

Understanding sexual citizenship for Asian MSM in Aotearoa: Literature to inform social work practice of sexual justice

Spar Wong & Laura Ann Chubb, The University of Auckland | Waipapa Taumata Rau

ABSTRACT

INTRODUCTION: As members of a profession that promotes social justice and human rights, social workers are well-positioned to engage in sexual health practices. Such practices include providing human immunodeficiency virus (HIV) services, a significant aspect in the development of *sexual citizenship*, or supporting the rights and responsibilities of people in their sexual lives. Comprising part of the second-largest ethnic minority group, Asian men who have sex with men (MSM) are the most HIV-affected ethnic minority group in Aotearoa New Zealand. However, social work practices with this cohort are non-specific. This article presents the concept of sexual citizenship as a lens through which to better understand the sexual health needs of Asian MSM in Aotearoa and how social workers or other health professionals might be supportive.

APPROACH: A narrative literature review of eight articles concerning Asian MSM's sexual health in Aotearoa was undertaken. Three themes were identified from this review: 1) sexual stigma, discrimination and prejudice; 2) sexual health and layered identities; and 3) knowledge of safer sex practises.

CONCLUSIONS: As the fastest growing ethnic minority group in Aotearoa, more actions and resources are required to meet Asian, particularly Asian MSM's, sexual health needs. The social work profession can play a critical role by advocating for sexual citizenship, providing supportive sexual health resources, and addressing sexual stigma and health disparities among Asian MSM.

Keywords: Asian MSM; sexual health; sexual citizenship; sexual justice; social work

Sexual health is seldom considered a significant component of a person's holistic understanding of health to the same extent as physical and mental health. The World Health Organisation (WHO, 2006) defined *sexual health* as a "state of physical, emotional, mental and social wellbeing in relation to sexuality." When framed holistically and positively, sexual health is much more than the absence of disease—it comprises respect, safety and freedom from discrimination and

violence. Sexual health is expressed through diverse sexualities and critically influenced by gender norms and expectations, roles, pleasure, reproduction and power dynamics (WHO, 2006; World Association for Sexual Health [WAS], 2014). Over the last two decades, attitudes toward sexual health shifted from an illness-focus to a human rights perspective, positioning sexual health rights as a necessity for individual social and economic prosperity (Kismödi et al., 2017).

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CORRESPONDENCE TO:
Spar Wong
jwan446@aucklanduni.ac.nz

In 1999 and 2014, WAS adopted a “Declaration of Sexual Rights” endorsed by the WHO. Bywater and Jones (2007) argued that the declaration aimed to promote healthy sexuality at all levels of society. The most recent WAS (2014) declaration stated that sexual rights are an integral part of fundamental and universal human rights that should be defended, recognised, respected, and protected. Such rights, and the responsibility one has within those rights, comprise what Richardson (2000) theorised as the concept of sexual citizenship, which can be used as a critical lens for interpreting social work responses to sexual health and promotion of sexual justice.

This article presents a narrative review of literature on sexual health and human immunodeficiency virus (HIV) among Asian men who have sex with men (MSM) in Aotearoa New Zealand utilising a critical lens of sexual citizenship as it relates to sexual justice—the first of its kind in the country. The term, MSM, was used to include not only men who identify as gay or bisexual but also men who identify as heterosexual but engage in sexual behaviours with other men. The collated literature evidences this community deserves greater attention concerning culturally safe health care and services that meet their needs. Insights from the literature inform social work practice with ethnic and rainbow communities regarding their sexual health and promotion of sexual justice.

Sexual citizenship, justice, and social work

Richardson (2000) argued that sexual citizenship, sometimes called “intimate citizenship” (Oleksy, 2009), is a multi-faceted concept. Sexual citizenship refers to “a status entailing a number of different rights claims” (Richardson, 2000, p. 107) and focuses on the access to rights granted or denied to various social groups based on sexuality. By challenging Western-centric constructions and traditional norms of citizenship underpinned

by heterosexuality and reproductivity, Richardson (2017) argued that sexual citizenship can locate beyond individualised rights and choice and the “private sphere” of intimate relations, which are constructed and regulated through public and social institutions. Authors such as Mackie (2017) also acknowledged the Eurocentric origins of the term, sexual citizenship. Mackie (2017) argued the importance of considering non-Western cultures with different political, economic, and social structures and the impacts those have on shaping ideas of sexuality and citizenship. With awareness of contextually specific ideas of sexuality and citizenship, the concept of sexual citizenship may be a useful frame for social workers to develop culturally nuanced understandings and better practices around sexual justice as an integral part of social justice, especially for minority populations who experience individual and intersecting sexual oppressions.

As members of a profession that promotes social justice and human rights, social workers are well-positioned to advocate for sexual health, despite its predominant medical influences. The International Federation of Social Workers (IFSW, 2014) stated that the principles of social justice, human rights, collective responsibility, and respect for diversities form the core business of social workers. Some social workers are involved in safeguarding and addressing risks related to people’s sexualities by focusing on the identification, prevention, and intervention of sexual coercion, exploitation, and abuse when working with their clients. However, social work scholars (Pilgrim et al., 2021; Turner, 2016; Turner & Crane, 2016) have suggested that the profession could achieve more. Turner (2016) posited “sexual justice is social justice” (p. 45), calling for the placement of sexuality and sexual health directly in the purview of the social work profession. An array of topics is included under the umbrella of sexual justice. For example, access to sexual and reproductive health (SRH) care or rights

surrounding pregnancy and abortion are pivotal to achieving quality health outcomes. Additionally, reducing LGBTQ+ health disparities and continuing the fight against criminalising and punitive attitudes to sexual and gender diversity remain a challenge to sexual rights and justice for all.

It is important to recognise that challenges to sexual justice faced by LGBTQ+ individuals in non-Western countries, particularly Asian countries, can be very different from those in Western countries (Mackie, 2017). While marriage equality and other legal protections such as the right of gay-identified people and same-sex partners to adopt are important steps towards creating more equal societies, they may not be the most pressing issues for LGBTQ+ individuals in countries where their very survival is at stake. For example, in many places, disclosing a non-cis-heterosexual identity or seeking treatment for a sexually related condition can be dangerous or even fatal (Mackie, 2017). It is essential to address the systemic issues of discrimination and violence towards LGBTQ+ individuals in all countries to ensure equal access to healthcare services enabling people to live their lives free from fear and oppression. Additionally, laws and policies that protect LGBTQ+ individuals from discrimination can create more supportive environments for them to access healthcare services and reduce the stigma and discrimination they face. Moreover, providing comprehensive, medically accurate, and shame-free sex education to reduce negative frames of sexuality and expand overall sexual literacy is imperative to realising sexual agency and equity (Turner, 2016).

