

NSW Gay Asian Men Survey for Asian gay, bi+, queer men

2023 data collection round report

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Contents

Executive Summary	3
Introduction	5
Methods	6
Key Findings	8
Sample Characteristics	9
Partner & relationship Status	11
HIV & STI Testing and Diagnosis	14
Cigarette, alcohol and recreational drug use	19
Mental health and wellbeing	20
Racism: beliefs	21
Belonging, participation and engagement	22

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Executive Summary

The sample of the latest 2023 (Oct-Dec, N=527) survey round consists of predominantly first-generation immigrants — 78% being overseas-born and 92% both parents also born overseas. Together, 68% had access to government-subsidised universal healthcare (Medicare). Close to one-quarter identified as Chinese and a further 41% of a Southeast Asian ethnic background (most commonly: Filipino, Thai, Vietnamese and Malay).

Diversity: This is the most diverse sample we have recruited ever.

Inclusion: A number of refined questions covered a range of topics such as sense of belonging, social engagement and community participation.

Equity: The survey explored key facilitators and barriers to accessing sexual health services, peer-based community services and general health care.

- **Education completion:** 75% with a bachelor's or postgraduate degree
- **Employment status at the time of survey:** 57% Full-time; 13% Part-time
- **Weekly income within the previous 6 months:**
 - 12% 500-999AUD;
 - 23% 1,000-1,499AUD;
 - 37% >1,500AUD
- **Religiosity:** 39%
- **Disability:** 4%
- **Residence within the previous 6 months:**
 - 40% Inner Sydney (excluding Newtown);
 - 29% South/Western Sydney;
 - 23% Eastern/Northern Sydney;
- **54% first language other than English:**
 - 40% Mandarin, Cantonese or other Chinese dialects
 - 33% Southeast Asian languages
- Of those speaking languages other than English at home, 90% reported having a good, very good or native English proficiency

PrEP

89% heard of and knew about its use

46% HIV-negative men took it in the previous 6 months

(Of them: **96%** received a prescription from an Australian doctor,

82% obtained the medication from an Australian Pharmacy,

71% spent 21-50AUD to access PrEP]

HIV TESTING

87% ever tested

Among non-PLHIV:

78% within the previous 12 months with
2/3 tested more than once

89% most recent test occurred in
Australia (**42%** tested in a sexual
health clinic, **34%** in a general
practice, **3%** used an home-based
or self-testing kit)

DRIED BLOOD SPOT

11% heard of and knew about its use

56% Aware of any LGBTQ+ friendly
clinics or HIV/sexual health
testing services near where
they live/study/work

PLHIV

all on ART

65% accessed treatment through
sexual health clinics

OVERSEAS SEX

37% engaged previous 12 months

DOMESTIC AND SEXUAL VIOLENCE

15% reported any experiences in previous 12 months

Introduction

The Gay Asian Men's Survey (GAMS) is a repeated cross-sectional, anonymous survey series aimed at providing information on HIV/STI and other blood-borne virus-related behaviours and practices among men who have sex with men (MSM) of Asian backgrounds living in Australia. The survey's main objective is to conduct a comprehensive assessment prevention, treatment and care needs relating to HIV/STI and other blood-borne viruses among the targeted population. Additionally, the study aims to:

- I. Provide key social and behavioural indicators on HIV/STI and other blood-borne virus-related practices; HIV/STI-testing patterns; knowledge of, beliefs and attitudes towards prevention, treatment and care; and engagement with various local and virtual services and networks among MSM of Asian backgrounds living in Australia.
- II. Recommend targeted and culturally safe and appropriate responses in health promotion and healthcare service improvement to support better sexual health and wellbeing outcomes among Asian MSM living in Australia.

Gay men and other MSM of Asian backgrounds have unique prevention, treatment and care needs in relation to HIV/STI and other blood-borne viruses. These needs need to be continuously captured and reflected by existing behavioural surveillance mechanisms that complement

infectious disease notification and reporting. A deeper understanding of their service needs, gaps and service utilisation patterns will help current services and programs to develop interventions and programs that can more effectively mitigate health inequities, eradicate HIV transmission and reduce the incidence and disease burdens of STI and other blood-borne viruses for this specific sub-population.

