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DISCUSSION PAPER

Effective HIV prevention and health promotion
among Asian gay and homosexually active men
in New South Wales

January 2017

$$\left[\begin{array}{c} \text{TEST} \\ \text{OFTEN} \end{array} \right] + \left[\begin{array}{c} \text{TREAT} \\ \text{EARLY} \end{array} \right] + \left[\begin{array}{c} \text{STAY} \\ \text{SAFE} \end{array} \right] = \left[\begin{array}{c} \text{ENDING} \\ \text{HIV} \end{array} \right] 2020$$



ABOUT ACON

ACON is New South Wales' leading health promotion organisation specialising in HIV prevention, HIV support and lesbian, gay, bisexual, transgender and intersex (LGBTI) health.

Established in 1985 as the AIDS Council of NSW, our mission is to enhance the health and wellbeing of our communities by ending HIV transmission among gay and homosexually active men, and promoting the lifelong health of LGBTI people and people with HIV.

ACON's Asian Gay Men Project is here to help gay, bisexual and same sex attracted men from Asian cultural backgrounds take control of their health.

We provide information on relevant health issues, and we offer a range of specific and general education programs and services delivered by caring people who genuinely understand the health issues affecting Asian gay men.

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ISBN: 978-1-86356-000-9

Suggested citation

Stardust, Z., Gray, J., Mackie, B., Chen, T. (2017). Effective HIV Prevention and Health Promotion among Asian Gay and Homosexually Active Men in Sydney. Sydney: ACON.



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EXECUTIVE SUMMARY

Asian gay and homosexually active men are a dynamic and changing population with diverse health needs who comprise a growing proportion of the Sydney gay community.

Sexual practices, sexual identities and attitudes towards HIV among Asian gay and homosexually active men are rapidly changing, both for men living in Australia and in Asian countries, with implications for HIV prevention, treatment and care.

Asian gay and homosexuality active men present unique needs in relation to HIV: not only is the health sector concerned with increased HIV notifications among this population, but within communities, Asian gay and homosexually active men are actively involved in community forums, events and media, discussing the intersections of culture, identity and sex in addition to the impacts of migration, racism and stigma upon health.

Recent research demonstrates that the sexual practices of this population are shifting in ways that require tailored and targeted health responses. Asian gay and homosexually active men in Sydney are increasingly sexually engaged, now with similar rates of condomless anal intercourse to the general gay population and with high rates of testing.

However HIV notifications among Asian gay and homosexually active men have risen over the past few years in NSW and many of these men were diagnosed at a late stage of infection. Asian gay and homosexually active men are also underrepresented in the current PrEP trial in Sydney.

Shifting values towards sexuality throughout Asia mean that the experience, knowledge and behaviours of this cohort are very different to Asian gay and homosexually active men arriving in Sydney a decade ago. Changing criminal laws, policy frameworks and funding environments in Asia as well as increased visibility of homosexuality in media and public space have affected people's behaviours and access to health.

Asian gay and homosexually active men continue to face particular barriers to appropriate health promotion and HIV prevention, treatment and care. Previous experiences of criminalisation, fear of disclosure, visa precariousness, Medicare ineligibility, experiences of racism and isolation all affect people's ability to negotiate safe sex and access testing and treatment options.

Addressing the needs of this community is a priority under the current NSW HIV Strategy 2016-2020. Both gay and homosexually active men in addition to people with culturally and linguistically diverse backgrounds are recognised priority populations.

The Seventh National HIV Strategy 2014-2017 further identifies people from high prevalence countries and their partners, and travellers and mobile workers as priority populations. New behavioural surveillance data on Asian gay and homosexually active men can inform the development of programmatic and policy responses to the reported increase of HIV notifications.

Changing patterns of migration and the wide variety of nationalities, cultures, languages and faiths within this group call for a multi-faceted policy response, including improved data collection, translated resources, training for service providers and migration reform.



CULTURE MATTERS IN HIV PREVENTION AND SEXUAL HEALTH PROMOTION

Asian gay and homosexually active men are not a homogenous category. In this paper we refer to Asian gay and homosexually active men as a heterogeneous population that includes people who are both English-speaking and non-English speaking at home, Australian born and overseas-born, recent migrants, refugees and multi-generation Australian citizens who have diverse needs in relation to HIV prevention.

The paper also compares Asian gay and homosexually active men to the 'general population', by which we mean the general gay and homosexually active population in Sydney who comprised the respondents of the Sydney Gay Community Periodic Survey (SGCPS). This group also includes Asian men.

The Australian Bureau of Statistics defines Asia as including South-East Asia (e.g. Vietnam and Indonesia), North-East Asia (e.g. China), and Southern and Central Asia (e.g. India, Pakistan and Afghanistan) (ABS, 2005). Within these geographical regions, Asian gay and homosexually active men have a range of cultures, traditions, nationalities, ethnicities and religions, which play a role in how Asian gay and homosexually active men experience their culture, sexuality and identity.

