

# Perspectives of COVID-19 vaccines among Australian gay and bisexual men

---

The Flux logo is centered within a large black circle. It features the word "Flux" in a white, sans-serif font. A blue diagonal line crosses through the letters, and a blue triangle is positioned at the end of the line on the right side.

Daniel Storer  
Dean Murphy  
Mohamed A. Hammoud  
Garrett Prestage  
on behalf of the Flux  
Study team

## Information regarding data source and context.

Data on vaccines were mostly collected at the time of participants' follow-up interview in a qualitative cohort study (n=22), *Following Lives Undergoing Change (Flux) Study*. However, 4 participants provided this data at the time of their first interview due to their enrolment in the study later than other participants. Interviews were conducted with gay and bisexual men (n=26) between June and November 2021 living in five Australian states either over the phone (n=4) or video conferencing software, Zoom (n=22).

Interviews followed a semi-structured schedule. Questions about COVID-19 vaccination included knowledge of the vaccines available, decision-making processes, experience of being vaccinated, and speculation about how the vaccines will change personal circumstances. All interviews were conducted while the COVID-19 vaccination rollout in Australia was underway (30 June 2021-21 October 2021), including at beginning of the rollout of booster vaccinations for those who are severely immunocompromised (11 October 2021). However, there were limitations to access across the Australian population based on vaccine availability and eligibility. Throughout the interview period, national, state and territory governments developed roadmaps out of lockdowns (NSW, Victoria and the ACT). Easing of restrictions was linked to achieving milestones in double dose vaccination coverage among the population 16 years and older (e.g., 70% and 80% double dose), with limitations on movement of those who were not vaccinated. At the time of interviewing, almost all participants had received at least one dose of a COVID-19 vaccine (n=21), one had made an appointment to be vaccinated, two had not yet made an appointment, one did not intend to make one and one had not decided about being vaccinated.

Age of participants ranged from 24 to 73 years of age, most participants lived in NSW (n=10), seven lived in Victoria, three in SA, two in WA and one in Queensland. The majority of participants were born in Australia (n=19), smaller numbers born in Asia (n=5), Europe or the UK (n=2). Almost all participants identified as gay (n=24), one as bisexual and one as pansexual. One participant identified as non-binary and all others as male. Seven participants were HIV positive.

## What people think and feel about vaccines

*Vaccination: Understanding of vaccines*

Across this sample, all participants had some understanding of the COVID-19 vaccines:

*'I know that the **Pfizer and Moderna vaccines are both mRNA vaccines**, so that's a technology that we haven't seen much widespread use of before COVID [...]. And then*

*the AstraZeneca one is closer to a traditional vaccine with inactive virus particles and building an immunity that way.'* (Casey, 25, HIV negative, two doses, Queensland)

However, some understandings were inaccurate, 'AstraZeneca is the mRNA and the Pfizer is also mRNA and then the Novavax is the old fashioned one' (Russell, 35, HIV positive, no doses, Victoria). Understanding about the different vaccines were prominent among participants' responses but this varied based on the brand of vaccine.

***Pfizer is preferred for my age group. AstraZeneca is not.** AstraZeneca was made here and we got a shit load of it with no one to take it, but again they are now not so much bending the advice or changing the advice so they can use it.* (Walter, 24, HIV negative, no doses, SA)

*So, **everybody wants Pfizer** because that's like, you know, that's the best currently, the most efficient, whatever, the most effective. [...] There's this whole thing around **the blood clots with AstraZeneca** that, you know, there's a risk of blood clotting disorder.* (Dennis, 37, HIV negative, two doses, NSW)

*So, **the Pfizer is based on mRNA technology, it's a completely new and different vaccination compared to AstraZeneca.*** (Marcus, 32, HIV positive, two doses, NSW)

***I haven't actually really read anything about Moderna, so I don't really know.** I haven't thought about that one. I don't know what it is. I don't know if it's mRNA or ...* (Zakariya, 49, HIV negative, two doses, NSW)

