

# A Qualitative Analysis of Cultural and Social Vulnerabilities to HIV Infection Among Gay, Lesbian, and Bisexual Asian Youth

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**ABSTRACT.** The study reported here was undertaken to investigate cultural and social barriers that may increase HIV risk among gay, lesbian, and bisexual Asian youth. Interviews and focus groups were used to collect the data because they are well suited for this type of exploratory research. A total of 15 gay, lesbian, and bisexual Asian youth (7 females and 8 males) were recruited. Most of the participants (n = 11) self-identified as lesbian or gay. The mean age was 20.7, ranging from 17 to 24. Twelve participated in one of three focus groups while the remaining three were interviewed. Categories and themes identified include: (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. HIV prevention strategies are suggested based on the recommendations and needs of our participants. *[Article copies available for a fee from The Haworth Document Delivery Service: 1-800-HAWORTH. E-mail*

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The AIDS epidemic is now well into its 20th year. However, little is known about the impact of this disease on Asian communities in North America. Knowledge pertaining to the disease among gay, lesbian, and bisexual Asian youth<sup>1</sup> is even more limited. However, the Asian population has been increasing rapidly in this continent. In the U.S., the Asian and Pacific Islander population doubled from 3.7 million in 1980 to 10 million in 1998 (U.S. Census Bureau, 1999b). Similarly, there were only 600,530 Asian descendants living in Canada in 1986. Yet their population rose to 1,400,085 in 1996 (Statistics Canada, 1996). They have been mostly inhabiting large cities. In some cities such as San Francisco and Toronto, the population of Asian and Pacific Islander youth is particularly large even though they make up less than 0.8% of the total US or Canadian population (Statistics Canada, 1996; U.S. Census Bureau, 1999b). For example, one in three youths<sup>2</sup> in San Francisco County is either Asian or Pacific Islander (U.S. Census Bureau, 1999a) and approximately one in five youths is also recorded as an Asian descendant<sup>3</sup> in the city of Toronto (Toronto Community and Neighbourhood Services: Social Development and Administration Division, 1999). A large-scale survey in Minnesota shows that 6.4% of adolescents acknowledge predominately homosexual attractions by the age 18 (Remafedi, Resnick, Blum, & Harris, 1992). It thus is not hard to see that the population of gay, lesbian, and bisexual Asian youth is considerably large in these cities. Youth are at increased risk for HIV infection (see Cranston, 1992; Grossman, 1997; Hays, 1996; Hunter & Schaecher, 1994; Pederson, 1994). Ethnicity may leave gay, lesbian, and bisexual Asian youth even more vulnerable to HIV infection (Choi, Kumekawa et al., 1999; Choi, Salazar et al., 1995; Díaz, 1998). This qualitative study aims to explore cultural and social barriers that may increase HIV risk among gay, lesbian, and bisexual Asian youth.

## LITERATURE REVIEW

### *AIDS Cases and Recent Studies*

Although trends of AIDS cases among different racial groups have not been recorded in Canada, adult/adolescent AIDS cases among

Asians and Pacific Islanders in the US appear to be stable and slight with a decline after the drastic increase<sup>4</sup> between 1992 and 1996. In 1998, there were 388 reported AIDS cases among this population, compared to 445 cases in 1997 and 561 cases in 1996. They account for approximately 1% of the total AIDS cases (Centers for Disease Control and Prevention, 1996, 1997, 1998). However, these numbers do not provide the full picture of trends and actual effects of the AIDS epidemic on Asian and Pacific Islander communities. Yi (1998) argues that the AIDS cases may have been underreported or underestimated because of misclassification of race or ethnicity on the medical records. Also, some states do not report AIDS cases by race/ethnicity. The decline may have resulted from the recent medical advances and the increasing knowledge of AIDS related health issues that lead to a delayed onset of AIDS symptoms (Sy, Chng, Choi, & Wong, 1998).

Men accounted for 89% of the total reported AIDS cases in the Asian/Pacific Islander population. Seventy-eight percent of these cases are men who have sex with men (MSM) and MSM who inject drugs (Centers for Disease Control and Prevention, 1998). (No study that examines the HIV risk among Asian women who have sex with women is found. Nor is there a document about the HIV infection rate among this population) As Hou and Basen-Engquist (1997) have noted, Asian people tend to see HIV/AIDS as a Western epidemic. This view may lead to a belief that they are not at risk for HIV infection. In a recent study, only 17% of Asian and Pacific Islander gay men believed that they were at risk for HIV infection (Choi, Coates, Catania, Lew, & Chow, 1995). Unprotected anal intercourse practice is also particularly prevalent among this population. A recent survey, for example, reveals that 27.1% of Asian and Pacific Islander MSM had engaged in unprotected anal sex during the six months prior to the study (Lemp et al., 1994). Other studies have also shown a similar rate within a three-month period (27% in Choi, Coates et al., 1995; 28.5% in Choi, Lew et al., 1996). A recent study, in fact, indicates that Asian and Pacific Islander MSM have the highest rate of unprotected anal sex: 66% compared to 48% for Caucasian men, 47% for African American men, and 45% for Latino men (Chng & Geliga-Vargas, 2000). HIV seropositive rates among this population are recorded as high as 27% in some areas, such as San Francisco and Orange County (Gellert, Moore, Maxwell, Mai, & Higgins, 1994; Osmond et al., 1994).

However, recent research reveals that Asian and Pacific Islander MSM are less likely to have been tested than other race/ethnicities: 19% of them have never been tested, compared to 12% for black men, 9% for

Latino men, and 9% for white men (Mayne, Weatherburn, Hickson, & Hartley, 1999). Other studies have recorded this number as being much higher (e.g., 30% in Multicultural HIV/AIDS Education and Support Services, 1996; 38% in San Francisco Department of Public Health, quoted by Choi, Salazar, Lew, & Coates, 1995, p. 122). New York City Department of Health (2000) has also recently reported that, from 1997 through 1998, Asians/Pacific Islanders and Native Americans in New York City have the highest rate of opportunistic infection at the time of diagnosis. Forty-four percent of them are already infected with AIDS-related diseases at the time of diagnosis, compared to 28% for African Americans, 24% for Latinos, and 21% for Whites. All of these findings clearly suggest that many Asians and Pacific Islanders do not seek early HIV testing and treatment. The actual impact of the AIDS epidemic on this community is still unknown. It is quite likely much stronger than what the current statistical numbers reveal.

### ***Gay, Lesbian, and Bisexual Asian Youth and HIV/AIDS***

Gay and bisexual males are at high risk for HIV infection, and lesbian youth are at risk, in particular, through sex with male partners, especially gay and bisexual male peers. This may be partly due to the developmental stage of adolescence complicated with societal homophobia that leads to feelings such as rejection, loneliness, low self-esteem, and depression. Youth in general have yet to fully develop repertoire to deal with such emotions (Herdt & Boxer, 1993). Many may thus choose alcohol and/or drugs as a way to ease these feelings. They may also use substances to dull some of their awkward feelings about intimacy, allowing them to have sex with a same-sex partner (Anderson, 1996; Gibson, 1994). It is well documented that substance use influences judgment and thus increases risky sexual activity (e.g., Chng & Geliga-Vargas, 2000; Choi, Coates et al., 1995; Choi, Kumekawa et al., 1999). Feelings of rejection and loneliness may encourage these youth to engage in risky behaviours, such as sharing needles and/or having unprotected anal sex, in order to gain a sense of acceptance from their peers and sexual partners (Hunter & Schaecher, 1994; Pederson, 1994). Lack of experience in negotiating safer sex, and general self-perception of not being at risk, may increase their risk-behaviour as well (Cranston, 1992; Grossman, 1997). Youth are generally more risk taking and are frequently in an exploratory phase with regard to drug use and sexuality, which may entail large numbers of sexual partners and a willingness to try a variety of activities (Hays, 1996; Hunter & Schaecher, 1994). For gay, lesbian, and

bisexual Asian youth, ethnicity is further complicated with the issue of their sexual identity and developmental stage. They face challenges like any other gay, lesbian, and bisexual youth with regard to adolescence and sexuality, but yet, they must also deal with issues relating to their ethnic identity, such as experiences of racism and discrimination, which may increase their risk for HIV infection (Choi, Kumekawa et al., 1999; Choi, Salazar et al., 1995; Díaz, 1998).

