Asian and Pacific Islander American Health Forum
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HIV/AIDS AMONG ASIAN AMERICANS AND PACIFIC ISLANDERS

Although Asian Americans and Pacific Islanders (AAPIs) comprise less than 1% of all U.S. AIDS cases, the CDC has recognized this population as an emerging risk group due to significant increases in HIV infections and AIDS cases.

Cumulative AIDS Cases
• Since the beginning of the epidemic, there have been an estimated 7,661 AIDS cases diagnosed among Asian Americans & Pacific Islanders.1

Estimated Incidence
• In 2006, the estimated HIV/AIDS incidence rate among Asian Americans and Pacific Islanders was 8.2 per 100,000.1
• From 2002 to 2006, the number of estimated AIDS cases among Asian Americans and Pacific Islanders increased by 22%, compared to a 3% increase for Hispanics, a 3% decrease for Whites, a 7% decrease for African Americans, and a 12% decrease for American Indians/Alaskan Natives.1

HIV/AIDS Prevalence
• At the end of 2006, there were an estimated 3,187 Asian Americans and Pacific Islanders living with HIV/AIDS. This represents a 43% increase from 2002, compared to a 18% increase for American Indians/Alaskan Natives, a 17% increase for Hispanics, a 14% increase for African Americans, and a 14% increase for Whites.1

HIV (Human Immunodeficiency Virus) is the virus that causes HIV disease and can lead to AIDS (Acquired Immune Deficiency Syndrome). HIV can severely weaken the immune system, making it difficult for a person infected with HIV to fight disease and illness.

HIV is primarily spread through blood, semen/pre-ejaculation fluid, vaginal fluids, and breast milk. Thus, the main ways that HIV is transmitted are
• unprotected intercourse (vaginal, anal, oral);
• sharing injection drug equipment;
• from an HIV infected woman to her child (during pregnancy or birth) or by breast feeding;
• direct exposure to infected blood or needles, open cuts or sores, or other breaks in the skin causing direct blood-to-blood exposure.

Women account for 22% of the Asian Americans and Pacific Islanders living with HIV/AIDS at the end of 2006.

• Asian American and Pacific Islander women demonstrate very low levels of HIV knowledge in comparison to women from other racial/ethnic groups, as well as high rates of inconsistent condom use with male partners.2
• Domestic violence has been shown to increase a woman’s risk for HIV.3 Because domestic violence is a common occurrence in the Asian American and Pacific Islander community, Asian American and Pacific Islander women may find themselves at risk for HIV infection due to their intimate relationships.4 5 6 7 8

Men account for 77% of the Asian Americans and Pacific Islanders living with HIV/AIDS at the end of 2006.

• Male to male sexual contact is the most common transmission route among adult/adolescent Asian American and Pacific Islander males, accounting for 70% of reported HIV cases in 2006.1
• In a San Francisco-based study of Asian American and Pacific Islander men who have sex with men (MSM), 59% of the sample reported multiple sex partners within the last three months. Of these, 28% had unprotected anal sex within the last six months.9
• Asian American and Pacific Islander MSM youth are just as likely to engage in unsafe sex as are other young MSM.9
• In New York City, the incidence of AIDS is higher among Asian American and Pacific Islander MSM than white MSM.10

“Other/risk factor not reported or identified” is the most common transmission route among adult/adolescent Asian American and Pacific Islander females, accounting for 52% of reported cases in 2006.1

AAPI women report inconsistent condom use with male partners.
RISK FACTORS
Asian Americans and Pacific Islanders are often stereotyped as the "model minority" in health, education, and economic status. However, Asian Americans and Pacific Islanders are often underserved in health care. In fact, Asian Americans and Pacific Islanders have higher rates of many preventable diseases that are co-factors for HIV infection, such as tuberculosis and Hepatitis B.

Many factors impact Asian American and Pacific Islander health and can potentially increase risk for HIV infection:

- Culturally-based shame and stigma related to sex, sexuality, and drug use cause many Asian Americans and Pacific Islanders to not be aware of HIV risk factors and feel uncomfortable discussing HIV prevention.
- Lack of peer and community support for sexual and racial diversity serve as barriers to healthy self-esteem and self-identity for MSM.
- Limited English proficiency serves as a barrier to healthcare, as only a few programs provide services in Asian American and Pacific Islander languages.
- Many health and human service providers do not perceive Asian American and Pacific Islanders, especially Asian American and Pacific Islander women, to be at risk. Because of this, most Asian American and Pacific Islanders learn of their HIV status when they are already very sick, or through mandatory screening.

UNDERREPORTING AND MISCLASSIFICATION
Lack of detailed HIV surveillance, underreporting, and misclassification masks the true impact of the HIV epidemic on Asian American and Pacific Islanders. Only the states of California, Hawai‘i, and New Mexico, and the Pacific Island jurisdictions report AIDS cases among Asian American and Pacific Islanders by ethnic/national origin. Undercounting also results from racial/ethnic misclassification in medical records, the main source of information for case reports. Medical records often do not reflect patient self-identification and are limited by the accuracy of the information obtained by a provider.

Underreporting and lack of surveillance data on Asian American and Pacific Islander sub-populations has created barriers to accessing HIV-related information, such as risk factors and modes of transmission.

OPPORTUNITIES FOR DEVELOPMENT
Due to the rapidly growing and diverse nature of Asian American and Pacific Islander communities, culturally competent HIV programming is an urgent need. Some suggestions for culturally competent HIV programming include:

- Comprehensive HIV/AIDS-related surveillance data, including data disaggregated by Asian American and Pacific Islander national origin and ethnicity.
- More research on cultural protective factors and cultural barriers to effective HIV prevention.
- More research on behavior change theories that are culturally relevant to the Asian American and Pacific Islander context.
- More attention on specific Asian American and Pacific Islander risk groups, like youth, transgenders, and women, while still maintaining MSM as a high priority in HIV programming.
- Engaging members of the Asian American and Pacific Islander community in the design, implementation, and evaluation of the programs. Additionally it's important to recruit Asian American and Pacific Islanders as paid staff and volunteers in HIV/AIDS programs.

REFERENCES