

Table S1. Articles excluded during full-text screening.

Study	Reason for exclusion
Agu et al. (2016) [1]	Wrong population group
Ahmed et al. (2017) [2]	Wrong population group
Ahmadi (2003) [3]	Not a primary study
Akerman et al. (2019) [4]	Wrong population group
Alessi et al. (2017) [5]	Wrong population group
Ati (2012) [6]	Not a peer-reviewed article
Barkho et al. (2011) [7]	Sexual health outcomes not reported
Bjerke et al. (2010) [8]	Wrong population group
Black et al. (2013) [9]	Sexual health outcomes not reported
Brotto et al. (2008) [10]	Wrong population group
Bungay et al. (2012) [11]	Wrong population group
Chen et al. (2015) [12]	Wrong population group
Dua (2007) [13]	Not a primary study
Espiritu (2003) [14]	Not a peer-reviewed article
Fisher et al. (2003) [15]	Wrong population group
Gao et al. (2016) [16]	Wrong population group
Goldenberg et al. (2015) [17]	Wrong population group
Gray et al. (2019) [18]	Wrong population group
Hawkey et al. (2018) [19]	Wrong population group
Hawkey et al. (2017) [20]	Wrong population group
Homma et al. (2013) [21]	Wrong population group
Huang (2017) [22]	Wrong population group
Huang et al. (2008) [23]	Wrong population group
Kim (2005)	Not a peer-reviewed article
Kott (2011) [24]	Wrong population group
Kteily-Hawa (2014) [25]	Not a peer-reviewed article
Lee et al. (2012) [26]	Wrong population group
Lee et al. (2008) [27]	Wrong population group
Lin et al. (2005) [28]	Wrong population group
Loeber (2008) [29]	Wrong population group
Lu et al. (2017) [30]	Wrong country of residence
Manderson et al. (2002) [31]	Wrong population group
Maticka-Tyndale et al. (2007) [32]	Wrong population group
Metusela et al. (2017) [33]	Wrong population group
Nemoto et al. (2007) [34]	Wrong population group
Newnham et al. (2011) [35]	Wrong population group
Porter et al. (2012) [36]	Wrong country of residence
Roy (2012) [37]	Not a primary study
Swaleswarker et al. (2013) [38]	Wrong population group
Shimaoka (2010) [39]	Not a peer-reviewed article
Shirpak et al. (2007) [40]	Wrong population group
Simon-Kumar (2009) [41]	Not a primary study
Sinding et al. (2017) [42]	Wrong population group
Sou et al. (2015) [43]	Wrong population group
Tung et al. (2013) [44]	Wrong population group
Ussher et al. (2017) [45]	Wrong population group
Venkataramani-Kothari (2007) [46]	Not a peer-reviewed article
Vlassoff et al. (2011) [47]	Wrong population group

Woez-Stirling et al. (2001) [48]	Wrong population group
Zhou (2012) [49]	Wrong population group
Zhou (2017) [50]	Wrong population group
Zhou et al. (2016) [51]	Wrong population group

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Supplementary material 2 – Asian countries included in search

1. China
2. India
3. Kazakhstan
4. Saudi Arabia
5. Iran
6. Mongolia
7. Indonesian
8. Pakistan
9. Turkey
10. Myanmar
11. Afghanistan
12. Yemen
13. Thailand
14. Turkmenistan
15. Uzbekistan
16. Iraq
17. Japan
18. Vietnam
19. Malaysia
20. Oman
21. Philippines
22. Laos
23. Kyrgyzstan

24. Syria
25. Cambodia
26. Bangladesh
27. Nepal
28. Tajikistan
29. North Korea
30. South Korea
31. Jordan
32. Azerbaijan
33. United States Emirates
34. Georgia
35. Sri Lanka
36. Egypt
37. Bhutan
38. Taiwan
39. Armenia
40. Kuwait
41. Timor-Leste
42. Qatar
43. Lebanon
44. Israel
45. Palestine
46. Brunei
47. Bahrain
48. Singapore
49. Maldives
50. Hong Kong
51. Macao

Table S3. Data extraction summary.