Although there is no study to compare risk-taking behaviour patterns of gay, lesbian, and bisexual Asian youth with those of non-Asian youth, some studies reveal that Asian youth's risk-taking behaviour patterns are similar to those of non-Asian youth once they become sexually active (Horan & DiClemente, 1993; Goh, 1994). Other studies also show that Asian youth have less HIV/AIDS knowledge than youth from other racial/ethnic groups (Horan & DiClemente, 1993; Strunin, 1991). In a recent study, for example, only 36.7% of 412 Vietnamese American college students responded correctly to the statement, "HIV cannot be cured if it is detected and treated early" (Yi, 1998, p. 38). While youth<sup>5</sup> account for only 4.4% of the total reported AIDS cases in the Asian and Pacific Islander population, those between the ages of 25 and 39 account for 55% (Centers for Disease Control and Prevention, 1998). The incubation period of AIDS development can be as long as 15 years. Because of the social stigma of the illness and homosexuality in Asian cultures, many Asians and Pacific Islanders will not seek early testing and treatment (Camit, 1994; Choi, Salazar et al., 1995; Wong & Wilkinson, 1991). It is quite likely that some or even many of these reported AIDS cases were infected as adolescents. Moreover, as discussed earlier, the majority of the AIDS cases in this population are infected through MSM and MSM who inject drugs. It is thus reasonable to infer that gay, lesbian, and bisexual Asian youth are at very high risk for HIV infection. A recent study shows that 11.8% of Asian and Pacific Islander MSM (17 to 22 years old) tested positive and 53% had engaged in unprotected anal sex in the previous six months (Ford, 1998).

## ***PURPOSE AND METHODOLOGY***

### ***Purpose of the Study***

Our study aims to examine some of the cultural and social factors that leave gay, lesbian, and bisexual Asian youth vulnerable to HIV infection. Although our participants are not representative of the entire gay,

lesbian, and bisexual Asian population, this study is grounded in the lived experience of these participants. They speak about and for themselves; their experiences can thus help us understand and depict some of the factors affecting them. As a result, we can suggest appropriate AIDS prevention strategies for these youth. As Nemoto et al. (1998) argue: “. . . an individual’s actions and experiences [are] the consequences of how that person functions as a situated actor within the historically grounded political, economic, social, and cultural processes that frame and influence knowledge, attitudes, beliefs, and behaviours about HIV/AIDS. Thus, if one is to appropriately address HIV prevention, one has to consider how individuals function as subjective and objective actors within systemic contexts” (p. 41).

### ***Theoretical Framework***

This study is guided by an ethnographic approach. As Spradley (1979) has said, ethnography is “the work of describing a culture” (p. 3). It values the insider’s perspective seeking to learn a particular phenomenon from their points of view (Fetterman, 1998; Spradley, 1979). Ethnographic researchers not only acknowledge that there are multiple interpretations of reality and alternative interpretations of data throughout the study, but they are also bound to contextualize the phenomenon being studied within the lives of the participants (Fetterman, 1998). Ethnography is thus well suited for our research purpose as well as our goal to give voice to the youth.

### ***Criteria and Recruitment***

In order to participate in the study, participants must be Asian between the age of 15 and 24. Although they did not have to self-identify as gay men, lesbians, or bisexual males and females, they must have expressed some kind of desire towards a same-sex person. Such desire is broadly defined in this study, which could be emotional, sexual, physical, or psychological. Recruitment strategies used include: (1) distributing flyers in community centers and places frequented by gay, lesbian, and bisexual Asian youth; (2) word-of-mouth through our peer worker and volunteers and their friends; and (3) going to local gay, lesbian, bisexual youth groups and inviting them personally. Although every effort was made to recruit those who are new immigrants and more closeted, our recruitment strategies may have reached only those who

are more “out” and those who are more familiar with the gay and lesbian community.

### ***Demographics***

Table 1 presents socio-demographic information about the participants. Fifteen participants (7 females and 8 males) were recruited in total. Most of the participants (n = 11) self-identified as gay or lesbian. The mean age is 20.7 years old (range from 17 and 24). Sixty-six percent of the participants

TABLE 1. Socio-Demographic Characteristics of the Study Population (n = 15)

<b>Sexual Self-Identification</b>	<i>n</i>	<b>Years of Living in Canada</b>	<i>n</i>
Gay men	7	4	1
Lesbians	4	5	2
Bisexual Women	2	6	2
Dyke/Queer	1	8	1
None of the Above	1	10	1
		11	1
<b>Ages (years)</b>		17	2
17	2	20	3
19	3	21	1
20	1	22	1
21	4		
22	1	<b>Education</b>	
23	2	High School	6
24	2	Community College	1
		University	8
<b>Place of Birth</b>			
Africa	1		
Canada	1		
China or Hong Kong	4		
Indonesia	1		
Korea	1		
Malaysia	1		
The Philippines	2		
Vietnam	4		
<b>Ethnic Self-Identification</b>			
Chinese	10		
Chinese-Vietnamese	1		
Korean	1		
Filipino	1		
Vietnamese	2		

have been living in Canada more than 10 years (mean = 12.8; range from 4 to 22). Although our participants were born in eight different countries, ethnically, most (n = 10) self-identified as Chinese. All of them were in school at the time of interview (6 in high school, 1 in community college, and 8 in university).

### ***Limitations***

The study reported here is qualitative and exploratory in nature. The goal of this study is to learn and to understand the experience of the participants, rather than trying to generalize the findings. Generalizability of the study is thus limited. Also this study will not offer any causal explanation of the phenomenon being studied. Because the study is exploratory and few studies have been conducted previously in this area, it may require a large number of participants to reach the point of saturation of categories (Kuzel, 1992). However, due to the lack of resources available, only 15 participants were recruited in the study. The participants were also predominantly Chinese and identified as gay or lesbian. These factors may affect the completeness of the findings. Moreover, this study was conducted in only one geographic location; thus, transferability of the findings may be limited (Lincoln & Guba, 1985; Trochim, 1999).

### ***Design and Procedure***

Because of our limited time and resources, we originally planned to conduct only three focus groups with 15 participants. However, some potential participants refused to participate in a group setting. They were willing to engage only in personal interviews. Our design was adjusted to accommodate their requests since it is difficult to obtain participants in this population. The data were collected between May and August 1999 in Toronto. No one received any gift or honorarium for participation. Two interviews and three focus groups were conducted in the end. All interviews and focus groups were carried out by our trained peer worker to protect the participants' identity and to increase their willingness to share. Our peer worker, prior to employment, was involved in other research projects conducted at a well-established university. He/she also attended a training session developed by us that focused on skills such as probing questions and facilitation. A pilot focus group was conducted by the peer worker before the actual study took place, where one of the researcher observed and provided feedback afterward. All of the interviews and focus groups were audiotaped and

transcribed. We listened to the audiotapes subsequent to each focus group and interview and provided more feedback to the peer worker when necessary. As requested by our participants, no adult researchers would attend the focus groups and interviews.

