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RESEARCH ARTICLE



An exploratory mapping LGBTQ+ research and intervention priorities in Southeast Asia (2025–2035)

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ABSTRACT

Extant literature remains fragmented and does not inclusively represent the lived realities and needs of LGBTQ+ populations in Southeast Asia. This study aimed to identify LGBTQ+ research and intervention priorities in this region through an anonymous survey with researchers, community workers, and advocates conducted from May to August 2025 ($N = 142$). Participants represented 11 Southeast Asian countries, with the highest proportions from the Philippines (30.3%), Malaysia (28.9%), Thailand (19.7%), Vietnam (16.9%), and Singapore (12.7%). Participants rated 14 issues affecting LGBTQ+ communities using a three-point importance scale and identified their top priority concern. The results revealed that mental health issues and suicidality (81.0%), training health professionals about LGBTQ+ health (78.9%), and HIV/AIDS (70.9%) were most frequently rated as ‘very important’ regional priorities. Community workers were more likely to prioritise mental health, police mistreatment, and employment issues. When prompted to select one issue as the most urgent to address, participants equally prioritised criminalising laws and mental health issues (20.0% respectively). Country-specific primary priorities varied significantly criminalising laws (Malaysia), mental health (Singapore and Thailand), health professional training (the Philippines), and marriage rights (Vietnam). These findings provide a preliminary framework for developing LGBTQ+ research and intervention agendas across Southeast Asia, both at the regional and country levels.

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Introduction

The discipline of psychology continues to be predominantly shaped by North American literature (Muthukrishna et al., 2020), a trend that extends into Lesbian, Gay, Bisexual, Transgender, Queer, and other sexuality and gender diverse (LGBTQ+) studies (Tan & Saw,

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2023; Wijaya, 2025). Research conducted globally and within Southeast Asia (SEA) has demonstrated that LGBTQ+ communities experience a heightened prevalence of health and social challenges, as well as barriers to accessing care compared to their cisgender and heterosexual counterparts (Fine et al., 2025; Liow et al., 2025; Ojanen et al., 2023; Tan & Saw, 2023). In response to LGBTQ+ inequities, scholars have developed priority agendas for intervention to enable researchers, funders, and policymakers to make informed decisions on the equitable distribution of resources to address the needs of underserved communities (James et al., 2016; Veale et al., 2022; Walker et al., 2025).

The topics within sparingly LGBTQ+ SEA scholarship are fragmented and lacklustre in transformative aspiration, largely driven by the interests of funding bodies (e.g. the government's focus on mitigating HIV) or confined to small-scale postgraduate projects (Tan, 2025). This has resulted in a mismatch between research outputs and community needs; thus, the status quo of LGBTQ+ inequities is maintained. Through our community involvement, we are aware that LGBTQ+ communities are experiencing research fatigue and a growing distrust of top-down research that offers no tangible benefits.

Country-level context

Rather than anchoring existing Western literature on LGBTQ+ research priorities as point of reference (Veale et al., 2022; Walker et al., 2025), we examined inter-SEA country similarities and differences (with particular emphasis on Malaysia, Singapore, Thailand, the Philippines, and Vietnam) within their social, political, and cultural contexts.

In 2026, Malaysia continues to maintain Section 377 of the Penal Code, a law inherited from British colonial rule. Enforced as part of the federal constitution, this code (also known as the anti-sodomy law) criminalises same-sex relations and sexual acts (Radics, 2021). It was notably used to prosecute Dato' Seri Anwar bin Ibrahim in 1998, who is serving as Prime Minister at the time of writing. In tandem with secular law, the politicisation of Islamic dominance in Malaysia has granted the persecution of Muslim LGBTQ+ people through Shariah law (Radics, 2021). Together, these laws reinforce cisheteronormative societal norms and have been used to legitimise a range of actions that undermine LGBTQ+ human rights in the country, including explicit discriminatory policies targeting LGBTQ+ communities, state-sponsored sexuality and gender conversion efforts, and police raids on LGBTQ+ events (Justice for Sisters, 2025; Tan, 2025).

Singapore has witnessed a growing shift in public acceptance and tolerance towards homosexuality and same-sex marriage in recent decades. A recent study found that public disapproval of gay sex and gay marriage declined by 27% and 23%, respectively, over the past decade (Tham, 2025). Further, transgender (and non-binary) people may legally change their gender and name after undergoing gender-affirming surgery and have had the right to marry since a 1996 amendment to the Women's Charter (TransgenderSG, 2025). Following decades of advocacy, Section 377A was repealed in Singapore in November 2022. However, the Singapore government simultaneously safeguarded the definition of *marriage* as between a man and a woman, effectively blocking legal recognition of LGBTQ+ couples and families (Weiss, 2024). Additionally, Singapore remains largely underpinned by neoliberal, Confucian, and cisheteronormative ideals (Bin Ibrahim & Barlas, 2021). Positive depictions of LGBTQ+ communities are prohibited in public

schools, advertising standards, and the mainstream news media, as they go against the heteronormative ideals being promoted by the Singapore government (Yue, 2017).

In 2024, the National Assembly passed the Marriage Equality Act (Civil and Commercial Code Amendment Act No. 24, B.E. 2567), which came into effect on 23 January 2025, making Thailand the first country in SEA to legalise same-sex marriage (Weiss, 2024). At the same time, advocacy efforts are underway to enact a gender recognition law that enables transgender people to legally change their gender identity in official documents. Though viewed by some SEA nations as meaningful advancement, efforts to advance LGBTQ+ rights continue to fall short in Thailand, with persistent gaps in anti-discrimination protections and limited prioritisation of LGBTQ+ issues in national development agendas. Culturally, Thailand's Buddhist-majority context and entrenched gender norms create a paradoxical environment in which LGBTQ+ individuals are highly visible and socially tolerated in many aspects of public life, yet continue to face stereotyping, subtle stigma, and institutional exclusion (Reid et al., 2022).