Since 1999, the GAMS series has functioned as a key behavioural surveillance tool for HIV/STI and other blood-borne viruses. The series, with waves in 1999, 2002, 2015-2016, 2018, 2021 and 2023, has provided the most relevant information about Asian MSM living in Australia on the basis of a range of key social and behavioural indicators. Over the years, GAMS has served as a companion (by adopting and adapting the majority of its content) to the ongoing nationwide Gay Community Periodic Surveys (GCPS). GAMS has been specifically designed to facilitate comparisons of key indicators between the two survey series and to guide researchers, policymakers, health practitioners and community groups in identifying ways to address specific needs and to improve healthcare equity. The 2023 round was its sixth wave. Like previous rounds since 2018, it began the data collection first in NSW and then expanded nationally.

Methods

This project is a key component of ongoing Australian nationwide HIV/STI and other blood-borne virus-related behavioural surveillance efforts. It is a repeated cross-sectional, anonymous survey series whereby participants self-screen for eligibility and self-complete the survey online. This is a well-established quantitative, applied social and behavioural study purposefully built for the infectious disease-focused surveillance system among priority populations in Australia, without biological sample collection and subsequent data linkage between social behavioural data and biological screening results.

The main content of the questionnaire covers basic socio-demographic characteristics; extent/types of social connections and sexual interactions with other men; knowledge, attitudes, beliefs and practices concerning HIV/STI and other blood-borne viruses; and service access patterns (in particular, HIV/STI testing, treatment and care). Most of these questions and measures are either long-established or standardised within HIV/STI and other blood-borne virus-related behavioural surveillance systems in Australia and overseas. Since the 2021 round, new topics have been added to explore migration history and intercultural connections, mental wellbeing, and stigma and discrimination.

The 2023 questionnaire co-design consisted of two dedicated, community-led (by ACON) focus group discussions in Western Sydney to make the survey more gender, sexuality and geographically (with a particular focus on expansion to the Greater Western Sydney area) inclusive.

Participants were invited to self-screen according to the following eligibility criteria: identify as men, aged 18 years or above, have had sex with other men in the past five years, currently live in Australia (1st phase NSW only, 2nd phase outside NSW) and self-identify as an Asian person or as someone with an Asian background. In this latest 2023 round of survey, we focused on men (largely cisgender, but also inclusive of transgender or non-binary people assigned male at birth) who are sexually active with other men.

Both online and offline recruitment were conducted, first in NSW and then to other Australian jurisdictions outside NSW. The study was promoted both online (broadcasted through various community organisation networks and paid advertisements mostly on Meta/Facebook and Instagram) and onsite (trained peer recruiters at selected community venues and events).

Apart from the plain English language version, in the 2023 round (similar to the 2021 round), both the Participant Information Statement and the questionnaire were translated and adapted to Chinese (Simplified and Traditional) and Thai languages.

Both consent and subsequent survey responses were collected online via the UNSW-designated Qualtrics platform. The online advertisements either directed participants to scan the unique QR code generated by Qualtrics or directed them to access the purposefully built study website: www.gayams.org.au. For onsite recruitment, at selected community venues and events, trained peer recruiters directed participants to access the online survey via a pre-programmed tablet computer. Experienced peer recruiters, trained by our community partner ACON, were deployed to assist with recruitment, survey access and language assistance.

The main online questionnaire was anonymous where no personally identifying information such as names and addresses were collected. At the end of the questionnaire, those who further indicated their willingness to be contacted to receive a summary of key study findings and/or participate in a prize draw (a total of ten AUD100 online gift vouchers) were asked to provide their current email address in a separate brief questionnaire not linked to their survey responses. As an essential and standard component, a distress protocol was also in place: those experiencing survey-related distress were encouraged to consider contacting free mental health/support services (e.g., Lifeline, QLife), whose contact details were provided.

By conducting a comprehensive assessment of the prevention, treatment and care needs and service access patterns in relation to HIV/STI and other blood-borne viruses among MSM of Asian backgrounds in Australia, we produce valuable historical trends to identify, in a timely way, any changes, key facilitators and barriers towards accessing a range of sexual health and social services, across physical (public funded sexual health clinics, general practices, community-based services) and online (e.g., virtual peer networks) settings.