HIV remains one of the most significant aspects in sexual health, particularly among sexual and gender minority communities such as MSM. Since the epidemic of HIV and acquired immunodeficiency syndrome (AIDS) in the 1970s, social workers have contributed extensively to the global responses to HIV (Henrickson et al., 2017). Several international

and national social work professional bodies published policies, practice guidelines, and their stances on HIV and sexual health (see British Association of Social Workers [BASW], 2013, 2015; Canadian Association of Social Workers [CASW], n.d.; IFSW, 2006, 2012; National Association of Social Workers [NASW], 2012), but little is known about the Aotearoa social work professional stance on HIV and sexual health.

To set the stage for scoping how Asian MSM's sexual health and rights are supported, the authors describe the current sexual health landscape and infrastructure, particularly relating to HIV and other sexually transmitted infections (STIs), in Aotearoa and highlight Asian MSM as a community at risk of experiencing sexual health inequities. The narrative literature review that emerged out of this scoping exercise generated greater insight into the sexual health needs of migrant Asian MSM in Aotearoa and recommendations for how social workers might support those needs.

Sexual health landscape and infrastructure in Aotearoa

Sexual health landscapes and infrastructure includes the legal environment, health policies and guidelines, services and resources in the community that vary across countries, including Aotearoa. It is imperative for social workers to understand the sexual health landscape and infrastructure in Aotearoa New Zealand in order to provide better support for service users regarding their sexual health. At present, social work education and training regarding sexual health in Aotearoa New Zealand is limited to fragmented delivery of topics that fall under sexual citizenship, such as sexual violence and abuse, sexual and gender identity, women's health, and intimate and family relationships.

Over the past 40 years, law reforms have provided evidence Aotearoa New Zealand is shifting toward a modern and progressive

society for gay rights (see Homosexual Law Reform Act 1986, Civil Union Act 2004, and Marriage (Definition of Marriage) Amendment Act 2013) and wider sexual rights (see Prostitution Reform Act 2003 and Abortion Legislation Act 2020). In addition, the New Zealand Bill of Rights Act 1990 and the Human Rights Act 1993 have provided legal protection from discrimination on a wide range of grounds, including race, ethnicity, and sexual orientation. These legislations are recent examples of Aotearoa's attempt to remove structural discrimination toward ethnic and sexual minorities.

In Aotearoa New Zealand, SRH covers a broad range of topics and issues, including STIs and HIV, reproductive health and abortion, sexuality education, sexual violence prevention, and gender-affirming care (New Zealand Ministry of Health [MoH], 2022a). In response to sexual health issues, the MoH launched a two-phase process to guide the health sector using an overarching framework for action plans to improve SRH outcomes with a resource book for Aotearoa's healthcare organisations (Miller, 2010), including specific strategies for Māori and Pacific Peoples. STIs and HIV are important components of sexual health policy because of their potential to impact anyone who is sexually active. Several strategies and action plans related to HIV were published alongside the two-phase response (Miller, 2010). Pre-exposure prophylaxis (PrEP) has been publicly funded since 2018 in Aotearoa New Zealand for those at high risk of contracting HIV, such as MSM. PrEP is a medicine, including emtricitabine and tenofovir disoproxil fumarate, which prevents seronegative individuals from acquiring HIV. If taken as prescribed, PrEP reduces the risk of acquiring HIV during unprotected sex by up to 99% (Saxton et al., 2018). As of 1 July 2022, the eligibility criteria to access PrEP were relaxed and expanded to any person who has a negative serostatus and is at risk of contracting HIV (PHARMAC, 2022). The Associate Minister of Health, Dr Ayesha Verrall (2021), indicated the government has

been developing a new sexually transmitted and bloodborne infections strategy and a new HIV action plan, which was expected to be released in 2022. Despite the Public Health Association's (2022) call for more actions on sexual health for Asian communities, no priorities were given to Asians, the most HIV-affected ethnic minority group, as noted in the latest draft National HIV Action Plan 2022-2032 (MoH, 2022b).

Aside from government policies, guidelines, and laws, the sexual health infrastructure also consists of community resources. There are two primary professional bodies in Aotearoa New Zealand. The New Zealand Sexual Health Society (NZSHS), a group of multidisciplinary professionals working or interested in the field of sexual health and the AIDS Epidemiology Group (AEG), who have provided annual reports on epidemiological surveillance of Aotearoa's HIV infection and AIDS since the late 1980s. A review of sexual health services (Miller, 2010) found that numerous district health boards (DHBs) and sexual health services—either wholly or partially funded by the government—are available in Aotearoa. Service providers span 20 DHBs and four NGOs, including the Burnett Foundation Aotearoa, Body Positive, Positive Women, and Family Planning Services (Miller, 2010).

Asian MSM and HIV in the Aotearoa New Zealand context

In Aotearoa New Zealand, HIV prevalence has been relatively low but highly concentrated among MSM since the HIV / AIDS epidemic. Amongst people with HIV infection, European males remain the most affected group, followed by Asian males from 1996 (the year when information on ethnicity of people diagnosed with HIV was first collected) to 2021, as shown in Table 1.

According to statistics from the AEG (AEG, 2020), of all 212 people diagnosed with HIV in 2019, 24.1% were Asian ($n = 51$). There was a significant increase of 89% amongst Asian