Despite its reputation as a queer-friendly nation in SEA (Manalastas et al., 2017), the Philippines remains a challenging environment for many LGBTQ+ individuals whose daily lives are marked by stigma and discrimination (Human Rights Watch, 2017). Known as the 'last bastion of conservative Catholicism in Asia' (Bloomer et al., 2020, p. 77), the fundamentalist-conservative values of Roman Catholicism inherited from Spanish colonial power associate LGBTQ+ identities with sin, shame, and social impropriety (Ceperiano et al., 2016). The influence of Roman Catholicism is deeply embedded in the political and cultural fabric of Filipino society, with conservative discourses shaping the Philippine legal system (Yarcia et al., 2019). As a result, most LGBTQ+ Filipinos continue to experience partial and uneven legal protections (Mendos et al., 2020). For example, the Sexual Orientation, Gender Identity, and Expression (SOGIE) Equality Bill – designed to safeguard all Filipinos from discrimination based on sexuality and gender – has yet to be enacted, despite being first introduced over two decades ago (Yarcia et al., 2019). In February 2026, the Supreme Court ruled in favour of same-sex couples living together as co-owners of property under the Family Code (Smallens & Thoreson, 2026).

The landscape of LGBTQ+ inclusion in Vietnam can be denoted with progressiveness yet qualified by careful restraints. Since 2008, the government has enacted several legislative reforms, including the decriminalisation of same-sex marriage in 2013, legal recognition of gender-affirming surgery in 2015, and a ban on discrimination, stigma, and conversion practices targeting sexual and gender minorities in public healthcare settings in 2022 (Pham, 2022; Weiss, 2024). Overall, Vietnam has responded favourably to the United Nations Human Rights Council (2019)'s recommendations on advancing the protection of LGBTQ+ people from discrimination and legal gender recognition. Nevertheless, the momentum has recently dwindled as Vietnam has grown more cautious with extending strides in human rights and related governance. For instance, the Vietnam National Assembly did not pass the Gender Affirmation Law after decade-long efforts of multi-level advocacy and cross-national consultation. Civil society advocates and stakeholders have also faced growing barriers to political participation and foreign aid approval (Nguyen & Doan, 2022; Pham, 2022), further weakening an already declining LGBTQ+ rights movement.

Objective

This exploratory study aims to amplify the voices of those working to advance LGBTQ+ equity in SEA such as community groups and researchers, by outlining key topics for research and intervention priorities. Throughout this study, we chose to foreground queer knowledge unique to each SEA country with particular emphasis on Malaysia, Singapore, Thailand, the Philippines, and Vietnam where we obtained adequate sample size representation.

Method

Procedure

In December 2024, a group of researchers attended the Southeast Asian Indigenous Psychology conference and connected during the cluster networking session through their shared interest in LGBTQ+ psychology. The conference offered a funding opportunity for researchers to collaborate on a project that promotes equitable international and Indigenous partnerships, drawing on culturally responsive research methods (Ting et al., 2024). Through this funding, the principal investigator gathered ten scholars with expertise in queer research from different SEA countries to undertake a project that centres on collective dreaming about our future as SEA scholars, and to mobilise transformative actions that advance LGBTQ+ research in the region.

Developing an agenda to inform research and intervention priorities within each SEA country (and the region as a whole) is a primary goal of the project. To capture the voices of those working to advance LGBTQ+ equity in SEA, we launched an anonymous survey designed to address the underrepresentation of SEA contributions within LGBTQ+ scholarship by measuring the prevalence of key indicators that could inform generalisability where possible. The survey combined adapted items from large-scale studies such as the United States Trans Survey (James et al., 2016) and the Malaysian Kami LGBT+ Mental Health Survey (Tan, 2025), along with questions developed by our research team to address context-specific gaps. Mindful of critiques of surveys as colonial tools due to their positivist underpinning (Smith, 2012), the decision to use a survey in this study was considered appropriate given its accessibility for reaching a wide demographic, and the ease with which findings can be translated into accessible mediums for communication with diverse stakeholders.

Given the LGBTQ+ community's history of distrust towards researchers and their fatigue from being over-researched (Glick et al., 2018), we felt it was crucial to clarify our broad definition of 'research' that includes those working outside academia, and to emphasise the community implications of our work. We employed a range of recruitment strategies to spread the word and encourage participation for the survey. First, we contacted LGBTQ+ community groups at both regional (e.g. ASEAN SOGIE Caucus) and local levels, as well as our networks in respective SEA countries. Next, we searched Google Scholar for recent LGBTQ+ publications in the region and reached out to the corresponding authors with details about the project. We also shared survey flyers in the Facebook group of the SEA LGBTQ+ Research Network, which we co-founded and currently includes more than 150 members. Rather than treating research as an extractive process, the survey was conducted in conjunction with the inaugural SEA LGBTQ+ Research

Symposium, which received 200 expressions of interest and welcomed 70 attendees on the day (26 July 2025). The core theme of the symposium was identifying research and intervention priorities. A series of presentations was followed by Q&A sessions, covering topics related to LGBTQ+ research in SEA (e.g. police mistreatment and employment). Participants were invited to engage in a series of forums to discuss their reasons for championing selected priority areas. By outlining the survey's objectives and anticipated outcomes, symposium attendees were reminded to complete it and to share it within their networks.

Open to any individuals aged 18 and above working on LGBTQ+ equity, the survey ran from 20 May to 15 August 2025. It was conducted in English and administered via Qualtrics. Participants could be students, academic staff, government employees, community workers, or researchers working in an independent capacity. An information sheet was provided on the first page of the survey, outlining details such as withdrawal rights, research questions, and contact information for the research team. Participants were reminded that by beginning the survey, they were providing informed consent. As a gesture of appreciation, participants who completed the survey were eligible to win one of ten \$USD 20 vouchers in a prize draw.