Key social and behavioural indicators (prevalence/incidence rates) directly addressing the study objectives and based on aggregated survey data were reported. These include self-reported HIV/STI testing patterns; male-to-male anal intercourse with and without condoms; and treatment uptake, knowledge, attitudes, beliefs and practices in relation to HIV/STI and other blood-borne viruses. Further, bivariate (Chi-square tests, T-tests, ANOVA, Pearson's correlations) and multivariable analyses (logistic regression) were applied to discern key associated factors of the main indicators and conduct subpopulation group comparisons.

Key findings

SURVEY COMPLETION EXPERIENCE



Recruitment period (NSW) first]:
14 October–11 December 2023 led by ACON, N=527



Average to to complete:
17 minutes; **85%** within 30 minutes



80% English version,
14% simplified/traditional Chinese version, **6%** Thai version



Most common source of recruitment/where did they hear about the survey:
35% Instagram AND **20%** Meta (previously Facebook)



8% also completed 2023 SGCPS

SAMPLE CHARACTERISTICS

SOCIO-DEMOGRAPHIC: MORE OVERSEAS-BORN (AFTER COVID)



Average
= 34 years old



16–80
years old



39%
30–39 years old
age group



41%
Southeast
Asia



23% China
incl. mainland,
Hong Kong, Taiwan



22%
Australia

Parents
Country of
Birth: **92%**
both parents
overseas born

Of the overseas born (n=413):

Length of living in Australia:

22% <4years;
28% 4–9years;
28% 10–19years;
22% 20+years

Visa status:

60% Australian citizens/
Permanent Residents;
20% holding a student visa
of which:
43% enrolled in universities;
43% Tertiary Vocational
Education Institute

68%
Medicare-
eligible

Key findings continued

SOCIO-DEMOGRAPHIC: THE MOST DIVERSE SAMPLE EVER



Education completion:
75% bachelor/
postgraduate degree



Employment status:
57% Full-Time
13% Part-Time



Weekly income
6 months prior:
12% 500–999 AUD
23% 1000–1499 AUD
37% >1500 AUD



Residence 6 months prior:
40% Inner Sydney excl. Newtown
29% South/Western Sydney
23% Eastern/Gaybourhood/Northern Sydney



39%
Religiosity



4%
Disability



54% speaking languages other than English
[of which, **40%** Mandarin, Cantonese or other Chinese dialects;
33% Southeast Asian languages]

Of those speaking languages other than English at home:
90% very good, good or reaching native English proficiency.
Of those whose English proficiency below good and had
any difficulties in daily English communication,
28% used interpreter service 6 months prior

GENDER & SEXUALITY: THE MOST INCLUSIVE SAMPLE EVER



Gender: **94%** cis-gender man
Sex assigned at birth: **99%** male
Non-binary: **3%**
Sexuality: **87%** Gay/homosexual; **7%** bisexual
Sexual attraction: **89%** men only;
Stigma: **5%** gender or sexuality-related 12 months prior in any places
(home/family, local area, school, workplace)

PARTNER & RELATIONSHIP STATUS

Current relationship with men



44% single



47% committed with one man

Of those current in any relationships with men



72% of the different cultural/linguistic background



HIV status
5% living with HIV



3% Current relationship with women
4% Sex with women 6 months prior



15% have Domestic or Sexual Violence (DSV) 12 months prior

Key findings continued

SEX 6 MONTHS PRIOR: INCREASED SEXUAL ACTIVITIES AFTER COVID



87% Had sex with anyone

Of those with any sex partners (n=457):



48% having at least one partner being an international student, tourist, temporary resident or someone recently arrived in Australia within 5 yrs



9% being paid for transactional sex



36% involved in group sex



9% partners living with HIV

MALE-TO-MALE SEX 6 MONTHS PRIOR:

Among those who had male-to-male sex previous six months (n=450):



57% had sex with a romantic male partner (e.g., boyfriend): n=257



57% had sex with someone known/familiar to some extent but not in a romantic relationship (e.g., 'fuck buddy'): n=304



68% had sex with acquaintances or complete strangers: n=307

of those 257:



51% never used condoms for anal intercourse

of those 304:



39% never used condoms for anal intercourse

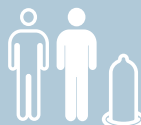
of those 307:



32% never used condoms for anal intercourse



31% any condoms used for anal intercourse



50% any condoms used for anal intercourse



56% any condoms used for anal intercourse

OVERSEAS SEX: DECREASING SINCE LAST ROUND

38% had latest over seas sexual experiences 12 months prior



63% (n=124)

had any condomless penetrative intercourse outside Australia,
more than half (60%) recently within 6 months prior

The most common countries/regions condomless penetrative intercourse overseas:



China mainland
Hong Kong
Taiwan



Southeast
Asia



Europe

OVERSEAS SEX 12 MONTHS PRIOR

Latest condomless penetrative intercourse overseas (n=124)



96%

latest sex partner
being male



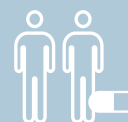
63%

latest sex partner
being unfamiliar
acquaintances or
complete strangers



59%

participant
themselves being
on PrEP



34%

their latest sex
partner being
on PrEP

Key findings continued

HIV & STI TESTING AND DIAGNOSIS

HIV TESTING



71%

never heard of dried blood spot (DBS) or never known about how to obtain in Australia

History



90%

ever tested
(increased from 2021)

Among those ever tested
78% tested within 12 months
prior to survey

Among those tested within
12 months 89%
latest HIV test in Australia

Testing sites:

43%

Sexual
Health
Clinics

33%

General
Practices

7%

Community
based
services

6%

Hospitals

3%

Home/
self-testing
kit

5%

PLHIV (self-report, n=26), all on ART at the time of survey

Among Oversea-born recent migrants who had arrived within 5 years (n=140)



41% tested within 12 months
of arrival in Australia

47% Never tested in Australia
or elsewhere



24%

Among those ever tested for HIV:
latest HIV testing being part of
health screening for visa processing

STI TESTING (TOTAL SAMPLE)



37%
Never tested

51%
Tested within
12 months prior

12%
Tested more than
12 months prior



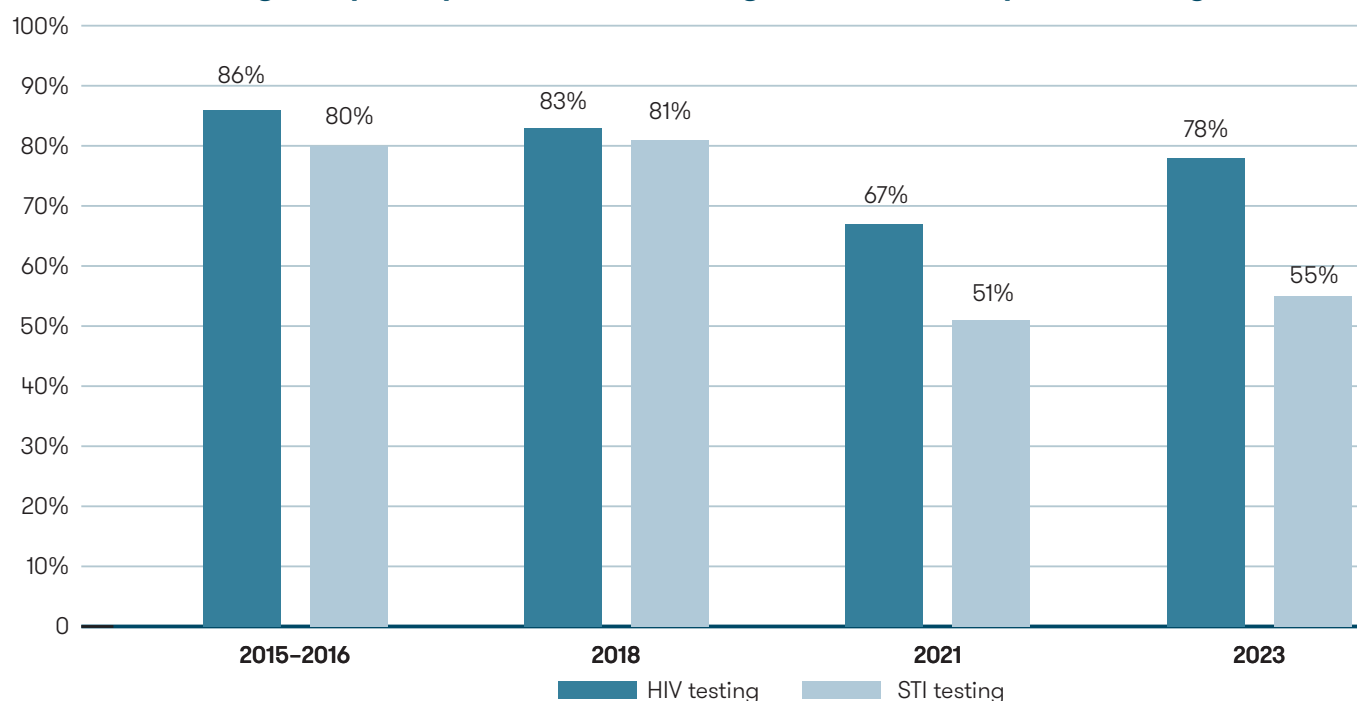
Among those tested within 12 months prior (substantially increased from 2021):