Table 1. HIV Infection by Ethnicity*

		HIV Infection															
		1996-2015		2016		2017		2018		2019		2020		2021		Total	
Sex	Ethnicity	N	%	N	%	N	%	N	%	N	%	N	%	N	%	N	%
Male	European	1595	47.9%	113	46.3%	77	39.1%	73	41.0%	74	34.9%	72	44.4%	42	37.5%	2046	46.2%
	Māori	221	6.6%	17	7.0%	8	4.1%	18	10.1%	17	8.0%	12	7.4%	14	12.5%	307	6.9%
	Pacific Islander	81	2.4%	7	2.9%	7	3.6%	7	3.9%	6	2.8%	7	4.3%	10	8.9%	125	2.8%
	African	266	8.0%	3	1.2%	4	2.0%	2	1.1%	5	2.4%	2	1.2%	2	1.8%	284	6.4%
	Asian	331	9.9%	43	17.6%	34	17.3%	27	15.2%	51	24.1%	20	12.3%	17	15.2%	523	11.8%
	Other	89	2.7%	11	4.5%	15	7.6%	13	7.3%	25	11.8%	13	8.0%	3	2.7%	169	3.8%
	Unknown	118	3.5%	23	9.4%	26	13.2%	16	9.0%	8	3.8%	12	7.4%	5	4.5%	208	4.7%
Trans-gender	Unspecified	13	0.4%	0	0.0%	4	2.0%	3	1.7%	3	1.4%	0	0.0%	1	0.9%	24	0.5%
Female	European	132	4.0%	6	2.5%	3	1.5%	5	2.8%	5	2.4%	8	4.9%	6	5.4%	165	3.7%
	Māori	28	0.8%	1	0.4%	2	1.0%	0	0.0%	2	0.9%	3	1.9%	2	1.8%	38	0.9%
	Pacific Islander	34	1.0%	1	0.4%	0	0.0%	0	0.0%	3	1.4%	2	1.2%	1	0.9%	41	0.9%
	African	279	8.4%	3	1.2%	2	1.0%	3	1.7%	4	1.9%	5	3.1%	2	1.8%	298	6.7%
	Asian	113	3.4%	11	4.5%	10	5.1%	5	2.8%	8	3.8%	5	3.1%	5	4.5%	157	3.5%
	Other	13	0.4%	0	0.0%	0	0.0%	1	0.6%	0	0.0%	0	0.0%	0	0.0%	14	0.3%
	Unknown	15	0.5%	5	2.0%	5	2.5%	5	2.8%	1	0.5%	1	0.6%	2	1.8%	34	0.8%
Total		3328	100.0%	244	100.0%	197	100.0%	178	100.0%	212	100.0%	162	100.0%	112	100.0%	4433	100.0%

N.B.: AIDS Epidemiology Group has stated in their annual reports that the decline in 2020 and 2021 will, in part, have been affected by less transmission due to COVID-19 physical distancing measures and more limited testing access during lockdowns.

**Data collected from AEG between 1996 and 2021.*

men from 2018 ($n = 27$) (AEG, 2019), making Asians the most HIV-affected ethnic minority group in the country. This is concerning, given the 2018 Census recorded the Asian population as the second-largest ethnic minority group, with 15.1% of the total population, and the fastest-growing ethnic group in Aotearoa New Zealand (Statistics New Zealand, 2020). These statistics clearly demonstrated the need for the healthcare system to provide more culturally responsive services for the prevention of STIs, sexual

health education, and encouragement to engage in safer sex practices in this community. However, current Western-style public health campaigns can potentially discourage Asians from seeking healthcare services (Jahangir & Meyer, 2020; Peiris-John et al., 2016). Further research into more Asian-New Zealand communities and the cultures around their sexual health practises, behaviours, and needs could develop insights for more culturally appropriate and acceptable sexual health promotion. Such

research might provide insights that could contribute to a reduction in STI and HIV transmission, support Asian communities' sexual health and wellbeing, and benefit Aotearoa New Zealand's healthcare system.

Methods

A literature search was conducted that included English-language scholarly work published between 2000 and 2021. The search encompassed empirical sexual health literature focusing primarily, but not exclusively, on Asian MSM in Aotearoa. Peer-reviewed empirical literature published in Aotearoa New Zealand and internationally was selected. The authors sourced and cross-checked literature from several databases, including Google Scholar, Taylor & Francis Online, Springer, BMJ Journals, SAGE Publications, and CSIRO Publishing. Using the concept map in Table 2, key terms were searched separately or in combination as search strings.

Table 2. Literature Search Concept Map

Asian	Men	Sexual Health
Chinese	Gay men	HIV/AIDS
Indian	Bisexual men	Sexually transmitted infections
Southeast Asian	Gay and bisexual men (GBM)	Sexuality
Other Asian	Queer	Sexual health experiences
	Men who have sex with men	Sexual health services
		Access and utilisation to sexual health

Table 3. Literature Determined Relevant for Review

Citation	Study design	Participants
1. Adams & Neville (2020)	Qualitative, individual interviews	Chinese and South Asian GBM ($n = 44$)
2. Adams et al. (2019)	Qualitative, individual interviews	Asian gay men ($n = 18$)
3. Adams et al. (2020)	Qualitative, individual interviews	Filipino GBM ($n = 19$)
4. Henrickson (2006)	Quantitative, survey	Asian-born men ($n = 36$); total LGB participants ($n = 2,269$)
5. Lachowsky et al. (2020)	Quantitative, survey	Asian GBM ($n = 1003$); total GBM ($n = 10,525$)
6. Neville & Adams (2016)	Qualitative, individual interviews	Chinese and South Asian GBM ($n = 44$)
7. Omura et al. (2006)	Qualitative, questionnaire survey for Asian students, & individual interviews with health practitioners	Asian male students ($n = 66$); Health practitioners ($n = 7$)
8. Peiris-John et al. (2016)	Qualitative, individual interviews	Stakeholders on Asian and migrant health ($n = 6$)

The research returned over 700 results, the abstracts of which were then reviewed to ensure the primary focus on the Asian MSM population. Eight pieces of literature fit all criteria for this review and are summarised in Table 3. All eight empirical studies were based in Aotearoa New Zealand. Most of the literature was based on public health perspectives on sexual health, HIV, and other STIs. Four qualitative studies included in this review involved interviews with members of Asian communities, including Chinese, Indian, and Filipino MSM, which explored their views and understandings of sexual health, HIV, and other STIs.

Three major themes were identified and will be further discussed in the review:

- Sexual stigma, discrimination, and prejudice
- Sexual health and layered identities
- Knowledge of safer sex practices

Findings

Sexual stigma, discrimination and prejudice

Othering discourses play a significant role in constructing stigma toward sex and sexual health (Jensen, 2011; Silva-Brandao & Ianni, 2022). Dominant societal narratives emphasise the function of sex for reproduction and view non-heteronormative sexual practices, such as homosexual or anal sex, as deviant, unnatural, or sinful. These damaging narratives fuel sexual stigma that can compromise the health of sexual minority populations (Lee et al., 2022), contributing to their reluctance to access STI testing and treatment, especially among Asians who have recently moved to a Western country (Neville & Adams, 2016; Peiris-John et al., 2016).