Measures

Gender

Participants were asked to report their sex assigned at birth (options: male or female) and their current gender identity (multi-select options: male, female, or another gender [please specify]). Using the two-step method (Fraser, 2018), we classified participants into one of three categories: cisgender; transgender and non-binary; and other. The 'other' category included those who indicated they do not use a label for their gender or were questioning their gender identity. Due to the small number of participants identifying as non-cisgender, these responses were grouped together for analysis.

LGBTIQ+ status

We created a variable with a dichotomous outcome to categorise participants as either cisgender and heterosexual, or as part of the LGBTQ+ communities. LGBTQ+ identity was determined using three variables: gender, sexual orientation, and intersex variation. Participants were asked to select only one option for their current sexual orientation (gay, lesbian, bisexual, asexual, heterosexual/straight, questioning, or other), and to indicate whether they had an intersex variation (yes, no, or don't know).

Country

Participants were asked to indicate the country or countries in SEA where they primarily carry out their LGBTQ+ work. Multiple selections were permitted.

Role

Participants were asked to select all relevant descriptions of their role in LGBTQ+ work. Options included: Community (e.g. activist, NGO support worker, community researcher); Academia (e.g. university lecturer, researcher); Student; Government sector; and Other (please specify). For analysis, we focused only on the community and academic roles (with

Table 1. The degree of importance assigned to addressing each issue affecting LGBTQ+ people in Southeast Asia over the next decade.

	Very important; <i>n</i> (%)	Important; <i>n</i> (%)	Not very important; <i>n</i> (%)
Criminalising laws for LGBTQ+ people (e.g. Section 377 of the Penal Code)	81 (57.4)	40 (28.4)	20 (14.2)
HIV/AIDS	100 (70.9)	36 (25.5)	5 (3.5)
Conversion therapy (e.g. efforts to change your LGBTQ+ identity)	82 (58.2)	48 (34.0)	11 (7.8)
Mental health issues and suicidality	115 (81.0)	22 (15.5)	5 (3.5)
Access to gender-affirming care (e.g. hormones)	89 (63.1)	47 (33.3)	5 (3.5)
Training health professionals (e.g. doctor and psychiatrist) about LGBTQ+ health	112 (78.9)	29 (20.4)	1 (0.7)
Police mistreatment of LGBTQ+ people	88 (62.4)	49 (34.8)	4 (2.8)
Housing and homelessness	64 (45.4)	64 (45.4)	13 (9.2)
Employment	76 (53.5)	51 (35.9)	15 (10.6)
Poverty	68 (48.9)	53 (38.1)	18 (12.9)
Legal gender recognition (e.g. easier name and gender change on identity documents)	81 (57.4)	51 (36.2)	9 (6.4)
Education for family members supporting LGBTQ+ people	99 (70.2)	37 (26.2)	5 (3.5)
Marriage rights for LGBTQ+ people	85 (60.3)	37 (26.2)	19 (13.5)
Parenting and adoption rights for LGBTQ+ families	83 (58.9)	41 (29.1)	17 (12.1)

students grouped under academia), as fewer than five participants identified with the government or other categories. Those who selected 'Other' included health professionals and therapists.

Issues affecting LGBTQ+ communities

We presented participants with a list of issues affecting LGBTQ+ communities in SEA and asked them to rate the urgency of addressing each using a three-point scale: very important, important, or not very important. The issues were identified through previous research (James et al., 2016; Tan, 2025; Veale et al., 2022) and reviewed by our research team comprising members with queer expertise across various SEA contexts. Table 1 presents all the issues included in the survey. Participants were then asked a follow-up question to select the single most important issue requiring immediate attention.

Participants

A total of 216 survey attempts were recorded. The dataset was cleaned by excluding responses from individuals who accessed the survey but exited after reading the information sheet without answering any questions ($n = 45$), those who left the survey after completing only the demographic section ($n = 25$), duplicate entries ($n = 1$), and responses that did not meet the recruitment criteria including individuals under 18 years of age or not working in SEA ($n = 3$).

The final sample for this study comprised 142 responses, with a median age range of 25 to 34 years. More than three-quarters of participants held roles in academia (76.8%; including 33.8% students), and half were engaged in community work (50.0%). These roles are not mutually exclusive, as 40.4% of those in academia including students, also indicated involvement in community work. Participants reported working across various SEA countries, including the Philippines (30.3%), Malaysia (28.9%), Thailand (19.7%), Vietnam (16.9%), Singapore (12.7%), Indonesia (9.2%), Myanmar (4.2%), Brunei (2.1%),

Timor-Leste (1.4%), Laos (1.4%), and Cambodia (0.7%). Fewer than one-fifth indicated that they were working in more than one SEA country.

A majority of the sample (85.9%) self-identified as LGBTQ+. Over three-quarters identified as cisgender, including 45.1% as men and 31.7% as women. Transgender and non-binary participants comprised approximately one-fifth of the sample, including 14.8% identifying as non-binary, 4.9% as trans men, and 2.1% as trans women. More than half of participants identified as gay (45.1%) or lesbian (11.3%). Fewer than one-fifth identified as heterosexual (15.5%) or bisexual (12.7%), while other sexual orientations included asexual, queer, and questioning.

Data analysis

All data analyses including descriptive analyses and chi-square tests of independence were performed in IBM SPSS v30. Not all participants responded to every question; for instance, five participants did not complete rating how important each issue was. These cases of missing data were handled using listwise deletion.

Country-level analyses were conducted only when there were at least 15 participants from a given country that included Malaysia, Singapore, Thailand, the Philippines, and Vietnam to avoid overgeneralisation due to small sample sizes. Descriptive analysis from the other countries (Indonesia, Myanmar, Brunei, Timor-Leste, Laos, and Cambodia) were presented as a supplement (Appendices 11 and 12). A Bonferroni correction was applied to the chi-square tests to address the issue of multiple comparisons and reduce the risk of Type I errors. Statistical significance was determined using a threshold of $p < .05$. Cells with standardised adjusted residuals exceeding ± 2 were flagged as significantly different from expected frequencies, suggesting non-random variation at the 95% confidence level (Sharpe, 2019).