94% Urine samples
90% Blood samples
88% Throat swab samples
87% Rectal swab samples

Latest STI test: **93%** in Australia

55% Sexual Health Clinics
33% General Practices
6% Community-based sites
4% Hospitals

HIV-negative participants: HIV & STI testing within 12 months prior to survey



Key findings continued

STI diagnosis within previous 12 months

2023
Total sample:

80%
none

19%
any STIs diagnosis
(self-report)

STI diagnosis among those tested within 12 months prior (increased dramatically)



38%
any STIs diagnosis

39%
had more than one
STI diagnosis



68%
Chlamydia

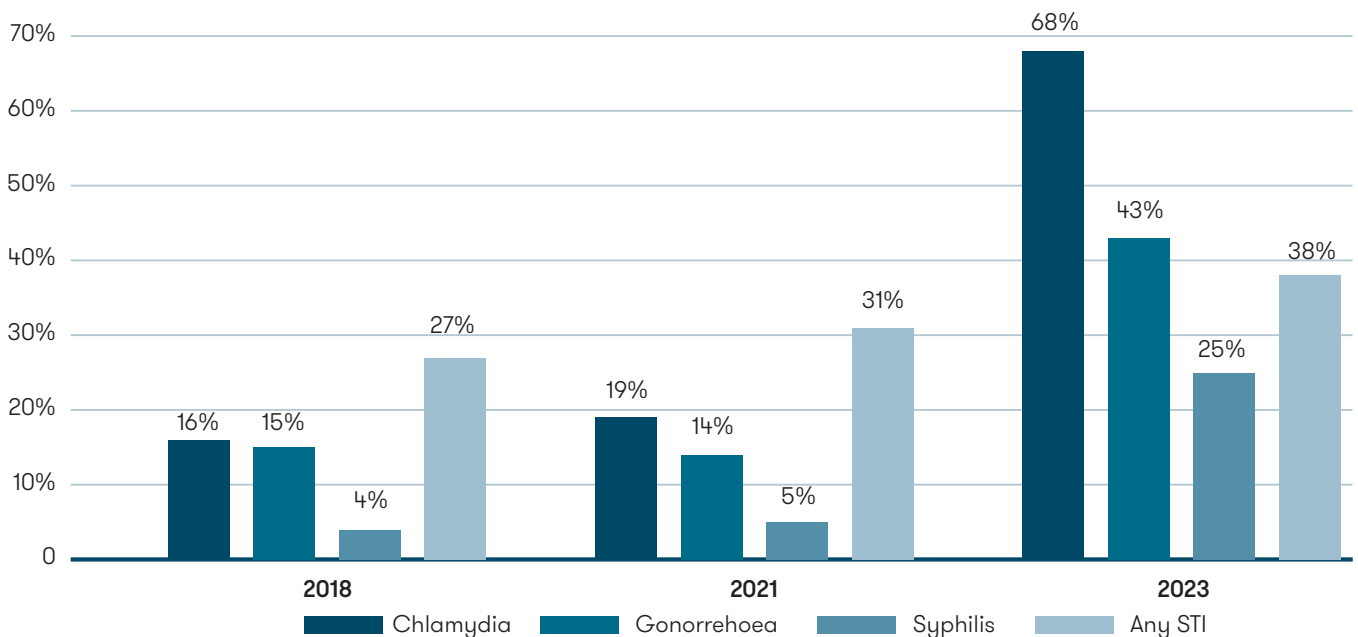


43%
Gonorrhoea



25%
Syphilis

Among those screened for any STIs in the previous 12 months: STI diagnosis (self-reported)



