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| **Challenges in providing health promotion to Asian gay and bisexual men in New Zealand** |
| **Background/Objectives**Migrant and ethnic minority gay and bisexual men [GBM] experience poorer health outcomes than men in general, including for HIV acquisition. In New Zealand for example, HIV diagnoses for Asian GBM have doubled every five years since 2005, and currently account for one-quarter of HIV diagnoses among GBM. Despite this little information is available on how these men experience their lives and the implications of this for health promotion and HIV prevention. **Methods**To address this gap, two qualitative research projects [Chinese and South Asian GBM; Filipino GBM] were undertaken. Both studies involved individual interviews of GBM [47 Chinese/South Asian and 21 Filipino]. Data were analysed using a realist version of thematic analysis. **Results**The research confirmed the heterogeneous nature of the GBM community, with areas of similarity and marked difference identified across these groups. The men had variable family support in relation to their sexuality and this was typically driven by conflicting personal, family/cultural values and expectations. Many men were not well connected with other GBM and relied on gay social apps to connect with others, while others had well developed connections with other GBM.  Some men reported coercion in sexual encounters and being compromised in their sexual decision making. While the men had good knowledge about HIV and risky sexual practices, there was wide variation in HIV testing practices. Most reported experiencing very little discrimination in general life, however a number reported considerable discrimination from other GBM.**Discussion**These findings suggest a number of social conditions and norms that influence Asian GBM’s health and wellbeing, and rather than just relying on individual resiliency to overcome these, additional broader health promotion and public health responses that focus on social, policy and structural issues are required. Specific ways of guidelines as to ways of ensuring health promotion responses are appropriate and effective for these populations will be presented. Without implementation of such initiatives health equity for Asian GBM will not be achieved.**Keywords**Gay; bisexual men; migrants; Chinese; South Asian; Filipino; HIV |