

# “How PrEPared Are You?": An exploration into the knowledge of and attitudes toward PrEP among overseas-born and newly arrived gay and bisexual men and other men who have sex with men in Australia

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## Background

- Many overseas-born and newly arrived gay and bisexual men (bi and trans), and other men who have sex with men (GBMSM) are not eligible for Medicare, Australia's universal health insurance scheme, and are having to pay the full price of PrEP (around AU\$50 – 160/month, or US\$35 – 113/month).
- Minimum information about PrEP specific to this population and in languages other than English.

## Method

- Qualitative interview with purposive sampling method.
- Interviews conducted from February 2021 to September 2021 with 22 participants of varying PrEP use (median age = 30 years, median length of time in Australia = 2.5 years).

## Purpose

Exploring participants' opinions on PrEP, including barriers and ways to overcome some of the barriers, as well as on injectable PrEP and PrEP implants.

## Findings

### Intersecting systemic and socio-cultural barriers to understand and access PrEP in Australia:

- Unsure on how to access PrEP without Medicare;
- Minimum knowledge about PrEP;
- Concerns over the high cost of PrEP without Medicare;
- Self-assessment of not being sexually active and PrEP seen as relevant;
- Concerns over short-term and long-term side effects of PrEP

### Intersecting systemic and socio-cultural factors to overcome some barriers:

- Able to talk about sexual health and PrEP without fear of being judged;
- Informed of a low-cost option to import PrEP from overseas pharmacies;
- Able to challenge some stigma around PrEP and PrEP users;
- Informed of the benefit of PrEP to counter negative views toward preventive health and Western medicine.

### Systemic

- PrEP not subsidized for individuals without Medicare;
- Minimum information about PrEP specific to this population;
- Income level, work opportunity, and visa conditions.

### Socio-cultural

- Internalized stigma from homo and sex negativity;
- Stigmatizing attitudes toward PrEP and PrEP users;
- Negative culturally-specific views toward preventive health and Western medicine;
- Not familiar with the Australian health care system.

### Systemic

Publicly-funded sexual health and/or PrEP clinic specific to people without Medicare; Australian Customs allow PrEP importation.

### Socio-cultural

Connected to peers, sexual and intimate partners to inform them about PrEP; Positive relationships with doctors and nurses prescribing PrEP.

## New PrEP Modalities

- Strong preference for injectable PrEP, perceived it as convenient.
- Low interest in PrEP implants, seen it as intrusive and the process as painful.

## Conclusion and Recommendations

- Resources on PrEP and access to PrEP without Medicare in languages other than English and developed by members of the community.
- On-going advocacy to make PrEP free for all.
- Increase the capacity of publicly-funded sexual health clinics to provide multicultural PrEP services for people without Medicare.