HEPATITIS



57%
ever had hepatitis A
vaccination



65%
ever had hepatitis B vaccination
2% living with chronic hepatitis B

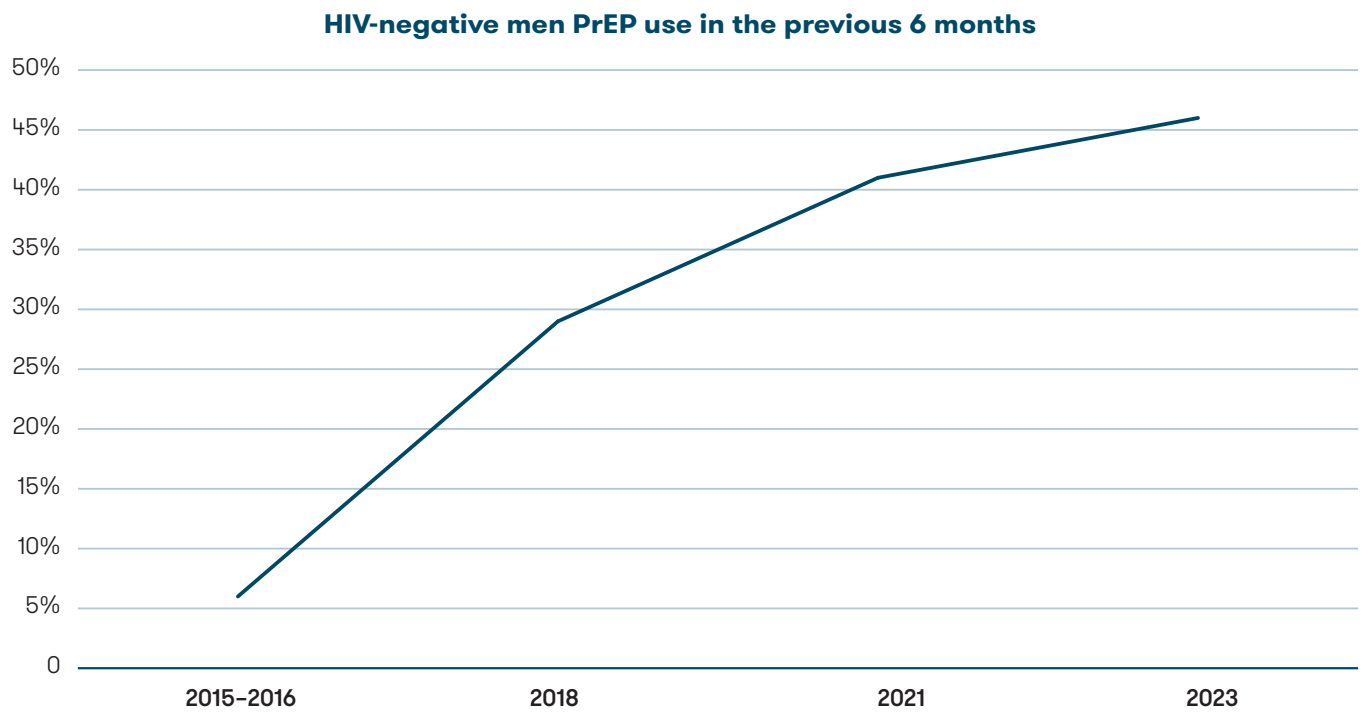


36%
have ever tested for
hepatitis C



41%
ever had Mpox
(Monkeypox) vaccination

HIV PREVENTION (BIOMEDICAL AND BEHAVIOURAL)



PrEP use within 6 months: 2023 total sample



HIV-negative men PrEP use within 6 months prior



Key findings continued

PREVENTION: U=U, SERO-DIVIDE



avoid having sex with someone living with HIV, regardless of their viral load.

56%
Strongly agree/agree



agree If having condomless sex with people living with HIV who had undetectable viral load, how likely to get HIV from that person?

31%
Extremely/quite likely ↓
(decreased from **49%** in 2011)



Nowadays, I feel more comfortable to have sex without condoms in Australia.