Few sex-related conversations were reported among gay and bisexual Asian men and their peers and family because they feared being ostracised within their social networks (Omura et al., 2006; Peiris-John et al., 2016). Such forms of sexual stigma can impact Asian people's access to, and utilisation of, sexual health services (Adams & Neville, 2020; Adams et al., 2019; Adams et al., 2020; Neville & Adams, 2016). For example, Asian MSM who access sexual health services and use PrEP to protect themselves from HIV infection can potentially be labelled promiscuous (Adams et al., 2019). Asian participants in a study by Neville and Adams (2016) shared fears that people might perceive a person using PrEP or accessing sexual health services as "dirty" or promiscuous. In two further studies (Adams & Neville, 2020; Adams et al., 2020), this type of perceived stigma was described by many Asian MSM residing in Chinese, South Asian, and Filipino communities, which are generally small and close-knit in Aotearoa New Zealand. Therefore, some Asian MSM have not disclosed their sexuality to their ethnic friends and families or family doctors, who might also come from the same community (Adams & Neville, 2020; Adams et al., 2020). Herek

(2014) suggested that these negative social consequences generate psychological stress and feelings of guilt and shame, forestalling preventive approaches to HIV and other STIs. Neville and Adams (2016) noted that, because of these consequences, Asian MSM are less likely to seek sexual health-related information from family, friends, or doctors and broach such topics with them. Echoing this dilemma, Peiris-John et al. (2016) noted that many Asian MSM in their study expressed concerns about privacy and confidentiality, which were discussed as an additional barrier to engagement with sexual health services and resources.

Peiris-John et al. (2016) also suggested that racism and racial discrimination significantly influence health and wellbeing among Asian and other ethnic minority communities. Sexual racism refers to the sexual rejection of a racial minority, which is a form of discrimination based on race (Stember, 1978). Adams and Neville (2020) explored the complexity of sexual racism among Chinese and South Asians in Aotearoa and argued that racial discrimination exposes these groups of Asian MSM to being doubly marginalised. For example, Chinese and South Asian participants described the gay community as "hierarchical" (p. 517) and noted that discriminatory racial comments, such as "No Indians" and "No Asians," were not uncommon on dating apps (p. 517). On the other hand, an attraction based on ethnicity and race can also contribute negatively to racialised stereotypes and sexual racism, such as people who have "yellow fever" (preference for Asian men; Adams & Neville, 2020, p. 517), which has been well documented in many international studies (Howard, 2021; Lim & Anderson, 2021; Stacey & Forbes, 2021). While some Asian MSM argued that seeking ethnic preferences is an expression of racism, others considered it as an expression of sexual freedom or becoming desensitised, particularly among those who had lived in Aotearoa longer than five years (Adams & Neville, 2020).

Sexual health and layered identities

Literature based in Aotearoa New Zealand on migrant Asian MSM highlights how subscribing to a different culture than those existing in the country affects identity (Adams et al., 2019; Adams et al., 2020; Henrickson, 2006). Asian MSM in Aotearoa may hold multiple identities—as migrants and as members of an ethnic and sexual minority. These layered identities have the potential for different impacts on Asian MSM's sexual health. For example, the immigration status of Asian MSM determines their legal status and rights in a foreign country where automatic citizen rights do not exist, such as the eligibility to access public-funded health services and social welfare support. In contrast, migrants who fail to meet acceptable standards of health, including having certain sexual health conditions (e.g., HIV infection or Hepatitis B and C), could be negatively affected during their visa applications and immigration journeys.

Adams et al. (2020) suggested the migration pathway creates a tendency for migrants to prioritise more pressing issues in their lives, such as housing and employment, before their health and wellbeing, including accessing sexual health resources. In addition to immigration status, the length of time in Aotearoa New Zealand can also influence migrant Asian MSM's sexual health. For example, Neville and Adams (2016) interviewed 44 Chinese and South Asian MSM in Auckland and explored their views of HIV/STIs and health promotion in Aotearoa New Zealand. The authors noted that overall engagement in testing regularly remained low among Asian MSM. However, those living in Aotearoa New Zealand for more than five years were more likely to engage in regular HIV/STI testing (Neville & Adams, 2016).

Several studies (Henrickson, 2006; Neville & Adams, 2016; Omura et al., 2006; Peiris-John et al., 2016) found that cultural factors can influence perceptions of sex and sexuality,

further contributing to stigma and impacting sexual health experiences among Asian people. Omura et al. (2006) suggested that Asian cultures do not encourage people to discuss sexual health openly in public. The reluctance to discuss sexual health with key informants, including health practitioners and educators, has created additional and greater barriers preventing Asian men from achieving better health outcomes (Omura et al., 2006). In addition, Adams et al. (2020) suggested that religion also plays a role in influencing Filipino MSM's sexual health. Filipino MSM participants in Adams et al. (2020) described their strong Catholic faith as contributing to Filipinos' conservative attitudes toward sex and sexuality. The effects of such cultural constraints hinder Filipino MSM from achieving good sexual health.

Peiris-John et al.'s (2016) study on stakeholder views on young Asians' health and wellbeing also found that young Asians are reluctant to talk openly about sexuality and sexual health at home due to intergenerational and cultural issues. Peiris-John et al. (2016) suggested that Asian parents were perceived as lacking awareness about sexual health due to language barriers and unfamiliarity with health systems in Aotearoa New Zealand. These challenges faced by Asian youth relating to their cultural identity during acculturation highlighted the importance of including their families in health promotion (Peiris-John et al., 2016).

The lack of culturally responsive promotion of sexual health also hinders ethnic minorities to access and utilise sexual health services. Neville and Adams (2016) found that some Asian MSM described previous campaigns as "highly and overtly sexualised" (p. 6), which clashed with their cultural beliefs. The respondents also stated that the majority of the models in the campaigns were White men. Neville and Adams (2016) suggested that White-dominant campaigns can discourage Asian

gay men from accessing and utilising healthcare services because they do not fit comfortably into the targeted community. Omura et al. (2006) and Peiris-John et al. (2016) also suggested that multilingual and culturally appropriate health services are needed to improve Asian people's sexual health and overall wellbeing.