Patterns of migration to Australia are changing, with increasingly more migrants from Asia. At the 2011 Census 2.4 million Australians declared that they had an Asian ancestral background. The Australian Bureau of Statistics reports that (Colebatch, 2012; ABS, 2013):

- Chinese, Indian, Filipino and Vietnamese are the most commonly nominated Asian ancestries in Australia;
- Chinese Australians make up 4 percent of the Australian population and Indian Australians make up 2 percent of the Australian population (2011);
- Chinese Australians constitute Sydney's fourth largest ancestry after English, Australian and Irish;
- Chinese, Indian and Vietnamese-Australians are among Sydney's five largest overseas-born communities;
- Between the 2006 and 2011 censuses, the proportion of the Australian population born in Asia increased from 5 percent to 6 percent.

In a 2015 statement, the United Nations Population Fund asserts that 'culture and religion matter' in population health. In addition to taboos around discussing sexual health, they have found that '[m]any countries across the globe indicated that cultural practices and norms and inflexible religious interpretations encouraged the stigmatization of people living with HIV and AIDS' (UNFPA, 2015).

The cultural, historical, geographical, familial, social and religious contexts in which Asian gay and homosexually active men are negotiating sex and accessing services are relevant to a holistic approach to health promotion for this population.

PrEP

Bảo vệ bạn khỏi bị lây nhiễm HIV/AIDS

Có nhiều cách để tự bảo vệ khỏi bị lây nhiễm HIV/AIDS. Cách phổ biến nhất là dùng bao cao su khi bạn có quan hệ tình dục. Từ thông tin này giải thích thêm cách để bảo vệ chính mình. Nó được gọi là PrEP

PrEP là gì?

PrEP dành cho ai?

PrEP bảo vệ tôi hiệu quả như thế nào để không bị nhiễm HIV?

Tôi phải dùng PrEP bao lâu trước khi tôi được bảo vệ khỏi bị nhiễm HIV?

PrEP có các phản ứng phụ?

Có các phản ứng phụ nào lâu dài không?

Nếu tôi dùng PrEP tôi phải dùng nó mãi mãi?

Tôi có thể dùng PrEP nếu tôi đang cố gắng để có thai?

Tôi có thể dùng PrEP nếu tôi đang dùng thuốc khác?

Làm thế nào tôi có thể nhận được PrEP?

EPIC-NSW

Làm thế nào tôi có thể nhận được thêm thông tin về PrEP?



PrEP

PrEP。保護您免受愛滋病毒/愛滋病的侵襲

現時有不同方法去保護您免受愛滋病毒/愛滋病的侵襲。最普遍的方法是在您性交時使用安全套。這份資料單張為您說明一個額外的保護方法。該方法稱為 PrEP。

什麼是 PrEP?

PrEP 是為誰而設的?

PrEP 對於我免受愛滋病毒/愛滋病方面的保護作用有多大?

我需要使用 PrEP 多久才會得到保護而免受愛滋病毒/愛滋病感染?

PrEP 有沒有副作用?

有沒有任何長期的副作用?

如果我服用 PrEP，我是否需要永久服用它?

如果我正打算懷孕，我可以服用 PrEP 嗎?

如果我正服用其它藥物，我可以服用 PrEP 嗎?

我如何能得到 PrEP?

EPIC-NSW

我如何能得到更多有關 PrEP 的資料訊息?



เพร็พ

ป้องกันตัวเองจากการติดเชื้อเอชไอวี/เอดส์

มีวิธีการที่แตกต่างกันเพื่อป้องกันตัวเองจากการได้รับเอชไอวี/เอดส์ ใชถุงยางอนามัยเมื่อคุณมีเพศสัมพันธ์ เป็นวิธีที่ปลอดภัยมากที่สุด แผนขอที่จากรัฐนี้ จะอธิบายถึงวิธีเพิ่มเติมในการป้องกันตัวเอง ที่เรียกว่าเพร็พ

เพร็พ (PrEP) คืออะไร

เพร็พ (PrEP) สำหรับใคร

เพร็พ (PrEP) ป้องกันจากการติดเชื้อเอชไอวีได้มากแค่ไหน

ฉันจะต้องใช้เพร็พ (PrEP) นานแค่ไหนก่อนที่ฉันจะได้การป้องกันจากการติดเชื้อเอชไอวี

เพร็พ (PrEP) มีผลข้างเคียงไหม

จะมีผลข้างเคียงในระยะยาวไหม

ถ้าฉันใช้เพร็พ (PrEP) ฉันจะต้องใช้มันตลอดไปไหม

ฉันสามารถใช้เพร็พ (PrEP) ได้ไหมถ้าฉันพยายามที่จะตั้งครรภ์

ฉันสามารถใช้เพร็พ (PrEP) ได้หรือไม่ถ้าฉันใช้ยาอื่นอยู่

ฉันจะได้รับเพร็พ (PrEP) ได้อย่างไร

EPIC-NSW

ฉันจะได้รับข้อมูลเพิ่มเติมเกี่ยวกับเพร็พ (PrEP) ได้อย่างไร



PrEP

Melindungi diri sendiri dari HIV/AIDS

Ada berbagai cara untuk melindungi diri dari mendapatkan HIV/AIDS. Menggunakan kondom ketika berhubungan seks adalah cara yang paling umum. Lembar fakta ini menjelaskan secara gamblang cara melindungi diri dari HIV/AIDS. Ini disebut PrEP.

Apakah itu PrEP?

Untuk siapakah PrEP?

Seberapa bagus PrEP melindungi saya dari penularan HIV?