46%
Strongly agree/agree



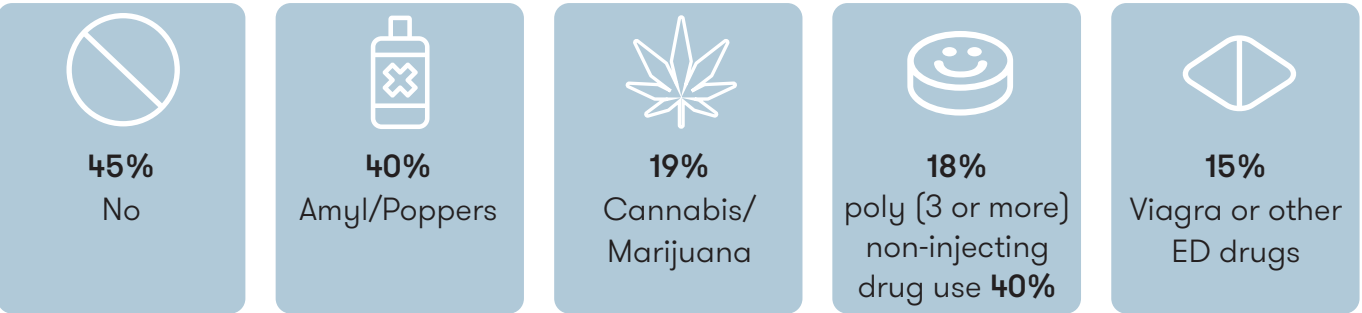
75%
Aware of any LGBTQ+ friendly clinics or HIV or sexual health testing services near where they live, study or work.

CIGARETTE, ALCOHOL AND RECREATIONAL DRUG USE

Smoking & Alcohol consumption 6 months prior



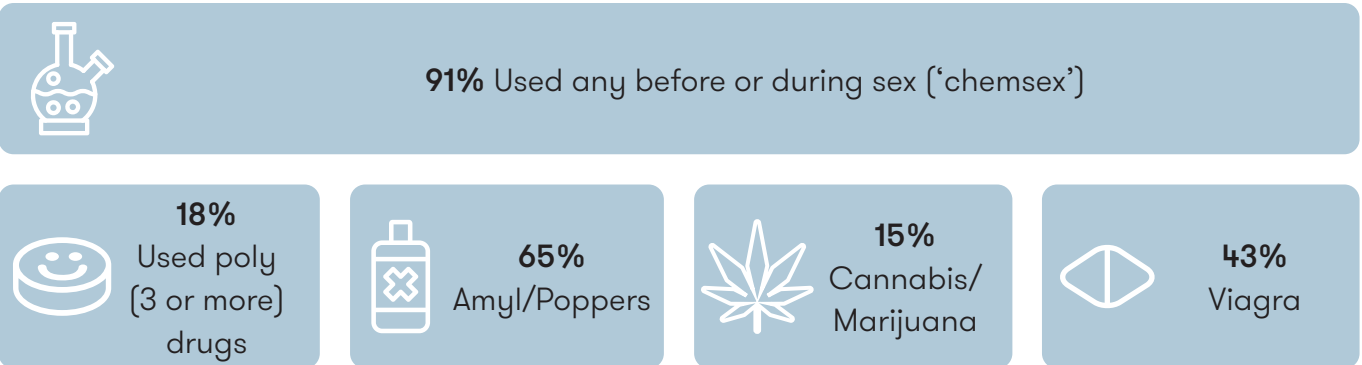
RECREATIONAL DRUG CONSUMPTION 6 MONTHS PRIOR



Among those who used recreational drugs previous 6 months:



Among those who used recreational drugs previous 6 months



Key findings continued

MENTAL HEALTH AND WELLBEING

MENTAL DISTRESS PREVIOUS 4 WEEKS



26% K6 score ≥ 19
(indicating elevated distress, needing further assessment and support)
(the same in 2021: **24%**)

SEEKING SUPPORT FOR MENTAL HEALTH AND WELLBEING PREVIOUS 6 MONTHS



56% Sought any support (total sample)
37% Sought through 1–2 approaches/channels listed below:



41%
Seeking
advice from
friends



20%
Talking to
a therapist
or counsellor



18%
Seeking
advice
from family
or partners



16%
Reading
self-help
books/articles
offline

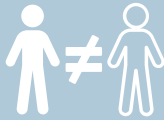


9%
Consulting
a medical
professional
for medication



9%
Using mental
health apps
or online
resources

RACISM: BELIEFS



26% Strongly agree/agree
I sometimes feel that
my Asian background is
a limitation in Australia



46% Strongly agree/agree
I feel discriminated
against by mainstream
Australians because of my
Asian background



40% Strongly agree/agree
I believe the broader
LGBTQ+ communities in
Australia are welcoming and
accepting Asian people.