Knowledge of safer sex practices

With the development of medicine and a shift of the HIV landscape over the past two decades, a sex-positive approach has been employed in HIV prevention and safer sex practice promotion. Saxton et al. (2015) summarised five actions as part of the comprehensive HIV prevention approach in Aotearoa New Zealand: condom use; pre-exposure prophylaxis (PrEP); prompt testing; HIV antiretroviral treatment post-diagnosis; and vaccination against other STIs. Each action has advantages and disadvantages but can effectively prevent HIV and other STI infections (Saxton et al., 2015). Despite the general assumption that increasing knowledge improves practice, it is often not the case. Through the literature reviewed (Adams et al., 2020; Neville & Adams, 2016; Omura et al., 2006), it is evident that Asian MSM's knowledge about sexual health does not always translate into safer sex practices.

As described by Neville and Adams (2016), although Asian MSM have a "theoretical understanding of condom use as a 'desired' safe sex practice, it did not always translate into practice" (p. 4). Across multiple studies (Adams et al., 2019; Adams et al., 2020; Neville & Adams, 2016), inconsistent use of condoms was reported by many Asian MSM who provided various explanations, including no need to use them with their regular partners and difficulties using them with casual partners. For example, Filipino participants in Adam et al. (2020) reported that unprotected anal sex was prevalent with regular sex partners or partners in stable relationships where trust was built. Hence, using a condom during anal sex was deemed unnecessary. Neville and Adams' study

(2016) on Chinese and South Asian MSM also supported this notion, with participants saying they do not have to use condoms in long-term, monogamous relationships. The perception of "unnecessary" use of condoms could pose risks to Asian MSM and their sexual health. Additionally, unprotected anal sex in hook-ups or with casual partners was also reported (Neville & Adams, 2016). Among scenarios where condoms were not consistently used, Neville and Adams (2016) suggested several findings, including Asian participants' lenient attitude toward condom use, the impact of condom use on sexual pleasure, and power dynamics to negotiate condom use during sex, which highlighted the vulnerability of some Asian MSM to sexual coercion.

Compared to a relatively good understanding and awareness of condom use, the alternative approach—PrEP to prevent HIV—tells a different story. Despite the effectiveness of PrEP in HIV prevention, the knowledge of HIV among Asian MSM is scant (Adams et al., 2019; Adams et al., 2020). In Adams et al.'s qualitative study (2019) on immigrant Asian MSM's understanding of PrEP, they discovered several misconceptions about PrEP. Foremost, some participants confused PrEP with Post-exposure Prophylaxis (PEP), an antiretroviral medicine taken shortly after exposure to HIV to prevent acquiring HIV infection (Adams et al., 2019). Secondly, some participants believed PrEP is a treatment for people living with HIV, a common misunderstanding of early PrEP knowledge, especially amongst some immigrant gay and bisexual Asian men (Adams et al., 2019). In addition, many participants were unaware of PrEP eligibility, and some assumed it was only funded for those at high risks, such as prostitutes or people with drug addictions (Adams et al., 2019). A few participants in Adams et al.'s (2019) study had some knowledge of PrEP. However, there was scepticism about the effectiveness and side effects of PrEP and, more importantly, its futility in preventing other STIs. Some participants said that PrEP, unlike condoms,

could not provide a visible and physical barrier and a sense of safety to them (Adams et al., 2019).

Like inconsistent condom use, low levels of engagement in STI screening and testing were also evident among Asian MSM in multiple studies (Adams et al., 2020; Lachowsky et al., 2020; Neville & Adams, 2016). Neville and Adams (2016) explored the reasons behind low levels of testing among Chinese and South Asian MSM. Some participants did not get tested because they were in monogamous, long-term relationships and were “clean” from the virus and infections. The lack of awareness of needing regular sexual health screening was echoed in Adams et al.’s (2020) study on Filipino MSM. The authors found that giving priority to regular health screenings—for general and sexual health—was not a Filipino cultural norm or common practice. Adams et al. (2020) further explored other reasons behind the low levels of engagement with sexual health screening, including lack of education, unfamiliarity with accessibility to relevant sexual health services and resources structure of the healthcare system, and overtly sexualised HIV health promotion in Aotearoa.

Discussion

This narrative review included eight studies published between 2000 and 2021, focusing primarily on sexual health among Asian MSM in Aotearoa New Zealand. It is clear from the literature that there is an emerging concern for the sexual health and wellbeing of Asian men and MSM. The often-overlooked aspect presents challenges to improving individuals’ sexual citizenship, which is integral to a person’s holistic health and wellbeing. The social work profession plays a crucial role in mediating harm reduction, supporting access to social and health services, and advocating and protecting people’s rights, particularly in response to HIV globally and sexual injustices that continue to occur (Henrickson et al., 2017; Lacombe-Duncan et al., 2021; Sen et al., 2017).

One crucial issue identified in this narrative review was the lack of social work perspectives and contributions to the response to sexual health and HIV in Aotearoa, particularly among Asian and MSM communities. During the search, the authors identified previous social work and sociology studies in Aotearoa New Zealand on sexual health among new Black African settlers living with HIV (Henrickson et al., 2013; Poindexter et al., 2013), Samoan youth (Veukiso-Ulugia, 2016), older sexual and gender minorities (Betts, 2020; Pack & Brown, 2017), and Chinese women (Yeung & English, 2016). As mentioned earlier, although social workers are well positioned to provide sexual health and HIV services, no professional stances in such field of practice are found in Aotearoa New Zealand. This narrative review can provide social workers in Aotearoa with insights into enhancing sexual citizenship through practice with service users with layered identities—in this article, Asian MSM—whose sexual citizenship is challenged by conduct, identity, and relationship-based rights claims (Richardson, 2000).

The findings of this narrative review suggest that stigma, discrimination, and prejudice toward sexuality and sexual health have contributed to the lack of awareness of sexual citizenship across Asian cultures. For migrant Asian MSM in Aotearoa, their immigration status and double minority identity have created barriers to fully exercising their identity-based sexual rights. Furthermore, the intersections of culture, race, ethnicity, sexuality and class have impacted Asian MSM sexual health and conduct and relationship-based sexual rights, including misconceptions of and challenges to negotiating safer sex practices and limited knowledge of means to prevent HIV and other STIs, which impacts the access and utilisation of relevant services. Systemic and cultural exposure to stigma and discrimination has partly been attributed to severe health disparities experienced by the LGBTQ community, together with inequalities in housing, education, and

employment (Kia et al., 2021). Given the considerable influences of socioecological factors, such as intersectionality and social determinants of health, on people's sexual health outcomes and sexual citizenship, more attention is needed on the interpersonal, societal, and cultural levels, in addition to direct practice at the micro and individual levels (Gray et al., 2021). It is imperative for practitioners to develop a strong understanding of how environmental, situational, and other contextual factors impact Asian MSM's healthcare access, engagement, and outcomes (Natale & Moxley, 2009; Sen et al., 2017). The studies reviewed strongly call for the need for culturally responsive practice in response to Asian MSM's sexual health (Adams & Neville, 2020; Adams et al., 2019; Adams et al., 2020). Therefore, it is crucial to actively engage with Asian MSM to understand better what culturally responsive practice looks like from their perspectives instead of making assumptions (Han, 2009).

