


Acknowledgments

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Preface

With the HIV/AIDS epidemic continuing to grow globally, Asian American, Native Hawaiian, and Pacific Islanders (AA and NHPIs) are just as susceptible to HIV infection as any other racial or ethnic group. Even though HIV/AIDS rates among AA and NHPIs are low in comparison to other racial or ethnic groups identified as high risk populations, trends in surveillance data over the years reveal a growing epidemic among AA and NHPIs. Underreporting of HIV and AIDS cases and misclassification of AA and NHPI subpopulations often mask the true impact of the epidemic, but HIV/AIDS is becoming more visible among AA and NHPI communities in the United States. AA and NHPIs face unique challenges and issues that affect HIV/AIDS prevention and care, including language issues, economic and legal barriers, stigma, social and cultural norms, and lack of access to culturally appropriate services. These issues need to be addressed in order to develop and implement effective prevention, treatment, and care services for AA and NHPIs.
Purpose

In developing this resource, the authors were unable to identify articles in the research literature that focus specifically on Native Hawaiians and HIV/AIDS. Thus, this annotated bibliography provides a summary of the available literature related to HIV/AIDS among Asian American and Pacific Islanders. This includes information from the areas of epidemiology, prevention and education, care and services covering rates and trends in HIV/AIDS, risk factors, knowledge, attitudes, behavior, and beliefs, existing interventions, and service utilization among APIs and their subpopulations.

While this resource offers an extensive review of HIV/AIDS among API communities, it is by no means complete. The majority of the articles in this annotated bibliography are from peer reviewed journals. The gaps in the available research highlight the continuing need for additional research across all AA and NHPI communities.
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<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<td>API</td>
<td>Asian and Pacific Islander</td>
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<td>CBO</td>
<td>Community-Based Organization</td>
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<td>CDC</td>
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<td>HBV</td>
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<td>HIV</td>
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<tr>
<td>LGBTQ</td>
<td>Lesbian, Gay, Bisexual, Transgender, and Questioning</td>
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<td>MSM</td>
<td>Men who have Sex with Men</td>
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<td>MTF</td>
<td>Male-to-Female</td>
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<td>STD</td>
<td>Sexually Transmitted Disease</td>
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<td>TB</td>
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<td>UAI</td>
<td>Unprotected Anal Intercourse</td>
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<td>URAS</td>
<td>Unprotected Receptive Anal Sex</td>
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This resource guide provides a summary of the existing literature relevant to preventing HIV among APIs. The summary was compiled from published literature, abstracts, organization websites, corresponding citations and knowledgeable informants. A literature search was conducted between February to May 2009. Articles concerning APIs and HIV/AIDS were compiled from PubMed, ProQuest, and ScienceDirect databases. Literature published before the year 2000 was excluded from the search.

The articles, abstracts, and reports collected in this review are listed alphabetically by lead author, along with a brief summary of each article’s content. In most cases, the written summaries and conclusions are adapted from the author’s own writing, although several studies and reviews are formatted originally. The idea is to provide a reference to the original work.

Every notable topic compiled from the sum of articles is listed in the table that follows. This table is organized according to broad categories related to populations, dual diagnoses, and other content areas. Alongside each reference is the corresponding page number in this annotated bibliography where a more detailed summary of the article is available.
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### Youth & Young Adults

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Annotated Bibliography


**Primary Aim:** This study describes the characteristics and associated risk factors of TB among persons born in South Asia and diagnosed as having TB in the U.S. and compares them with other foreign-born TB patients and with U.S. born-patients.

**Background:** Although the number of TB cases in the U.S. in the native-born population has fallen steadily since 1993, the number of cases in foreign-born persons has been relatively unchanged. Foreign-born TB patients come from various countries and combining them into a single broad category may obscure important disease characteristics and risk factors.

**Methods:** Data were obtained from 224,101 TB cases reported to the U.S. National TB Surveillance System from the 50 states and the District of Columbia from 1993 to 2004. Descriptive analyses and logistic regression was used to explore differences among patients born in South Asia, other foreign-born, and U.S.-born TB patients.

**Findings:** Half of the South Asian TB patients (50.5%) in this study were 25- to 44-year-olds, compared with 40.1% of other foreign-born TB patients and 31.8% of U.S. born TB patients. Compared with other foreign-born TB patients, South Asians were more likely to have extrapulmonary disease, and more likely to be infected with HIV. South Asians were less likely to be offered HIV tests and less likely to accept an HIV test if offered. South Asians were also less likely to be homeless or to use drugs or excess alcohol.

**Conclusion:** TB prevention strategies need to target young South Asian TB patients in order to encourage HIV testing and inform physicians about high extrapulmonary TB in the absence of common risk factors in South Asians. Health care programs that serve South Asians should also consider programmatic changes, such as more flexible clinic hours, that might facilitate providing services to a population that is often more educated and less likely to be unemployed than other foreign-born groups.

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**Primary Aim:** This article reviews the HIV/AIDS-related health care seeking behaviors of immigrants from Bangladesh, India, and Pakistan.

**Summary:** The prevalence of circular migration (i.e., mobility between the native country and the U.S.) among the South Asian population may result in further transmission of the disease. Thus, the HIV/AIDS epidemic should be addressed among such mobile populations with an understanding of the known factors that promote or hinder timely seeking for HIV/AIDS health care (e.g., cultural, familial, spiritual, environmental norms and life experiences). Within the South Asian context, the author describes the critical behavioral individual-level, group-level, and environmental determinants that influence health care seeking. To encourage South Asians to seek timely health care for HIV/AIDS, providers are encouraged to understand the complex interplay between this group’s sociocultural, spiritual, legal, and economic contexts.
Primary Aim: This community-based qualitative study examined social capital resources and acculturative stress as they influence HIV risk behaviors among Asian Indian immigrant men in New York City (NYC).

Background: Social capital is comprised of material and psychosocial resources made available to individuals and society through social relationships. Similar to other immigrants, Asian Indians depend on within-group resources for health concerns, as sociocultural barriers may isolate them from the “mainstream” population.

Methods: Semi-structured in-depth interviews were conducted with 17 single, heterosexual, sexually active, male Indian immigrants between ages 18-45, living in NYC for at least a year. Interviews focused on each participant’s perceptions of trustworthiness, reciprocity norms, and mutual concern within his social relationships at the family, peer, and community levels. Participants were also asked about their voluntary work for within-group community organizations, participation in religiously-based organizations, and involvement in ethnic and cultural festivities.

Findings: Social capital relieves acculturative stress, and peer group relationships and norms affect HIV risk and protective factors among respondents. The primary resources of social capital derived from peer-level trust and reciprocity, which has the potential to diffuse HIV risk prevention messages on safer sex practices.

Conclusion: Due to the influence of acculturative stress on an individual’s HIV risk, multi-tiered approaches to HIV prevention are needed for Asian Indian men. Community-specific social norms and attitudes as they affect social capital need to be understood within this context.

Primary Aim: This study examined the extent and specificity of knowledge about HIV/AIDS, the most used sources of information, and the usefulness of these sources among Asian-Indian adolescents who were born in the U.S. and whose parents emigrated from India.

Background: This study was part of a larger research project funded by the National Institute of Drug Abuse that investigated the relationships among generational conflicts, drug abuse, and HIV/AIDS-related risk behavior among Asian-Indian adolescents.

Methods: Two-stage stratified sampling was used on the basis of place of birth and age. Participants included 167 Asian-Indian adolescents (92 males and 75 females) between 13 to 18 years of age. The survey focused on participants’ sociodemographic characteristics and the sources and specificity of adolescent knowledge regarding the transmission of HIV/AIDS.

Findings: While 86% of the participants knew that having unsafe sex with a person infected with HIV could transmit HIV, 47% did not know that sharing a razor with an HIV-positive person could do so, and a significant proportion (27%) believed that donating blood and taking
blood tests (14%) could transmit HIV. Television was the most used source of information, but school programs on HIV/AIDS were considered the most useful source.

**Conclusion:** Comprehensive educational material must include information regarding transmission modes and adolescents’ misconceptions about HIV/AIDS that may produce anxiety and bias. HIV prevention programs should be delivered in schools and via television programs in order to reach adolescents more effectively.

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**Primary Aim:** This report presents estimated cases of HIV and AIDS, time of AIDS diagnosis after HIV infection, and persons living with HIV and/or AIDS in the United States from 2002 to 2006.

**Summary:** Surveillance data are stratified by race/ethnicity—white, black/African American, Hispanic or Latino, American Indian or Alaska Native, Asian, and Native Hawaiian or other Pacific Islander—and split up by gender, age group, transmission group, and year. This is the only report that presents the most recent U.S. HIV/AIDS surveillance data on Asians, Native Hawaiians, and Pacific Islanders to date.

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**Primary Aim:** This report summarizes findings from the National Tuberculosis (TB) Surveillance System for 2008, comparing surveillance data collected from 50 states and District of Columbia across foreign-born persons and racial/ethnic minority groups, including Asians.

**Summary:** This report provides graphic representation of TB rates by state/area, TB numbers and rates from 1993-2008 among U.S.-born and foreign-born persons, and the number, rate, and percentage change of rate in 2007-2008 by race and ethnicity.

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**Primary Aim:** This study examined depressive mood and UAI in relation to perceived group devaluation and group identity.

**Background:** Experiences of homophobia and racial/ethnic discrimination are associated with higher levels of psychological distress and HIV-risk behavior. Perceived group devaluation, which refers to beliefs about systematic negative stereotyping and prejudice on a group level, has been related to worse health outcomes.
Methods: A cross-sectional survey of 192 Asian gay men was conducted to assess depressive mood, racial group devaluation, and group identity (e.g., membership in the gay Asian community, racial attraction).

Findings: Group devaluation was positively associated with depressed mood. Among those who were most attracted to Whites, group devaluation was associated with higher levels of UAI with a non-primary partner. Among participants who reported higher levels of group devaluation, those with more positive personal evaluations of the Asian gay community had lower levels of UAI than their counterparts.

Conclusion: Results highlight the harmful impact of prejudice within the gay community on mental health, particularly given the association of racial group devaluation with depression among Asian gay men. Interventions that focus on increasing awareness about issues of discrimination and prejudice and challenge White normative representations of desirability as a response to high group devaluation are warranted to help lower HIV risk in this population.


Primary Aim: This article examines the significance of the HIV/AIDS epidemic among APIs, in response to Morbidity and Mortality Weekly Reports (MMWR) from 2005 to 2006.

Summary: The authors discuss existing stigma around HIV/AIDS, HIV risk factors, and recommendations to make an impact on the epidemic among APIs.


Primary Aim: This qualitative study examines three Asian immigrant religious institutions in New York City (a Buddhist temple, a Hindu temple, an Islamic center/mosque) that are part of a larger study of Asian immigrant community institutions and their response to HIV/AIDS.

Background: Religious institutions play an instrumental role in shaping issues related to culture, morals, and social relations. Thus, they are uniquely positions to play a role in influencing social knowledge and practices related to HIV. Prior to this current study, only one study of Asian religion and HIV in the U.S., which focused on how Buddhist teachings could be integrated with HIV education, was found in the public health literature.

Methods: Interviews were conducted in English, Urdu, or Mandarin. Interview questions covered organizational characteristics, reputation and influence, and participant’s level of involvement in the organization; attitudes and beliefs about social issues such as gender roles and ethnicity; knowledge and attitudes about HIV; assessment of the barriers and facilitators of the organization’s involvement in HIV prevention; views on the best approaches to conducting HIV prevention education; and sociodemographic characteristics.

Findings: Four themes emerged about the factors the institutions would consider in deciding what role to play, if any, in HIV prevention. The dimensions included in the authors’
organizational readiness framework are: community need (What is the need for HIV prevention education?), organizational purpose (How does HIV prevention fit with the institution’s purpose?), external acceptability (How will the wider ethnic community respond to the institution’s participation in HIV prevention education?), and internal acceptability (To what extent would participation violate informal or formal institutional policies or religious teachings). Within and across institutions, there was wide variation in the perceived need for HIV prevention education.