Berapa lama saya harus mengonsumsi PrEP sebelum terlindungi dari HIV?

Apakah PrEP memiliki efek samping?

Apakah ada efek samping dalam jangka panjang?

Jika saya mengonsumsi PrEP, haruskah untuk selamanya?

Dapatkah saya mengonsumsi PrEP jika saya mencoba untuk hamil?

Dapatkah saya minum PrEP jika saya mengonsumsi obat lain?

Bagaimana cara saya untuk mendapatkan PrEP?

EPIC-NSW

Bagaimana saya bisa mendapatkan informasi lebih lanjut tentang PrEP?



DEMOGRAPHICS IN BEHAVIOURAL SURVEILLANCE STUDIES

Over time the proportion of Asian gay men as a sub-population of the Sydney gay community continues to increase. The 2016 Sydney Gay Community Periodic Survey reports that three-fifths of the sample (61.7%) was born in Australia and that over time, there has been a steady increase in the ethnic diversity of the sample.

Since 2012, the proportion of Anglo-Australian men has declined from 63.0% to 53.9%, while the proportion of non-European men has increased from 17.9% to 25.6% [Hull et al., 2016, 2].

There have been three behavioural surveillance studies undertaken on Asian gay and homosexually active men in Sydney over the last seventeen years.

The Sydney Asian Gay Community Periodic Survey was first conducted in 1999 with 319 participants [Prestage et al., 2000], then later in 2002 with 457 participants [Mao et al., 2002] and again only recently in 2015/16 with 468 participants and ongoing numbers enrolling in Western Sydney at the time of writing [Mao et al., 2016; CSRH and ACON, 2016]. Participants were recruited from gay social venues, events, sex-on-premises venues, and in the most recent survey, online from sexual health clinics.

The 2015/16 survey was led and sponsored by the Sydney-based Culturally and Linguistically Diverse (CALD) Gay Men Action Group, a partnership between ACON, the Multicultural HIV and Hepatitis Service (MHAHS), South Eastern Sydney Local Health District (LHD), Sydney LHD, South Western Sydney LHD, Western Sydney LHD, Northern Sydney LHD and the Centre for Social Research in Health (CSRH) at UNSW. The cross sectional research project designed to provide an updated understanding of key HIV-related behaviours and practices amongst gay and homosexually active men of Asian background in Sydney. It also provides a comprehensive assessment of their ongoing HIV prevention needs. ...

In the three studies, the composition of each cohort differed in terms of ethnicity, reflecting changing patterns of migration [Van de Ven, Mao and Prestage, 2004, 10] as well as reflecting sampling, with the most recent study targeting Chinese, Thai, Filipino and South Asians as groups with the highest rates of notifications.

In the 2015/16 study, 39.7% of participants were Chinese, 12.6% were Filipino, 12.4% were Thai and 7.1% were Indian, including Pakistani and Bangladeshi [Mao et al., 2016] and the survey was conducted in both English and Thai. Other backgrounds represented in the 2015/16 data include Japanese, Vietnamese, Indonesian, Korean and Malay. 49% of respondents reported living in Australia for more than 5 years and 40% for less than 5 years (11% were born in Australia).

Compared with participants in 2016 Sydney Gay Community Periodic Survey, the Asian gay and homosexually active men were substantially younger. The average age of respondents in the Asian survey was mid-30s. 16.1% reported being less than 25 years of age (compared with 16.9% in the SGCPs), 28.5% were aged 25-29 years (compared with 19.9% in the SGCPs), 32.8% were aged 30-39 years (compared with 30.1% in the SGCPs), 17.2% were aged 40-49 years (compared with 20.1% in the SGCPs), and 5.3% were older than 50 years of age (compared with 13% in the SGCPs) [Mao et al., 2016; Hull et al., 2016, Table 2].

The majority of Asian gay and homosexually active men surveyed identified as gay (88.7%), with 9.2% identifying as bisexual and 2.1% as other. The respondents also reported that they met sexual partners through mobile apps (69.2% sought and 59% found) gay saunas (47.6% sought and 45.3% found), and gay bars or events (23.5 sought and 13.5% found) [Mao et al., 2016].

ASIAN CINTA SESAMA FRIA
 पुलर्षा का समलैंगिक प्रेम संबंध
 남자와 사랑하는 남자
 兩男相愛
 ผู้ชายที่รักชอบ ผู้ชายด้วยกัน
 同志
GAY UMIIBIG SA KAPA LALAKI
 NAM YEU NAM
PROUD
 澳洲男同志性健康專題報導
 有關於亞洲男同性戀話題
 本週末三月二十一日
 《自立快報》內容將有
 精彩詳盡專題報導

พวกเราว่าติดเชื้เชื้อเอชไอวีหรือไม่
 แล้วคุณล่ะ?
 ตรวจเลือดหาเชื้อเอชไอวี
 [x] ฟรี
 [x] เก็บเป็นความลับ
 [x] ตรวจหาเชื้อเอชไอวีและโรคติดต่อทางเพศสัมพันธ์อื่นๆ
 [x] ไม่ต้องเปิดเผยชื่อ - บริการสุขภาพทางเพศไม่ต้องใช้บัตรรูดบัตร
 [x] คลินิกสุขภาพทางเพศที่บ้านของคุณสามารถหาได้ภายใต้ชื่อ "Sexual" ใน WHITE PAGES
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 หากต้องการใช้ร่วมกับสายด่วน โทรเบอร์ 131 450 ด้วยค่าโทรในอัตราท้องถิ่น

CHANGING SEXUAL BEHAVIOUR

Sexual practices and health seeking behaviours among Asian gay and homosexually active men in Sydney have changed substantially over the years. Rates of condomless anal intercourse with casual partners (CAIC) has increased dramatically and now is on par with general gay community data. The rate of CAIC reported among Asian gay and homosexually active men were reported at a historical high of 37.3% in the 2015/6 survey, a shift compared to steady rates of 16.3% in the 1999 and 14.4% in 2002.