Results

Table 1 presents the findings on how participants across the SEA region rated the importance of addressing different issues affecting LGBTQ+ people over the next decade. Overall, the five issues that participants from Southeast Asia most frequently rated as ‘very important’ to address, in descending order, are: mental health issues and suicidality; training health professionals about LGBTQ+ health; HIV/AIDS; education for family members supporting LGBTQ+ people; and access to gender-affirming care. Additional issues raised under the ‘Other, please specify’ category included anti-discriminatory legislation, legal protections for LGBTQ+ rights, climate change, the decolonisation of LGBTQ+ narratives in SEA, ageing care, and the expansion of safe spaces for diverse LGBTQ+ communities.

Country-specific ratings by participants from Malaysia, Singapore, Thailand, the Philippines, and Vietnam are presented in Appendices 1 to 5, respectively. The top three issues rated as ‘very important’ to address in each country are: criminalising laws, mental health issues, and training health professionals (Malaysia); mental health issues, training health professionals, and housing and education for family members (equal percentage for the latter two; Singapore); HIV/AIDS, mental health issues, and police mistreatment (Thailand); training health professionals, HIV/AIDS, and parenting and

adoption rights (the Philippines); marriage rights, parenting and adoption rights, and HIV/AIDS (Vietnam).

There were also demographic differences across the rating of issues affecting LGBTQ+ communities. Compared to the overall sample, young adults (aged 18–24) were more likely to rate marriage rights as ‘very important’ to address (Table 2). There were no significant differences observed for the trend of rating for cisgender and heterosexual participants, and LGBTQ+ participants for most issues, other than a higher proportion of cisgender and heterosexual participants rated education for family members as ‘very important’ (Table 3). Trans and non-binary participants were more likely to report access to gender-affirming care, legal gender recognition, and housing as ‘very important’ to address (Table 4). Participants involved in community roles to advance LGBTQ+ equity were more likely to rate mental health issues, police mistreatment, and employment as ‘very important’ to address (Table 5). No significant differences were identified between those holding academic positions and their counterparts (Table 6).

When prompted to select a single issue that should be prioritised for intervention, one-fifth of SEA chose criminalising laws or mental health issues affecting LGBTQ+ communities (see Table 7). About one-eighth identified HIV/AIDS as the top priority issue. Criminalising laws were rated as the most important issue to address by nearly half of Malaysian participants. However, there were differences across countries in the top issue identified. Mental health was prioritised in Singapore, Thailand, and the Philippines, whereas marriage rights were the top concern in Vietnam.

Discussion

This inaugural research aimed at charting topics for LGBTQ+ research and interventions across the Southeast Asia (SEA) region and selected SEA nations in the next decade. It stands out by building upon previous studies have identified key intervention issues in the region (Alibudbud, 2023; Tan, 2025), and by drawing on survey responses from a diverse range of stakeholders, including researchers, community workers, government employees, and health professionals. Ensuring healthy futures for LGBTQ+ communities constitutes a core set of priorities for our survey participants, encompassing mental health, healthcare access (including training for health professionals and improved access to gender-affirming care) and sexual health (including the mitigation of STIs such as HIV/AIDS). While SEA has made notable progress towards achieving the Sustainable Development Goals (SDGs), the region continues to face persistent challenges in meeting health-related targets such as universal health coverage, with uneven progress across countries (Si et al., 2025). Our findings contribute to equity efforts within the SEA region by identifying priority areas for research and investment for interventions that respond to the systemic injustices experienced by LGBTQ+ communities (Alibudbud, 2023; Wijaya, 2025).

When prompted to select a single issue for intervention, criminalising laws and mental health emerged as the top priorities, with each endorsed by approximately one-fifth of participants. Compared to Western contexts and countries with protective legal frameworks for LGBTQ+ individuals, those residing in Brunei, Indonesia, Malaysia, and Myanmar face compounded challenges due to structural barriers that does not affirm LGBTQ+ identities (Tan, 2025; Wijaya, 2025). Alarming, expressions of LGBTQ+ identity and same-

Table 2. Proportion of respondents rating each issue as ‘very important’ across age groups.

	18–24; n (%)	25–34; n (%)	35–44; n (%)	45+; n (%)	Chi-square statistics
Criminalising laws for LGBTQ+ people (e.g. Section 377 of the Penal Code)	19 (63.3)	45 (65.2)	9 (40.9)	8 (40.0)	$\chi^2 (6) = 11.85, p = .065$
HIV/AIDS	26 (86.7)	49 (71.0)	14 (63.6)	11 (55.0)	$\chi^2 (6) = 10.47, p = .106$
Conversion therapy (e.g. efforts to change your LGBTQ+ identity)	19 (61.3)	39 (57.4)	12 (54.5)	12 (60.0)	$\chi^2 (6) = 2.16, p = .905$
Mental health issues and suicidality	26 (83.9)	59 (85.5)	16 (72.7)	14 (70.0)	$\chi^2 (6) = 7.05, p = .317$
Access to gender-affirming care (e.g. hormones)	17 (56.7)	47 (68.1)	13 (59.1)	12 (60.0)	$\chi^2 (6) = 6.69, p = .350$
Training health professionals (e.g. doctor and psychiatrist) about LGBTQ+ health	22 (71.0)	60 (87.0)	16 (72.7)	14 (70.0)	$\chi^2 (6) = 10.50, p = .105$
Police mistreatment of LGBTQ+ people	21 (70.0)	43 (62.3)	13 (59.1)	11 (55.0)	$\chi^2 (6) = 2.50, p = .869$
Housing and homelessness	9 (30.0)	33 (47.8)	12 (54.5)	10 (50.0)	$\chi^2 (6) = 4.41, p = .622$
Employment	16 (51.6)	39 (56.5)	12 (54.5)	9 (45.0)	$\chi^2 (6) = 2.69, p = .846$
Poverty	15 (50.0)	33 (48.5)	11 (52.4)	9 (45.0)	$\chi^2 (6) = 2.43, p = .877$
Legal gender recognition (e.g. easier name and gender change on identity documents)	18 (58.1)	40 (58.0)	11 (52.4)	12 (60.0)	$\chi^2 (6) = 4.25, p = .644$
Education for family members supporting LGBTQ+ people	26 (83.9)	47 (68.1)	13 (61.9)	13 (65.0)	$\chi^2 (6) = 5.21, p = .517$
Marriage rights for LGBTQ+ people	27 (87.1)	37 (53.6)	11 (52.4)	10 (50.0)	$\chi^2 (6) = 13.98, p = .030$
Parenting and adoption rights for LGBTQ+ families	24 (77.4)	36 (52.2)	11 (52.4)	12 (60.0)	$\chi^2 (6) = 7.95, p = .242$