**Conclusion:** Religious institutions play a critical role in HIV education. One area of intervention is to provide education to institutional leaders and members about HIV prevalence in the ethnic community, why the community might be at risk, and the benefits of providing prevention education. Possible community-level interventions (e.g., anti-stigma or awareness campaigns) may also be implemented in order to create a context of awareness and positive community-wide attitudes about HIV.

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**Primary Aim:** This study evaluates The Bridges Project, a community-based intervention for HIV-seropositive APIs, particularly those with limited or no English proficiency.

**Background:** The Bridges Project was developed out of a need to address low access and utilization of HIV/AIDS services among APIs in New York City. Implemented at the Asian and Pacific Islander Coalition on HIV/AIDS (APICHA), the primary intervention objective focused on addressing language and cultural barriers to HIV medical services through language interpretation, client escort, and comprehensive case management by bilingual part-time peer workers and full-time case managers.

**Methods:** Participants were recruited via self-referral from APICHA’s community-wide outreach and HIV prevention activities (e.g., street outreach, ethnic media advertising) and referrals from health care providers. Quantitative data collection was integrated with intake and follow-up procedures that were required for service provision. Bilingual case managers interviewed 58 study participants at baseline regarding their social service and medical needs, barriers to services, current medical condition, medical history, insurance coverage, provider information, and sociodemographics. Physical and mental health function was also measured. These data were collected at 6-month follow-up as well. Qualitative data were collected from 17 Bridges Project clients in order to understand the study’s implications for the development and sustainability of community-based services for APIs living with HIV/AIDS.

**Findings:** The main barriers to service utilization were related to language, cost, lack of knowledge about available services, and concerns about the disclosure of HIV status. At baseline, undocumented participants whose primary language was an Asian language received less primary care services and experienced more barriers than their English-primarily-language and documented counterparts. At follow-up, there were no differences in service utilization by primary language and immigration status.

**Conclusion:** The Bridges Project improved service utilization and reduced barriers for undocumented participants whose primary language was an Asian language. The provision of
culturally competent care to APIs living with HIV requires the capacity to address multiple API languages and cultures and to focus on HIV-stigma and disclosure.


**Primary Aim:** This mixed methods study examined client- and membership-based Asian immigrant community institutions in New York City and the various roles they play in upholding or challenging traditions and taboos that may impede upon discussion about HIV and contribute to HIV stigma in the neighborhoods they serve.

**Background:** Immigrant community institutions can play an integral role in addressing stigmatized or sensitive issues, such as HIV or reproductive health. However, there are institutional differences toward the preservation of tradition, taboos, and prevailing social norms.

**Methods:** Data were collected from 22 Chinese and South Asian immigrant institutions in New York City. Data came from a larger study on the potential role of Asian immigrant community institutions in HIV-related prevention and care. Semi-structured interviews and a knowledge and attitudes questionnaire were completed in English, Urdu, Tamil, or Chinese.

**Findings:** Multivariate analyses showed that organization type significantly predicted HIV attitudes even after controlling for differences in HIV attitudes attributed to individual-level factors (i.e., ethnicity, gender, occupation, age, years in the U.S., primary language, and HIV knowledge). Qualitative analyses suggested that the arts, media, charitable, and workers’ rights organizations in the study sought to shift worldview paradigms of community members. These organizations tended to be more progressive in their views on social justice-related issues. Moreover, all organizations described activities that in some way challenged tradition, encouraged social change, or broached taboo topics.

**Conclusion:** Community institutions should be involved in raising general awareness about stigmatized health issues and change norms about the appropriateness of discussing them. Organizational change can also be enacted by understanding the role of social networks and innovators, within and between organizations, and the barriers and facilitators to the adoption of new organizational activities or norms.


**Primary Aim:** This mixed methods study reports on the experiences and needs of APIs living with HIV/AIDS and provides recommendations for improving services for this group.

**Background:** The combination of the rapid spread of HIV in Asia, continued high levels of bidirectional migration between Asia and the U.S., and potential sexual network linkages
between the infected and uninfected suggests that HIV/AIDS among APIs in the U.S. will continue to rise, particularly if culturally competent and linguistically appropriate prevention services are not available.

**Methods:** Focus groups, in-depth qualitative interviews, and quantitative surveys were conducted with APIs living with HIV, and key informant interviews were used with service providers. These measures were prepared in Chinese and English.

**Findings:** The study highlighted several areas relevant to the needs and experiences of APIs living with HIV/AIDS. Compared to 21% of a representative sample of New Yorkers living with HIV/AIDS, 36% of API study participants had self-reported major medical problems when they first received HIV medical care. Participants also experienced logistical barriers to care and disrespectful or insensitive providers. Participants reported service gaps in the areas of rental assistance/housing, financial assistance and job training, legal services related to immigration, and alternative pain management services (e.g., acupuncture, massage). Participants had generally low HIV prevention and treatment knowledge. Besides support groups or professional mental health services, participants’ sense of well-being was positively affected by social events and spirituality or formal religious practice.

**Conclusion:** Programmatic and policy recommendations are provided. These include improving access to mental health services for APIs, early testing and diagnosis, supporting programs and media advertising in multiple API languages to encourage early testing and reduce HIV stigma, and develop new venues for providing prevention education to new immigrants. Additional supplementary recommendations are offered to help address unmeet needs for undocumented APIs and improve training for medical providers and case managers.

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**Primary Aim:** This article argues for the importance of cultural competency in HIV prevention programs and services focused on APIs in the U.S.

**Summary:** Understanding the cultural beliefs and norms of specific API groups is salient to HIV service delivery. Culturally competent organizations are encouraged to address the cultural barriers of language (e.g., dialects, role of interpreters), fatalism, shame and face saving sexual norms and roles, death and dying beliefs, family structure, and self-care practices to better meet the HIV prevention and intervention needs of APIs.

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**Primary Aim:** This review focuses on the need to understand social roles or perceived sexual orientation among API MSM in the U.S., particularly in relation to how these roles are related to stigma, shame, loss of face, and HIV-related attitudes and behaviors.

**Summary:** The authors present a conceptual model to understand sexual health that is based on the premise that API MSM develop their sense of self in a social-cultural environment marked
by triple oppression: racism, homophobia, and immigrant status. This model is described as outputs of a dynamic cultural process that potentially encompasses multiple generations and moves through different impact domains. The authors make the following conclusions: 1) popular behavioral models do not serve the needs of API MSM because these models ignore important cultural practices, beliefs, and attitudes; 2) cultural backgrounds (e.g., social and sexual norms from their home country, migration experiences) can significantly affect the risk behaviors of API MSM; and 3) sociocultural factors should be better integrated into research designs and program structures.


Primary Aim: This study examines the patterns and predictors (e.g., HIV testing behavior, situational factors, psychosocial and interpersonal issues, and risky sexual behavior) of UAI among 253 young API MSM.

Background: Young API MSM are at high risk for HIV. Prior research has identified a variety of individual, interpersonal, and situational factors that influence sexual risk taking among young MSM. However, no or only a few API were involved in these studies.

Methods: A time-location sampling design was used to recruit API MSM between 15 to 25 years of age. Measures described demographics and place of recruitment, sexual behavior, HIV test seeking behaviors, and peer norms.

Findings: Among the respondents, 71% had prior HIV testing and none reported HIV-positive results. Knowledge of HIV status through testing was found to affect sexual behavior. Respondents with HIV-negative results were more likely to engage in unprotected anal sex. High risk sexual behavior was more likely to occur with a primary partner than with a non-main partner, as shown consistently in other studies. Peer norms and perceptions of peers practicing safe sex were also found to influence risky behaviors among respondents.

Conclusion: Young API MSM who accept their sexual orientation may feel more affinity toward the “mainstream” gay community where they can enjoy more sexual freedom than in the general API community. This underscores the need to provide safer sex messages targeting self-identified young gay and bisexual API men and a safe place for them to explore their own sexuality. HIV prevention efforts should also consider settings outside of traditional venues where gay men congregate and also focus on areas where men visit for casual sexual activity. Moreover, intervention methods utilizing opinion leaders and peers within the young API MSM community to increase HIV risk reduction should be implemented.

**Primary Aim:** This article provides an introduction to the 2004 special *AIDS Education and Prevention* issue that focuses on API MSM in Asia and the Pacific.

**Summary:** Little research has been done to understand the emerging prevention issues of API MSM in Asian countries. To help address this scientific gap, the eight studies featured in this special issue address the HIV risk for MSM of API descent in the region. This issue highlights the diversity of API MSM and the contexts that influence their health and well-being.


**Primary Aim:** This cross-sectional study surveyed young API MSM in San Francisco in order to estimate HIV prevalence and incidence and related risk factors.

**Background:** The small number of reported AIDS cases in the U.S. among the API population influences the belief that few APIs engage in risky behaviors. Moreover, small sample sizes have precluded characterization of risk factors for HIV infection in this ethnic group.

**Methods:** Via venue-based, time-space sampling procedures for the CDC’s Young Men’s Survey, 496 API male youth participated in the study. These participants were between 18 and 29 years of age. Information was collected regarding sociodemographic characteristics, sexual behavior, and substance use.

**Findings:** The overall HIV prevalence among the sample was 2.6%, but 62% did not know they were infected. Almost half of the API MSM in the sample (47%) reported UAI in the past 6 months, and almost a quarter of the sample had never been tested. The odds of being infected with HIV was more than 6 times greater among those attending circuit parties compared with those who had not. Circuit party attendance was a strong predictor of HIV seropositivity in this population.

**Conclusion:** Since the likelihood of being infected with HIV could increase with a longer stay in the U.S., the needs of API MSM immigrants should be addressed. The high prevalence of UAI in this study further suggests that the prevalence of STDs might increase among young API MSM. Thus, prevention efforts should target this population to help reduce their sexual risk behaviors and maintain low HIV prevalence.

**Primary Aim:** The study focuses on characterizing the risk factors for Hepatitis B virus (HBV) infection and barriers to vaccination among API MSM.

**Background:** In the U.S., 5% to 8% of the general population has been infected with HBV. HBV is more prevalent among APIs in the U.S. because the majority of this population is born in Asia. Vaccination continues to be recommended for adults with specific risk factors for infection, including male-male sex, API ethnicity, and travel in Asia.

**Methods:** Using an adaptation of the time-space sampling method by the CDC, 496 API MSM, ages 18-29, in the San Francisco Bay Area were recruited and administered a questionnaire survey, received STD/HIV prevention counseling, and HBV and HIV test.

**Findings:** Of the 489 participants tested, chronic HBV infection was significantly more prevalent among Vietnamese MSM (20.3%), men with a history of STD (15.9%), and HIV-seropositive men (23.1%). There was a significant association between past HBV infection among Vietnamese and Chinese sample population, lack of college education, born outside of the U.S., male-male sex while traveling in Asia, history of STD and HIV status.

**Conclusion:** HBV infection is a significant health concern among API MSM, particularly in light of recent childhood infection, low vaccination coverage in Asia and the U.S., and continuing adult exposure through male-male sex. To increase vaccine coverage and improve HBV control, a vigorous health education campaign to promote HBV awareness and adult vaccination among APIs in general and API MSM in particular is needed.

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**Primary Aim:** This study investigated the following: 1) the characteristics of sexual partners of MSM, 2) the age and race mixing patterns of sexual partnerships among these men, and 3) the effects of age and race mixing patterns on sexual risk taking in the API MSM population.

**Background:** The discrepancy between risk behavior and HIV infection among API MSM may be explained, in part, by sexual mixing, which is the extent to which people have sexual partners from similar or different networks. It is possible that HIV prevalence among API MSM remains low despite their high-risk behaviors because they are more likely to choose sexual partners from social networks with relatively low HIV prevalence. Those who engage in UAI may be less likely to be exposed or infected with HIV.