The low rates of CAIC reported in the 1999 and 2002 surveys had previously been documented as 'resilience' among this population and 'resistance to changing norms in the broader Sydney gay community' towards increasing condomless sex (Van de Ven, Mao and Prestage, 2004, 10). However, the more recent findings place Asian and homosexually active men at similar rates of CAIC to the general community (37.3% vs 40.9%), meaning that PrEP access is now increasingly relevant to this group.

While previous studies indicated that this group was less informed about technologies such as PEP and PrEP, the 2015/16 research indicates that this group have knowledge at similar levels to the general population. Of HIV negative Asian gay and homosexually active men in the 2015/6 survey, 64.4 % were aware of the availability of PEP (compared with 61.1% in the SGCPS) and 9.9% had accessed PEP in the past 6 months.

Additionally, 50.8% of men were aware of PrEP (compared with 46.1% in the SGCPS) and 6.2% of reported accessing PrEP in the past 6 months. However these rates of PrEP knowledge remain lower than those documented in the general community as part of the 2015 PrEPARE Study, in which three-quarters of gay and bisexual men (77%) had heard of PrEP (Lea et al., 2015, 1).

The increase in knowledge of PrEP among Asian and homosexually active men could be attributable to a[TEST] services, where clients receive peer education alongside community-led point-of-care testing. However further work is needed to ensure that Asian men are able to access PrEP at the same rates as other gay and homosexually active men.

RATES AND PATTERNS OF TESTING

The 2015/16 survey indicates that Asian gay and homosexually active men have caught up to the general population in terms of HIV testing. The survey indicates that over 90% of Asian gay and homosexually active men surveyed had ever tested for HIV and over 80% in the past 12 months. Compared to 2002, rates of HIV testing in the 12 months prior to the 2015/16 survey increased by 24% and 33%, largely in men who had been living in Australia for over 5 years (Wong et al., ASHM), suggesting that health promotion campaigns are working to increase testing among Asian gay and homosexually active men living in Australia.

Of the men surveyed, 86.5% reported being HIV negative and 4.9% reported being HIV positive. However, 8.5% of Asian men reported not knowing their HIV status compared with only 1.7% not knowing their status in the general community (Hull et al., 2016, Table 6).

These testing rates are significant because in 2002, Asian gay and homosexually active men were twice as likely as general community respondents never to have been tested for HIV (Mao et al., 2003; Prestage et al., 2000; Körner, 2007). Prior to this, in 1999, 25.8% of participants reported that they had not been tested for HIV or did not know their HIV status (Prestage et al., 2000, Table 27).

This increase in testing rates in 2015/16 suggests that NSW based community mobilisation campaigns encouraging risk-reduction strategies based on knowing your sero-status alongside improvements to service models have been effective.

In 2015/6 the most common sites for Asian gay and homosexually active men to obtain a HIV test were Sexual Health Clinics (43.9%), the newly established community based a[TEST] service (20.6%) followed by General Practitioners (18.4%). This was a significant change from previous surveys of Asian gay and homosexually attracted men where GPs provided the majority of both HIV and STI tests. This shift also illustrates the potential of peer-led services in engaging this population: a[TEST] clinics proved attractive to Asian gay and homosexually active men who sought a convenient, free and anonymous service.



INCREASING HIV NOTIFICATIONS

Despite an increase in testing rates, gay and homosexually active men born in Asia make up the highest number of HIV notifications after Australian born gay and homosexually active men, in both Australia and NSW. It was these rising HIV notifications among Asian gay and homosexually active men in NSW that prompted the 2015/16 behavioural survey to understand the needs of this population (Wong et al., ASHM).

At the 2016 conference of the Australasian Society of HIV Medicine (ASHM), the Kirby Institute reported that people born in Sub-Saharan Africa and South-East Asia make up around 20% of all people living with HIV/AIDS in Australia. The estimated HIV diagnosis population rate for people born in North East Asia (including China) increased by 99.3% from 2.8 per 100,000 people (2005-2009) to 5.6 per 100,000 people (2010-2014) (Gunaratnam et al., 2016).

More specifically, over the past ten years, of the overseas-born HIV diagnosis in Australia attributable to male-to-male sex, the proportion of Asian-born (South-East, North and Southern) gay and other homosexually men has increased from 30% in 2006 to 57% in 2015 (Kirby Institute, 2016, 36).