#### *Vaccination: People with HIV*

Among HIV positive participants there was little to no concern about potential interactions of a COVID-19 vaccine with their HIV medication. Tomas (46, HIV positive, two doses, NSW) recounts, 'I can't say that it was a concern at the time. No.' However, Brandon's (58, HIV positive, one dose, SA) level of concern was higher about potential interactions than other HIV positive participants due to a recent change in treatment, 'I wanted to know whether there's going to be any complications and that's why I wanted it [recommendation to be vaccinated] to come from my S100 specialist.'

Some HIV positive men were aware of their eligibility to be vaccinated under Phase 1b of the vaccine rollout, but it wasn't clear in all cases.

***I wasn't sure that I did or didn't fit into that category [Phase 1b], but yeah, I wasn't 100% sure about that.*** (Tomas, 46, HIV positive, two doses, NSW)

However, some HIV positive participants did not feel that having an undetectable viral load warranted access to the vaccine ahead of other people they deemed more in need, such as healthcare workers or other people with HIV who may not have an undetectable viral load.

*[...] I was like "yeah, it's great, I'm at the front of the line" and then I remember talking to him [GP] and he was like "you are pretty low risk" and like I just kind of thought "I can just wait for everybody else because I am pretty low risk because I am undetectable and that's all fine", so I am sure there are people with HIV that's like you know they needed it before everybody else, so I wasn't about to jump in, in front of everyone else.* (Russell, 35, HIV positive, no doses, Victoria)

*I was like "if you are undetectable, technically you don't have an underlying health condition, because you are pretty fucking healthy." [...] I thought "if there were nurses or actual, well frontline workers who needed more, like people living with HIV who had*

*UVL probably shouldn't have taken those vaccines considering there is only a limited amount". (Marcus, 32, HIV positive, two doses, NSW)*

# Social processes that drive or inhibit vaccination

*Vaccine driver: Protect health of self and others*

Participants that were supportive of COVID-19 vaccination articulated their decision making to be vaccinated around protecting their own health to 'feel safer' and/or the health of people close to them by 'not posing a threat' as their primary motivation. Sometimes this also extended to protecting the community at large. Considerations of people that may be particularly vulnerable to COVID-19 such as older people or people with disabilities, were usually in the context of participants' contact with them through their employment. Most participants indicated this attitude as contributing to their decision or intention to be vaccinated for COVID-19.

***So, I don't kill my grandfather that refuses to get the vaccine and so I don't get COVID, not really a fan of lung damage, already got asthma.*** (Walter, 24, HIV negative, no doses, SA)

*[...] because [in my job] I do have so much contact with the public, I wasn't so much worried for myself, but because I was seeing my friends and my parents [...] I was aware that I was exposing them to the risk.* (Kian, 25, HIV negative, two doses, Victoria)

*I think for me, it was I just wanted to feel a bit safer [...] but I felt that while I was doing this for myself, [...] I was doing good for others and sort of the community and being able to get us moving again.* (Tomas, 46, HIV positive, two doses, NSW)

*Vaccine driver: Primary health care providers*

Some participants emphasised the importance of their GP or other primary health care provider such as their S100 prescriber in their COVID-19 vaccination decision making. This was usually because of the relationship they had with these healthcare professionals and their knowledge of their personal situations.