Table 3. Proportion of respondents rating each issue as ‘very important’, comparing LGBTQ+ individuals with their cisgender and heterosexual counterparts.

	LGBTQ+; <i>n</i> (%)	Cisgender and heterosexual; <i>n</i> (%)	Chi-square statistics
Criminalising laws for LGBTQ+ people (e.g. Section 377 of the Penal Code)	69 (57.0)	12 (60.0)	$\chi^2(2) = 0.34, p = .845$
HIV/AIDS	83 (68.6)	17 (85.0)	$\chi^2(2) = 2.49, p = .288$
Conversion therapy (e.g. efforts to change your LGBTQ+ identity)	71 (58.2)	11 (57.9)	$\chi^2(2) = 0.25, p = .883$
Mental health issues and suicidality	96 (78.7)	19 (95.0)	$\chi^2(2) = 4.32, p = .116$
Access to gender-affirming care (e.g. hormones)	73 (60.3)	16 (80.0)	$\chi^2(2) = 3.12, p = .210$
Training health professionals (e.g. doctor and psychiatrist) about LGBTQ+ health	95 (77.9)	17 (85.0)	$\chi^2(2) = 0.61, p = .737$
Police mistreatment of LGBTQ+ people	73 (60.3)	15 (75.0)	$\chi^2(2) = 1.89, p = .389$
Housing and homelessness	56 (46.3)	8 (40.0)	$\chi^2(2) = 0.27, p = .872$
Employment	68 (55.7)	8 (40.0)	$\chi^2(2) = 1.76, p = .414$
Poverty	60 (50.4)	8 (40.0)	$\chi^2(2) = 1.40, p = .497$
Legal gender recognition (e.g. easier name and gender change on identity documents)	68 (56.2)	13 (65.0)	$\chi^2(2) = 1.51, p = .469$
Education for family members supporting LGBTQ+ people	80 (66.1)	19 (95.0)	$\chi^2(2) = 6.87, p = .032$
Marriage rights for LGBTQ+ people	71 (58.7)	14 (70.0)	$\chi^2(2) = 1.62, p = .445$
Parenting and adoption rights for LGBTQ+ families	68 (56.2)	15 (75.0)	$\chi^2(2) = 3.97, p = .137$

sex intimacy in these contexts may result in criminal prosecution, persecution, or even the threat of capital punishment (Weiss, 2024). The decriminalisation of LGBTQ+ identities is not only a priority for LGBTQ+ communities within these countries, but also for regional human rights advocates working to advance equity and justice (Asean SOGIE Caucus [ASEAN], 2025). Beyond its framing as a fundamental issue of inequity, the prioritisation of mental health may reflect its intersection with other topic under investigation. For example, research has shown correlations between mental health outcomes and cis-heterosexist practices, including exposure to identity change efforts and systemic barriers to changing gender markers on official documents (Huynh et al., 2025).

Demographic factors also contributed to the variation in issue prioritisation. Emerging research has highlighted the heightened vulnerabilities of transgender individuals (relative to cisgender sexual minorities) to minority stressors such as discrimination and adverse health outcomes (Liow et al., 2025; Ojanen et al., 2023). Given their increased likelihood of advocating for improved access to gender-affirming care and legal gender recognition, the specific needs of this group warrant targeted attention in intervention planning. Further, we observed differences in responses from individuals in community roles who rated mental health issues, police mistreatment, and employment as important to address. This group includes activists and community workers who operate on the ground and have more direct contact with LGBTQ+ communities, particularly those who utilise community services and are less socioeconomically privileged.

Table 4. Proportion of respondents rating each issue as ‘very important’ across gender groups.

	Cisgender; <i>n</i> (%)	Trans and non- binary; <i>n</i> (%)	Chi-square statistics
Criminalising laws for LGBTQ+ people (e.g. Section 377 of the Penal Code)	64 (59.3)	17 (51.5)	$\chi^2(2) = 0.81, p = .668$
HIV/AIDS	76 (70.4)	24 (72.7)	$\chi^2(2) = 0.08, p = .961$
Conversion therapy (e.g. efforts to change your LGBTQ+ identity)	62 (57.4)	20 (60.6)	$\chi^2(2) = 0.31, p = .855$
Mental health issues and suicidality	87 (79.8)	28 (84.8)	$\chi^2(2) = 1.59, p = .450$
Access to gender-affirming care (e.g. hormones)	62 (57.4)	27 (81.8)	$\chi^2(2) = 6.88, p = .032$
Training health professionals (e.g. doctor and psychiatrist) about LGBTQ+ health	86 (78.9)	26 (78.8)	$\chi^2(2) = 3.41, p = .182$
Police mistreatment of LGBTQ+ people	63 (58.3)	25 (75.8)	$\chi^2(2) = 3.82, p = .148$
Housing and homelessness	40 (37.0)	24 (72.7)	$\chi^2(2) = 13.13, p = .001$
Employment	53 (48.6)	23 (69.7)	$\chi^2(2) = 4.56, p = .102$
Poverty	49 (45.8)	19 (59.4)	$\chi^2(2) = 2.52, p = .283$
Legal gender recognition (e.g. easier name and gender change on identity documents)	56 (51.9)	25 (75.8)	$\chi^2(2) = 6.96, p = .031$
Education for family members supporting LGBTQ+ people	79 (73.1)	20 (60.6)	$\chi^2(2) = 2.16, p = .340$
Marriage rights for LGBTQ+ people	69 (63.9)	16 (48.5)	$\chi^2(2) = 2.53, p = .282$
Parenting and adoption rights for LGBTQ+ families	66 (61.1)	17 (51.5)	$\chi^2(2) = 1.76, p = .415$

