay parents. *Emerging Adulthood*, 9(6), 737-748.
- ⁵⁸ Marzetti, H. et al. (2022). "Am I really alive?": Understanding the role of homophobia, biphobia and transphobia in young LGBT+ people's suicidal distress. *Social Science and Medicine*, 289(1): 1-9.
- ⁵⁹ Duncan, D. et al. (2015). 'I'd much rather have sexual intimacy as opposed to sex': Young Australian gay men, sex, relationships and monogamy. *Sexualities*, 18(7), 798-816.
- ⁶⁰ Hill et al. (2021)
- ⁶¹ Cameron, S. (2014).
- ⁶² Commonwealth Department of Health (2019). National Action Plan for the Health of Children and Young People 2020 - 2030. Available at: <https://www1.health.gov.au/internet/main/publishing.nsf/Content/child-and-youth-action-plan>
- ⁶³ Cameron, S. (2014).
- ⁶⁴ McInnes, D. & Murphy, D. (2007). *Learning About Sex: Analysing Pedagogy in Community-based HIV Health Promotion*. Sydney: AFAO.
- ⁶⁵ Cameron, S. (2014).
- ⁶⁶ McInnes, D. & Murphy, D. (2007).
- ⁶⁷ Cameron, S. (2014).
- ⁶⁸ Allen, L., Rasmussen, M.L., Quinlivan, K., (2014). *The Politics of Pleasure in Sexuality Education: Pleasure Bound*. Routledge, New York.
- ⁶⁹ Fisher, C., Waling, A., Kerr, L., Bellamy, R., Ezer, P., Mikolajczak, G., Lucke, J. (2019). *6th National Survey of Australian Secondary Students and Sexual Health 2018*. Available at:

https://www.latrobe.edu.au/_data/assets/pdf_file/0004/1031899/National-Survey-of-Secondary-Students-and-Sexual-Health-2018.pdf

⁷⁰ Family Planning NSW (2020). Comprehensive Sexuality Education Policy 2020. Available at:

https://www.fpnsw.org.au/sites/default/files/assets/CSE-Policy_2020.pdf

⁷¹ Fisher, C. et al. (2019).

⁷² UNESCO (2018) *International Technical Guidance on Sexuality Education: An Evidence-Informed Approach*. Available at: <https://www.unfpa.org/sites/default/files/pub-pdf/ITGSE.pdf>

⁷³ Pound, P. et al. (2016). What do young people think about their school-based sex and relationship education? A qualitative synthesis of young people's views and experiences. *BMJ Open*, 6(9), 1-14.

⁷⁴ Waling, A. (2020). 'It's kinda bad, honestly': Australian students' experiences of relationships and sexuality education. *Health Education Research*, 35(6), 538-552.

⁷⁵ Ezer, P. et al. (2019). Australian students' experiences of sexuality education at school. *Sexuality, Society and Learning*, 19(5), 597-613.

⁷⁶ Loudon, W. (2017). 2017 Review of Sexuality and Gender Education. Available at: <https://education.nsw.gov.au/about-us/educational-data/cese/evaluation-evidence-bank/reports/review-of-sexuality-and-gender-education>

⁷⁷ Nikkelen, S., et al. (2020). Sexuality education in the digital era: intrinsic and extrinsic predictors of online sexual information seeking among young. *Journal of Sex Research*, 57(2), 189-199.

⁷⁸ Grant, R. & Nash, M. (2019). Educating queer sexual citizens? A feminist exploration of bisexual and queer young women's sex education in Tasmania, Australia. *Sex Education*, 19(3), 313-328.

⁷⁹ Narushima, M. et al. (2020). Youth perspectives on sexual health education: voices from the YEP study in Toronto. *Canadian Journal of Human Sexuality*, 29 (1), 32-44.

⁸⁰ Lewis, L. et al. (2020). 'I see it everywhere': young Australians unintended exposure to sexual content online. *Sexual Health*, 15(1), 335-341.

⁸¹ Commonwealth of Australia (2021). Communications and media in Australia: The digital lives of younger Australians.

Available at: <https://www.acma.gov.au/sites/default/files/2021-05/The%20digital%20lives%20of%20younger%20Australians.pdf>

⁸² Commonwealth of Australia (2021).

⁸³ Byron, P. (2021). *Digital Media, Friendship and Cultures of Care*. London: Routledge.

⁸⁴ Kersten, J. (2019). Acceptability and potential impact of delivering sexual health promotion information through social media and dating apps to MSM in England: a qualitative study. *BMC Public Health*, 19(1236), 1-9.

⁸⁵ Cao, B. et al. (2017). Social media engagement and HIV testing among men who have sex with men in China: A nationwide cross-sectional survey. *Journal of Medical Internet Research*, 19(7), 251. doi:10.2196/jmir.7251

⁸⁶ Byron, P. (2021).

⁸⁷ Commonwealth of Australia (2021).

⁸⁸ eSafety Commissioner (2021).

⁸⁹ Mowlabocus, S., Harbottle, J., Dasgupta, R., & Haslop, C. (2014). Reaching out online: Digital literacy and the uses of social media in health promotion. *Sussex: Cultures and Communities Network + & University of Sussex*.

⁹⁰ Albury, K. (2019). "Recognition of competition" versus Will to App: Rethinking digital engagement in Australian youth sexual health promotion policy and practice. *Media International Australia*, 171(1), 38-50.

⁹¹ Byron, P. (2021). *Digital Media, Friendship and Cultures of Care*. New York: Routledge.

⁹² Cameron, S. (2014).

⁹³ Cameron, S. (2014).

⁹⁴ Byron, P. (2021).

⁹⁵ Wong, H.T.H., Mao, L., Chen, T., Yullus, H., Mackie, B., Sparks, M., Wark, T., Kao, S.C., Wong, S., Dailey, B., Haque, M.A., Gonzalez, N., Prihaswan, P., Stackpool, G., Brooks, M., Dabbhadatta, J., Aung, E., Lewis, D., Halliday, D. (2018). *2018 Sydney Gay Asian Men Survey: Brief report on findings*. Sydney: Centre for Social Research in Health, UNSW Sydney. <http://doi.org/10.26190/5c070cf9692fe>

⁹⁶ ACON (2011) We're Family Too: The effects of homophobia in Arabic-speaking communities in New South Wales.

https://www.acon.org.au/wp-content/uploads/2020/06/We-are-family-too-Report-English_V11-web.pdf

⁹⁷ Carlson, B. (2020). Love and hate at the cultural interface: Indigenous Australians and dating apps. *Journal of Sociology*, 56(2), 133-150.

⁹⁸ Callander, D., Holt, M., & Newman, C. (2017). Gay racism. In D.W. Riggs (ed.) *The psychic life of racism in gay men's communities* (pp. 1-13). Lanham: Lexington.

⁹⁹ Byron, P. (2021).

¹⁰⁰ Byron, P. (2021).

¹⁰¹ Waling, A. et al. (2020).

¹⁰² Waling, A. et al. (2020).

¹⁰³ Waling, A. et al. (2020).

¹⁰⁴ Royal Australasian College of Physicians (2018) *Principles of good sexual health care relating to the high incidence of sexually transmissible infections (STIs) and blood borne viruses (BBVs) in Aboriginal and Torres Strait Islander Communities*. Available at: https://www.racp.edu.au/docs/default-source/advocacy-library/racp-principles-of-good-sexual-health_final.pdf