***Yes, I think my GP definitely played a very important role in this, I definitely took his advice as the primary guideline, because he knows my health conditions the best and you know, [...] he knows my behaviour and my social circumstances and all that, so you know like obviously his recommendation was really important to me.*** (Marcus, 32, HIV positive, two doses, NSW)

*Vaccine driver: Social privileges and a return to 'normal'*

Some participants indicated that their decision to be vaccinated was (or would be) based on it allowing certain social privileges or speeding up the process for a return to 'normal'. While this articulation centred on a return to activities that were, at the time, prohibited, Dennis (37, HIV negative, two doses, NSW) wants to 'open up again and have a normal life again' and sees vaccination as the key to this, vaccination equals 'normal life'. However, Imran (34, HIV negative,

no doses, Victoria) questions this linear relationship between vaccination and a 'normal life'. Imran will be vaccinated 'Not because I want to, but because it grants me certain privileges in life, which I'm not happy to live without.' Access to social privileges outweighs his views towards vaccination for COVID-19. Another participant mentioned that vaccination would allow him the benefit of re-engaging in sexual activity.

*I've decided that after I've had [...] my second jab, I will get my PrEP because that's run out, [...] so I'll just take the view that I'm going to have to become more active sexually, you know. (Bryan, 71, HIV negative, one dose, Victoria)*

#### *Vaccine inhibitor/driver: Opinions and experiences of family and friends*

Mostly among younger participants, there were accounts of friends' or family member's strong opinions about the participant's decision around vaccination, particularly the AstraZeneca vaccine. When talking about these discussions, Eddie also notes how he draws on a friend's opinion who works in the medical field:

*I have a friend in South Australia [...] and he was like, "I'm not getting AstraZeneca. I'm not going to get it." He's also, you know, being a nurse and [...] his work involves being in the [...] health and medical field. [...] My mum was also really anti-AstraZeneca for a while. She was like, "No, I don't want to get it. I want to get the one that's the good one". (Eddie, 24, HIV negative, one dose, Victoria)*

However, hearing about other people's experiences of vaccination can also assist with decision making.

*I think especially people living with HIV sort of explained that they have had the vaccines [...] then that sort of allowed me to feel a bit more comfortable and also [...] two of my aunts, [...] so they both got vaccinated by Pfizer so yeah, that really sort of put down the, I guess the rock and thought I will get it done. (Marcus, 32, HIV positive, two doses, NSW)*

#### *Vaccine inhibitor: Distrust and conspiracies*

Although a minority, there were participants who voiced their distrust in the process of the vaccines' development and implementation. This distrust was also coupled with conspiratorial thinking about the vaccines and intentions of pharmaceutical companies and governments.

*[...] it's such a... I want to say scam, I'm not an anti-vaxxer, but the way that it's been managed around the world has been clearly at the behest of Big Pharma pushing their wares and getting everyone to buy their vaccines, huge amounts of money, when it has been proven to be, a variety of medications that can help or at least prevent or reduce risk and infections and God knows what else, but everyone has been going all in on the vaccination path, and it hasn't been tested. (Brandon, 58, one dose, HIV positive, SA)*

*I have some natural health people who are all, "My body, my choice. I'm not touching a vaccine." I have some very fundamentalist Catholic and Christian family members who are in groups [...] and their take on it is that this is Armageddon in the process, and so I'm sort of wandering between all of that, and I understand the rhetoric that the government is providing to the public. However, there are so many holes in the information that's being presented and the style in which it's being presented [by the government] that it makes the possibility that COVID is simply a disease that we need*

**to be vaccinated against to be a near impossible reality.** (Elmer, 54, HIV negative, no doses, NSW)

This distrust was also expressed through a lens of cultural experience with vaccination and pharmaceutical companies.

***I didn't trust the vaccine at the beginning, and this is the case for a lot of people who are immigrants or who come from a different cultural background. We know that most pharmaceutical companies would do their drug trial on white bodies only you know, not that they are deliberately trying to do that but generally to some who they can find that are generally white bodies. So, there is a lot of distrust, [...] like certainly people in my mum's generation, they just thought it's too fast and it is not reliable, you know they may die from clotting, [...] but my mother [...], I think she got fully vaccinated today for Pfizer so I think eventually communities do come around.*** (Marcus, 32, Chinese- Australian, HIV positive, two doses NSW)

## Practical factors

### Uncertainty around process

Uncertainty about the process of organising an appointment to be vaccinated occurred among some older participants and also those managing multiple health issues. Wanting guidance through the process or an expectation that someone would tell them what was needed was highlighted in their accounts.