Country-level differences

Malaysian LGBTQ+ communities face stark mental health inequities, with a recent study estimating that they have 38 times higher odds of meeting the threshold for depression compared to the general population (47.2% vs. 2.3%; Liow et al., 2025). There has been decades-long underfunding of LGBTQ+ mental health initiatives in Malaysia, due to cultural stigma around seeking mental healthcare, pejorative stereotypes that label LGBTQ+ individuals as ‘mentally ill’, and the diversion of most funding towards other public health issues such as curbing sexually transmitted infections (Lim et al., 2020). There is currently no formal training programme on LGBTQ+ health in Malaysia, as securing government funding for such initiatives is not feasible. It is left to community organisations and dedicated individuals to step up to fill such gap. The identification of criminalising laws as the most urgent issue by a predominantly academic research sample in this study coincides with findings from a previous study with LGBTQ+ communities (Tan, 2025), where 61.0% of participants named the decriminalisation of LGBTQ+ identities as their top priority. Laws that criminalise LGBTQ+ identities are perceived by participants as a fundamental barrier that renders all efforts to advance LGBTQ+ equity futile. For example, one survey participant shared ‘377 really undermines a lot of the progress in the space. People are in fear even just trying to plan for queer-related research. And it gets complicated when it involves culture specific laws (e.g. Sharia). I believe once this is repealed, many things can continue to unfold and this is a good start’.

Table 5. Proportion of respondents rating each issue as ‘very important’, comparing those in community roles versus non-community roles.

	Community; <i>n</i> (%)	Non- community; <i>n</i> (%)	Chi-square statistics
Criminalising laws for LGBTQ+ people (e.g. Section 377 of the Penal Code)	40 (56.3)	41 (58.6)	$\chi^2(2) = 0.11, p = .949$
HIV/AIDS	49 (70.0)	51 (71.8)	$\chi^2(2) = 2.28, p = .320$
Conversion therapy (e.g. efforts to change your LGBTQ+ identity)	43 (61.4)	39 (54.9)	$\chi^2(2) = 0.61, p = .736$
Mental health issues and suicidality	64 (90.1)	51 (71.8)	$\chi^2(2) = 9.38, p = .009$
Access to gender-affirming care (e.g. hormones)	49 (69.0)	40 (57.1)	$\chi^2(2) = 3.24, p = .198$
Training health professionals (e.g. doctor and psychiatrist) about LGBTQ+ health	61 (85.9)	51 (71.8)	$\chi^2(2) = 4.69, p = .096$
Police mistreatment of LGBTQ+ people	52 (73.2)	36 (51.4)	$\chi^2(2) = 7.35, p = .025$
Housing and homelessness	38 (53.5)	26 (37.1)	$\chi^2(2) = 3.88, p = .144$
Employment	42 (59.2)	34 (47.9)	$\chi^2(2) = 6.26, p = .044$
Poverty	40 (56.3)	28 (41.2)	$\chi^2(2) = 3.20, p = .202$
Legal gender recognition (e.g. easier name and gender change on identity documents)	42 (59.2)	39 (55.7)	$\chi^2(2) = 0.39, p = .822$
Education for family members supporting LGBTQ+ people	53 (74.6)	46 (65.7)	$\chi^2(2) = 1.36, p = .506$
Marriage rights for LGBTQ+ people	38 (53.5)	47 (67.1)	$\chi^2(2) = 3.19, p = .203$
Parenting and adoption rights for LGBTQ+ families	40 (56.3)	43 (61.4)	$\chi^2(2) = 0.38, p = .827$

Since the onset of the COVID-19 pandemic, mental health issues and suicidality have taken centre stage in Singapore’s socio-political discourse (SG Mental Health Matters [SG], 2025). Numerous initiatives and programmes have been introduced to improve mental health and well-being across diverse populations. Recognising mental health disparities compared to the general population, participants expressed strong support for increased professional training and awareness among healthcare workers regarding the needs of LGBTQ+ communities (O’Hara et al., 2023). However, current initiatives to improve access to LGBTQ-affirming care within the public healthcare system remain limited (O’Hara et al., 2023). The challenges of housing and homelessness likely reflect the socio-material constraints of Singaporean society. Singles (including LGBTQ+ couples and families without legal recognition) can only apply for public housing at age 35 and are limited to two-room flats (Oswin, 2014). With subsidies favouring heterosexual couples and traditional families, private housing remains prohibitively expensive, often forcing LGBTQ+ people to remain in their families of origin. Likewise, participants also emphasised the importance of educating family members, as their potential role in mitigating societal discrimination has yet to be fully examined.

Calls to prioritise mental health and suicidality in Thailand echo prior evidence that LGBTQ+ individuals in the country are disproportionately affected by depression, anxiety, and suicidality due to stigma, discrimination, and inadequate psychosocial support (Kittiteerasack et al., 2021; Ojanen et al., 2023). While the recent passage of marriage

Table 6. Proportion of respondents rating each issue as ‘very important’, comparing those in academic roles versus non-academic roles.