Where Richardson (2000) outlined three sub-streams of sexual rights to be considered under the umbrella of sexual citizenship, the authors argue for an expansion of this framing to include social worker advocacy and services that support different aspects of sexual citizenship in the public space. Henrickson (2015) proposed that social workers should utilise anti-oppressive practice (Dominelli, 2002) in response to issues related to sexuality and challenges of power inequalities faced by sexual and gender minorities. The social work profession's emphasis on cultural sensitivity and responsiveness in different contexts and settings can contribute to positive changes in Asian MSM's awareness of sexual citizenship and sexual health outcomes, such as decision-making agency on PrEP (Lacombe-Duncan et al., 2021), service engagement (Natale & Moxley, 2009), and uptake of HIV testing and HIV-related stigma (Sen et al., 2017).

By utilising anti-oppressive practices (Dominelli, 2002), social workers can take

action to fight stigma and improve Asian MSM's sexual citizenship. Firstly, at the individual level, social workers should challenge heteronormativity and not make assumptions about the sexual identity or behaviour of any Asian male client they encounter (Henrickson, 2015). Furthermore, social work practice can focus on providing Asian MSM with accurate sexual health information and relevant resources to increase their knowledge and awareness. Later, at the cultural level, social workers can work alongside and with members of Asian MSM communities to challenge the stigma, oppression, and discrimination based on particular sexuality, race, and immigration identities (Natale & Moxley, 2009; Sen et al., 2017). Challenging the cultural norms of sexual citizenship can help improve access to, and utilise, sexual health services among Asian MSM. Finally, social workers can promote rights within social and public institutions. Developing social worker responses to structural oppression by deconstructing privilege and power that underpin stigma and discrimination toward sexual health will help validate sexual citizenship among Asian MSM. In addition, encouraging Asian MSM to undergo a self-defining process concerning sexual citizenship (e.g., individual sexual identities, sexual agency, etc.) and engaging them in research that informs best practices of navigating such processes can lead to greater capacity for action and influence policy and decision-making (Pack & Brown, 2017; Peiris-John et al., 2016).

Conclusion

As an integral part of an individual's health and wellbeing, sexual health is often overlooked and stigmatised by many, particularly among Asian MSM in Aotearoa New Zealand. Sexual stigma and discrimination have contributed to the lack of awareness of sexual citizenship among Asian MSM. Additionally, their layered identities are associated with challenges in fulfilling their sexual health needs. Social workers are perfectly positioned to engage

in sexual health promotion and address stigma and health disparities among Asian MSM. For example, social workers can play a significant role in breaking these barriers by promoting quality sex education and sexual health information, providing responsive practices that meet the cultural needs of Asian MSM, and fighting against sex-related stigma and discrimination. However, this review found that there is a lack of scholarly social work perspectives and contributions to the response to sexual health and HIV in Aotearoa New Zealand. Further social work research is needed on Asian MSM, who can share their understanding and experiences of sexual health and sexual citizenship. The findings of potentially invaluable insights could contribute to developing increased culturally responsive support that meets Asian MSM's sexual health needs in Aotearoa New Zealand.

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References

- Adams, J., & Neville, S. (2020). Exploring talk about sexuality and living gay social lives among Chinese and South Asian gay and bisexual men in Auckland, New Zealand. *Ethnicity & Health, 25*(4), 508–524. <https://doi.org/10.1080/13557858.2018.1439893>
- Adams, J., Coquilla, R., Montayre, J., & Neville, S. (2019). Knowledge of HIV pre-exposure prophylaxis among immigrant Asian gay men living in New Zealand. *Journal of Primary Health Care, 11*(4), 351–358. <https://doi.org/10.1071/hc19076>
- Adams, J., Coquilla, R., Montayre, J., Manalastas, E. J., & Neville, S. (2020). Views about HIV and sexual health among gay and bisexual Filipino men living in New Zealand. *International Journal of Health Promotion and Education, 59*(6), 342–353. <https://doi.org/10.1080/14635240.2020.1766993>
- AIDS Epidemiology Group. (2019). *AIDS—New Zealand, Issue 78*. <https://www.otago.ac.nz/aidsepigroup/otago714416.pdf>
- AIDS Epidemiology Group. (2020). *AIDS—New Zealand, Issue 79*. <https://www.otago.ac.nz/aidsepigroup/otago737423.pdf>
- Betts, D. (2020). “Civil rights? Yeah, right!”: Reflections on legislative changes from older sexual and gender minorities in Aotearoa New Zealand. *Aotearoa New Zealand Social Work, 32*(1), 5–16. <https://doi.org/10.11157/anzswj-vol32iss1id700>
- British Association of Social Workers. (2013). *A framework for sexual health improvement in England*. <https://www.basw.co.uk/resources/framework-sexual-health-improvement-england>
- British Association of Social Workers. (2015). *Making it work: A guide to whole system commissioning for sexual health, reproductive health and HIV*. <https://www.basw.co.uk/resources/making-it-work-guide-whole-system-commissioning-sexual-health-reproductive-health-and-hiv>
- Bywater, J., & Jones, R. (2007). *Sexuality and social work*. SAGE.
- Canadian Association of Social Workers. (n.d.). *Social work practice in HIV/AIDS*. <https://www.casw-acts.ca/en/social-work-practice-hiv-aids>
- Dominelli, L. (2002). *Anti-oppressive social work theory and practice*. Palgrave MacMillan.
- Gray, C., Crawford, G., Maycock, B., & Lobo, R. (2021). Socioecological factors influencing sexual health experiences and health outcomes of migrant Asian women living in “Western” high-income countries: A systematic review. *International Journal of Environmental Research and Public Health, 18*(5), 2469. <https://doi.org/10.3390/ijerph18052469>
- Han, C. S. (2009). Chopsticks don't make it culturally competent: Addressing larger issues for HIV prevention among gay, bisexual, and queer Asian Pacific Islander men. *Health & Social Work, 34*(4), 273–281. <https://doi.org/10.1093/hsw/34.4.273>
- Henrickson, M. (2006). Lavender immigration to New Zealand: Comparative descriptions of overseas-born sexual minorities. *Social Work Review, 18*(3), 69–78. [http://tur-www1.massey.ac.nz/~mhenrick/downloads/Henrickson%20\(2006\)%20Lavender%20immigration.pdf](http://tur-www1.massey.ac.nz/~mhenrick/downloads/Henrickson%20(2006)%20Lavender%20immigration.pdf)
- Henrickson, M. (2015). Sexuality and social work. *International Encyclopedia of the Social and Behavioral Sciences, 2*(21), 802–807. <https://doi.org/10.1016/B978-0-08-097086-8.28083-5>
- Henrickson, M., Brown, D. B., Fouché, C., Poindexter, C. C., & Scott, K. (2013). “Just talking about it opens your heart”: Meaning-making among Black African migrants and refugees living with HIV. *Culture, Health & Sexuality, 15*(8), 910–923. <https://doi.org/10.1080/13691058.2013.790076>
- Henrickson, M., Chipanta, D., Lynch, V., Muñoz Sanchez, H., Semigina, T., & Sewpaul, V. (2017). Getting to zero: Global social work responds to HIV. *International Association of Schools of Social Work and UNAIDS*. <https://www.unaids.org/en/resources/documents/2017/global-social-work-responds-to-hiv>
- Herek, G. M. (2014). HIV-related stigma. In P. W. Corrigan (Ed.), *The stigma of disease and disability: Understanding causes and overcoming injustices* (pp. 121–138). American Psychological Association. <https://doi.org/10.1037/14297-007>
- Howard, K. P. (2021). The creepy white guy and the helpless Asian: How sexual racism persists in a gay interracial friendship group. *Social Problems*. <https://doi.org/10.1093/socpro/spab052>
- International Federation of Social Workers. (2006). *HIV and AIDS*. <https://www.ifsw.org/hiv-and-aids/>
- International Federation of Social Workers. (2012). *Social work manifesto on HIV and AIDS*. <https://www.ifsw.org/social-work-manifesto-on-hiv-and-aids/>