The 2016 Quarter 3 Data Report of the NSW HIV Strategy 2016 – 2020 (pp. 15-17) indicates that:

From January to September 2016, 242 NSW residents were notified with newly diagnosed HIV infection, and of those people:

- 48% (n=115) were born overseas of those diagnosed January to September 2016, compared with 45% in January to September 2010-2015.
- 42% (n=101) were born in and likely acquired HIV in Australia, same as for January to September 2010-2015;
- 7% (n=16) were born in Australia but likely acquired HIV overseas, same as for January to September 2010-2015;
- 22% (n=53) were born overseas but likely acquired in Australia, compared with 23% for January to September 2010-2015;
- 18% (n=44) were born overseas and likely acquired HIV overseas, compared with 15% for January to September 2010-2015;



LATE DIAGNOSIS REMAINS A CONCERN

Late diagnoses remain a concern for Asian gay and homosexually active men. Late diagnosis can be a result of barriers to engagement with the health system and isolation from community campaigns. In addition, late diagnosis can be explained by immigration HIV testing, where bans on permanent migration to Australia provide a disincentive to test. The NSW HIV Strategy recognises the challenges of timely diagnoses in people from CALD backgrounds (2016, 7, 12).

Patterns of testing among CALD populations can affect rates of diagnosis. In 2007 Körner conducted semi-structured in-depth interviews with clients of the Multicultural HIV/AIDS and Hepatitis Service and a sexual health clinic in Sydney and reported on late HIV diagnosis of people from CALD backgrounds. In the study, 'participants interpreted their diagnosis in the context of their knowledge and experiences with HIV/AIDS in their country of birth and the perceptions of HIV/AIDS in their ethnic communities in Australia' (Körner, 2007, 168).

In addition, 'many were not aware of the relationship between HIV and AIDS. Risk was perceived in terms of 'risk group' membership not in terms of practices and behaviours' (Körner, 2007, 168). Körner notes that while Anglo-Celtic gay men made conscious decisions to test based on knowledge of HIV transmission, in CALD communities 'the testing pattern among the participants in this study was typically motivated by a health crisis and other-initiated' (Körner, 2007, 175).

This is consistent with more recent qualitative research into the barriers that CALD men face in accessing the health system, including language barriers, fear of disclosure or experiences of criminalisation in home countries (Reeders, 2010; Stokes and Holliday, 2012).



CHANGING POLICIES AND LAWS IN ASIA

The regulatory, policy and funding environments in Asia impact on the behaviours of Asian gay and homosexually active men living in Australia. UNAIDS reports that in 2015 there were 5.1 million people living with HIV in Asia and the Pacific. An estimated 3 million adults did not have access to antiretroviral therapy (UNAIDS, 2016).

In a report of a joint strategic assessment in ten countries, HIV in Asia, the authors state that 'Incidence among men who have sex with men is rapidly becoming the largest single driver of the epidemic in the region' (Godwin and Dickinson, 2012, iv). The 2011 United Nations Political Declaration on HIV and AIDS represented the first General Assembly statement on AIDS to explicitly mention MSM.

Funding for HIV in the Asia/Pacific region is often inadequate and misdirected, testing and treatment targets are unlikely to be met and education and prevention activities are also inadequate (Godwin and Dickinson, 2012, vi). In addition, low and middle-income countries are affected by intellectual property protections which are 'impeding the production and distribution of low-cost generic drugs' (Global Commission on HIV, 8).

An Asia Pacific Coalition on Male Sexual Health Scoping Paper in 2015 states that current HIV programming 'for MSM and transgender people is largely failing to reach universal access (UA) targets', because in Asia and the Pacific, 'national HIV programming in many low-and middle-income countries continues to exclude or marginalize MSM and transgender people' (APCOM, 2015, 5).

Anti-homosexuality laws remain in at least 12 Asian countries, including criminal laws pertaining to 'unnatural offences', 'outrages on decency' 'gross indecency' to 'sodomy' (Gerber, 2016).

Indonesia's Pornography Bill (No.44/2008) lists 'deviant sexual intercourse' as pornographic and in 2013 India's Supreme Court ruled that same-sex relations between consenting adults would remain a criminal offence.

Professor Paula Gerber writes that of these 12 countries with anti-homosexuality laws, 7 have ratified the International Covenant on Civil and Political Rights (which provides for non-discrimination), but only 4 have ratified its Optional Protocol, which allows individuals to bring complaints to the Human Rights Committee (Gerber, 2016).

The Global Commission on HIV and the Law notes that criminal legal frameworks create barriers to health: 'Laws that criminalise HIV transmission or penalize non-disclosure of HIV status increase stigma and discourage people from getting tested or treated for fear of prosecution' (2012).

Human Rights Watch has produced reports on discrimination on the grounds of sexual orientation and gender identity in Sri Lanka (HRW, 2016), bullying and exclusion in Japanese schools (HRW, 2016), human rights of LGBT people in Indonesia (HRW, 2016) and human rights abuses against trans people in Malaysia (HRW, 2014).

Legal frameworks also inform cultural responses: News media reports the banning of homosexual images on Chinese television in 2016 (Ellis-Petersen, 2016) and fierce opposition to homosexuality from religious and political parties in India (Chakrabarty, 2013).

2016 marks the ten year anniversary of the Yogyakarta Principles, which apply human rights principles to sexual orientation and gender identity. They state that human rights violations 'constitute a global and entrenched pattern of serious concern' (2007, Introduction).