	Academic; <i>n</i> (%)	Non-academic; <i>n</i> (%)	Chi-square statistics
Criminalising laws for LGBTQ+ people (e.g. Section 377 of the Penal Code)	62 (57.4)	19 (57.6)	$\chi^2(2) = 0.05, p = .977$
HIV/AIDS	77 (71.3)	23 (69.7)	$\chi^2(2) = 0.09, p = .955$
Conversion therapy (e.g. efforts to change your LGBTQ+ identity)	63 (57.8)	19 (59.4)	$\chi^2(2) = 0.24, p = .888$
Mental health issues and suicidality	86 (78.9)	29 (87.9)	$\chi^2(2) = 1.42, p = .492$
Access to gender-affirming care (e.g. hormones)	66 (61.1)	23 (69.7)	$\chi^2(2) = 0.80, p = .670$
Training health professionals (e.g. doctor and psychiatrist) about LGBTQ+ health	85 (78.0)	27 (81.8)	$\chi^2(2) = 0.46, p = .796$
Police mistreatment of LGBTQ+ people	66 (61.1)	22 (66.7)	$\chi^2(2) = 1.37, p = .504$
Housing and homelessness	46 (42.6)	18 (54.5)	$\chi^2(2) = 2.57, p = .277$
Employment	58 (53.2)	18 (54.5)	$\chi^2(2) = 0.98, p = .613$
Poverty	50 (47.2)	18 (54.5)	$\chi^2(2) = 2.53, p = .282$
Legal gender recognition (e.g. easier name and gender change on identity documents)	62 (57.4)	19 (57.6)	$\chi^2(2) = 0.59, p = .744$
Education for family members supporting LGBTQ+ people	75 (68.4)	24 (72.7)	$\chi^2(2) = 0.14, p = .934$
Marriage rights for LGBTQ+ people	67 (62.0)	18 (54.5)	$\chi^2(2) = 0.96, p = .618$
Parenting and adoption rights for LGBTQ+ families	62 (57.4)	21 (63.6)	$\chi^2(2) = 1.43, p = .490$

Table 7. The most important issues to address for LGBTQ+ people in Southeast Asia.

	<i>n</i> (%)
Criminalising laws for LGBTQ+ people (e.g. Section 377 of the Penal Code)	29 (20.7)
Mental health issues and suicidality	28 (20.0)
HIV/AIDS	19 (13.6)
Marriage rights for LGBTQ+ people	18 (12.9)
Employment	8 (5.7)
Training health professionals (e.g. doctor and psychiatrist) about LGBTQ+ health	7 (5.0)
Conversion therapy (e.g. efforts to change your LGBTQ+ identity)	6 (4.3)
Another issue	6 (4.3)
Education for family members supporting LGBTQ+ people	5 (3.6)
Access to gender-affirming care (e.g. hormones)	4 (2.9)
Poverty	4 (2.9)
Legal gender recognition (e.g. easier name and gender change on identity documents)	4 (2.9)
Police mistreatment of LGBTQ+ people	2 (1.4)
Parenting and adoption rights for LGBTQ+ families	0

equality in Thailand is a milestone worth celebrating, the continued absence of comprehensive gender recognition legislation and explicit anti-discrimination protections perpetuates systemic inequities (Fondee et al., 2025). The prioritisation of decriminalising LGBTQ+ identities in Thailand – despite the country having no historical record of criminalising such identities – may be linked to the large proportion of participants (84.2%) who, having worked across multiple SEA countries, were engaged in LGBTQ+

equity roles in Thailand. Thailand's relatively high level of acceptance towards LGBTQ+ cultures has attracted both regional organisations (e.g. ILGA Asia) and local groups (e.g. Rainbow Sky Association) to establish their hubs there, advocating for LGBTQ+ communities throughout SEA. Further, gaps remain in Thailand in training health professionals to provide culturally safe care and to develop affirmative models of practice, as awareness of the inequities faced by LGBTQ+ communities remains limited (Ojanen et al., 2016).

The need to expand a culturally safe health workforce in the Philippines emerged in our findings and aligns with the lack of competency training among health professionals in recognising the sociocultural influences affecting Filipino LGBTQ+ communities (De Torres & Pacquiao, 2025). There is an urgent need to address the ongoing HIV epidemic in the Philippines, which currently has the fastest-growing rate of HIV cases in the Western Pacific Region (Cordero, 2025). This epidemic has been fuelled by intersecting social, cultural, and political systems of power that disproportionately stigmatise and oppress those at risk of, or living with HIV, including members of Filipino LGBTQIA+ communities (Pamoso et al., 2025). The parenting and adoption rights agenda in the Philippines presents a complex array of legal implications, shaped by the entrenchment of hegemonic conservative religious values that uphold cis-heteronormative family structures. These sociocultural and institutional norms continue to obstruct the provision of full legal protections for LGBTQ+ communities. While LGBTQ+ individuals in the Philippines may adopt children as single applicants, current legislation prohibits same-sex marriage, thereby precluding joint adoption by same-sex couples (Ballaret, 2024).

Current perceptions of priority issues for Vietnam reflect the local movement's strategic pivot in response to a changing sociopolitical context. The rapid recession of foreign aid on LGBTQ-related projects drives strong needs to reconsolidate existing resources and shortlist the scope of focus (Nguyen & Doan, 2022; Pham, 2022). After the Gender Affirmation Law proposal was rejected in early 2025, equal marriage has become an unequivocal top priority. According to a survey by the Pew Research Center in 2023, favourable public opinions on same-sex marriage in Vietnam achieved its highest in history (65%). Notably, the society demonstrates strong readiness for this legal progress: the 'I Do' petition for equal marriage has garnered over 65,000 signatures since its launch in 2022. At the same time, the Vietnamese government is bearing a historic legal reform, exercising amendments on various fundamental laws including the Law on Marriage and Family (Mai, 2024). As a result, the alignment between public endorsement and political change hallmarks an imminent pathway to success for equal marriage. While holding a strong promise, this pathway remains arduous for civil society and allied stakeholders due to the government's escalating scrutiny for human rights causes (Nguyen & Doan, 2022).