Open-ended questions were designed to cover three areas: (1) what are the barriers to prevent gay, lesbian, and bisexual youth from practicing safer sex or accessing safer sex information? (2) do the current mainstream HIV/AIDS organizations and/or gay, lesbian, and bisexual youth organizations meet these youth's needs? and (3) if not, what kind of services do these youth need? An unstandardized approach was used allowing our peer worker to probe and obtain relevant information.

### *Analysis*

The transcriptions were analyzed by both of the researchers. The purpose of the analysis was not only to identify categories and common themes related to the research questions but also to explore the difference between Asian gay men and lesbians (Janesick, 1994; Miles & Huberman, 1994). No preexisting coding system was used but, rather, the analysis was exploratory and used an ongoing recursive process of developing codes and hypotheses. Categories and sub-categories that emerged were compared within and between each of the focus groups and the interviews to assess and continually clarify the relationship of the properties to the categories and sub-categories (Knodel, 1993; Stewart & Shamdasani, 1998). Subsequent to this process, the researchers discussed and compared the coded transcripts to increase the reliability of the codes (Anastas & MacDonald, 1994). Preliminary findings based on the codes were also sent to two of our agency committees (containing about 12 community members) to obtain feedback.

## **RESULTS AND DISCUSSION**

### *Lack of Sex Education at Home*

Homosexuality and sex are taboo subjects that are frequently prohibited from being discussed publicly in Asian cultures. All of our participants indicated this issue in their family. One male participant told us:

*Talking about sex in general is pretty much a taboo but . . . that was part of the reason why I wasn't informed. Because there was*

*such a sort of shroud around that topic . . . don't talk about it 'cause it's embarrassing.*

Another female participant said, *"If I had to leave it up to my parents to tell me about safer sex, then I would probably never hear about it. That's like one of those taboo subjects. . . . it would never be a topic of briefer discussion that we have."* Even though sex is sometimes discussed, it is generally described as evil or is reserved only for procreation. One female participant said:

*[My parents] won't really talk to you about [sex]. Like . . . they won't really give you a good idea that it's sex [and] is not that bad. They will say that sex is really bad. It is like evil . . . like you have committed a crime.*

Another female participant stated:

*[My mother] told me that on her honeymoon she didn't have sex. She never had sex for pleasure . . . And, she only has sex like less than 5 times . . . just to have two children. I was just like oh wow . . . Sex is sacred to procreation and you shouldn't use it.*

Gay sex is almost never discussed, but when it is talked about, it is generally very negative and is frequently associated with AIDS. As one male participant described, *"When one hears the word, gay sex or anything like that, they assume AIDS. That's what my parents associate. . . ."* Another female participant reported:

*I don't really know how to express it but like a role for gay people in Asian communities. . . . everybody always thinks if you're gay, then you're mentally ill or it's always negative or you're a prostitute.*

Consequently, most of the participants learned about sex through friends and/or from television. One female participant indicated, *"I think some of my non-Asian friends have had their parents to discuss with them, and that's where probably I learned of sex . . . from my White friends."* Another male participant described, *"You may learn it through different means um . . . watching sitcoms, TLC, Discovery Channel . . . or even through like seeing pornography. . . ."* Clearly, friends and television often cannot provide them with the information they need in or-

der to protect themselves from HIV and STD infection. Worse, they may obtain inaccurate information believing that they are not at risk for the infection and thus engage in risky behaviours. Moreover, the mainstream media tends to perpetuate negative stereotypes about gay, lesbian, and bisexual people. Such portraits may lead to low self-esteem and social isolation, which, as Martin and Knox (1995) have argued, are the factors that increase one's risk for HIV infection.

Although some participants have learned about sex in school, they felt that the information they obtained in school was irrelevant or too conservative. Gay sex is often not included in school discussions. One male participant said, "*In my school there was [sex education] but it was all straight sex.*" Another male participant responded to him, "*Yeah . . . They don't tell you, for instance, anal sex. They just don't tell you. I don't know like the first time how to handle it or prepare for it. . . .*" Other participants also expressed a similar concern: "*I don't know if I'm doing [masturbation] right! [educational materials] don't tell us. I think sex education in school system just doesn't really tell you much. . . .*" Those participants who were recent immigrants and spoke limited English had even less access to sex education and faced greater social isolation. As one male participant said, "*I never had anyone to talk to even in school. I don't think I ever had sex education.*"

Clearly, the social attitude "talking about sex is embarrassing" prevents gay, lesbian, and bisexual Asian youth from seeking information about sex, which may also affect their ability to negotiate safer sex practice (Chan, 1997b). One male participant said, "*My first few partners, for instance, I never asked them [their status of HIV and STD] because I don't know . . . I just felt um . . . hm . . . I didn't know how to.*" Moreover, this attitude may encourage them to seek the information through other means that are misleading, affecting their judgment about safer sex practice and thus increasing their risk for HIV and STD infection. When sex is portrayed as a mystery or secret, it may increase their curiosity about sex. As a result, they may try to satisfy their curiosity by engaging in sexual encounters. Without accurate information about safer sex, they may put themselves at risk for the infection. One male participant shared his frustration:

*I'm 24 and I didn't even know that you can contract [STD] through this and that. I was kind of scared, you know what I mean! But, like you can get it through kissing, for instance. And, I have no idea.*

### *Homophobia in Asian Families*

Homophobia is particularly prevalent in Asian cultures; the intensity of heterosexism and homophobia is much stronger in Asian cultures than in the U.S. culture (Chung & Katayama, 1998). Chung and Katayama point out three reasons why homosexuality is not acceptable in Asian cultures. First, traditional Asian cultures emphasize rules of nature, which is thought to consist of two opposite but complementary components, such as cold/warm, male/female, and Yin-Yang. Homosexuality is thus against nature. Second, homosexuality works against economic traditions. Many modern Asian countries developed out of agricultural societies that relied primarily on human labor. A large family means more human power and more economic potential. The number of children was also a factor that determined the inheritance of family property. Men and women thus have been expected to get married and have many children. Lastly, homosexuality is in conflict with the traditional gender role and family structures, which tend to be well-defined in Asian cultures (Chu & Sue, 1984). Usually, violation of these systems is unacceptable; especially for sons who are obligated to carry on the family name from one generation to the next, same-sex love is strictly prohibited. A man is considered as “a failure” in his family and society when he fails to fulfill his familial obligations (Lopez & Lam, 1998; Tran, 1993). As one male participant remarked, “*It’s so true that the whole Chinese family structure relies on their son to carry on the family name. Whatever so . . . it’s not okay to be gay almost in a lot of Asian families.*”

Because of this, overtly homophobic comments and jokes are frequently made about gay men to discourage them from engaging in same-sex behaviours. One male participant described his experience:

*Even my Dad joked. I remember him saying stuff like . . . directly translated from Chinese, gay guys are like butt buddies. Do you know what I mean? Just the way he describes it, it sounds really raunchy, dirty, and abnormal. They see it abnormal in terms of queer sex.*

Another male participant also reported, “*I remember my Mom saying oh . . . [being gay is] a sin, just saying stuff like that affected me . . . I carry that thought in my head. It’s a sin, I’m a sin. . . .*” However, it is not to say that Asian lesbians do not face discrimination against their sexual orientation but, rather, they are rendered invisible. Authors like Lopez

and Lam (1998) and Thongthiraj (1996) have already acknowledged this problem noting that homosexuality is generally portrayed as male-dominated in many Asian cultures. Lopez and Lam, for example, point out that “the existence of lesbians is denied etymologically; no word exists in Vietnamese common language to express the concept of women loving other women” (p. 31). Thongthiraj also states that since the focus of homosexuality in Thailand lies solely on the gay male subculture, “Thai women who love other women face incredible invisibility” (p. 164).