**Methods:** Recruitment of the 303 participants occurred with referrals from members of gay API organizations, their friends and acquaintances, and a variety of venues frequented by API MSM in the Los Angeles area. Information about respondents’ sexual partners was gathered from a partner-specific assessment procedure.

**Findings:** Multivariate logistic regression analyses found that having an API partner was related to having UAI after controlling for respondent’s age, number of sexual partners, and partner type.
Having an API partner and a younger partner were related to respondent reports of unprotected insertive anal intercourse. However, a partner's race and age did not predict unprotected receptive anal intercourse.

**Conclusion:** Results suggest that HIV prevalence among API MSM may have remained relatively low because higher risk sexual practices occur more frequently within a lower risk API group compared with higher risk non-API groups. However, HIV prevention efforts must continue to target partner characteristics to maintain low HIV prevalence among API MSM. This includes focusing on communication and safer sex negotiation in relationships.


**Primary Aim:** This study examined what substances are used during sex, the demographic and behavioral factors associated with use of various types of substances during sex, what substances used during sex are associated with having UAI after controlling for demographic characteristics, clubbing, circuit party attendance, and number and types of sexual partners.

**Background:** Substance use is an important factor associated with having UAI among API MSM. Previous studies have reported that certain drugs are used to enhance sex among MSM and suggested that use of these drugs during sex may increase the risk for engaging in unprotected sex due to their pharmacological effects (e.g., social disinhibition, increased feelings of well-being and euphoria).

**Methods:** Four hundred ninety-six young API MSM between 18 and 29 years of age participated in a standard questionnaire. Recruitment and sampling procedures are detailed elsewhere (Choi et al., 2004). The questionnaire asked about participants’ sociodemographic characteristics, sexual behavior, and substance use.

**Findings:** Thirty-two percent of participants reported being “high” or “buzzed” during sex within six months prior to the study, of which ecstasy, marijuana, poppers, and crystal methamphetamine were reported as most commonly used during sex. Ecstasy and poppers were associated with UAI, but other drugs (alcohol, marijuana, gamma-hydroxybutyrate) were not. One third of sampled young API MSM used drugs or alcohol during sex.

**Conclusion:** HIV prevention efforts should focus on the co-occurrence of ecstasy and popper use as it relates to increasing the potential for unprotected sex. Social venues where men congregate to meet other men for dating, sex, or engaging in drug use can be effective sites for conducting outreach, disseminating HIV prevention information, and recruiting men into HIV intervention and health promotion programs.
Primary Aim: This article provides a review from seven HIV/AIDS studies focused on APIs.
Summary: A meta-analysis was conducted to examine the following: epidemiology of HIV and AIDS, risk behaviors, HIV testing, and addressing HIV at the community-level among APIs and specific API populations: API youth, API men who have sex with men, API male-to-female transgender, and Asian woman.


Primary Aim: This study identifies factors that contribute to the development of the perception of susceptibility for HIV and HIV testing behavior among API women.
Background: Reports have indicated that AIDS is increasing among API populations. However, few HIV prevention programs target API communities, which result in low levels of knowledge about HIV and HIV prevention.
Methods: From 1993 to 1995, 249 women from 9 API communities in San Diego County participated in this cross-sectional study. Participants completed a self-administered questionnaire that assessed HIV knowledge, perceptions of sickness in general and of HIV specifically, participation in risk behaviors, and intervention preferences. More detailed questions regarding sexual history and behaviors were completed by a random sample of the 249 participants.
Findings: Half of those sampled reported perceived susceptibility to HIV and 13% were classified as high risk for HIV infection. Years in the U.S. and ethnicity also modified the relationship between risk behaviors and perceived susceptibility. Of those who reported risky sexual behaviors, Southeast Asian women were more likely to also report perceived HIV susceptibility. In a multivariate model, high school education or greater, age of 30 or more, participation in risk behaviors, and knowing an HIV-positive person were significantly associated with perceived susceptibility.
Conclusion: Communities that are relatively insulated by language and tradition require HIV education and prevention efforts that influence perceived susceptibility to HIV.


Primary Aim: This report used national HIV/AIDS and AIDS surveillance data to examine the HIV epidemic among racial/ethnic groups in the U.S.
Summary: HIV/AIDS 2000 - 2003 data were analyzed for the 32 states that have had confidential name-based reporting of HIV infection since 1999. Analysis of AIDS data for 1999 – 2003 was also completed using data reported by 50 states and the District of Columbia. These data were statistically adjusted for reporting delays and redistribution of cases initially reported without risk factors. Rates of HIV/AIDS diagnoses are presented for various races. AIDS diagnosis rates in 2003 were lowest for APIs (4 per 100,000). The authors argue that effective and culturally appropriate prevention interventions for populations of color need to be developed and implemented.


**Primary Aim:** This study examined the HIV testing patterns, correlates of prior testing, and awareness of HIV infection among young API MSM in San Francisco.

**Background:** Morbidity is associated with delayed testing and the widespread perception of low risk among young API MSM. However, HIV testing behaviors and factors that influence testing patterns in this population is unknown.

**Methods:** Data from the Asian Counseling and Testing study was used. Analyses focused on the testing behaviors of young API MSM within the context of reported risk behaviors. A total of 495 API MSM between 18 to 29 years of age participated in the study. Standardized face-to-face interviews were used to identify participants’ sexual and drug risk behavior, HIV and health care service utilization, and perceived risk for infection. HIV testing and counseling were also given to participants, in which 12.9% of participants did not attend a second appointment to receive results.

**Findings:** Among the sample, 13 (2.6% prevalence) were HIV positive, and eight of them were not aware of their HIV infection at the time of the study. Findings also show increase in age, more acculturation, more lifetime sex partners, and prior STD diagnosis were associated with HIV testing prior to the study.

**Conclusion:** Sexual risk reduction strategies for API MSM must be tailored with information regarding the importance of regular HIV testing, as this population is under testing in proportion to the level of risk exhibited. These are particularly salient for those engaging in risk reduction approaches (e.g., monogamous relationships). Barriers should also be overcome regarding the use of oral-based HIV testing and rapid testing. HIV prevention outreach should also be extended to younger, bisexually identified men who are less acculturated.


**Primary Aim:** This study examined the prevalence, trend, and correlates of recent HIV testing among young API MSM in San Diego, California and Seattle, Washington.
**Background:** Understanding the correlates of recent testing behavior is important for informing larger HIV prevention efforts, preventing the disease-related sequelae related to lack of awareness of infection, and providing the most effective testing and awareness intervention in API MSM. Few studies have focused on the interval since the last HIV test and its behavioral and demographic correlates.

**Methods:** Serial, cross-sectional, interviewer-administered surveys were conducted of 908 API MSM sampled from randomly selected MSM-identified venues annually from 1999 to 2002. Approximately two-thirds of the sample was age 21 years or older for each wave of the study. Most identified as Filipino, Chinese, or Vietnamese; nearly equal proportions of subjects were born in the U.S. or were foreign born.

**Findings:** More than two-thirds of the sample population identified as gay, while 11-22 % were bisexual, and a small number identified as heterosexual. Participants reported increased HIV testing from 63 to 71 % in 1999 and 2002, respectively. Knowing a comfortable place for HIV testing was a consistent correlate to HIV testing. Recent HIV testing was also influenced by the strength of social support, and episodes of UAI and having a main male partner. In contrast, participants exchanging sex for goods were less likely to be tested.

**Conclusion:** Findings suggest that HIV testing programs cannot neglect the importance of factors such as community identity, social support, and discussions of sexual behaviors in the context of their relationships. HIV prevention programs that increase awareness of and access to HIV testing, in the context of broader primary prevention strategy, are more likely to be impactful on the problem of late stage HIV diagnosis in API MSM. Prevention efforts that take into account the relationship status of these men may also appeal to their need to undergo testing more so than non-targeted messages, building upon the intimacy sought in stable partnerships.

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**Primary Aim:** The study argues that the health belief model (HBM), a socio-cognitive framework often used for predicting HIV preventive behaviors, can be applied to predicting STD preventive behavior.

**Background:** The HBM provides a social-cognitive framework for understanding and predicting preventive health behaviors. The model’s demonstrated utility for predicting HIV preventive behavior makes it a natural choice for examining STD predictors in API adolescents and young adults.

**Methods:** To investigate the effectiveness of the model as it applies to STDs, the study used quantitative in-home interview data and biological samples for STD testing from the National Longitudinal Study of Adolescent Health (Add Health), drawing responses from 1,183 API ages 18-27. The study used an ordinal scale to measure the five major constructs of the HBM framework in predicting STD status.

**Findings:** Two constructs were found to be significantly associated with having an STD: perceived that STDs are responsive to treatment and perceived that STDs have a negative effect on relationships. Thirteen percent of females and 4% of males had ever had an STD. Among those who had an STD, 75% were female, 9% had ever been paid for sex, 31% had had sex before age 15 and 55% had had multiple sex partners in the previous 12 months. Being female,
being Indian (compared with being Filipino), having ever been paid money for sex, and having had more than one sex partner in the past 12 months were associated with increased odds of having an STD diagnosis. The more respondents believed that STDs were responsive to treatment, the greater their odds of having had an STD; the more they believed that STDs had negative consequences on a relationship, the lower their odds of having had an STD.

**Conclusion:** Raising public awareness of the risks of STDs, especially among young women, is imperative. Prevention efforts to provide STD education and to encourage the development of protective sexual behaviors is also needed for Indian young adults. Interventions for APIs should also consider building on the health beliefs (e.g., perceived severity of illness) that are described by the HBM.

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**Primary Aim:** Using data from the National Longitudinal Study of Adolescent Health, this study investigated the API adolescents’ perceptions of maternal approval of their sexual activity, use of contraception, and sexual outcomes during young adulthood.

**Background:** API adolescents have shown more inconsistent patterns of condom use when compared to other ethnic adolescents. Prior studies suggest that API parents hold conservative attitudes about their adolescents’ sexual activities, but the longitudinal association between parent-adolescent communication and adolescent sexual outcomes has rarely been assessed.

**Methods:** With a clustered sampling design, a nationally representative sample of 1,195 API adolescents was interviewed at three time points from adolescence to young adulthood. Logistic regression analyses were completed to estimate associations between the predictors assessed during the first data collection period and the outcomes of the third period, controlling for covariates.

**Findings:** The majority of API adolescents perceived that their mothers would disapprove of their involvement in sexual activities. API adolescents who perceived that their mothers approved of their sexual activities were more likely to have engaged in sex before age 15, contracted HIV/STDs, had multiple sex partners, and paid money for sex during young adulthood.

**Conclusion:** Findings suggest that API parents need to be firm in their beliefs and set behavioral limits for sexual behaviors in order to help prevent adolescent sexual risk behaviors. Sexual health programs that are delivered in family settings need to use both direct and indirect communication strategies.

**Primary Aim:** The author argues that racism within the gay community leads to socially and contextually prescribed sexual roles for gay API men that may also contribute to unsafe sexual practices.

**Background:** The authors speculate that high levels of racism experienced by API MSM marginalizes gay API men and socially constructs them as more “feminine” than gay white men and lead them to prefer gay White men as sexual partners. However, the scarcity of gay white men who view API men as potential sexual partners results in gay API men taking on the sexually submissive role of the “bottom” within gay API/gay white relationships, thus putting them at higher risk for HIV infection than their white partners.

**Methods:** Qualitative description was used to explore factors that gay API men see as important for predicting unsafe sexual practices. Fifteen in-depth interviews were conducted with a diverse group of gay Asian men active in their community, of which 12 of the participants were working with an organization doing HIV prevention work.

**Findings:** The study examined just the themes brought up in interviews, and not frequency counts of themes, as commonly done in qualitative research. One theme focused on racism and the way it shapes social experiences among gay API men in the larger gay community. Gay API men will ensure they meet the sexual expectations of gay White men by playing a submissive role, which puts them at risk for unsafe sex in order to be able to compete for White male partners. The paper includes discussions and direct quotes from participants in areas of racism in the gay community, social context of sexual behavior, sexual expectations and sexual norms.