Implications for research

The priorities outlined in this paper offer an indicative agenda for LGBTQ+ research in SEA over the next decade. Namely, there is an urgent need to prioritise research on decriminalising the lived realities of Malaysian LGBTQ+ communities, addressing high prevalence of mental health issues in Singapore and Thailand, upskilling health professionals in culturally safe care in the Philippines, and exploring pathways to build momentum towards legalising same-sex marriage in Vietnam. Additional research with LGBTQ+

communities, larger samples of key informants, and representation from various stakeholders is recommended to build on our exploratory findings.

By ranking issues according to perceived importance, stakeholders can develop a strategic plan for phased responses. A lower endorsement does not diminish a topic's value; rather, it reflects relative urgency, not a lack of significance. For example, the lower rating given to housing and employment does not imply that research should be abandoned, but that other areas may require more immediate attention in efforts to alleviate poverty and improve socio-economic outcomes for underserved LGBTQ+ communities.

We have intentionally framed our topics broadly to allow researchers to identify areas of interest and select methodologies that suit their approaches, without constraining their creativity. That said, we strongly encourage researchers in SEA to draw on Indigenous methodologies, adopt bottom-up approaches that amplify community voices, and engage with queer Asia as method (Lim, 2025; Wijaya, 2025; Yue, 2017) in designing research that reflects local community needs. Too often, Western research frameworks are treated as universally applicable and superior to knowledge sources in the Global South (Dutta, 2023); however, our study highlights how such approaches risk erasing the social, political, and cultural nuances that shape regional and national priorities.

Implications for intervention

Funding channels to address the inequities faced by LGBTQ+ communities in SEA are limited. When such opportunities do arise, they are often shaped by the interests of governments or funding bodies, rather than being grounded in community voices or empirical evidence (Tan, 2025). Without targeted investment in identified priorities, prospects for transforming the status quo remain bleak.

To secure resources, researchers and community members may find themselves compelled to 'play the institutional game' or strategically framing their proposals to align with funders' expectations. Structural priorities such as the decriminalisation of LGBTQ+ identities and the advancement of equitable legislative access, are particularly difficult to achieve without the political will of governments and relevant stakeholders. Mobilising meaningful change requires collaborative efforts among researchers, community organisations, and government agencies to build a robust evidence base that informs the design and implementation of interventions. The burden of driving systemic transformation should not fall solely on LGBTQ+ communities, as it is unjust to expect them to lift themselves up by their bootstraps when an equitable playing field has never existed.

The key topics identified for research and intervention – while valuable for guiding stakeholders in planning future actions – should not be regarded as fixed and immutable. As SEA responds to evolving local and overseas influences and challenges, these priorities must be revisited regularly through community-led research and meaningful consultation with LGBTQ+ communities.

Limitation

Our recruitment was most successful in countries where we had a project representative. While we strived to have at least a representative of each SEA country,

we faced immense challenges in reaching out to those individuals beyond our networks. Previous research has highlighted the limited availability of equity-based funding for SEA LGBTQ+ scholarship, as well as barriers preventing LGBTQ+ scholars from accessing paid conferences and professional development opportunities (Nopas, 2025). Such disparities may have played a role in limiting access to regional LGBTQ+ platforms and reducing our survey visibility, particularly for individuals from economically disadvantaged countries such as Cambodia, Laos, Indonesia, Myanmar, and Timor-Leste (Wijaya, 2025). Additionally, the gap of participant numbers from these countries was also reflected in the currently published report on research cultures in the SEA region (van der Mark et al., 2025). Further, the use of English in the survey may have posed barriers for those with fewer socioeconomic privileges, as evidenced by nearly four-fifths of our sample comprising highly-educated participants in academic roles. An English-only survey may also deter certain pockets of communities from participating, particularly those who feel that close-ended responses cannot fully capture their experiences. We encourage further research and welcome opportunities for collaboration to explore how surveys like ours can enhance linguistic and cultural inclusivity across SEA.

Conclusion

This study marks a significant advancement in SEA scholarship by positioning itself in dialogue with Western research often regarded as the ‘blueprint for the field’ (Wijaya, 2025, p. 5), while centring voices of those working in LGBTQ+ equity and regional perspectives in shaping research and intervention priorities. The findings reveal both shared regional concerns and country-specific needs, highlighting the importance of avoiding monolithic approaches to LGBTQ+ advocacy across SEA. The consistent prioritisation of mental health issues and the urgent need for health professional training underscore the critical gaps in culturally competent care for LGBTQ+ communities throughout the region.

The divergent priorities between countries (e.g. from Malaysia’s focus on decriminalising laws to Vietnam’s emphasis on marriage rights) demonstrate that effective LGBTQ+ research and intervention strategies must be contextually grounded while building upon regional solidarity and knowledge exchange. The divergence between community-based and academic perspectives underscores the importance of methodologies such as citizen science (Chong et al., 2025) and equity-driven approaches rooted in SEA perspectives (Wijaya, 2025), which aim to bridge the gap between lived experience and scholarly inquiry.

Moving forward, we welcome collaboration, conversation, and opportunities to further strengthen and validate our research design as we work to address LGBTQ+ inequities in the SEA region. Our research is merely an early step towards developing transformative, community-led initiatives that resist Western-centric approaches while fostering *internationalist localism* that draws strength from diverse queer knowledge across the region. The establishment of the SEA LGBTQ+ Research Network and inaugural symposium alongside this priority-setting exercise creates infrastructure for sustained collaboration that can drive meaningful change for LGBTQ+ communities across SEA over the next decade.

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Data availability statement

The data that support the findings of this study are available from the corresponding author upon reasonable request.

Ethics approval statement:

The Ethics Committee of the Faculty of Māori and Indigenous Studies at the University of Waikato reviewed the survey and subsequently granted approval for the study (FMIS_25/2_2).

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