Racism experiences in the previous 12 months



83% experienced race-based rejection or discrimination
within the general community.
47% from 3 or more sources listed below:



75%
on any
dating apps

24%
of them reporting
all/most of the time



55%
in any LGBTQ+ bar,
club and sauna

14%
of them reporting all/
most of the time



18%
in their own
neighbourhood

7%
of them reporting all/
most of the time



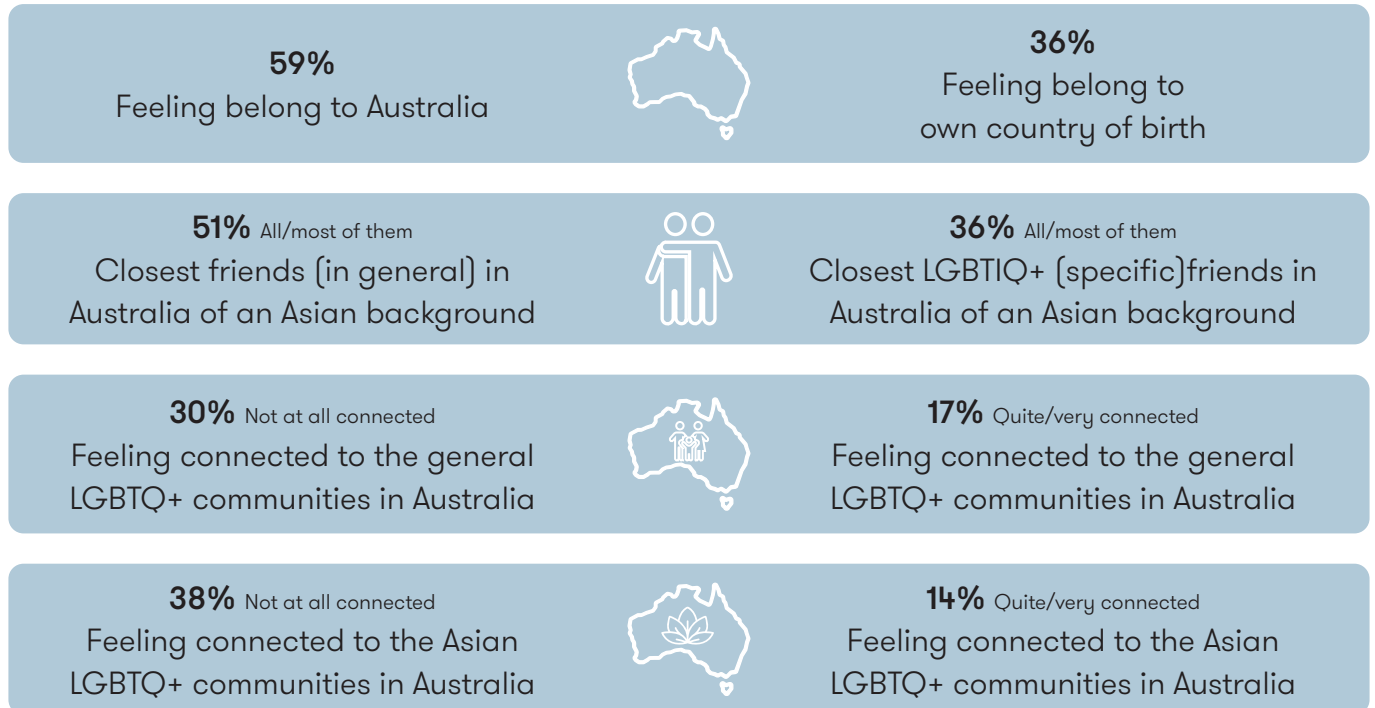
42%
at any work
or school settings

4%
of them all/most of
the time

Key findings continued

BELONGING, PARTICIPATION AND ENGAGEMENT

Belonging, sense of community



Social engagement and participation 6 months prior