Author/Aims	Study details	Participant details	Outcomes measured	Findings	Author Recommendations
<p>Akerman et al (2017) To explore healthcare seeking behaviour in relation to sexual and reproductive health and their views on HIV prevention.</p>	<p>Design/methods: In-depth interviews Setting: Stockholm, Sweden. Recruitment: Purposive sampling; language schools and Thai workplaces Ethics: Yes</p>	<p>Inclusion criteria: Women over 18 and less than 50 years; born in Thailand; lived in Sweden less than 5 years Sample: 19 Response rate: NA</p>	<p>Attitudes and perceptions of health; experiences with health system; thoughts on HIV prevention.</p>	<ul style="list-style-type: none"> Poor access to healthcare in Sweden and wanting to access health care in Thailand Partners play a key role in access to healthcare No perceived risk of HIV, but positive attitudes towards prevention. 	<ul style="list-style-type: none"> Provide cultural competency training for healthcare workers Integrate HIV testing and contraceptive counselling into cervical screening Provide free health examinations
<p>Akerman et al (2016) To investigate the association between knowledge and utilization of sexual and reproductive healthcare services.</p>	<p>Design/methods: Cross-sectional survey; self-report Setting: Sweden. Recruitment: Postal questionnaire Ethics: Yes</p>	<p>Inclusion criteria: Women over 18 and less than 64 years; born in Thailand; immigrated to Sweden between 2006-2011. Sample: 804 Response rate: 62.3%</p>	<p>Contraceptive and STI prevention knowledge; knowledge on health care system; utilization of health care.</p>	<ul style="list-style-type: none"> 25% of women had tested for HIV Low SRH knowledge associated with low access to healthcare Social capital significantly associated with knowledge about SHR healthcare services 	<ul style="list-style-type: none"> Provide free health examinations
<p>Burchard et al (2011) To understand sexual health knowledge and practices</p>	<p>Design/methods: Focus groups Setting: Australia Recruitment: Purposive sampling at student centre Ethics: Yes</p>	<p>Inclusion criteria: Born in China; international student; unmarried; or Malaysia Sample: 21 Response rate: NA</p>	<p>Sexual health and contraception knowledge; recommendations on sexual health education.</p>	<ul style="list-style-type: none"> Poor sexual health knowledge Complex attitudes towards premarital sex Difficulty accessing sexual health information Poor understanding of the role of GPs 	<ul style="list-style-type: none"> Develop of culturally appropriate education programs, which include the role of GPs
<p>Burke et al (2015) To explore understandings of HPV vaccine and decision-making around vaccinating their daughter</p>	<p>Design/methods: In-depth interviews Setting: USA Recruitment: Social networks Ethics: Yes</p>	<p>Inclusion criteria: Cambodian; mother to at least one girl aged 9-17 years Sample: 25 Response rate: NA</p>	<p>Understanding of health and prevention; experiences with health care; experiences with HPV vaccination.</p>	<ul style="list-style-type: none"> Experiences of being vulnerable (mistreated by relatives, limited food and education) 	<ul style="list-style-type: none"> No recommendations