**Conclusion:** The social context in which sexual activity between gay white men and gay API men occur strongly influences gay API men’s sexual behavior. The differential value placed on white men and API men within the larger gay community leads many gay API men to view having a White male partner as a source of self-affirmation. Thus, meaningful intervention materials need to be developed for racialized and sexualized groups by examining all the aspects that influence sexual behavior.


**Primary Aim:** This descriptive study investigated self-reported HIV testing behaviors and their correlates (e.g., STI testing, HIV-related sexual risk behaviors, HIV knowledge, health care services access) among a community sample of Southeast Asians.

**Background:** Despite current increases in the API population in the U.S., most of the knowledge regarding HIV/AIDS centers on the needs and experiences of MSM. However, non-MSM APIs are also at risk for HIV and face unique challenges in accessing health care (e.g., immigration status, language).

**Methods:** Data from the Southeast Asian Health Education Project included 604 self-identified Cambodian, Laos, and Vietnamese Washington, DC residents over the age of 18. Participants
were asked to self-administer an audio computer-assisted survey instrument with the survey available in English and other Asian languages (i.e., Khmer, Lao, Vietnamese). Chi-square and logistic regression analyses were completed to examine the impacts on HIV testing status.

**Findings:** Only 30.8% of the study sample reported that they had ever tested for HIV, which is markedly lower than the overall adult HIV testing rate of the study site and of the young, urban API MSM population. Low HIV testing rates were associated with low STI testing rates, which served as a proxy for low perceived sexual risks, and low HIV knowledge. These low rates, particularly among immigrants, were unable to be explained by traditional health care access measures (e.g., availability of medical insurance, having a personal physician).

**Conclusion:** Results suggest that general education level is not a critical factor for HIV testing prevalence in the general API population. However, lower HIV testing rates among those with access to health care services might be associated with low perceived HIV risk and low HIV knowledge.

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**Primary Aim:** This study examines the predictors of HIV risk and testing practices among APIs.

**Background:** The CDC, in partnership with the University of California, San Francisco, adapted the HIV Testing Survey (HITS) specifically for Asian and Pacific Islander (HITS-API) in Seattle and King County in 2003. Data from HITS-API was compared to the general HITS administered in 2000 for differences with other ethnic/racial populations.

**Methods:** Participants included MSM who have had sexual contact with other men in the past 12 months, higher-risk heterosexuals who had two or more opposite sex partners in the past 12 months; and injection drug users who had injected in the past 12 months. Data from HITS-2000 and HITS-API were compared to see whether there were differences between the at-risk API population and a more racially/ethnically diverse cross-section of at-risk populations in Seattle and King County. Unsafe behaviors were defined as sex with nonprimary partners in the past year where condoms were not always used, or sharing needles or equipment for injection drug use in the past year.

**Findings:** HITS-API respondents reported less risky behaviors than respondents from HITS-2000, APIs’ perception of risk of HIV was higher, but APIs reported testing rate was low. There was no association between HIV testing and risks in HITS-API.

**Conclusion:** Although HIV prevention messages have been seen by APIs at risk of HIV, additional efforts are needed to address the specific concerns and realities of APIs. This includes understanding the impact of social discrimination and stigma on HIV testing and risk behavior.

**Primary Aim:** This qualitative study describes the cultural attitudes, behaviors, and perceptions that affect access to and utilization of care among Asian undocumented noncitizens living with HIV/AIDS (UNWHA) in New York City.

**Background:** Attention to the needs of UNWHA is warranted given the rapid influx of Asian immigrants into U.S. cities and the increasing rates of HIV infection in Asian and the Pacific. Public health officials have noted that undocumented individuals who either enter the U.S. illegally or entered the country legally but violated their immigration status delay early screening and treatment of communicable diseases. Thus, undocumented noncitizens are admitted to hospitals at a later stage of illness with more medical complications.

**Methods:** Sixteen semi-structured interviews with HIV-seropositive UNWHAs were conducted. Referrals were obtained from CBOs, hospitals, and acquaintances that had completed the interview. Interviews were conducted in English, Cantonese, Mandarin, Korean, Bengali, or Hindi. On average, participants had lived in the U.S. seven years at the time of the interview.

**Findings:** UNWHAs’ access to care was influenced by community misperceptions of HIV transmission, discriminatory attitudes towards people living with HIV, competing immigration-related stressors, and difficulty navigating service systems.

**Conclusion:** Primary prevention efforts need to promote greater understanding of HIV/AIDS in order to increase acceptance of people living with HIV/AIDS. This will also contribute to normalizing HIV/AIDS and facilitate UNWHAs’ access to screening services and care in a timely manner. Moreover, supportive networks that challenge UNWHAs’ internalized feelings of being the token API living with HIV/AIDS are needed. This study also underscores the salience of supplementing medical services for UNWHAs with interventions that alleviate competing financial and immigration-related concerns. Pan-Asian AIDS organizations are encouraged to provide guidance to reinforce UNWHAs’ knowledge of HIV treatment and antiretroviral medication adherence. In addition, providers should be able and willing to listen to and understand the financial obligations of UNWHAs, community stigma of HIV/AIDS, and fears of deportation since these issues influence their treatment.


**Primary Aim:** This cross-sectional study examined the relationship between five HIV stigma factors and psychological distress among HIV-seropositive APIs receiving services at a community AIDS service organization in New York City.

**Background:** APIs living with HIV in the U.S. are vulnerable to HIV stigma due to ingrained sociocultural norms that strongly associate HIV transmission with activities perceived to be immoral, including sexual promiscuity, commercial sex work, homosexuality, and injection drug
use. These APIs also confront subtle and overt discrimination on the basis of race, immigrant status, and sexual orientation.

**Methods:** Individual semi-structured interviews were conducted with 54 HIV-seropositive APIs. Recruitment occurred from the same organizations as the sample reported by Kang et al. (2003).

**Findings:** Social Rejection, Negative Self-Worth, Perceived Interpersonal Insecurity, and Financial Security were all significantly associated with psychological distress. Results from the hierarchical regression analyses indicated that Social Rejection, Negative Self-Worth, and Perceived Interpersonal Insecurity significantly predicted psychological distress after controlling for physical symptoms and country of birth. Undocumented Asian endorsed higher levels of Social Rejection, Negative Self-Worth, and Perceived Interpersonal Insecurity than documented APIs.

**Conclusion:** HIV stigma creates and perpetuates feelings of negative self-worth and blame. HIV stigma also compromised the quality and utility of interpersonal relationships and exacerbated fears of marginalization among APIs. Efforts to reduce these negative consequences should integrate both individual and structural intervention models. The complex relationships between HIV and other possible sources of stigma for APIs need to be clarified (e.g., ethnic, racial, socioeconomic class, sexual orientation, gender, and immigration status).

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**Primary Aim:** This qualitative study describes factors that affect access to care among Asian undocumented noncitizens living with HIV/AIDS (UNWHA) in New York City.

**Background:** Since the early 1990s, Asians have accounted for one quarter of the immigration to NYC. These recent immigration patterns are important given the context of the rising HIV prevalence levels in Asia and the Pacific, which at the time of publication of this article, represented nearly 60% of the world’s population. Similar to other immigrant groups in the U.S., Asian UNWHAs encounter multiple barriers to health care services including financial, language, and service navigation barriers.

**Methods:** Sixteen HIV-seropositive UNWHA, who on average were 38 years old, were selected from a nonrandom convenience sample of 37 API who participated in this study. Referrals for participation were from CBOs, hospitals, and acquaintances who had completed the interview. The semistructured interview guide explored how access to and utilization of services among participants might be influenced by pre- and post-illness perceptions of HIV/AIDS, circumstances that led to initial screening and entry into care, quality of daily functioning, attitudes toward HIV treatment, experiences with providers, and social support.

**Findings:** Several unique challenges faced by Asian UNWHAs were highlighted by this study. Asian UNWHAs regard themselves as socially unacceptable and are deeply ashamed about being infected with HIV. They are also socially isolated and seek minimal support from family and friends, particularly those living abroad. Furthermore, Asian UNWHAs prioritize maintaining gainful employment and minimizing the risks of deportation over the need to access support and medical services. UNWHA also have limited understanding of their HIV disease and treatment-related issues.
**Conclusion:** Results emphasize the salience of integrating HIV treatment with primary prevention and awareness of immigration-related stressors to ensure timely access to screening services and care among Asian UNWHAs. Supportive networks that challenge UNWHA’s internalized feelings of tokenism should also be identified. This includes providers who are willing to listen to and understand the financial obligations of UNWHAs, community stigma of HIV/AIDS, and fears of deportation.

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**Primary Aim:** This exploratory study describes the general characteristics of lesbians, bisexuals, and gay men in China, Korea, and Japan. These respondents are then compared with respondents of Chinese, Korean, and Japanese ethnicity who live in the U.S., contrasting those born in the U.S. with those who immigrated from Asia.

**Background:** Different cultural meanings are subscribed to sex and sexuality, which are influenced by religious beliefs and identity experiences of being gay, lesbian, or bisexual.

**Methods:** Respondents were recruited from 19 different sources, including contacts in Japan, Korea, China, the U.S., and through two Web sites on the Internet (Korea and U.S.). A total of 338 questionnaires were completed (78 by women and 260 by men). Questions focused on demographic information, extent of openness about being homosexual or bisexual, same-sex lover relationships, number of sexual partners, practice of safer sex and reasons for not practicing it, knowing someone with HIV/AIDS, having been tested for HIV, experience of discrimination, number of gay or lesbian friends, and participation in gay, lesbian, bisexual social or activist organizations.

**Findings:** Living in the U.S. provided advantages for women, including being more open to friends, their family, coworkers, and employers than their counterparts living in Japan and Korea. Living in the U.S. also seemed to offer the gay and bisexual men more opportunity to be open with family and friends in Asia. Asian lesbians, bisexual, and gay men in the study who were born in the U.S. were more similar to the respondents who immigrated to the U.S. than like the Chinese, Japanese, and Korean respondents in Asia in almost all respects. These participants only had a higher frequency of sex and had more lesbian friends than those from Japan and Korea.

**Conclusion:** A gay, lesbian, and bisexual community is emerging in Asia. Study results show a wide range of characteristics associated with being open to others, having a same-sex lover, and sometimes living with them. Asian lesbian or bisexual women in this study were more open than gay or bisexual men in the U.S. about their sexual orientation, and lesbian or bisexual women in the U.S. reported greater frequency of sex per year than did the gay or bisexual men. Finally, nationality, culture, and ethnic background make an importance difference when understanding the experiences of Asian lesbians, bisexuals, and gay men.

**Primary Aim:** This study tested the prevailing assumption that successful condom negotiations are only verbal and direct in nature, while taking into account ethnicity and gender.

**Background:** Most studies of sexual communication measure verbal interaction and HIV preventions have focused on teaching direct methods for safer sex negotiations. The cultural and gender differences in communication, however, highlight the preferred communication styles of Asian Americans (e.g., more oriented toward having information that is implied in the social context or expressed in a subtle manner) and women (e.g., use of nonverbal and indirect styles of communication) that impact discussions of sexuality and sexual behaviors.

**Methods:** This study was a supplemental survey to the National College Health Assessment Survey distributed by the Student Health Services at a northern California university. The target sample included single, heterosexual Asian and White American students who had used condoms during their most recent sexual encounter. Of this sample, 83 had used condoms during their most recent sexual encounter, including 23 Asian Americans. Participants ranged in age from 18 to 22 years.

**Findings:** Although direct strategies were more frequently used, condom users employed indirect strategies to negotiate condom use. Asians used verbal-indirect strategies more than Whites. Women used nonverbal-indirect strategies more than men.