The intensity of homophobia in Asian cultures is clearly strong. Coming-out is often not an option for many gay Asian men and Asian lesbians. One female participant shared her struggle:

*Being a lesbian in an Asian family is a big problem. It's really not easy to talk about it because you don't really know how to say it sometimes. I tried many times to tell my Mom already but there's just no way to tell her. I know if I tell her, she would tell my Dad for sure. . . . In the end, they want their daughter to be normal again so she'll discuss with my Dad to see what can be done. Maybe ground me or lock me up or deprive me of food to see if I'll become . . . normal at once.*

Another female participant contemplated her mother's reaction: “My Mom will take it really badly and make me move out, if I come out to her.” Yet another female participant discussed this fear: “If you went up to my aunt and [come out to her], she'd be like, shame on you! You'll bring shame to the family, oh . . . no no no!” Coming-out in Asian cultures is not only about themselves but about their family as well. Many fear that their coming-out may dishonour their family and/or the community may ostracize their family (Chan, 1995, 1997a; Liu & Chan, 1996). One female participant depicted this fear:

*For me personally, if I were to come out to my parents, let's say if my parents were cool with it, I have to come out to the rest of my father's side of the family, my mother's side of the family, everyone they grocery shop with. Then you know, they go into the closet. Do I want to put my parents in that kind of situation?*

Another female participant also identified this issue: “In terms of coming-out, it's not just having to deal with how my parents react, but how their position within the community is going to be affected.”

Although most of our participants were still in the closet, some had already come out to their parents prior to the interview. However, their sexual orientation is often viewed as a temporary phase or they are told not to display their “homosexual behaviours” in public. Some parents even withdraw financial support from their children. One female participant shared her experience: “[*Being a lesbian is*] something that [*my parents*] view as a phase and . . . I think they may be thinking it’s over now.” Another female participant identified a similar experience, “I came out and then I went back in because [*my parents*] were just in so much denial. I mean till this day to them, I’m still straight.” One male participant said:

*My parents are pretty comfortable with the way I am now . . . but in terms of keeping [my gayness] to myself and not displaying it publicly. They’re always constantly on my case saying whatever you do, make sure if you go to Chinatown, don’t make it obvious.*

Later, he also expressed:

*My parents no longer invest in me like before. They say yeah . . . we’re investing a lot of money in you, so you know, it would come back. But, with this gay thing, they’re like we’re not going to invest in you anymore. They sort of cast me away. . . . They won’t accept me as they were before, like giving you money or doing things for me now. It’s kind of like a cold feeling . . .*

Another male participant addressed this issue:

*[My parents] actually came to me and go . . . at least bi, you can have kids, right. . . . the first thing they assumed was that oh . . . now you’re gay, you can’t have a normal life, you can’t have an education. And, they just automatically threw everything down the drain . . .*

Because the prejudice is so strong, some participants no longer hoped that, someday, they would be accepted by their friends and family but, rather, they would not be prejudiced. As one female participant stated, “As long as [*my parents are*] not prejudiced about me, it is enough. They don’t have to completely accept [*my lifestyle*].”

It is well documented that homophobia has a strong impact on the psychological well-being of gay, lesbian, and bisexual youth (e.g., Herdt, 1992; Herdt & Boxer, 1993; O’Hanlan et al., undated; Tremble,

Schneider, & Appathurai, 1989). It has forced many gay, lesbian, and bisexual youth to stay in the closet. Fear such as that they may be disowned by their family, that their sexual identities are being found-out, or that they bring shame to the family, can lead to a tremendous amount of psychological stress and may result in social isolation. For many gay, lesbian, and bisexual Asian youth, family is the only support they have. To deal with these emotional stresses, they, especially those who lack positive coping mechanisms, may thus use substances, which could also ease some of their awkward feelings about intimacy with a same-sex partner. Moreover, coming-out and searching for their own sexual identity is often a more pressing issue than safer sex practice. To gain a sense of social connection and to validate their sexual identity, many seek anonymous sexual encounters, which may in turn increase their risk for HIV infection (Choi, Kumekawa et al., 1999).

Although some gay, lesbian, and bisexual Asian youth are “out,” their parents’ denial is clearly a sign of non-acceptance to themselves and their sexual preference. Most Asian cultures emphasize family identity and family esteem; the requirement to be a loyal and good member of a group is an important factor to such esteem (Matteson, 1997; McMahon, 1997). Thus, non-acceptance from parents not only lowers self-esteem but could also lead to self-hatred and internalization, which in turn become a barrier to safer sex (Choi, Kumekawa et al., 1999; Díaz, 1998; Sanitioso, 1999). Parental rejection may also push them to seek acceptance from peers and sexual partners. Many may engage in high-risk behaviours, such as sharing needles or having unprotected anal sex to gain such acceptance. Moreover, to avoid shaming the family, some gay, lesbian, and bisexual Asian youth may exclude themselves from cultural activities and thus further alienate themselves from their own community (Tremble et al., 1989). Particularly for those who have a strong tie to their ethnic identity, this alienation could be devastating. Constant vigilance in maintaining the proper image could also be stressful (Liu & Chan, 1996). All of these stresses, as Grossman (1997) has argued, are “factors that lead many to place themselves in situations where they are at risk for HIV infection” (p. 49).

### ***Unresponsive Health and Social Service Providers***

Many authors have argued that AIDS services provided by the mainstream agencies have not been able to adequately meet the needs of ethno-cultural communities (e.g., Díaz, 1998; Lau, Tan, Tran, & Yee, 1999; Morales, 1995; Parish, Sakakura, Green, Tan, & Pacheco, 1996; Roberts, 1995). Lau et al., for example, point out that “in the main-

stream AIDS service organizations, there is a lack of cultural sensitivity and language provision to serve the needs of Asian persons living with AIDS” (p. III). Similarly, Parish et al. firmly assert that the Western political and medical health care system “is insensitive to our particular social, cultural, and language needs” (p. 202). Our participants also talked about this issue and their experiences with the mainstream gay, lesbian, and bisexual youth organizations. Some participants found their discussion topics irrelevant. One male participant said:

*The topics aren't really relevant. . . . I didn't find a lot of them for myself but it's not just about gay Asian youth. A lot of topics I had already been through, coming out, monogamy and things like that . . . so when they were talking about them, I was bored.*

Others felt excluded or found the discussion intimidating. One male participant remarked:

*[The gay, lesbian, and bisexual youth group] is really mainstream. And, if you're Asian or visible minority, you stand out. . . . It's very intimidating. Most of people there are very overt, overly overt in terms of their sexuality.*

Another female participant said:

*I went to a lesbian group at the [community center] that was at 8 o'clock. There were several problems with that because most of them were quite a mono-culture. I didn't know what their dynamics were culturally. . . . I felt pretty much excluded. Some of the organizations out there are very white and it is problematic when you try to bring out issues of race. . . . I don't remember exactly but I just remember feeling like an outsider . . .*

Yet, other participants found that the counsellors were unable to understand or relate to their issues. One male participant said, “*I was talking to one of the facilitators there. I was telling how my parents are different when you're coming out to them. And, he just couldn't understand. He was like . . . what?*” Our participants furthermore felt that the mainstream safer-sex campaigns lacked Asian representations. It is thus difficult for them to relate to the notion of safer sex practice. One male participant stated:

*There were no services, there were no resources for me, when I was growing up. Because all the pamphlets and brochures in the high school, they didn't have the kind of representation that I could relate to. They were mostly, you know, White. There were no gay Asians when I was growing up.*

Another male participant remarked:

*What [the mainstream agencies] are trying to do is to basically reach out to everyone but they do use White models and, say, the little picture there perhaps . . . gives us a notion that only White people should practice safer sex.*

Frequently, these agencies are the first place where gay, lesbian, and bisexual youth seek professional help when they are coming out (Herdt, 1992; Herdt & Boxer, 1993). They are also places where these youth can feel comfortable about themselves and their sexuality, and where they can ask questions or seek information about sex. However, the services have yet to prove their effectiveness to gay, lesbian, and bisexual Asian youth. It is unlikely that they will seek safer sex information or even go back to these agencies to seek professional help when they feel excluded or uncomfortable there. As one male participant stated, “*When you aren't comfortable in a situation, you're not going to be open, and you're not going to be willing to seek out information, or to discuss things. . . .*” Consequently, these youth have to deal with their coming-out issues on their own, as well as to find their own support network. However, many are not ready to do so and may end up using substances as a way to cope. As will be discussed later, social support is not often available as well, which could become a barrier to safer sex. They may also find other ways to obtain information about sex, which could be misleading and thus affect their judgment about safer-sex practice.