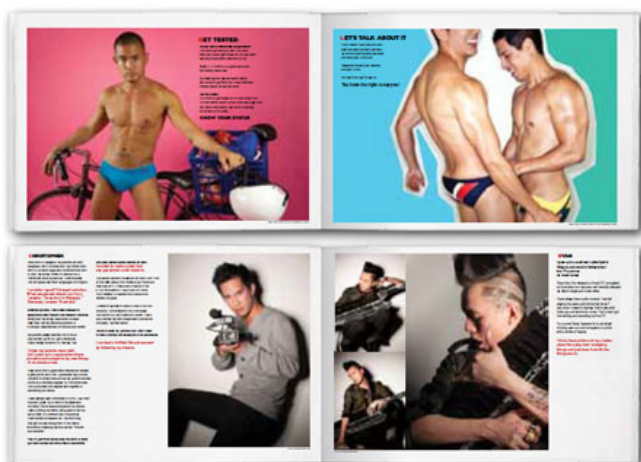
CULTURAL SHIFTS AROUND SEXUALITY IN ASIA

Shifting experiences of sexuality throughout Asia in recent years and between countries, cultures and locales mean that the experiences, behaviours and knowledge of Asian and homosexually active men migrating to Australia has changed significantly over the last decade.

Popular culture books such as Benjamin Law's ethnography *Gaysia: Adventures in the Queer East* explore changing definitions of what it means to be queer in Asia (Law, 2012). A series of country reports from USAID and UNDP on 'Being LGBT in Asia' document the legal, social, cultural and political environments affecting LGBT health (USAID and UNDP, 2014).

There has been increased positive visibility of homosexuality in media and public space. News media reports a public symbolic wedding pictured in the *China Daily* in 2009 (Jia, 2009), and Vietnam's first pride parade in Hanoi in 2012 (ABC, 2012), as well as crucial law reform (removal of homosexuality from China's list of mental illnesses in 2001 (Gittings, 2001), and legalisation of homosexuality in Vietnam) and increasing community-based responses to HIV in Asia.

Community organisations within the region have also been active in driving change. Since 2009 Pink Dot, a non-profit movement, have been mobilising LGBT communities, conducting campaigns and holding events in Singapore.



STRUCTURAL BARRIERS TO EFFECTIVE HIV PREVENTION, TREATMENT AND CARE

Asian gay and homosexually active men experience particular barriers to appropriate HIV prevention, testing, treatment. Recent migrants to Australia may be apprehensive about accessing services where homosexual activities are criminalised in their home country or access to HIV treatment and prevention medication is government controlled.

Experiences of criminalisation and fear of identification or arrest upon disclosing homosexuality or HIV status remains a barrier to engagement for this population.

Those who are not Australian citizens or do not have permanent residency face additional barriers to accessing HIV testing and treatment. Precarious visa situations (as a migrant, refugee or international student) can impact on peoples' capacities to negotiate condom use, particularly if they are relying on a partner for sponsorship or residency: 'Experiences of discrimination and exclusion contribute to distress and risk-taking' (Reeders, 2010, 4).

In his research Körner also notes that 'migration is not a discrete event that people 'get over' once they have settled. It is an ongoing experience, which resonates, especially at times of crisis' (Körner, 2007, 175, citing Eisenberg, 2000).

Asian gay and homosexually active men migrate to Australia for a variety of reasons, including for study, working holidays or on business. However gay and homosexually active men also comprise a proportion of people seeking asylum in Australia whose access to health is seriously impeded by mandatory detention in Nauru or resettlement in Papua New Guinea, where homosexuality is punishable by up to 14 years (Human Rights Watch, 2015; Amnesty International, 2016).

People living with HIV on a temporary visa, such as international students, people on working visas or people who are partners of an Australian resident awaiting decision on permanent residency, may not qualify for Medicare or access to the Pharmaceutical Benefits Scheme and therefore have limited access to HIV treatment.

For those people, HIV treatment is only available by paying full price through a specialist pharmacy, importing generic medication from overseas, participating in a clinical trial or through a compassionate access scheme (Condon, 2014).

People living with HIV also face obstacles to obtaining citizenship or permanent residency as the Department of Immigration and Border Protection health check includes an HIV test on application (Crawford et al., 2014), although a person can apply for a health waiver in some circumstances (HALC, 2012).

Associated concerns over whether one's HIV status could affect study options or residency means that confidentiality is important for this demographic. The provision of free and confidential testing facilities such as a[TEST] has been important among Asian gay and homosexually active men who may fear repercussions from disclosure.

The ten principles outlined in the Road Map for a strategic approach to HIV and mobility include incorporating a human rights approach to reduce stigma and discrimination in addition to reducing all barriers to testing and access to treatment (Crawford et al., 2014).

STIGMA AND RACISM PRESENT CHALLENGES FOR APPROPRIATE HEALTH PROMOTION

These structural factors are compounded by cultural ones. A broader context of racism in Australia, stemming from a colonial history (in which indentured labourers from the Asia and the Pacific were sourced and then deported), to the legacy of the White Australia Policy and a fear of Asian migration espoused by Pauline Hanson in the 1990s, means that Asian gay and homosexually active men continue to face stigma and discrimination in both community and healthcare settings. Min Fuh Teh describes how Asian gay and homosexually active men represent a 'minority within a minority': 'We constantly navigate between racial discrimination from the gay community on the one side, and homophobia from the ethnic community on the other.' (Teh, 2011, 20).