- International Federation of Social Workers. (2014). *Global definition of social work*. <https://www.ifsw.org/what-is-social-work/global-definition-of-social-work/>
- Jahangir, Y. T., & Meyer, S. B. (2020). Understanding access to and utilisation of sexual health services by South Asian immigrant men in Western countries: A scoping review. *Journal of Immigrant and Minority Health, 22*(3), 621–633. <https://doi.org/10.1007/s10903-020-00981-z>
- Jensen, S. Q. (2011). Othering, identity formation and agency. *Qualitative Studies, 2*(2), 63–78. <https://doi.org/10.7146/qs.v2i2.5510>
- Kia, H., Robinson, M., MacKay, J., & Ross, L. E. (2021). Poverty in lesbian, gay, bisexual, transgender, queer, two-spirit, and other sexual and gender minority (LGBTQ2S+) communities in Canada: Implications for social work practice. *Research on Social Work Practice, 31*(6), 584–598. <https://doi.org/10.1177/1049731521996814>
- Kismödi, E., Corona, E., Maticka-Tyndale, E., Rubio-Aurioles, E., & Coleman, E. (2017). Sexual rights as human rights: A guide for the WAS declaration of sexual rights. *International Journal of Sexual Health, 29*(sup1), 1–92. <https://doi.org/10.1080/19317611.2017.1353865>
- Lachowsky, N. J., Saxton, P. J., Dickson, N. P., Hughes, A. J., Jones, R. G., Clark, T. C., Ho, E., Summerlee, A. J., & Dewey, C. E. (2020). Ethnicity classification systems for public health surveys: Experiences from HIV behavioural surveillance among men who have sex with men. *BMC Public Health, 20*(1), 1–13. <https://doi.org/10.1186/s12889-020-09517-4>
- Lacombe-Duncan, A., Guta, A., & Newman, P. A. (2021). Pre-exposure prophylaxis (PrEP) implementation for gay, bisexual, and other men who have sex with men: Implications for social work practice. *Health & Social Work, 46*(1), 22–32. <https://doi.org/10.1093/hsw/hlaa038>
- Lee, J., Chang, Y., Tsai, C., & Yen, C. (2022). Internalized sexual stigma among lesbian, gay, and bisexual individuals in Taiwan: Its related factors and association with mental health problems. *International Journal of Environmental Research and Public Health, 19*(4), 2427. <https://doi.org/10.3390/ijerph19042427>
- Lim, C. C., & Anderson, R. C. (2021). Effect of sexual racism on partner desirability in gay Asian men. *Journal of Homosexuality, 1*–18. <https://doi.org/10.1080/00918369.2021.1948772>
- Mackie, V. (2017). Rethinking sexual citizenship: Asia-Pacific perspectives. *Sexualities, 20*(1–2), 143–158. <https://doi.org/10.1177/1363460716645786>
- Miller, D. (2010). *Review of services for people living with HIV in New Zealand* (5267). Ministry of Health. <https://www.health.govt.nz/publication/review-services-people-living-hiv-new-zealand>
- Natale, A. P., & Moxley, D. P. (2009). Service engagement with high-risk men who have sex with men: Challenges and implications for social work practice. *Social Work in Health Care, 48*(1), 38–56. <https://doi.org/10.1080/00981380802440536>
- National Association of Social Workers. (2012). *Nation HIV/AIDS strategy*. <https://www.socialworkers.org/Practice/HIV-AIDS/National-HIV-AIDS-Strategy>
- Neville, S., & Adams, J. (2016). Views about HIV/STI and health promotion among gay and bisexual Chinese and South Asian men living in Auckland, New Zealand. *International Journal of Qualitative Studies on Health and Wellbeing, 11*(1), 30764. <https://doi.org/10.3402/qhw.v11.30764>
- New Zealand Ministry of Health. (2022a). *Sexual and reproductive health*. <https://www.health.govt.nz/our-work/preventative-health-wellness/sexual-and-reproductive-health>
- New Zealand Ministry of Health. (2022b). *Draft national HIV action plan for New Zealand Aotearoa 2022–2032*. https://www.health.govt.nz/system/files/documents/publications/final_hiv_action_plan_10_aug_0.pdf
- New Zealand Ministry of Health. (2022c). *HIV/AIDS*. <https://www.health.govt.nz/your-health/conditions-and-treatments/diseases-and-illnesses/hiv-aids>
- Oleksy, E. H. (2009). *Intimate citizenships: Gender, sexualities, politics*. Routledge.
- Omura, S., Hills, M., Ritchie, J. (2006). An exploratory study of the sexual health knowledge and attitudes of Asian male student sojourners in New Zealand. *Asian and Pacific Migration Journal, 15*(2), 267–276. <https://doi.org/10.1177/011719680601500205>
- Pack, M., & Brown, P. (2017). Educating on anti-oppressive practice with gender and sexual minority elders: Nursing and social work perspectives. *Aotearoa New Zealand Social Work, 29*(2), 108–118. <https://doi.org/10.11157/anzswj-vol29iss2id279>
- Peiris-John, R., Wong, A., Sobrun-Maharaj, A., & Ameratunga, S. (2016). Stakeholder views on factors influencing the wellbeing and health sector engagement of young Asian New Zealanders. *Journal of Primary Health Care, 8*(1), 35–43. <https://doi.org/10.1071/hc15011>
- PHARMAC. (2022). *Decision to widen access to antiretrovirals and nitrofurantoin*. <https://pharmac.govt.nz/news-and-resources/consultations-and-decisions/2022-06-15-decision-to-widen-access-to-antiretrovirals-and-nitrofurantoin/>
- Pilgrim, S., Winter, V. R., & Cook, M. (2021). Social work and sexual health: A history. In S. J. Dodd (Ed.), *The Routledge international handbook of social work and sexualities* (1st ed., pp. 3–11). Routledge. <https://doi.org/10.4324/9780429342912-2>
- Poindexter, C. C., Henrickson, M., Fouché, C., Brown, D., & Scott, K. (2013). “They don’t even greet you”: HIV stigma and diagnosis disclosure experienced by HIV-positive African immigrants and refugees in New Zealand. *Journal of HIV/AIDS & Social Services, 12*(1), 99–120. <https://doi.org/10.1080/15381501.2013.765715>
- Public Health Association. (2022). *Recommendations on the health system reform for Asian and ethnic communities in Aotearoa*. <https://www.pha.org.nz/resources/Documents/Recommendations%20by%20the%20Asian%20caucus%20of%20the%20PHA%20NZ,%20Jan%202022.pdf>
- Richardson, D. (2000). Constructing sexual citizenship: Theorizing sexual rights. *Critical Social Policy, 20*(1), 105–135. <https://doi.org/10.1177/026101830002000105>
- Richardson, D. (2017). Rethinking sexual citizenship. *Sociology, 51*(2), 208–224. <https://doi.org/10.1177/0038038515609024>