### ***Lack of Social Support***

All of our participants indicated experiencing various levels of social isolation. They often found it very difficult to talk about their same-sex interest, especially with their “straight” Asian friends. One female participant described her experience:

*. . . none of my friends knew [I'm gay]. Most of my friends are Asian . . . Chinese and I have very few White friends. . . . Most of my*

*Chinese friends are predominantly straight and I want to bring my girlfriend along. I have to sit there and listen to their problems about them and their friends but I can't tell them "well yep . . . me and my girlfriend, we have these problem." They can't relate to . . .*

Another female participant discussed a similar issue: *"Your whole group of friends is straight and one day, all of sudden, they ask you oh . . . so where's your boyfriend. . . . You have to tell them oh . . . he's in Hong Kong. It's hard to tell them . . . this is my oh . . . I'm a lesbian."* Because of the cultural differences, some participants also found it uncomfortable or even difficult to discuss their issues with their non-Asian friends. One female participant remarked, *"I think even not having Asian friends or people of colour friends was a barrier to my own kind of self-esteem and finding out who I am and who I was. . . . I feel uncomfortable talking . . . with my White feminist friends about my issues."* Another male participant said:

*There are a lot of things that my friends and I who are Asian do . . . which people who aren't don't understand. . . . like why we have to go out for tea and spend four hours having tea . . . just stuff like that, jokes that go on which they can't really partake in because they're not Chinese or not whatever Asian groups. . . . They might think it's a little bit bizarre or a little bit strange.*

Although there are some social groups and services for Asian gay men, lesbians, and bisexuals, these groups and services primarily cater to older gay Asian men or those non-Asian men who are attracted to Asian men. One male participant stated, *"There's a group for Asians . . . I went there and it was for an older group so yep I didn't really . . . that's all they can offer. You know like there was no queer Asian youth group."* Another female participant indicated:

*I found two Asian queer groups on Internet. One of them told me the history of Chinese emperors or something like that. The other one was like . . . a Chinese gay man's group held a lot of picnics in Toronto. But, there wasn't any [for gay youth or lesbians].*

No service or social group exists specifically for these youth even though our participants found that it is particularly important to connect with other gay, lesbian, and bisexual Asian youth. As one female participant shared her frustration about finding services:

*We have so much in common as we're queer Asian youth but we don't have a way to connect or have anywhere to go. When I was just coming out, when I was just trying to discover my own identity, I didn't know where to go. . . . I can't walk into the queer community center or Asian help groups and say I'm a queer youth. . . .*

Clearly, social support is lacking for gay, lesbian, and bisexual Asian youth. Because there is a lack of positive space for them to hang out and meet, many may end up hanging out in bars and bathhouses. Wanting to gain social acceptance and support may make them more susceptible to being taken advantage of by older gay men and lesbians. However, lack of negotiation skills, life experiences, and knowledge about safer sex, may increase their risk for HIV infection. Moreover, finding no useful professional help and other forms of social support may generate or even further intensify their sense of helplessness. Many not only use alcohol or drugs but also use sexual pleasure as a way to deal with these emotional stresses, as well as to overcome social isolation (Herdt & Boxer, 1993; Ridge, Hee, & Minichiello, 1999). A recent study shows that Asian MSM have the highest rate in sexual sensation seeking among different ethno-racial groups. The study also shows that a person high on sexual sensation seeking is four times as likely to engage in sexual risk taking behaviours (Chng & Geliga-Vargas, 2000). As Díaz (1998) states, "often, isolated individuals who do not feel good about themselves may seek in sexual encounters a sense of social connection and personal validation that is subjectively experienced as more important than the use of a protective barrier" (p. 14).

### *Negative Stereotypes*

Another issue our participants discussed is the negative stereotype about gay Asian men. Many felt that they are portrayed as passive, submissive, exotic, or someone looking for a White "sugar daddy." One male participant said:

*Many perceive us as being pretty feminine . . . so we aren't even seen as men . . . you know, our smooth, thin bodies are seen as feminine and . . . we are supposed to be subservient like women who are expected to be . . .*

Another male participant expressed his frustration:

*What I see out there on the street, you know . . . slim Asian boys. It's just around you, it's everywhere in the community . . . young*

*Asian boys, cute Asian boys. Do you know what I mean? You could be 28 and you could be considered oh . . . this boy, this young boy. Those . . . titles are associated with passivity and subservience.*

He continued to say:

*The gay community is defined . . . in terms of what the ideal is . . . Caucasian! You're Caucasian, you're buff. You know it is not necessary that you have to stand a certain height, but it seems that the taller you are, the more attractive you are. As someone being Asian and someone being queer, aesthetically, I don't feel that I fit in . . . when people look at me. I think that they are thinking that . . . oh, here's a young smooth Asian guy who's looking for someone older, preferably a Caucasian man to take care of him. I am not like that, I'm not passive, and I'm not submissive. I have none of those things that people usually label a gay Asian to be.*

Indisputably, negative stereotypes have a strong impact on self-esteem. Many scholars and researchers have identified that there is an association between negative stereotypes and self-esteem and HIV risk (e.g., Choi, Kumekawa et al., 1999; Díaz, 1998; Martin & Knox, 1995; Sanitioso, 1999). Choi, Kumekawa et al., for example, note that negative stereotypes lower self-esteem and thus increase HIV risk. Similarly, Sanitioso argues that other gay men, especially those who lack or have no understanding of Asian cultures, tend to treat gay Asian men according to the existing stereotypes. Those behaviours influence not only the way gay Asian men think about themselves but also their behaviour. They may thus act according to the stereotypes (such as being submissive and passive) relinquishing control over safer sex. As Sanitioso says, "being perceived as submissive certainly confers a lower status in the decision-making or negotiation about safer sex" (p. 76). Our participants also pointed out this dynamics. One male participant stated:

*You're just willing. Being queer and Asian, if you're with someone, just say, you're having sex with them. You'll be . . . almost like you don't want to lose the person, your partner, because you're so flattered that . . . he wants to be with you so that you're willing to do things in order not to lose him . . .*

Another male participant remarked:

*You were made to feel that you were . . . inferior. And, suppose that you were with a partner who was not practicing safer sex. Because you are in the relationship and you did feel inferior, you could feel that you don't have a say in it and it could lead to [unsafe sex].*

### ***Ideal Standards of Beauty***

Asian people tend not to fit into the traditional standards of beauty in North America. Our participants discussed the effect of such standards. They found there are certain aesthetics in the community to which they have to conform. Although they felt having achieved these standards, they are still not seen by others or see themselves as good looking or attractive. One female participant:

*In terms of entering the community, I feel that there are certain aesthetics that I have to conform to. I shaved my head, I'm called Chinese monk, right! But, would a White person be called that? Probably not! But, then why is it that I want that aesthetic in terms of shaving my head. Is it because most White [lesbians] like to do so?*

Another male participant shared his feelings:

*I want to be uh . . . buff and like the nice looking body, you know. I just want to be that because I think it looks really healthy, it looks nice, you know, it's sexy. But even though I feel that, I achieve it, I still won't feel like good looking because I don't have . . . White privilege, because I'm not White obviously. . . . If you're Asian, you'll always be seen as being inferior, despite the fact that you might have a nicer body.*

Yet, another male participant said:

*In terms of the aesthetics of oneself, you know, just how you look, I don't like to admit it but it's really frustrating. Because . . . even though I don't like to admit it, I do try to fit into the mould. I go to the gym . . . blah blah blah, I buy these clothes, I look this way and . . . blah blah blah, and it's all trying to fit in and that's what it is. . . . Everywhere in the media, walking up and down Church Street [the central area of the gay and lesbian community in Toronto] in conversations you have with your friends, pictures in magazines,*

*things like that . . . even when you go to parties, all the body boys or most of the body boys are Caucasian.*

Inevitably, the feelings of inferiority and unattractiveness have a profound impact on self-esteem. The ideal beauty standards may also have led many Asian gay men, lesbians, and bisexuals to prefer Caucasian men as their potential partners. Although we did not ask our participants' racial preference of their potential partners, other studies have shown that many gay Asian men prefer White men as their sexual partners. A study of Asian bisexual men, for example, shows that nearly two thirds of the participants regularly chose non-Asian partners, frequently men older than themselves (Matteson, 1997). Another study of gay Asian and Pacific Islander men also indicates a similar finding: 66% of the partners were Caucasian (Choi, Coates et al., 1995).

Strong preference for a White partner compounded with factors such as low self-esteem and fear of rejection may lower their ability to negotiate safer sex practice. Many Asian cultures emphasize respect for authority figures, such as older people (Ridge et al., 1999; Sanitioso, 1999). Such respect, as one of Shulman's (1992) students puts it, "involves more than just ordinary politeness; it also involves agreement with the leader's view or at least abstention from open expression of disagreement" (p. 521). They may thus relinquish control regarding safer sex when they are with White sexual partners (especially older) who are socially perceived as more dominant. Asian people also tend to use a more indirect way of saying no. As Ridge et al. (1999) have pointed out, when an Asian man "means to say no to sex to an older Anglo man, he may do so in a non-confrontational manner, such as by saying 'maybe later'" (p. 60). Many Anglo men misinterpret such a response as consent. Recent studies have shown this dynamic. A qualitative study, for example, finds that gay Asian men are unable to convince their White partners to use condoms (quoted by Yip, 1996, p. 12). The author attributes it to three factors: (1) strong preference for White partners, (2) fears of rejection, and (3) general feelings of intimidation by White people. Another qualitative study of gay Asian and Pacific Islander youth also reveals that 50% of the participants in San Diego and 70% of those in Seattle reported having had unprotected anal sex (Choi, Hays et al., 2000). Most surprisingly, it finds that 40% (in San Diego) and the majority (in Seattle) of most recent encounters of unprotected anal sex were with an older White male.

Our participants were also aware of this dynamic but most of them did not identify it as their own personal experience. Rather, they said

that it was their friend's experience or they had heard about it from their friends. This may be due to their discomfort to discuss such a sensitive issue in a group setting. Only one female participant described this dynamic with an older White man:

*The first sex I ever had was with a man and the first intercourse I had was not with condoms. This was a heterosexual, sexual intercourse with a White male who was much older than me. . . . I talk a lot but at the same time when it comes down to it, when I need to speak out for myself and want him to put a condom on. . . . I just didn't say anything. I was just like well, he's older.*

### ***Negative Perceptions of Safer Sex Practices Among Asian Lesbian and Bisexual Women***

Asian women living with AIDS in general are not seen in popular media. AIDS is still considered as a "gay disease" in many Asian countries (Porter, 2000). Many Asian women, consequently, do not perceive themselves at risk for HIV infection; they thus do not practice safer sex (Lau et al., 1999). Our female participants also identified this issue. As one participant stated:

*At least my ex-girlfriend didn't know. She feels that basically two girls having sex is about both of them being able to enjoy it and not have to be responsible, because neither of them will get pregnant. She feels that well, we've never had sex with a guy so we won't have any disease.*

They also found dental dams funny, troublesome, or even mood-ruining. One participant remarked, "*I don't even have friends who practice safer sex. . . . In terms of women, I think . . . dental dams have been just waved around as cool, cute, funny, and awful tasting. . . .*" Another participant said:

*Dental dams are not a fun thing to use. Well . . . though you can make condoms into dental dams, the problem is using it. You know, you have nothing . . . to grasp and you have to . . . [hold it]. It just really ruins the mood . . .*

When they do not see themselves at risk, it may increase their risk for HIV and STD infection since they may be more willing to share sex

toys, such as dildos and vibrators. As safer sex is not a common practice among their friends, they may also assume that it is acceptable not to do so. It is also unlikely that they will engage in safer-sex practice especially when dental dams are considered inconvenient or mood ruining. Asian bisexual women may face even greater challenges. Because of the strong patriarchal values in Asian cultures, Asian women in general have less say in their sexual practice when with a male partner (Lau et al., 1999). As one female participant said, "*If the guy doesn't use it, for you . . . as a girl, it's hard to ask a guy [to put on a condom]. I mean he won't wear a condom even if you want him to, if you really insist, the guy might dump you and that is even worse.*" Forty-seven percent of the reported Asian female AIDS cases in the U.S. are infected through heterosexual contacts. They and Hispanic women (also 47%) have the highest rate of HIV infection through such contacts (Centers for Disease Control and Prevention, 1998). Asian lesbians and Asian bisexual women are clearly vulnerable to HIV infection.

### ***HIV PREVENTION APPROACHES***

#### ***Theory of Youth-Centered Services***

Services and programs must be youth-centered and designed according to their needs. As Peterson (1994) has said, "it is erroneous to believe they will fit into, or be able to maneuver within, a system designed for adults" (p. 144). Programs and services should also be fun (rather than safer sex talks) since youth generally want to do something "cool" and have fun. As Kegeles, Hays, and Coates (1996) argue:

. . . since HIV prevention is not in itself sufficiently motivating or captivating for young gay men, they tend not to seek out HIV prevention services. Thus, a successful HIV prevention intervention needs to relate HIV risk reduction to the satisfaction of other compelling needs. (p. 1129)

Self-empowerment and efficacy should be the guiding principle of the programs. It is important to encourage these youth to be involved. They should decide what the program should look like and how to implement and evaluate it. In contrast, our responsibilities, as researchers and workers, should be to provide them with technical support and resources to implement the

programs, as well as to help identify and resolve concerns about the programs. We must not decide “what is good” and impose it on these youth. As Grossman (1997) has stated, this kind of community involvement could provide these youth not only with “fun” but also with opportunities to make decisions, to develop problem-solving and negotiation skills, to foster leadership within the community, as well as to take ownership of the program. Only by building on their strengths, as well as by providing an accepting and safe environment, can these youth begin to develop feelings of confidence, adequacy, self-esteem, and self-worth. They are important factors that increase self-efficacy to make necessary behavioural choices to reduce HIV risk (Morales, 1995; Cranston, 1992). As Hunter and Schaecher (1994) have argued, “these experiences help young people personalize their knowledge and develop coping skills for AIDS prevention” (p. 350). Moreover, services and programs developed by these youth are more likely to suit their needs and thus to succeed and increase the legitimacy of the health message (Loue, Lloyd, & Phoombour, 1996).