Experiences of racism are reported in both community literature and in periodic surveys. At the Asian Gay Men's Forum: Sex, Relationships and PrEP (ACON, February 2016) racism was repeatedly raised as a significant issue affecting how Asian men interact with the broader gay community and understand HIV prevention programs.

Stereotypes of Asian gay and homosexually active men in mainstream and LGBTI media along with sexual racism on gay mobile apps means that Asian men may feel isolated from mainstream gay communities. Research has demonstrated that racial/ethnic preferences in use of mobile apps, combined with stigma and homophobic attitudes within one's own community, contribute to social exclusion and may contribute to 'increased clustering within high HIV incident sexual networks' (Phillips et al., 2016; Reeders, 2011).

Isolation from community and services then affects access to health promotion. At the ACON Asian Gay Men's Forum, some participants believed that HIV and STIs were western gay community problems because education activities target western gay men. It is not only educational programs and community campaigns that forget about CALD communities – this group is also left out of research. Solomon Wong reflects that 'culturally and linguistically diverse MSM are left behind in the changing HIV narrative' (Wong, 2015).

COMING OUT, FAMILY REJECTION AND ISOLATION

These factors – racism, visa precariousness, isolation from community and lack of familiarity with the health system – compound with cultural and family expectations. Focus groups with gay men with Chinese backgrounds found that more recently migrated men had strong cultural ties, and self-identity was impacted by a focus on conformity rather than individualism, a desire to achieve in academia and career, and respect for family to please parents and confer prestige (Stokes and Holliday, 2012, 6). 'More frequent homophobic discrimination within ethnic communities' was a 'significant predictor' of risk in the 1999 and 2002 periodic reviews (Van de Ven, Mao and Prestage, 2004, 10-11).

The consequences of being 'outed' or rejection from family after 'coming out' can impact access to health. Daniel Reeders reports that 'sudden loss of connection to family and community support... can precipitate "time in crisis" during which risk-taking may occur' (Reeders, 2010, 4). As Min Fuh Teh writes, 'For a community that sits on the margins, Asian gay men live a life dancing between realities of being Asian – of our parents', communities' and religions' expectations, and our private lives' (Teh, 2012).



HERE FOR ASIAN GAY MEN

Our Asian Gay Men's project is planning to revive the concept of a tea room as a safe space to share our experiences as Asian gay men. Let's talk about Asian guys' health issues. We're here for each other!

Get involved, contact
Tim | tchen@acon.org.au | 02 9206 2080

Asian Tea Room
www.acon.org.au/asian-tea-room





HERE FOR ASIAN GAY MEN

ACON and UWS are currently conducting a comprehensive assessment of HIV prevention needs among men who have sex with men of Asian background who are currently living in Sydney. This is work is online promotion of the survey.

People who are eligible for this survey are

- a man aged eighteen or above
- who has had sex with other men in the past five years
- currently living in Sydney
- self-identifying as having an Asian background

Online Survey
www.acon.org.au/games





Would you wear it?

Racism is as hurtful and offensive as homophobia.
Excluding people or making jokes, assumptions and negative comments based on race may make some people feel superior - but it's racism!

Challenge our own and other people's ideas about race. Let's work towards a community where everyone is accepted & respected.

Report racism and get more information on how you can make a difference at www.acon.org.au/racism

CITY OF SYDNEY  **acon** BUILDING OUR COMMUNITY'S HEALTH & WELLBEING
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CULTURALLY RELEVANT, TARGETED AND TAILORED HEALTH PROMOTION

These factors demonstrate the need for culturally appropriate, targeted and tailored prevention programs that address the needs of Asian gay and homosexually active men. Fostering 'connection to family and community' are vital 'protective factors' for Asian gay and homosexually active men (Reeders, 2010, 4).

In a special issue of HIV Australia titled 'HIV and Cultural Diversity: The intersection of sexuality, culture and health', Gai Stackpool and Barbara Luisi argue that 'Responding to HIV among CALD populations requires action at multiple levels across the sector that takes into account the cultural experiences, issues and needs of these communities' (2011, 19). They suggest enhancing the 'cultural competence' of both agencies and workers as well as the 'quality of care' through capacity building and skills building to ensure existing services and programs are culturally appropriate.

While the narrative remains that Asian gay and homosexually active men are a 'hard to reach' population, in reality this group is dynamic and engaged with community. A number of community responses led by Asian gay and homosexually active men in Sydney are pioneering the way in health promotion.

The A-Men project, funded by the City of Sydney's Local Community Grants, featured gay and homosexually active men from Vietnam, Philippines, Malaysia, Macau, China, Peru, Sri Lanka and Bangladesh telling their stories of discrimination, marginalisation, seeking asylum, survival, coming out, family, religion, pride and belonging. Australians 4 Equality with the support of ACON has facilitated digital storytelling with LGBTI people of CALD backgrounds to tell their stories of love, relationships and support for marriage equality.