				<ul style="list-style-type: none"> • HPV vaccination viewed as 'protecting' daughter • Confusion on what and how HPV vaccination can 'protect' daughter
<p>Dhar et al (2017) To explore sexual and reproductive health attitudes and beliefs.</p>	<p>Design/methods: In-depth, semi-structured interviews Setting: USA Recruitment: Community events Ethics: Yes</p>	<p>Inclusion criteria: Aged 16-20 years; Bhutanese refugees; never married; never pregnant Sample: 14 Response rate: NA</p>	<p>SRH knowledge and attitudes; knowledge of SRH services</p>	<ul style="list-style-type: none"> • Cultural norms influence attitudes towards SRH • Pre-marital sex stigmatised • Misconceptions about rights to access SRH • Gender roles influence SRH • Provide education on consent and confidentiality as routine part of health care
<p>Gagnon et al (2010) To explore how gender-disparities in decision-making affect knowledge, attitudes and practices of STI prevention.</p>	<p>Design/methods: Cross-sectional survey Setting: Canada Recruitment: Through hospitals (post-partum) and community recruitment. Ethics: Yes</p>	<p>Inclusion criteria: Born in India, Sri Lanka, Pakistan or Bangladesh; able to speak English, French, Hindi, Urdu or Tamil Sample: 81 Response rate: Not reported</p>	<p>HIV and STI knowledge, attitudes and practices; sexual relationship power.</p>	<ul style="list-style-type: none"> • 50% had never heard of STIs • Higher decision-making power associated with STI knowledge; not keeping HIV a secret; and self-efficacy to negotiate safe sex with partner • Test public health interventions to increase knowledge, and women's sense of power
<p>Hawa et al (2019) To assess HIV risk context and strategies for HIV education and prevention</p>	<p>Design/methods: In-depth interviews Setting: Canada Recruitment: Non-probability, purposive sampling; through community-organisation and snowball sampling. Ethics: Yes</p>	<p>Inclusion criteria: Adult; self-identifying as South Asian; living with HIV Sample: 12 Response rate: NA</p>	<p>Immigration experience; HIV exposure; perceived barriers to HIV prevention knowledge.</p>	<ul style="list-style-type: none"> • Stigma a barrier to HIV disclosure • Risk of HIV due to partner's infidelity • Lack of knowledge of HIV • Resistance to condom use • Offer SRH education in different languages via clinicians; make referrals to support groups; offer HIV testing; offer condoms and lubricant.
<p>Inoue et al (2016) To explore understanding and experiences of contraception</p>	<p>Design/methods: In-depth; open ended interviews Setting: Australia Recruitment: Snowball sampling Ethics: Yes</p>	<p>Inclusion criteria: Aged 16-49; born in Japan; ever used contraception. Sample: 7 Response rate: NA</p>	<p>Knowledge and experiences of contraceptives.</p>	<ul style="list-style-type: none"> • Preference for condom and withdrawal method as contraception • Difficulties discussing contraception with GP • Provide information about SRH and healthcare services in community-based media

				<ul style="list-style-type: none"> • STIs not discussed with partners or GP 	<ul style="list-style-type: none"> • Develop an online website in language • Utilise interpreters in GP consultations • Provide education programs for Japanese students
<p>Khoei et al (2008) To explore the meanings of sexuality</p>	<p>Design/methods: Interviews and focus groups Setting: Australia Recruitment: Purposive, volunteer and snowball sampling Ethics: Yes</p>	<p>Inclusion criteria: Born in Iran Sample: 51 Response rate: NA</p>	<p>Meanings of sexuality, sexual obedience and religion</p>	<ul style="list-style-type: none"> • Religion had significant effect on women's understanding of sexuality • Feminine sexuality important for marital life • Sexual obedience important religious duty 	<ul style="list-style-type: none"> • No recommendations
<p>Lindblad et al (2008) To explore experiences of degrading attitudes related to origin and physical appearance</p>	<p>Design/methods: Interviews Setting: Sweden Recruitment: Adoptee websites Ethics: Not reported</p>	<p>Inclusion criteria: Aged 18-35 years; adopted from South Korea or Thailand. Sample: 17 Response rate: NA</p>	<p>Experiences of degrading attitudes; perpetrators; strategies for coping with degrading attitudes.</p>	<ul style="list-style-type: none"> • Experiences of degrading sexual attitudes included exotic associations, men's expectations that women were sexually obedient, and sexual exploitation of women. 	<ul style="list-style-type: none"> • Provide education and support for adoptive parents and children, including through a support group
<p>Micollier (2017) To explore the intersection of gender norms and roles, femininity and HIV risk in the context of transcultural spaces</p>	<p>Design/methods: Semi-structured, in-depth interviews Setting: China and Canada Recruitment: Chinese community networks, media and word of mouth Ethics: Not reported</p>	<p>Inclusion criteria: Lived in Canada for at least one year; born in China. Sample: 31 (narratives of 3 women) Response rate: NA</p>	<p>Experiences of gender norms; attitudes towards femininity; HIV risk.</p>	<ul style="list-style-type: none"> • Migrants develop gender-specific transnational lives • Gender power relations favoured men • Men engaged in extra-marital sexual relationships, increasing HIV vulnerability for women 	<ul style="list-style-type: none"> • No recommendations