### *Positive Asian Spaces*

As discussed earlier, there is a lack of positive social space existing in our community for gay, lesbian, bisexual Asian youth. However, this space could not only provide these youth with a place to meet and share their experience with other gay, lesbian, and bisexual Asian youth, but it could also provide peer support, give them a message that they are not alone, as well as foster a sense of belonging. For those who are closeted or just coming out, these are particularly important (Gochros & Bidwell, 1996). As one female participant said, “*It would be really important to know that there are queer Asian youth out there. . . . if they’re Asian, I guess there’s some sort of bond. It’s . . . me, look! There’s another queer Asian person, that’s me, they’re out there.*” Similarly, a male participant stated, “*I know some of my friends, even though there are organizations for youth, a lot of them feel more comfortable when they’re around . . . Asians ’cause it just makes them [feel more comfortable] like there is this level of comfort . . . this sort of knowing.*” These are factors associated with protective behaviour that reduce HIV risk (Choi, Kumekawa et al., 1999; Díaz, 1998 ). Moreover, this space provides them with a choice that may reduce their desire to frequent bars or bathhouses and thus lower their HIV risk.

*Format of the social events.* Events should be interactive and fun focusing on experiential learning rather than information giving. Karaoke or movie nights could attract many more gay, lesbian, and bisexual

Asian youth than traditional safer sex workshops. Games are developed by the youth and prepared for the events. Condoms and safer sex pamphlets should be made available at the events and be placed in visible places so that they are readily accessible. Where appropriate, workers and peer volunteers should engage these youth in critical dialogue about their lives in the context of HIV, racism, homophobia, and other forms of social oppression. As Cranston (1992) and Carballo-Diéguez (1998) have argued, this dialectic approach to HIV education can facilitate a self-empowerment process and increase self-efficacy to make necessary behavioural choices to reduce HIV risk. We believe that when a safe and fun environment is created, these youth will not only participate in the activities, but will also seek information and assistance when required.

*Location.* Location should be carefully considered. Note that those gay, lesbian, and bisexual Asian youth who are still in the closet may not be comfortable to socialize in the gay area. However, if the location is too far away from the downtown and the gay area, those who enjoy frequenting the gay area may not come, and many may not have the transportation. Activities should thus be organized in places that are both accessible and anonymous to increase participation. As one female participant stated, “[The service] needs to be accessible in a way that it’s also anonymous. You don’t have to go somewhere, or see someone, or be afraid of someone seeing you going there.”

### ***Coming-Out and Family***

Family and family support not only are essential to many gay, lesbian, and bisexual Asian youth but also play important risk and protective roles in determining HIV risk among these youth. It is thus important to help them to deal with their family as a part of the HIV prevention strategies (Choi, Kumekawa et al., 1999; Choi, Yep, & Kumekawa, 1998; Díaz, 1998).

*Coming-out.* Coming-out is often a dramatic experience for many gay, lesbian, and bisexual Asian youth. It is also one of the most vulnerable moments in their lives that could lead to risky behaviours. Workers should be prepared to help deal with such emotional stresses, to provide support, and to accompany the youth during the process. They should also be aware of signs of suicidal ideation, alcohol and other substance abuse. It is important to help these youth develop other positive coping mechanisms to deal with these feelings. Moreover, workers must help these youth to assess their family’s attitudes toward homosexuality if

they decide to come out to their parents. Also important is to point out to them the possible consequences (such as being asked to leave home) and realistic expectations. Parents may take as much time as their children to learn to accept their children's sexual orientation. They may go through a process similar to the coming-out process their children went through. Many of the parents have experienced denial, isolation, anger, as well as depression after they learn about their children's sexual preferences (Hom, 1996). Workers should also be familiarized with the local resources for referrals and be prepared for cases where youth have been thrown out of their homes. It must, however, be noted that acceptance may have a different meaning for parents as they may accept it, but they may not want to talk about it. Not coming-out is also an option which should be presented to the youth as well. Because they may be asked to leave home or may be ostracized by their parents, it may not be a good idea to come out, especially if they are still emotionally and financially dependent. As Chung and Katayama (1998) have argued, ". . . oftentimes the best decision is to postpone coming out to family members" (p. 25). This can be reframed as a way of taking control over their lives. (For other excellent references, see Chan, 1992, 1995, 1997a; Chung & Katayama, 1998; Liu & Chan, 1996; Pope & Chung, 1999)

*Support to the parents.* In Asian countries HIV/AIDS is still generally considered as a "gay disease." Many Asian parents may thus fear that their gay sons and/or lesbian daughters may get or have AIDS already, which may lead to tensions and conflicts between them and their sons and/or daughters. These youth may consequently lose their family support and thus engage in risky behaviours. Services must, therefore, be extended to the family if HIV prevention strategies are wanted to be effective. Gay, lesbian, and bisexual parent-support groups should be organized, or individual counselling should be provided, to help the parents accept their children's sexual orientation and understand issues related to it and HIV/AIDS. Individual counselling and support groups can also allow the parents to talk about their issues of having a gay son and/or a lesbian daughter as well as about their questions regarding HIV/AIDS. Moreover, support groups can help the parents reduce social isolation letting them know they are not alone. Culturally and linguistically appropriate pamphlets are often preferred by older Asian people, especially those who speak little English (Mui & Reid, 1999). As one male participant described it:

*I came out to her and I really want her to come to meet other parents . . . but she wasn't comfortable. So I came here specifically to look for reading materials for my Mom. Because I don't read Chinese, I asked*

*around [for information that] I could pick up to give to my Mom to read. I found this little pamphlet, it was written in several languages, such as Chinese and Korean. It was really brief but I took that home, sat down with my Mom, and made her read it out loud to me, so I knew what it was about too. It was kind of helpful 'cause it was something that my parents could see. . . . it's not just coming from me, you know, like I'm telling them all this information about what it's like to be gay. It's helpful to know . . . there are other people out there.*

### ***Prevention Strategies in Communities***

*Outreach in high school.* Outreach in high school, especially those high schools outside the downtown area and with a large number of Asian students, may help reach those gay, lesbian, and bisexual Asian youth who are closeted and less connected with the gay, lesbian, and bisexual community. Extra care must, however, be taken when conducting outreach in local high schools as most of these youth do not want to be identified in front of their peers. A private area should be prepared to do emergency counselling or to answer their personal questions. A drop box for anonymous questions, which could be placed before the workshops, may also encourage these youth to ask questions without fear of being embarrassed. Using other visual arts such as cartoons in the workshops or doing a play could help attract more audience members than traditional approaches to HIV education.