**Conclusion:** Cultural differences in indirectness related to communication preferences may be most apparent in verbal communication. However, gender differences in indirectness related to power may be most apparent in nonverbal communication. Prevention and intervention efforts should be guided by this study’s findings, but should also attend to the potential that nonverbal and direct strategies may reinforce power dynamics that often disadvantage women and ethnic minorities.


**Primary Aim:** This article discusses the underlying concerns regarding HIV/AIDS in the Asian Pacific American (APA) community.

**Summary:** The author shares personal reflections as a trainer in cultural sensitivity to human service providers, including HIV/AIDS case managers, to justify the importance of integrating cultural competency in HIV/AIDS prevention interventions. Cultural competency is described as the integration and transformation of cultural knowledge (including language) of APAs into specific practices, attitudes, standards, and practices. This includes addressing concerns about disclosing HIV status to personal networks and cultural taboos and cultural barriers related to HIV and sexuality. The author contends that perceptions of HIV/AIDS as a non-issue could reinforce the stereotype of APAs as the “model minority” and promote cultural stigmas that have hindered HIV prevention efforts thus far.
Primary Aim: This study presents preliminary data on Taiwanese immigrants’ HIV/AIDS knowledge and sexual behaviors from a convenience sample of Taiwanese students.  

Background: The prevalence of unprotected sex is greater in Taiwan than most other Asian countries, with 38% of Taiwanese reportedly having had unprotected sex without knowledge of their partner’s sexual history. The average age at first intercourse, according to previous work, is 18.5 years. The Health Belief Model (HBM) can be utilized to predict sexual behavior and condom use in this population given its relevance to understanding the health attitudes, beliefs, and knowledge of Asians. 

Methods: A total of 144 Taiwanese students (67 male and 77 female) responded to an online anonymous study. The questionnaire assessed basic demographics as well as HBM constructs, safer sex self-efficacy, acculturation, and sexual behaviors. 

Findings: Fifty-three percent of respondents had sex in the past 12 month, and among them, 28 percent reported never using a condom, and almost half did not use a condom during their last sexual intercourse. Respondents reporting inconsistent condom use had less self-efficacy to use them consistently, even though AIDS was perceived as a more serious disease.

Conclusion: Results suggest that self-efficacy is an important focus for behavioral change regardless of acculturation level. Cognitive-behavioral approaches are an effective intervention for modifying one’s self-efficacy.
immigrant communities. These suggestions include the following: 1) working with the population where they are; 2) listening to participants and acting on their concerns; 3) advocating for funding that allows for health equity and community building opportunities; 4) hiring CHWs who are indigenous to the community and building their capacity to do the work; 5) providing space for community members at the leadership table; and 6) making an organizational commitment to advocacy and leadership development.


**Primary Aim:** This article presents annual trends in San Francisco on four HIV prevention indicators (i.e., UAI with two or more partners in the last 6 months, UAI with two or more partners of unknown HIV serostatus in the last 6 months, the incidence of male rectal gonorrhea, and the incidence of early syphilis) in comparisons of API MSM with White MSM.

**Background:** According to the 2000 U.S. Census Bureau report, APIs constituted 29.1% of San Francisco’s adult male population. API MSM, in particular, appear to be at lower risk for HIV infection than White MSM, but API representation in the MSM population in San Francisco may not reflect the overall adult male population. Studies of MSM often include few APIs to measure HIV prevalence or incidence with precision or to track temporal trends in sexual behavior.

**Methods:** Data on UAI were obtained from brief structured interviews with MSM conducted by the Stop AIDS Project, a San Francisco CBO, during HIV prevention outreach activities. Indicators are presented as proportions of MSM reporting the sexual risk behavior divided by all respondents for each year, stratified by self-identified API and White race/ethnicity. STD surveillance data describing biological markers of sexual risk behavior (i.e., incidences of male rectal gonorrhea and early syphilis) originated from passive reporting of new STD diagnoses from medical providers and laboratories citywide.

**Findings:** Results suggest that risk for HIV infection among API MSM has increased from 1999 to 2002. Compared to White MSM, API MSM exhibited more sexual risk behavior and STD incidence.

**Conclusion:** These study data suggest that the window of opportunity to prevent further spread of HIV among the sexual networks of API MSM may be closing.


**Primary Aim:** This qualitative study describes inconsistent condom use and substance use among Asian masseuses from the perspectives of Asian masseuses and massage parlor owners/managers.
Background: Many masseuses who work at massage parlors are immigrants from Asian countries and frequently travel or work between the U.S. and their home countries. Asian female sex workers’ vulnerability to HIV/STIs are exacerbated by substance use, inconsistent or low rates of condom use with male customers, number of male customers, and psychosocial factors (e.g., decision-making, negotiation skills regarding safer sex practices).

Methods: Using venue-based convenience sampling procedures, 23 massage parlors in San Francisco were identified for participant recruitment. A total of 43 masseuses participated in focus groups and eight massage parlor owners/managers were involved in in-depth interviews. Data were collected in the language(s) most fluently spoken by the participants (e.g., English, Thai, Vietnamese).

Findings: Asian masseuses engage in unprotected sex with male customers based on misperceptions of HIV/STI risk and economic pressures. Massage parlor owners establish no clear policy or expectation of consistent condom use, but strictly enforce rules regarding condom storage and disposal. Asian masseuses routinely use alcohol and other substances at work to numb themselves, and massage parlor owners acknowledge and allow this practice as long as it does not interfere with work. Customers freely demand and can expect sex without a condom, knowing that masseuses will accommodate them in order to earn as much money as possible from tips.

Conclusion: Masseuses, customers, and massage parlor owners/managers are each involved in increasing the risk of masseuses to HIV/STIs. Thus, targeted HIV/STI prevention efforts must target these three groups and focus on their respective roles. For instance, masseuses should be provided training on communication, negotiation, and conflict resolution skills in order to discuss condom use with customers. Owners should be educated on their legal rights and how to establish an explicit condom use policy at their parlors.


Primary Aim: This qualitative study describes the social factors that contribute to the overall health and well-being of Asian masseuses and their specific risks for STIs/HIV and violence.

Background: Given the high HIV/AIDS prevalence in Asia, Asian masseuses who travel between their home countries and the U.S. might be at an increased risk for HIV infection. Thus, it is imperative that interventions understand and address roles of power, status, and gender as well as the social factors associated with exposure to high-risk sex, health adversity, and physical harm.

Methods: Using mapping strategies to identify where massage parlors were located in San Francisco, 43 Asian female massage parlor workers were recruited for focus groups; 21 participants were Vietnamese and 22 were Thai.

Findings: Focus group discussions revealed structural and social factors that increase risk of violence and HIV/STDs for respondents; including financial hardship, immigration status, low socioeconomic status, and lack of access to health and legal services. The paper includes excerpts from focus group discussions on socioeconomic status, legal and immigration status, inadequate health services, incentives for condom use, perceived risk with regular customers, lack of choice to use condoms, customer violence, and gangs.
**Conclusion:** General multilevel approaches are needed to address determinants of STIs and victimization. This includes focusing on structural level forces (e.g., power and poverty), community resources (e.g., health care and social services), interpersonal dynamics (e.g., communication and negotiation skills), and individual processes (e.g., self-efficacy and attitudes toward health promotion). Asian masseuses’ health can also be improved by public health outreach efforts that are nonjudgmental with regards to legal residency and employment.

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**Primary Aim:** This study assessed the correlates between recent HIV-related risk behaviors in a sample of MTF transgender persons of color in San Francisco.

**Background:** San Francisco has a large, multicultural MTF transgender population. Ethnic differences in HIV seroprevalence among MTF transgender persons have been reported in studies conducted in San Francisco and Los Angeles. Qualitative research reveals that socioeconomic and psychological adversity contribute to the high prevalence of HIV-related risk behaviors among MTF transgender individuals.

**Methods:** Qualitative methods, using focus groups with 48 of the sample, key informant interviews, and mapping of social spaces to identify sample size, were used to inform survey design questions. Among the API sample, 86% were born outside of the U.S., 32% did sex work, and 13% were HIV positive. MTF API (12%) made equal or less than $499 a month, and 90% had receptive anal sex.

**Findings:** About three quarters of the participants had recently engaged in receptive anal sex with primary, casual, and commercial sex partners, with no significant differences between types of partners found. Secondly, a significantly higher proportion had recently engaged in URAS with primary partners than with casual and commercial sex partners. Thirdly, current URAS with primary and casual partner, but not commercial partners, was significantly and independently correlated with having had sex under the influence of drugs. HIV-positive participants were 3.8 times likely to have recently engaged in URAS with casual partners than HIV-negative participants, after controlling for other variables. Another major finding was that only 12% had reported URAS with commercial partners in the past 30 days, this risk behavior was significantly and independently associated with African Americans and lowest income level (less than $500 of monthly income). Qualitative data described the need for affection and personal connection and that condoms undermined feelings of intimacy and threatened the connection with primary partners.

**Conclusion:** Prevention strategies should focus on the relationship context of sex, including partner type (primary, casual, customer). To provide effective health services for MTF transgender persons, providers must accept the diversity within gender identity, appreciate differences associated with culture and sexual orientation, and advocate for transgender clients’ basic health and human rights.
Primary Aim: This study examines the social context of drug use and sexual behaviors among African American, Latina, and API MTF transgenders who live or work in San Francisco.

Background: Prior research has revealed multiple risk behaviors (e.g., URAS, number of sex partners, injection drug use) contributing to HIV incidence in the MTF transgender population. Psychosocial factors associated with transgender identity also impact HIV risk, including vulnerability to mental health problems and rejection from familial/peer/community networks. Compounding limited employment options, MTF transgenders face high economic pressure related to the high costs of gender-related medical procedures (e.g., gender reassignment surgery, gender-related psychological counseling).

Methods: Venue-based sampling procedures were used to recruit 48 participants. Latina focus groups were conducted in Spanish and all others in English. Fifteen APIs participated in this study, most of whom (86%) were born outside of the U.S.

Findings: MTF transgender sex workers view sex with customers as business transactions that merit protection from HIV. MTF transgender sex workers are inclined to engage in unsafe sex with customers due to financial burdens for survival and desperate economic needs, which are influenced by discrimination about transgenders, societal transphobia, and high costs of gender-related treatment. MTF transgenders may tend to engage in unsafe sex with both customers and primary partners due to a desire for gender validation from sex partners, but experience less negotiation power with their sex partners. Unsafe sex with primary partners was mainly due to love and trust. Due to a lack of men who engage in personal relationships with MTF, MTF transgenders fear losing the relationship. This, in turn, lessens the power within relationships. Transphobia experiences increases the vulnerability of MTF transgenders to substance abuse. A myth exists in the MTF transgender community that sex work and drug use are rights of passage, which promotes the view that MTF transgenders should accept these health risks as part of their lifestyle.

Conclusion: Interventions with MTF transgenders should address the social context of risk behaviors, namely relationship and sex work issues related to gender validation, transphobia, and drug use. Educating both transgender individuals and their partners is important, particularly with regard to HIV prevalence in the transgender community and the HIV risk within the context of a primary relationship. A drug treatment program in San Francisco initiated the nation’s first residential treatment program for MTF transgenders seeking recovery services using study results.


Primary Aim: This qualitative study explored the psychosocial and demographic factors associated with drug use and sexual risk behaviors in a community sample of Filipino drug users,
particularly those who use methamphetamine users and were not currently enrolled in drug treatment.

**Background:** The Filipino American community is rapidly growing in size in the U.S. Patterns of drug use among Filipino Americans differ from those of other Asian ethnic groups. Filipino Americans are more likely to inject drugs, have sex while using drugs, and have sex with injection drug users.

**Methods:** Recruited through snowball sampling methods in the San Francisco Bay Area, 83 Filipino American methamphetamine users completed individual interviews. Measures focused on drug use behaviors, HIV-related sexual behaviors, psychosocial factors, and demographics.

