

BARRIERS FACED BY ASIAN AMERICAN, NATIVE HAWAIIAN, AND PACIFIC ISLANDER BOYS AND YOUNG MEN

Asian American (AA) and Native Hawaiian, and Pacific Islander (NHPI) communities are often thought to be successful and face fewer hardships than American Indian or Alaska Native (AIAN), Black, White, and Hispanic and Latino communities. While this may appear to be true in certain jurisdictions when AA and NHPI data is considered collectively, it is often not the case when data on AAs and NHPIs are analyzed at the ethnic group level. Further analysis often reveals that AA and NHPI boys and young men face a combination of socioeconomic and health barriers and challenges that are shared across all racial/ethnic minority groups. In particular, **Southeast Asian and NHPI boys and young men face major hardships relative to other AA and NHPI groups.**

MENTAL HEALTH

Asian adolescent boys are at a high risk of mental health problems and suicidal attempts. Asian boys also have some of the highest rates of mental health problems compared to other races.



Asian male teenagers considered suicide (compared to 1 in 7 AIANs, 1 in 11 Blacks, 1 in 8 Hispanics or Latinos, and 1 in 8 Whites).

- **1 in 20** Asian boys have been treated for suicide attempts by a health care provider.



Asian boys reported feelings of sadness or hopelessness.

VIOLENCE

NHPI teens have some of the highest rates of school violence and bullying compared to all other race groups.



NHPI teens have been in a physical fight on school property.

- **1 in 10** NHPI teens have carried a **weapon** on school property.
- **1 in 9** NHPI teens have been threatened or injured with a weapon on school property.
- **1 in 20** NHPI teens have been electronically bullied.
- Between 1980 and 2000, **arrests among Asian youth increased by 11%** while black youth rates decreased by 47%.



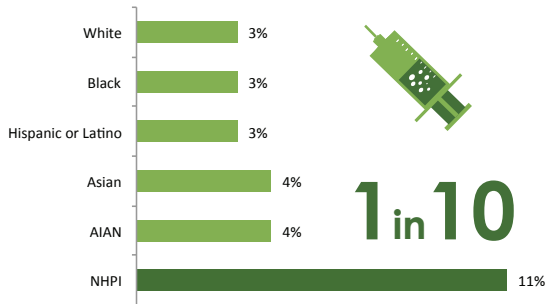
of NHPI boys have been in a fight at school (compared to 16% of Blacks, 14% of Hispanics and Latinos, 12% of AIANs, 10% of Whites, and 6% of Asians).

DRUG USE

NHPI teens have some of the highest rates of alcohol and drug use.



- **4 in 10** currently **drink alcohol**.
- **3 in 10** use **tobacco** products.
- **2 in 10** used **inhalants** to get high or **prescription drugs** without a doctor's prescription.*
- **1 in 10** used **marijuana** on school property and tried **methamphetamines** and



NHPI teens tried heroine, more than double the next highest group.

*Using inhalants include sniffing glue, breathing aerosol spray can contents, and inhaling paints or sprays. Using prescription drugs include taking steroid pills or shots and prescription drugs such as OxyContin, Vicodin, codeine, Adderall, Ritalin, an Xanax.

The Asian & Pacific Islander American Health Forum is an America Healing Racial Equity anchor institution.

Sources:

2010 American Community Survey 5-year Estimates, Selected Populations Table
 2011 Youth Risk Behavior Surveillance System
<http://hmongstudies.org/XiongandHuangHSJ12.pdf>

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EDUCATION



Laotians, Cambodians, Hmong, and NHPIs do not graduate from high school. They struggle to graduate almost as much as Hispanics and Latinos (1 in 4), AIANs (1 in 4), and Blacks (1 in 4).

INCOME



Not all AAs and NHPIs are financially successful. Southeast Asians and NHPIs have some of the lowest per capita income in the U.S.

Race/Ethnicity	Per Capita Income
Hmong	\$10,971
Tongans	\$11,892
Samoans	\$14,936
Cambodians	\$15,614
Hispanics and Latinos	\$15,638
Laotians	\$16,520
Blacks	\$17,766