- Saxton, P. J., Giola, M., Coughlan, E. P., Rich, J., Azariah, S., Ludlam, A., O'Toole, C., Pohl, M., & Myers, J. (2018). Implementing HIV pre-exposure prophylaxis (PrEP): Let's not get caught with our pants down. *New Zealand Medical Journal*, *131*(1481), 64–73. <https://www.nzma.org.nz/journal-articles/implementing-hiv-pre-exposure-prophylaxis-prep-let-s-not-get-caught-with-our-pants-down>
- Saxton, P. J., Huges, A. J., & Giola, M. (2015). HIV prevention today: With coordinated action, we can end transmission. *New Zealand Medical Journal*, *128*(1426), 8–15. <https://journal.nzma.org.nz/journal-articles/hiv-prevention-today-with-coordinated-action-we-can-end-transmission>
- Sen, S., Nguyen, H. D., Kim, S. Y., & Aguilar, J. (2017). HIV knowledge, risk behavior, stigma, and their impact on HIV testing among Asian American and Pacific Islanders: A review of literature. *Social Work in Public Health*, *32*(1), 11–29. <https://doi.org/10.1080/19371918.2016.1173612>
- Silva-Brandao, R. R. D., & Ianni, A. M. Z. (2022). Othering discourse and stigma amidst the identity formation process among gays, bisexuals and other men who have sex with men on HIV pre-exposure prophylaxis (PrEP). *Ciência & Saúde Coletiva*, *27*(5), 1965–1974. <https://doi.org/10.1590/1413-8123202275.12692021>
- Stacey, L., & Forbes, T. D. (2021). Feeling like a fetish: Racialized feelings, fetishization, and the contours of sexual racism on gay dating apps. *The Journal of Sex Research*, *59*(3), 372–384. <https://doi.org/10.1080/00224499.2021.1979455>
- Statistics NZ. (2020). *Ethnic group summaries reveal New Zealand's multicultural make-up*. <https://www.stats.govt.nz/news/ethnic-group-summaries-reveal-new-zealands-multicultural-make-up/>
- Stember, C. (1978). *Sexual racism: The emotional barrier to an integrated society*. Harper & Row.
- Turner, G. (2016). A coming out narrative: Discovering my queer voice as a social worker. Reflections: Narratives of professional helping. *Special Section-Family of Origin: Implications of Practice*, *21*(4), 40–50. https://www.researchgate.net/publication/309729447_A_Coming_Out_Narrative_Discovering_My_Queer_Voice_My_Social_Worker_Superpower
- Turner, G. W., & Crane, B. (2016). Sexually silenced no more, adults with learning disabilities speak up: A call to action for social work to frame sexual voice as a social justice issue. *British Journal of Social Work*, *46*(8), 2300–2317. <https://doi.org/10.1093/bjsw/bcw133>
- Verrall, A. (2021). *Speech to Body Positive "HIV treatments update seminar 2021"*. <https://www.beehive.govt.nz/speech/speech-body-positive-hiv-treatments-update-seminar-2021>
- Veukiso-Ulugia, A. (2016). "Good Samoan kids"—Fact or fable?: Sexual health behaviour of Samoan youth in Aotearoa New Zealand. *New Zealand Sociology*, *31*(2), 74–95. <https://search.informit.org/doi/10.3316/informit.280033369265085>
- World Association for Sexual Health. (2014). *Declaration of sexual rights*. <https://worldsexualhealth.net/resources/declaration-of-sexual-rights/>
- World Health Organization. (2006). *Defining sexual health*. <https://www.who.int/teams/sexual-and-reproductive-health-and-research/key-areas-of-work/sexual-health/defining-sexual-health>
- Yeung, P., & English, A. (2016). A survey of knowledge, attitudes and behaviours regarding sexual wellbeing among Chinese women living in New Zealand—A pilot study. *Aotearoa New Zealand Social Work*, *24*(1), 14–30. <https://doi.org/10.11157/anzswj-vol24iss1id138>