**Findings:** Filipino methamphetamine users tended to be male, to have low levels of perceived personal control in their lives, and to report low levels of shame about their drug use. Participants reported using methamphetamine for a total of 17 days in the past month, along with heroin (12 days), and crack (10 days). Almost half of the participants who reported being sexually active never used condoms in the past 6 months, while others reported using drugs or alcohol immediately prior or during sex in the last 30 days. Filipino Americans who use methamphetamine almost daily face multiple stressors (e.g., unemployment, homelessness, depression).

**Conclusion:** Drug treatment interventions should address sociocultural and psychological factors associated with drug injection, including depression, weak Filipino identity, dissatisfaction with life, and lack of familial support. Programs should also attend to the needs of methamphetamine users who engage in commercial sex. In order to address multiple layers of social influence, drug abuse prevention programs should consider the diversity within the Filipino American community in terms of psychosocial factors such as gender, acculturation, and employment status.

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**Primary Aim:** This case study examines the utility of community collaborative research for creating HIV prevention strategies for APIs, and offers suggestions for future HIV intervention frameworks and community collaborative practices for API MSM in particular.

**Summary:** Evaluation of intervention programs is critical for assessing the impact of ongoing work. Community-level responses from within the API community are necessary to bring about reduction in HIV risk. The HIV intervention research spotlighted in this article was collaboration between HIV researchers at the University of California, San Francisco and program directors at the Asian Pacific Islander Wellness Center. The temporal framework of the intervention was organized to include formative research, evaluating pretest and posttest findings, and disseminating results to other CBOs targeting API communities. In this case study, the community collaborative partnership was facilitated by several factors, including commitment to placing the needs of the community above each individual organization’s interests, self-reflection and critical introspection about the project, and flexibility and openness to new research or service methods. Various theoretical considerations for public health interventions were raised, including: 1) systems of power that defined the health priorities, strategies, and implementation modalities; 2) views of the community as a central actor in creating and sustaining health; and 3)
concepts that can sustain positive outcomes and help healthy communities remain healthy should be incorporated in community collaborative HIV prevention efforts, rather than solely focusing on reducing unhealthy community outcomes.


**Primary Aim:** This study describes outcomes of a descriptive study of substance use, HIV risk, and psychosocial issues among MTF individuals of color in San Francisco.

**Background:** MTFs of color experience various biases and pressures related to transgender identity. Gender identity and race/ethnic issues are also intimately interconnected and may collectively exacerbate their health risks.

**Methods:** Data were collected from focus groups and a quantitative survey instrument. Recruitment used snowball sampling methods and referrals from CBOs that had transgender support programs. Participants self-identified as: 1) MTF transgender; 2) an African American, Latina, or API; 3) having a history of exchanging sex for money or drug; and 4) 18 years or older.

**Findings:** Four major themes emphasized the need for a community intervention: 1) high levels of HIV-related risk behaviors; 2) inadequate knowledge about HIV transmission; 3) persistent discrimination against MTFs of color in health services; and 4) lack of sexuality education and health services for MTFs. Based on study results, a community intervention project consisting of three different health service programs were collaboratively established and transmitted: Transgender Resources and Neighborhood Space, the Transgender Recovery Program, and the Transgender Life Care.

**Conclusion:** Future health interventions for stigmatized gender minorities, such as MTF transgenders, will benefit from descriptive studies that identify the health needs of the community and form partnerships between research scientists, health providers, and community agencies to deliver evidence-based and community sensitive services.


**Primary Aim:** This study provides an epidemiological profile of substance use (i.e., prevalence of illicit substance use, correlates of three specific types of substance use, and ways substance use is associated with sexual behavior) among young API MSM in San Francisco.

**Background:** Strong associations between substance use and sexual risk behavior among young MSM have been documented. However, specific drugs used by young API MSM have not been examined, and little is known about demographic and behavioral patterns associated with their drug use.

**Methods:** Data used in this study were taken from the Asian Counseling and Testing (ACT) study (see Choi et al., 2004). Only data from 496 participants who reported male-male sex are
analyzed here. This sample was predominantly Filipino, Chinese, and Vietnamese. The mean age was 24.

**Findings:** Half of the sample reported club drug and polydrug use (alcohol, marijuana, and ecstasy), and almost a quarter used substances during the past 6 months. Use of substances during sex was also consistently found in other studies on young MSM. The use of these drugs and their frequency increased the likelihood of sex under the influence by 3-fold. API MSM who frequented venues such as gay neighborhoods, bars, and bookstores engaged in high rates of substance use. This API subgroup challenges the model minority view of APIs as a low-risk category for adverse health outcomes.

**Conclusion:** Young API MSM do not conform to a stereotype of model minorities who are protected from substance use and HIV. Substance use and prevention and outreach intervention efforts should target MSM-themed venues (e.g., bookstores, bars/clubs) where young API congregate and educational programs should address linkages between substance use and unprotected sex. Training substance use providers on cultural issues and diversity among API populations, educating HIV outreach specialists who target API communities on co-occurring substance use risk factors, and targeting outreach at public spaces where high-risk activity is known to occur (e.g., circuit parties, API social venues) is also critical.


**Primary Aim:** This study examined the within-group demographic and psychosocial factors associated with HIV risk and substance use among API MTF transgender individuals.

**Background:** Previous qualitative research showed that exposure to stigma contributed to high rates of depression, and transgender-related discrimination and denial of basic life needs (e.g., jobs, housing) led to unemployment and financial distress. Depression, unemployment, and financial distress were linked with substance use and commercial sex work.

**Methods:** A sample of 110 API transgender women, 13% of whom were HIV-positive, in San Francisco completed individual interviews. All interviews were conducted in English. The interview focused on sociodemographics, sexual behaviors, substance use, health and psychological factors.

**Findings:** In the past 30 days, 20% of the sample engaged in unprotected receptive anal intercourse (URAI) with any male partner, 46% had sex while under the influence of substances, and over half used illicit drugs. Using multivariate models, URAI was associated with commercial sex work and previous attempted suicide. Sex under the influence of substances was associated with commercial sex work and having a college degree. Illicit drug use was associated with commercial sex work.

**Conclusion:** Study results suggest that unprotected sex with primary partners might serve as a way for sex workers to offset the psychological conflicts related to sex work. Health promotion programs for API transgender women should better understand the linkages between sexual risk behavior substance use, and mental health. Programs should also consider the unique gender, cultural, and socioeconomic contexts that contribute to health disparities for these individuals.

**Primary Aim:** This study examines the utility of community collaborative research for creating HIV prevention strategies for APIs.

**Summary:** This article describes the timeline for the entire research project, from original concept and study design to the actual implementation and evaluation. The partnership fostered between university researchers and an API-focused CBO is highlighted in order to learn from the various lessons during the research process. Recommendations to improve the partnerships between researchers and community service providers are offered, including: acknowledging differences in organizational culture, clarifying project roles and responsibilities, building the capacity of CBOs and research institutions by hiring, training, and supporting front-line staff, and conducting feasibility analysis to assess appropriateness of the intervention for the target groups and the CBO implementing the work.


**Primary Aim:** This exploratory study examined the following: 1) the health beliefs, attitudes, and behaviors on issues related to women’s health topics and 2) barriers and facilitators for discussion of women’s health topics between Korean American mothers and their adolescent daughters.

**Background:** Korean American women have cancer screening rates far below the average of American women. In spite of the significant health concerns of this population, little is known about the communication patterns between Korean American mothers and daughters regarding women’s health issues.

**Methods:** Nine Korean mother and daughters were interviewed on communication about and attitudes toward women’s health and screening behaviors. Procedures were based upon the participants’ language preference (English or Korean).

**Findings:** Korean mothers discussed healthy diets and exercise with their daughters, but had difficulties talking about health-related topics such as sex, health screening, smoking, and drinking. Korean mothers expected their daughters to learn about sensitive health information at school and in some cases, mothers learned about these issues from their daughters. A lack of time, language issues, and cultural and generational differences also presented communication barriers between Korean mothers and their daughters.

**Conclusion:** Health interventions that strengthen intergenerational communication need to focus on health promotion behaviors and should collaborate with community organizations to implement strategies for discussing sensitive health information.
Primary Aim: This qualitative study examines the cultural and social barriers that increase the HIV risk of gay, lesbian, and bisexual Asian youth.

Background: Gay, lesbian, and bisexual Asian youth face challenges associated with adolescence and sexuality as well as issues relating to their ethnic identity (e.g., experiences of racism and discrimination). Moreover, the social stigma of HIV and homosexuality in Asian cultures may prevent many APIs from seeking early HIV testing and treatment.

Methods: Guided by an ethnographic approach, this study involved interviews and focus groups with 15 participants (7 females and 8 males) between 17 and 24 years of age. Most participants self-identified as Chinese and gay or lesbian and had been living in Canada for more than 10 years at the time of the study.

Findings: The major themes that emerged from the data included the following: 1) the lack of sex education at home, 2) homophobia in Asian families, 3) unresponsive health and social service providers, 4) lack of social support, 5) negative stereotypes, 6) ideal standards of beauty, and 7) negative perceptions of safer sex practices among Asian lesbian and bisexual women.

Conclusion: HIV prevention programs should be guided by a self-empowerment process and focus on the relevant needs and experiences of gay, lesbian, and bisexual Asian youth. Outreach is encouraged in high schools and the larger community to help raise awareness about HIV. Gay, lesbian, and bisexual Asian community leaders and/or youth may also serve as role models in media campaigns to promote a positive identity.

Primary Aim: This study assesses the needs of MSM of East and Southeast Asian descent who visit bars and bathhouses in Canada’s largest urban center.

Background: Comprehensive broadly based sexuality education is an important strategy in HIV prevention and community outreach has been recognized as an effective approach for providing these services. A critical component for working with Asian MSM, who tend not to seek health or social services, is to conduct community outreach programs where the target populations are. The natural setting creates a sense of safety and familiarity among the community members, which encourages them to observe the outreach activities, build supportive networks with the outreach workers, and establish trusting relationships.

Methods: Ninety Asian men who self-identified as gay or bisexual participated in this study. The survey questionnaire addressed reasons for visiting bathhouses and bars, sexual practices, condom use, HIV testing, and willingness to interact with outreach workers and information respondents would like to receive from safer sex educators.

Findings: Two subgroups of API MSM should be the primary targets of bathhouse/bar outreach: 1) MSM of East and Southeast Asian descent under 39 and 2) bisexual men of East and
Southeast Asian descent who visit bathhouses. HIV testing, information about HIV, and information about other STIs needs to be more accessible to these populations.

**Conclusion:** Asian MSM need safe and positive social spaces to meet along with workshops about topics that concern them (e.g., safer sex negotiation).

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**Primary Aim:** This factsheet, available on the Center for AIDS Prevention Studies website (www.caps.ucsf.edu), summarizes the HIV-related protective and risk behaviors, intervention efforts, and recommended areas for future research and programmatic activities for APIs.

**Summary:** Although underreporting and a lack of detailed HIV surveillance mask the current impact of HIV/AIDS among APIs, a growing body of evidence suggests that APIs are at an increased risk of HIV/AIDS. Such risk is compounded by limited access to culturally appropriate prevention programs, language barriers, social discrimination, and cultural values and norms regarding sex and sexuality. More culturally and linguistically-appropriate prevention and healthcare services for APIs need to be developed and evaluated.

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**Primary Aim:** Multiple data sources were used to examine trends in HIV risk indicators on API MSM in San Francisco over time.

**Background:** Previous work by the authors showed that between 1999 to 2002, HIV prevalence was lower among API MSM compared with other racial/ethnic groups in San Francisco. The current article presents three additional years of data after intensified HIV prevention efforts.

**Methods:** Two epidemiologic surveys that recruited MSM used time-location sampling and street-based surveys. The first, the Asian Counseling and Testing (ACT) survey, was conducted in 2000 – 2001 and specifically targeted API MSM ages 18-29 years. The second survey was part of National HIV Behavioral Surveillance (NIBS) conducted in 2003-2004.