Trikone Australasia provides social support and a safe, nurturing environment for GLBTIQ people of South Asian origin through events, meet-ups and social outings. Queer Muslims in Australia is an online group for LGBTIQ Muslims encouraging involvement and participation in a supportive forum that celebrates diversity.

ACON's Asian Gay Men's Project organised the ConversAsians workshop in 2016 with over 50 Asian gay and homosexually active men from diverse cultural backgrounds. The Asian Gay Men's Project in partnership with TriKone hosted the Let's Talk Forum with over 40 people attending to canvass issues related to sexual health and PrEP. In addition, the Find Our Voice forum shared the findings of the 2015/16 community survey among 63 attendees and provided a space to discuss sex, relationships and health.

Peer education is a proven effective form of health promotion for this community. The need for culturally relevant, targeted and tailored health promotion is highlighted by the 2015/6 survey, which found that 63.2% of men accessed sexual health information through gay social media websites and online, 40% through Sexual Health Services and 26.1% through gay community non-government organisations.

PRACTICAL AND POLICY RECOMMENDATIONS

The primary goal of the NSW HIV Strategy 2016-2020 is the virtual elimination of HIV transmission by 2020. Priority populations in the HIV Strategy include gay and homosexually active men in addition to people from culturally and linguistically diverse backgrounds.

Priority settings include publicly funded HIV and sexual health services as well as general practice and primary health care. To meet the goal of zero transmissions, Asian gay and homosexually active men require tailored and relevant programs, resources and services.

In order to address increasing HIV notifications among Asian gay and homosexually active men, ACON offers the following recommendations.



Finding Our Voice
A community forum for Asian gay men

GAY ASIAN MEN COMMUNITY SURVEY FEEDBACK SESSION
Ever wonder where Asian gay men look for and find partners?
How they negotiate sex, condoms and PrEP?
What about relationships or dealing with stigma?

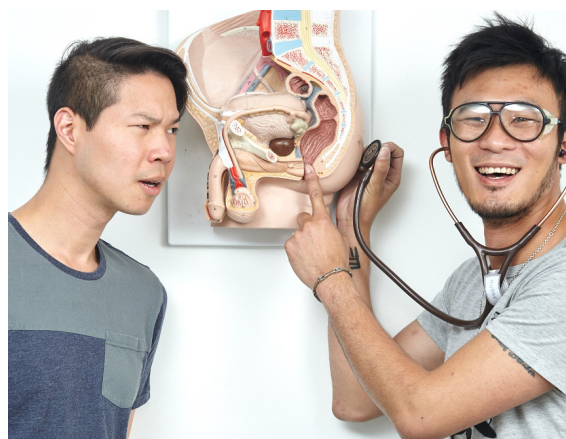
If you're curious about these and many more things, join us for *Finding Our Voice*, a community forum for Asian gay men. This forum will share the key findings from the Gay Asian Men Community Survey (2015-2016) and provide a space for Asian gay men to discuss all questions about our sex, relationships and health. Light refreshments will be served.

Date & Time
Wednesday 14 December, 6pm

Location
12 Colombian Hotel | 117-125 Oxford St, Darlinghurst

RSVP
Before 11/12/16
asia@acon.org.au | (02) 9206 2080

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BEST
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RECOMMENDATIONS FOR EFFECTIVE HIV PREVENTION AND HEALTH PROMOTION

Needs assessment and data collection

- Regular community-based behavioural surveillance survey among Asian gay and homosexually active men in NSW conducted every two years in Thai, Chinese (simplified and traditional) and Tagalog, to develop more effective HIV/STI responses for these increasing Australian sub-populations;
- A needs assessment through qualitative focus groups with subpopulations of Asian gay and homosexually active men in NSW to comprehensively survey the specific needs of this group to inform health promotion material;

Training and skills building

- LGBTI inclusivity and diversity training for all service providers working with Asian gay men to assist them understand the needs of gay and homosexually active men;
- Cultural awareness training among LGBTI community organisations to assist them understand the cultural contexts from which Asian gay and homosexually active men are accessing services;

Improvement of testing services

- Expansion of community-based testing services and HIV prevention programs to reach communities outside the inner-city, including in Western Sydney;
- Appointment of more multi-lingual staff at testing services to improve testing access for linguistically diverse people;

Production of resources and community engagement

- Tailored and culturally relevant sexual health and HIV resources produced in key community languages including Thai, Chinese, Tagalog and Bahasa and distributed among these communities;
- Targeted initiatives to reach those who have not been exposed to educational campaigns, including recently arrived Asian gay and homosexually active men who have been in Australia for less than five years;

Enabling legal environments

- Removal of laws requiring people living with HIV to disclose their status to sexual partners and a shift towards joint responsibility for safer sex;
- Avoid introduction of named notifications of HIV diagnosis in NSW as a barrier to testing likely to contribute to late diagnosis, stigma and discrimination;
- Abolish all mandatory HIV-related testing as a proven barrier to HIV prevention and a human rights issue;

Migration reform

- Remove prohibition on migration to Australia for people living with HIV;
- Ensure that migrants, refugees, visitors, temporary visa holders, non-citizens and people without Medicare access are afforded the same access to HIV treatment and related health care as citizens in line with recommendations of the Global Commission on HIV and the Law; and
- Access to human rights, anti-discrimination protections and health care for refugees and asylum seekers and an end to mandatory detention.

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