<p>Nguyen et al (2012) To explore knowledge of HPV; potential acceptance of the vaccine and factors associated with acceptance, including message framing.</p>	<p>Design/methods: Cross-sectional; self-complete paper survey Setting: USA Recruitment: Community event on breast cancer Ethics: Yes</p>	<p>Inclusion criteria: Aged over 18; Chinese; ability to read in Chinese Sample: 162 Response rate: 59%</p>	<p>Knowledge of HPV and HPV vaccination; attitudes towards HPV vaccination</p>	<ul style="list-style-type: none"> • 19% of women had heard of HPV vaccine • Low acceptance of HPV vaccine for daughters (31%) 	<ul style="list-style-type: none"> • Provide educational materials to be published in language • GPs to play a role in encourage HPV vaccine uptake
<p>Pell et al (2006) To compare working conditions, migration status and health awareness between 1993-1995 and 2003.</p>	<p>Design/methods: Interview-assisted cross-sectional survey Setting: Australia Recruitment: At clinics and outreach, through Thai and Chinese speaking health education officers Ethics: Yes</p>	<p>Inclusion criteria: Asian sex workers Sample: 91 (1993) and 165 (2003) Response rate: Not reported</p>	<p>Sexual behaviour; condom use; knowledge of HIV and STIs.</p>	<ul style="list-style-type: none"> • 48% sex workers prior to arriving in Australia • Consistent condom use increased for vaginal (52% vs. 85%) and anal sex (20% vs. 78%) 	<ul style="list-style-type: none"> • No recommendations
<p>Raj et al (2005) To assess the relationship between IPV and sexual and reproductive health outcomes.</p>	<p>Design/methods: Cross-sectional survey and in-depth interviews Setting: USA Recruitment: Community outreach (fliers, snowball sampling and referrals) for survey; through an organisation for interviews Ethics: Yes</p>	<p>Inclusion criteria: South Asian, in a heterosexual relationship (survey). History of IPV (interviews). Sample: 210 (survey) and 23 (interviews) Response rate: NA</p>	<p>Experiences of IPV; SHR outcomes.</p>	<ul style="list-style-type: none"> • 21% reported physical or sexual abuse by current male partner; 15% in the last 12 months • Significant association between IPV and negative SRH outcomes, including unwanted pregnancies 	<ul style="list-style-type: none"> • Prioritise SHR services among women experiencing IPV • Increase pap smear screening among women
<p>Richters (2008) To explore concepts of sexuality and health.</p>	<p>Design/methods: Interviews and focus groups Setting: Australia Recruitment: Volunteer and snowball sampling Ethics: Yes</p>	<p>Inclusion criteria: Iranian Sample: 51 Response rate: NA</p>	<p>Conceptualization of sexual health</p>	<ul style="list-style-type: none"> • Sexual health conceptualized mostly as reproductive health • Limited number of non-offensive words for sexual health in Farsi • Low awareness of sexual health services 	<ul style="list-style-type: none"> • No recommendations

<p>Verran (2015) To examine how experiences and decisions about family-planning are shaped by cultural background.</p>	<p>Design/methods: Semi-structured interviews Setting: UK Recruitment: Through a Mandarin interpreter at a specialist baby clinic Ethics: Yes</p>	<p>Inclusion criteria: Originally from China; Mandarin; experience of childbearing. Sample: 10 Response rate: NA</p>	<p>Knowledge and attitudes towards family planning.</p>	<ul style="list-style-type: none"> • Negative attitudes towards hormonal contraceptives • Cultural preference for male child, positive attitudes towards being able to have multiple children 	<ul style="list-style-type: none"> • No recommendations
<p>Wray (2014) To investigate accounts of sexual health including how do women construct sex before marriage.</p>	<p>Design/methods: In-depth interviews Setting: Australia Recruitment: University classes and snowball sampling Ethics: Yes</p>	<p>Inclusion criteria: Not reported Sample: 10 Response rate: NA</p>	<p>Perceptions towards and experiences of sex before marriage, spouse selection and contraception use.</p>	<ul style="list-style-type: none"> • Emphasis on female 'purity' (i.e. virginity) and sexual naivety • Segregation from males, females need to be protected • Justification of violence against 'loose' women 	<ul style="list-style-type: none"> • Provide sexual health education as part of early resettlement services

GP: General practitioner, HPV: Human papillomavirus, IPV: Intimate partner violence, NA: Not applicable, SRH: Sexual and reproductive health, UK: United Kingdom, USA: United States of America.