**Findings:** Trends show a continuing increase in rectal gonorrhea, but early syphilis dropped after a period of rapid rise. Behavioral data showed that potentially serodiscordant UAI decreased, lifetime levels of HIV testing increased, and numbers of sex partners in the past 6 months decreased.

**Conclusion:** Results posit ways in which prevention may be working. Namely, increases in HIV testing may result in more people aware of their HIV serostatus, which in turn enables them to more successfully avoid potentially discordant UAI (i.e., increase in HIV serosorting).

**Primary Aim:** This study uses the theory of self-regulation to explore the association between sociocultural and illness severity, illness representation, self-care, and quality of life among persons living with HIV.

**Background:** Extending previous work from the HIV/AIDS International Nursing Research Network in identifying patient activities around self-management of HIV/AIDS.

**Methods:** A survey was administered to 1,217 participants from Columbia, Norway, Puerto Rico, Taiwan, and eight U.S. States, and varying differences in perception of HIV was found among ethnic groups.

**Findings:** Findings from the study show that frequency and perceived effectiveness of self-care activities and quality-of-life outcomes are associated with perceptions of seriousness of HIV, and consequences and ability to control HIV on a daily basis.

**Conclusion:** The use of illness representation can be useful as a framework for understanding HIV health outcomes, and the self-regulation model can offer explanations to help develop symptom management strategies among people living with HIV.


**Primary Aim:** This review summarizes the literature for culturally competent HIV prevention efforts for women of color – Latina, African American, API, and Native American. It synthesizes components that need to be addressed in programs and interventions.

**Summary:** The authors argue that interpersonal and organizational strategies need to be culturally competent, both race/ethnicity and gender, along with population-specific, culturally-based attitudes, beliefs, and behaviors. The factors associated with women’s HIV vulnerability are discussed and subsections of this article explain the unique cultural experiences of women of color by race. Issues relevant to API women are discussed on pages 27-33. Recommendations for effective HIV prevention interventions for API women are shared and include having an awareness of the cultural value that emphasizes sexuality only as it relates to the perpetuation of the family line, challenging cultural taboos related to sex and sexuality, and discussing health-related cultural norms and beliefs (e.g., self-care, traditional/folk medicine, fatalism, death and dying beliefs, language-related issues, nonverbal communication, and acculturation). Once cultural norms are acknowledged, the authors note that they may be reframed for safer behavior. Suggestions to influence organizational and community changes to encourage safer behaviors are provided.

**Primary Aim:** This case study is of a national HIV prevention capacity-building program for API communities. This program uses a multi-tiered approach to address systems, institutional, and individual-level outcomes.

**Summary:** The program developed a national network of API HIV and health-focused institutions, and conducts regional-level replication and dissemination of the model to support four areas of capacity building. The network was led by two national organizations coordinating the planning, implementation, and evaluation of the National Capacity-Building Assistance (CBA) Program. Such efforts are integral in addressing issues relevant to API communities and shaping service provision activities in order to improve access to health care. Both quantitative and qualitative methods were used to evaluate the National CBA Program. Multiple benefits to the API community were attributed to the National CBA Program, including improvements in clients’ organizational functioning, provision of culturally competent HIV prevention and care services, collaborative partnerships, access to relevant information, leadership training, and opportunities to change health-related policies. Procedural challenges and difficulties defining core competencies and standardized CBA protocols are also described. The implications for attempts at implementing other national CBA-coordinated HIV prevention initiatives include: 1) recognizing the value of bringing together diverse stakeholders that share an interest in HIV and related health issues in specific communities of color; 2) having a clear definition of CBA core values, target populations, strategies, and outcomes; 3) using specific activities to develop community-based public health infrastructures; and 4) centralizing evaluation and documentation of CBA experiences.


**Primary Aim:** This study evaluates the test-retest reliability of the National Institutes of Mental Health (NIMH) Multisite HIV Prevention Trial survey in assessing HIV risk behaviors among Thai and Korean descents in their primary language.

**Background:** The survey has been validated in a large sample of African Americans and Latinos in the U.S., but the tool’s reliability among different Asian ethnicities has not been established.

**Methods:** The survey was tested among 37 Thai and 46 Korean respondents in the Los Angeles County area in the ethnic language of the participant. Modifications were made to the original survey to reflect cultural experiences unique to the two populations, of which sociodemographic, acculturation, sexual behavior, and HIV testing were the only items discussed in this paper.

**Findings:** Analysis of test-retest coefficients at baseline and follow-up (90 days later) revealed that the survey instrument demonstrated reliability among Thai and Korean respondents with self-reporting on sexual behaviors. Test-retest coefficients ranged from .65 to 1.00.
**Conclusion:** Due to the small number of APIs in many studies, APIs are often considered as one ethnic group for analyses. However, the combination of API ethnic groups may conceal important group differences that should be taken into consideration when developing appropriate HIV prevention interventions. The development of appropriate research instruments is the first and necessary step towards a greater understanding of how sexual risk occurs in specific groups.


**Primary Aim:** This study uses the tripartite model to examine the impact of demographic factors (e.g., birthplace, family of origin, age) and post-immigration factors (e.g., acculturation, language and entertainment preferences, HIV knowledge, and U.S. college experience).

**Background:** Asian Americans have the highest proportion of immigrants. A tripartite model has been used to explain the factors influencing Asian immigrants’ substance use/abuse and HIV-related risk behaviors. The model suggests that transient individuals’ sexual risk and substance use behaviors are influenced by factors in three domains: pre-migration background, migration experience, and post-migration acculturation or U.S. experience.

**Methods:** Measures on HIV knowledge, sexual behavior, substance abuse, and acculturation experience were collected from a sample of 248 Asian American college students. Participants were recruited at a national conference of Asian students and professionals.

**Findings:** In comparison with other ethnic groups participating in the National College Health Risk Behavior Survey, Asian respondents in this study demonstrated lower prevalence of sexual experience (59.7%) and unprotected sex (37.1% lifetime sex). The study found high rates of risky behavior among MSM in the sample, HIV knowledge was inadequate overall, and acculturated students displayed more sexual risk behaviors than the less acculturated. Lifetime drug use is associated with 30-day and lifetime Sexual Risk Indices.

**Conclusion:** Study findings highlight the importance of understanding the influence of the college sex and substance use subculture and to explore the protective factors. Culturally responsive and naturalistic prevention strategies need to be developed for Asian American college students.


**Primary Aim:** This article outlines a conceptual model for culturally appropriate HIV prevention capacity building and presents the experiences from a 3-year program provided by the Asian Pacific AIDS Intervention Team (APAIT) to API organizations in Southern California.

**Background:** Capacity for HIV prevention requires conveying complex information to at-risk populations who have a wide array of needs and obstacles for healthcare (e.g., poverty,
unemployment, housing instability, and lack of transportation) and for whom HIV/AIDS continues to be highly stigmatized. To develop culturally appropriate strategies, staff should deepen cultural awareness and organizations should have wider decision-making opportunities to include the involvement of staff, clients/service users, and community members.

**Methods:** A survey was conducted of the API social service agencies and LGBTQ social organizations at three time points. The questionnaire was developed collaboratively with APAIT staff to measure the capacity of partner organizations across a variety of stability/viability and HIV knowledge environments: human resources, financial, service delivery, external relations, partnerships, strategic planning, and HIV knowledge. Staff observations were also used to explore changes in capacity.

**Findings:** Organizations became more viable (more capacity in human resources, financial, external relations, and strategic management) but also more unstable (large growth in paid staff and board members) and showed more capacity in HIV knowledge environments (especially less stigma and more sensitivity to diverse populations).

**Conclusion:** The results suggest that capacity can expand over a short period of time, but as capacity increases, organizational viability/stability and HIV knowledge environments change. This influences different types of technical assistance for sustainability purposes. APAIT’s program is a useful model for designing culturally appropriate programs for CBOs.

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**Primary Aim:** This study distinguishes the nature of self-efficacy among API women and youth, especially those living in suburban areas.

**Background:** API communities, especially those with recent immigrants, rely on self-efficacy and community resources to overcome severe economic, political, and social obstacles to health promotion and disease prevention. Self-efficacy, however, likely depends on societal, community, and household factors.

**Methods:** The survey instrument, which was provided in English and Vietnamese, included questions on sociodemographic characteristics, health attitudes and access to medical care, HIV knowledge and attitudes, and self-efficacy in HIV risk reduction behavior (talking about safe sex with a sexual partner, buying condoms in a grocery store, asking a sexual partner about his/her sexual history, refusing to have sex with a partner that the respondent knows well, and refusing to have sex with a casual acquaintance). Multivariate logistic regression models using subsamples of API women and youth respondents were completed.

**Findings:** The convenience sampling strategy resulted in a sample that tended to be less educated, less wealthy, and having less health care access than the country’s API population. The survey results indicated that API women of all ages are distinct from API youth in their reported self-efficacy across five HIV risk reduction strategy types. For API women respondents, acculturation (measured through usually reading or speaking English) and being comfortable asking medical professionals for information about HIV/AIDS were the most common variables that were significant in explaining higher self-efficacy. For API youth respondents, the most common variables explaining higher self-efficacy were being female, acculturation (speaking
English at home or thinking in English), taking over-the-counter medicines when slightly ill, and currently dating.

**Conclusion:** The study findings suggest several challenges for HIV prevention through increasing self-efficacy, namely: 1) greater acculturation is associated with heightened social access to more and diverse populations, including populations at higher risk of HIV, but at the same time, acculturation is associated with more skills that are needed for obtaining information and services and negotiating safer sex and other risk reduction strategies; 2) male API youth respondents appear to be lagging far behind female API youth respondents in terms of confidence in talking about sex, refusing sex with persons they know well and with casual acquaintances, and talking with partners about sexual history; and 3) the belief that HIV-positive status can be discerned by physical appearance was significant for confidence in refusing sex with casual acquaintances for both women and youth respondents. Intervention efforts should involve empowerment of API women and youth in talking with their physicians, nurses, and other medical professionals as well as the sensitizing of medical professionals to provide safe and comfortable environments within which such dialogue can take place.

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**Primary Aim:** This qualitative study described the gender-related psychosocial factors that would influence HIV prevention among Chinese women in Hong Kong whose marital relationship was disrupted by rapid social changes.

**Background:** Between 1990 and 2003, the male to female ratio in persons living with HIV/AIDS decreased from 9:1 to 4:1 in China and from 4:1 to 2:1 in Hong Kong. In Hong Kong, there is a long history of adherence to patriarchal values and Confucian doctrines that may pose barriers to Hong Kong Chinese women in negotiating condom use with their marital partners. Other gender-related cultural factors associated with Chinese women’s HIV prevention is the emphasis of Confucian doctrines on familism, harmony, and social order. The increasing population mobility between Hong Kong and China, which is linked to the rapid economic growth in China, also influences women’s risk of HIV infection.

**Methods:** Using a convenience sampling procedure, 231 Chinese women between 24 to 58 years of age participated in the study. Individual interviews focused on issues related to gender norms about issues of control and authority in sexuality, HIV/AIDS knowledge, concerns about HIV/AIDS and attitudes towards condoms, perceived partner reaction to condom use, and sexual behaviors and safer sex practices.

**Findings:** Compared to women with intact marriages, women with marital disruption endorsed more inaccurate information about HIV/AIDS, had less worry about contracting HIV from their husbands, and were less likely to use condoms in current and future sexual activities. Among sexually active Chinese married women, rates of condom use in the past 6 months were 60% for the intact group and 38% for the disrupted group. Factors that discriminated between condom non-users and users among sexually active women in the disrupted group included: conservative gender attitudes toward sexuality and sexual decision-making, negative attitudes toward condom use, and lack of concern about contracting HIV from their husbands.
Conclusion: HIV prevention efforts in China and Hong Kong need to specifically target married women in the community, especially among those whose marriage was disrupted by rapid social changes and population mobility. HIV prevention strategies for Chinese women with marital disruption should include information about HIV/AIDS, their personal vulnerability to HIV infection, ways to enhance closeness and intimacy of their marital relationship in both sexual and non-sexual activities, conflict resolution, and how to broaden their sense of identity beyond the roles narrowly defined by Chinese patriarchal and Confucian gender norms. HIV prevention efforts targeted at migrant women should also focus on ways to adjust to a new residence and how to establish support networks in the new social environment.