*I went to my GP and [...] I said, "What do I do? It's not clear to me what I do." I mean, you know, **it would've been nice to have got an email or something or a text** like as if the bushfires are coming at you or something. You know, go and do this. (Bryan, 71, HIV negative, one dose, Victoria)*

***I didn't have a GP and nobody was telling me what to do and where to go. So, it took me a while to get the vaccination, but when I did, I just said to the specialist, I said, you know, "Well, someone's got to tell me what to do because I don't know where to go, what am I going to take, where to take it, I don't have a car, I can't go and get tested, I can't do this. It's much more difficult for me."*** (Brandon, 58, HIV positive, one dose, SA)

### Limitations of booking process

Participants, particularly in Victoria, highlighted difficulties using the state's booking system, whether online or over the phone.

*when I went for the first one, **you could only book via phone and the phone lines were overflowing and no one could get through.** I know someone who rang 319 times and then got through on the 319<sup>th</sup> one. **I gave up after 15 and just said I will just do a walk-in.** (Jeremy, 49, HIV negative, two doses, Victoria)*

*I tried to do it at the venue. Well, you just get sent to the Victorian State Booking Service. So, I tried to do it there **and it just got a bit too complicated to do off my phone.** So, I did it when I got home. (Edwin, 38, HIV negative, one dose, Victoria)*

### Location

Participants talked about the location of vaccination venues in a range of ways. For some the

location was irrelevant, or the location happened to be convenient and for others the location was difficult to locate. Access to appropriate transport or living in an area with many services, would contribute to how participants view the location, and subsequently – the accessibility, of vaccination services.

*Actually, going to get vaccinated was so easy. Like I left my house at, I think, I had an appointment at 4 o'clock [pm] and I left my house at quarter to 4. **I walked to the vaccination centre and I was home by quarter past 4.*** (Kian, 25, HIV negative, two doses, Victoria)

*I mean I just booked whatever was available. **It didn't really matter how far it was that I needed to go to get a vaccination.*** (Edwin, 38, HIV negative, one dose, Victoria)

*I went and it was at a place I never even knew existed, I had no idea what it was, where it was. **I had trouble finding it, I had a lot of trouble finding it.*** (Brandon, 58, HIV positive, one dose, SA)

### Mass vaccination centres

Participants that had their vaccinations through state run mass vaccination centres had positive experiences. They commented on the efficiency of the process and the detailed information they received about it.

***I just did a walk-in, literally walked in, no queue, 5 minutes from the time I stand in to the time I was sitting down waiting for the jab, superfast, super-efficient.*** Booked the second one online, exact same thing, walked in, literally no queue, in and out in half an hour from go to whoa, including the 15-minute wait time. **They were really efficient.** (Jeremy, 49, HIV negative, two doses, Victoria)

***From the moment I booked the appointment, I was impressed.*** [...] I get these messages and emails with a link to like this PDF file or something of like, so here's what to expect and here's where to go and there's a map, and even like there was a list in there, you may want to bring a book or a phone or something because you have to wait 15 minutes to monitor for, you know, if you're going to faint or whatever. [...] **So, and then going there and going through the process was just so efficient.** (Dennis, 37, HIV negative, two doses, NSW)

### Communication about risk of adverse reactions

A small minority of participants raised concerns about the way healthcare workers communicated about potential adverse reactions to vaccinations.

*[...] **when the nurse was giving it to me, she's reading me all this shit and I said, "I know the risk. Just give me the jab. I'm okay."*** [...] Instead of it being a story, "Well, geez, Bryan, nice to see you. This is going to be real good a la flu." No. **Even when you're there, it's, "Are you sure you want to get this?" kind of thing.** (Bryan, 71, HIV negative, one dose, Victoria)

### Eligibility

Many younger participants voiced their frustration with the eligibility criteria that restricted them from being vaccinated when they wanted to. Some participants tried to get around the eligibility criteria with only one being successful using a fault in the state booking system to be vaccinated earlier than technically eligible.