Primary Aim: This study focuses on trends in drugs use, alcohol, and other drugs among Asian Americans, American Indian, White, African American, and Hispanic Americans.

Methods: A total of 8,530 Asian Americans participated in the study from 1976-2000, but only made up 12 percent of the sample population. Descriptive data was drawn from the University of Michigan Monitoring the Future study, a national study surveying 64,000 high school students. The survey measured prevalence of substance use in a lifetime, annual, and past month.

Findings: Alcohol use was the most prevalent among Asian Americans, but overall use of tobacco, drugs, and alcohol were the lowest in comparison to other ethnic/racial populations in the study.

Conclusion: Study results suggest possible mechanisms for prevention, particularly with regard to high alcohol use by Asian American youth.


Primary Aim: This qualitative study describes the following: 1) the experiences of discrimination among API gay men, 2) their responses to discrimination, 3) the relationships between the type of discrimination experienced and the kind of response to the experience, and 4) how responses of discrimination relate to HIV risk.

Background: Previous research has shown that API gay men engage in relatively high rates of HIV risk behavior. Their HIV risk behavior may likely be influenced by experiences of social discrimination (e.g., racism, homophobia, anti-immigrant expressions), which has been shown to be related to poor health outcomes.

Methods: In-depth interviews were conducted with 23 API gay men in English, Korean, or Tagalog. The study also analyzed 166 narrative episodes of discrimination and unprotected and protected sex.
Findings: Discrimination was experienced within the family, the Asian, gay, gay Asian communities, work and school contexts, and in public settings. Stereotypes held by the White gay community regarding Asian gay men were perceived among the majority of respondents; however, experiences of these stereotypes were reported most frequently by East Asian and Filipino gay men. Five different response types to discrimination were identified including confrontational, self-attributed, external attribution, social network-based, and avoidance types. Homophobia and anti-immigrant discrimination were linked to confrontation and social network-based responses whereas discrimination based in stereotypes of passivity/submission were linked with self-attribution. API gay men who used confrontational, social network-based or avoidance response types showed less HIV risk than those who did not. Conversely, API gay men who responded to discrimination with self-attribution showed greater HIV risk behaviors.

Conclusion: Social networks may promote mental and sexual health by providing social support after encounters with social discrimination. Study results also suggest that strategies that promote avoidance of a discrimination experience may deflect the experience’s negative impact on health behaviors among API gay men. In light of these findings, the authors suggest that community-level HIV interventions should challenge or reject stereotypes within the gay community that threaten API gay men’s sense of self. Stereotypes that promote self-attribution may also promote HIV risk among API gay men. In targeting individual-level factors, interventions may be enhanced by increasing the response options APIs have when they experience discrimination in different social settings.


Primary Aim: This article discusses the various challenges that Asian Americans, especially recent immigrants, experience in combating HIV/AIDS.

Summary: The author describes the language barriers, lack of culturally appropriate intervention materials, and a lack of acceptance and awareness about HIV in the general community that contribute to the spread of HIV among Asian Americans. Efforts by community groups to focus on these cultural issues are highlighted, including the nuanced ways in which HIV prevention outreach and activities are tailored to specific Asian American subgroups.


Primary Aim: This study uses descriptive data from the CDC-sponsored Supplement to HIV/AIDS Surveillance (SHAS) Project, a cross-sectional study of newly reported adults with HIV or AIDS. It examines the rationale for HIV testing, and describes the knowledge of care-related services among a group of HIV-positive APIs.
**Background:** Compared with other racial/ethnic groups in the U.S., APIs are more likely to be at an advanced stage of AIDS disease and have opportunistic infections at the time of diagnosis. This highlights the need to determine how these findings are related to issues such as HIV testing and access to HIV care-related services.

**Methods:** The study explores barriers to HIV testing and HIV-related care services among 114 APIs in comparison to 9,690 Whites in the U.S. during 1990-1999. Males made up 83% of APIs interviewed.

**Findings:** APIs have comparable experiences in HIV medical treatment services to Whites. However, a lower percentage of APIs were aware of available HIV care-related services, including mental health counseling, transportation services, home health care, assistance in finding a provider, housing or dental services. A significantly lower percentage of APIs than Whites were aware of their current CD4 count. Among APIs, educational level was positively associated with awareness of these services.

**Conclusion:** HIV testing and counseling programs should reach out to API MSM groups that are young, have less education, and have poor access to a primary care provider. Urgent efforts are also needed to educate and inform HIV-positive APIs, particularly about the availability of HIV care-related efforts.

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**Primary Aim:** This review focuses on the AIDS Risk Reduction Model (ARRM) as an organizing framework for HIV/AIDS behavioral research on APIs and HIV/AIDS that was conducted from 1992-2003.

**Summary:** According to the ARRM, individuals change their health behaviors by going through three stages: a) labeling, b) commitment, and c) enactment. The authors contend that while the ARRM presents a useful understanding of the current research on APIs and HIV/AIDS, its theoretical reach and practical utility needs to be extended in order to better address the cultural issues relevant to API communities. The authors also discuss several issues critical in HIV/AIDS research, education, and prevention programs for API communities in the U.S., namely the need to: a) interrogate “API AIDS” as a problematic category; b) (re)visit the notion of cultural competence; c) understand the complex meanings of sexual behavior; d) examine “pockets of powerlessness” in HIV/AIDS work for APIs; and e) engage in researcher-community collaborative partnerships.

**Primary Aim:** This study examines whether experiences of discrimination affect depressive symptoms and HIV risk among API MSM and explores the potential protective role of conversations about discrimination with family and friendship networks.

**Background:** Studies of the psychosocial contexts of HIV risk among API gay men repeatedly find that these men report stresses associated with dual identities as Asians and as gay men. While there is empirical support that social support may buffer the effects of stress on health and well-being, little is known about the particular kinds of support that may be most effective in buffering the effects of discrimination on health or HIV risk.

**Methods:** API MSM were recruited from community settings and from a group-retreat intervention for API gay and bisexual men. The 134 men in the community sample were recruited from venues such as bathhouses, gay or gay API events, coffee bars with high proportions of gay male patrons, bars, and social organizations. The 58 men attending the small-group intervention were recruited using flyers and palm cards.

**Findings:** Participants reported high rates of depressive symptoms (45% above the clinical cutoff on the Center for Epidemiological Studies-Depression scale) and HIV risk behavior (31% reported at least one episode of UAI in the last three months). Controlling for income, ethnicity, age, and relationship status, experiences of racism were associated with higher levels of depressive symptoms, and experiences of anti-immigrant discrimination were associated with higher rates of secondary partner UAI. Conversations about discrimination with gay friends and with family were associated with lower levels of primary partner UAI. The combination of low levels of discussion with family about discrimination with high levels of experienced discrimination (of all three types) was associated with higher rates of UAI.

**Conclusion:** Given the high levels of depressive symptoms expressed by the study participants, community-based efforts for API gay men should routinely incorporate attention to mental health issues. The protective influence of conversations with friends and family against UAI suggests that HIV prevention programs for API gay men should foster discussions with these networks about experiences of discrimination. Moreover, engaging in discussions about discrimination outside program activities, with family and friendship networks, may prove helpful in reducing HIV risk behavior.


**Primary Aim:** This study investigates the predictors of HIV risk reported by peer educators among their target populations, whether these predictors represent experiences specific to API immigrant groups, and the theories of change that underlie the strategies employed by frontline peer educators.
**Background:** The lack of primary prevention HIV programs for immigrant communities is due in part to the lack of culturally specific behavioral theories that can inform program development and implementation. Since frontline peer educators engage most often in direct client contact, they are highly knowledgeable of the values and attitudes of their target populations and can inform research on HIV prevention among APIs in the U.S.

**Methods:** Guided by an empowerment evaluation approach, the CBO staff participated in the conceptualization of the study, the development of the study measures, and data analysis. Participants included 35 peer educators (13 male and 21 female) from a community-based AIDS service organization serving API communities in a Northeastern city. Of the 31 participants who were not born in the U.S., the average length of residence in the U.S. was 9 years. Focus groups were conducted and defined by the population(s) targeted in specific prevention efforts (e.g., youth, gay/bisexual men, transgender persons, women, heterosexually identified men). One focus group was conducted per population, but there were two focus groups for peer educators who targeted women. One individual interview was conducted with a peer educator who worked on prevention efforts for lesbians and bisexual women.

**Findings:** Several different types of theories of change were identified in the participants’ narratives, including those that focused on cultural symbols (e.g., Chinese New Year gift wrapping), moderators of the effectiveness of social network processes (e.g., Internet outreach, house parties), and setting- and community-level processes that predict HIV risk behavior (e.g., given social hierarchies in some settings, grocery store owners were effective in conducting outreach to South Asian immigrants).

**Conclusion:** There are potential benefits of examining variation in the strategies implemented within one CBO since there are few agencies that are expert in the cultural contexts of a particular social or health problem. Other useful sources of data include the degree and nature of variation within program sites. The authors also contend that for populations such as API immigrants, innovative HIV prevention strategies need to go beyond street outreach to changing settings, contexts, and networks.

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**Primary Aim:** This qualitative study describes how Asian cultural values of harmony and avoidance of conflict affect the disclosure experiences of HIV-positive Asian American immigrants.

**Background:** Disclosing HIV status raises issues of privacy, vulnerability, identification with a stigmatized role, and feelings of imposition on others. This disclosure is also greatly influenced by fear of being an emotional burden, discrimination, fears of disrupting relationships, and/or desire to conceal one’s sexuality.

**Methods:** Sixteen HIV-positive Asian men were recruited from current client lists from an AIDS organization in the northeastern U.S. In-depth interviews were conducted with these participants who ranged in age from 27 to 56.

**Findings:** The following barriers to disclosure to family members were identified: protection of family from shame, protection of family from obligation to help, and avoidance of communication regarding highly personal information. Disclosure was also thought to be inhibited by the lack of HIV education to which families living overseas may have access. This
is compounded by their lack of access to translated materials that they could send to family members. Similar to past disclosure research with non-Asian samples, these results suggest that gay Asian men seek emotional support from gay friends. They would consider disclosing to relatives only when health reasons necessitated it.

**Conclusion:** Providers should be attentive to the dishonor that HIV-positive immigrants may experience through disclosure and the stigma associated with being gay. Those who are considering making a disclosure may need assistance with thinking through ways to provide HIV/AIDS education to those family members with little knowledge about HIV/AIDS. This may include providing translated informational brochures to the family.

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**Primary Aim:** Using data from the National HIV/AIDS Surveillance and survey data from the Behavioral Risk Factor Surveillance System, the authors examine the HIV/AIDS epidemic, HIV-related risk behavior, and testing behavior among Asians and Pacific Islanders in the United States from 1998 to 2002.

**Summary:** Racial/ethnic comparisons of cumulative HIV/AIDS cases and HIV/AIDS-related deaths are made. The paper also presents the number of people living with HIV and AIDS, cumulative HIV/AIDS data stratified by country of birth and type of transmission by gender, and risk factors. Findings show that while APIs share risk factors similar to other racial/ethnic populations, APIs have low HIV prevalence rates. Moreover, AIDS cases among APIs have increased compared to other racial/ethnic populations because of low HIV testing behaviors. The majority of the API study participants resided in California and New York and many were men who have sex with men.
and Bisexual Asian, Asian Americans, and Immigrants to the USA: Journal of Homosexuality, 47(2), 165-182.