*I understand that there's a need to vaccinate people who are more at risk and things like that first, but I feel like it rolled out fairly slowly **and I think had younger people been eligible sooner, we would have higher vaccination rates** because, you know, it has been shown as soon as people in like our age bracket were eligible, like vaccination numbers skyrocketed. (Joseph, 26, HIV negative, two doses, NSW)*

*[...] my friend shared a link [...] It was just like, you know, **"You can click this link and register for Pfizer vaccine."** I was like, **"Is this a hoax?"** and I just went there and it looked legit, you know. [...] So, it was that link that was going around that allowed **people actually to register without falling into those eligibility criteria and I didn't even need to lie.** I wasn't lying about anything. (Dennis, 37, HIV negative, two doses, NSW)*

Other participants noted they were eligible because of the industry they worked in which also had an influence on their decisions to be vaccinated.

*Well, you know, maybe it's best, **especially [working] in aged care**, if I do get vaccinated. It's free, I can get Pfizer. I thought, you know what, fuck it. I'll just do it. **It's the sensible thing to do.** (Xander, 49, HIV negative, two doses, Victoria)*

## Implications and so what?

For messaging, especially with booster doses becoming available and for future COVID-19 vaccinations:

- Encourage conversations with family/friends/other PLHIV who have been vaccinated, including with booster doses or future vaccinations
- Tap into altruism and the benefit vaccination has for those closest to them and the community, including within the context of the Omicron and future outbreaks
- Emphasising the social privileges that come with vaccination and a return to 'normal', incl. seeing family, travelling and sexual activity (this will depend on the contemporary COVID-19 context)
- Provide detailed, accessible information on vaccination processes, incl. booking and what to expect at point of vaccination, particularly in the case of boosters and future COVID-19 vaccinations

For roll out:

- As some men highlighted, the role of GPs and other healthcare professionals could be key to vaccination among this population who are highly trusting of the healthcare professionals they are in regular contact with
- Although not mentioned by any of the participants as a source, it may be beneficial to utilise LGBTQIA+ community groups to promote vaccination, including information on boosters and future COVID-19 vaccinations
- No matter the quality of the information or health promotion messaging, there will be men who will be unwilling to be vaccinated

**Research team:** Mr Daniel Storer, Associate Professor Garrett Prestage, Dr Mohamed A. Hammoud, Dr Dean Murphy, Dr Benjamin Bavinton, Associate Professor Adam Bourne, Scientia Professor Louisa Degenhardt, Professor Andrew Grulich, Dr Bridget Haire, Professor Martin Holt, Dr Fengyi Jin, Dr Toby Lea, Professor Lisa Maher, Dr Steven Philpot, Dr Peter Saxton, Ms Nicky Bath, Mr Heath Paynter, Mr Brent Mackie, and Mr Colin Batrouney.

**Collaborating organisations:** The Kirby Institute, UNSW Sydney, Australian Research Centre in Sex, Health and Society, La Trobe University, Centre for Social Research in Health, UNSW Sydney, National Drug and Alcohol Research Centre, UNSW Sydney, The University of Auckland, Auckland, LGBTIQ+ Health Australia, Australian Federation of AIDS Organisations, ACON and Thorne Harbour Health.

This research was funded by the NSW Ministry of Health.

We would like to extend our great thanks to the study participants for their ongoing commitment to the Flux Study.

Suggested citation: Storer D, Murphy D, Hammoud MA, & Prestage G on behalf of the Flux Study team (2022). Perspectives of COVID-19 vaccines among gay and bisexual men. The Kirby Institute, UNSW Sydney. <http://doi.org/10.26190/gd8c-n991>

ISBN: 978-0-7334-4030-4