*Outreach in the larger community.* Newspaper articles and television commercials can effectively reach a larger audience and area. One way to do this without incurring high costs is to contact local Asian newspapers during special events (such as gay pride day or AIDS awareness week) and ask if they are willing to write feature articles. Reporters will be more likely to conduct the interviews and write up these articles if interviewees can be located by agencies. However, knowing the writer will help ensure good quality and that the information provided is accurate. These articles can raise awareness of issues related to Asian gay men, lesbians, and bisexuals as well as to HIV/AIDS. As one female participant stated:

*I think seeing it on TV [or newspapers] it was like oh . . . it's not something to be really ashamed of. It's not like one family's problem. It might be there're a lot of people affected by it. I think if it was somewhat more visible, people would say oh . . . maybe it's not just my son or daughter who is a Chinese queer.*

*Print materials.* Print materials such as pamphlets and flyers can be a very cost-effective way in reaching a larger number of youth. Creative visual arts and/or cartoons could easily catch youth's attention and stimulate their interest to read the materials. Similarly, Asian faces could help gay, lesbian, and bisexual Asian youth to relate to the materials and thus encourage them to practice safer sex. As one male participant described it:

*I think the stuff that ACAS [Asian Community AIDS Services] puts out is so much . . . different than what [the mainstream organizations] put out, 'cause you get the pamphlets, those little pamphlets and they have people who look like us . . . you know, encouraging people to use condoms and such.*

However, it is also important to use different types of relationships such as gay, lesbian, heterosexual, Asian, and Asian/non-Asian. As one male participant said, "Let's face it, there's Asians who's dating White guys too. . . . If we're mixing it up a little, it can probably help too because I'm not dating an Asian. If I see two Asians together how can I relate to them because I don't know who that is." Information should include the name and telephone number of the agency, the services they offer, as well as safer-sex practice such as how to put on a condom. Language should be simple and easy to understand; the materials should also be small, easy to carry and inconspicuously obtained.

*Appropriate use of authority figures and role models.* In many Asian cultures obedience to elderly and parents is highly valued (Choi, Kumekawa et al., 1999; Liu & Chan, 1996). Appropriate use of authority figures may not only help promote safer-sex practice but also help normalize their sexuality and thus gain self-acceptance and self-esteem. As one female participant stated:

*To have support from someone like Moms and aunties makes you feel a lot better. You think, well if other people's Moms accept it, then maybe my Mom will accept it. I always think that if people from an older generation can accept your sexual preference, you'd feel like, yes! Since older people can accept it, it's actually not a crime.*

It must, however, be noted that we do not suggest preaching which may further alienate these youth and thus have an adverse effect. Moreover, gay, lesbian, and bisexual Asian community leaders and/or youth can

be used as role models in media campaigns to promote a positive identity, which our participants found particularly important since it helps them search for their own identity. As one male participant said:

*A lot of us feel that we're outsiders when we are with our Chinese friends. We feel like we're different 'cause we're gay. But then, when we're with White people, we feel different 'cause we're Chinese. Role models come into play when . . . we can see ourselves as being that person, we can relate to that role model.*

### CONCLUSION

Gay, lesbian, and bisexual Asian youth are vulnerable to HIV infection due to the social factors indicated above. However, the current programs are either culturally inappropriate or non-youth focused. As a result, their needs have not been adequately met. Appropriate programs must be developed immediately to fill this gap. Program design must be based on their needs as well as facilitating a self-empowerment process. Yet, the success of these programs relies heavily on the political climate and the availability of funding. Redistribution of community resources is, therefore, of utmost importance.

### NOTES

1. "Youth" is defined as those males and females who are between the ages of 15 and 24. "Asian" is referred to as those who are East and South East Asian descendants or as those who have one parent or grandparent from East and South East Asia and self-identify themselves as so.

2. The actual number is 35,487 (33.26% of 106,687).

3. The actual number is 51,000 (17.1% of 296,205) which includes Chinese, Korean, Japanese, Southeast Asian, and Filipino.

4. The definition of AIDS cases for adults and adolescents includes "HIV-infected persons with CD4<sup>+</sup> T-lymphocyte counts of less than 200 cells/uL or a CD4<sup>+</sup> percentage of less than 14, and persons diagnosed with pulmonary tuberculosis, recurrent pneumonia, and invasive cervical cancer" (Centers for Disease Control and Prevention, 1998, p. 40). The drastic increase in AIDS cases among this population may have partly resulted from the 1993 expanded AIDS case definition and improved survival for AIDS patients who were receiving treatment.

5. It is important to note that since the age ranges are fixed in the HIV/AIDS surveillance report, I used the same ranges (13-19 and 20-24) to describe youth here. In total, there are 4,974 cases. Youth account for 218 cases (4.4%). In contrast, those between the ages of 25 and 29 account for 2,740 cases (55%). For further information, please see the 1998 HIV/AIDS surveillance report, p. 16.

## REFERENCES

- Anastas, J. W., & MacDonald, M. L. (1994). *Research design for social work and the human services*. Toronto: Maxwell Macmillan Canada.
- Anderson, S. C. (1996). Substance abuse and dependency in gay men and lesbians. *Journal of Gay & Lesbian Social Services*, 5 (1), 59-76.
- Camit, M. (1994, September). Positive Asians: A hidden minority. *National AIDS Bulletin*, 8 (8), 26-27.
- Carballo-Diéguez, A. (1998). The challenge of staying HIV-negative for Latin American immigrants. *Journal of Gay & Lesbian Social Services*, 8 (1), 61-82.
- Centers for Disease Control and Prevention. (1998). *HIV/AIDS Surveillance Report*, 10 (2), 16-21.
- Centers for Disease Control and Prevention. (1997). *HIV/AIDS Surveillance Report*, 9 (2), 11-12.
- Centers for Disease Control and Prevention. (1996). *HIV/AIDS Surveillance Report*, 8 (2), 11-12.
- Chan, S. C. (1992). Cultural considerations in counseling Asian American lesbians and gay men. In S. H. Dworkin & F. J. Gutiérrez (Eds.), *Counseling gay men & lesbians: Journey to the end of the rainbow* (pp. 115-124). Alexandria, VA: American Association for Counseling and Development.
- Chan, C. S. (1995). Issues of sexual identity in an ethnic minority: The case of Chinese American lesbians, gay men, and bisexual people. In A. R. D'Augelli & C. J. Patterson (Eds.), *Lesbian, gay, and bisexual identities over the lifespan: Psychological perspectives* (pp. 87-101). New York: Oxford University Press.
- Chan, C. S. (1997a). Attitudes toward sexuality and sexual behaviors of Asian-American adolescents: Implications for risk of HIV infection. In R. D. Taylor & M. C. Wang (Eds.), *Social and emotional adjustment and family relations in ethnic minority families* (pp. 133-144). Mahwah, NJ: Lawrence Erlbaum Associates, Publishers.
- Chan, C. S. (1997b). Don't ask, don't tell, don't know: The formation of a homosexual identity and sexual expression among Asian American Lesbians. In B. Greene (Ed.), *Ethnic and cultural diversity among lesbians and gay men: Psychological perspectives on lesbian and gay issues, Volume 3* (pp. 240-248). Thousand Oaks, CA: Sage Publications.
- Chng, C. L., & Geliga-Vargas, J. (2000). Ethnic identity, gay identity, sexual sensation seeking and HIV risk taking among multi-ethnic men who have sex with men. *AIDS Education and Prevention*, 12 (4), 326-339.
- Choi, K. H., Coates, T. J., Catania, J. A., Lew, S., & Chow, P. (1995). High HIV risk among gay Asian and Pacific Islander men in San Francisco [Letters to the editor]. *AIDS*, 9 (3), 306-307.
- Choi, K. H., Kumekawa, R., Dang, Q., Kegeles, S. M., Hays, R., & Stall, R. (1999). Risk and protective factors affecting sexual behavior among young Asian and Pacific Islander men who have sex with men: Implications for HIV prevention. *Journal of Sex Education and Therapy*, 24 (1 & 2), 47-55.

- Choi, K. H., Hays, R., Kegeles, S. M., Stall, R., Kumekawa, G., & Dang, Q. (2000, February 16). *Young Asian men's study* [on-line]. Available: ([www.caps.ucsf.edu/projects/yamsindex.html](http://www.caps.ucsf.edu/projects/yamsindex.html)).
- Choi, K. H., Salazar, N., Lew, S., & Coates, T. J. (1995). AIDS risk, dual identity, and community response among gay Asian and Pacific Islander men in San Francisco. In G. M. Herek & B. Greene (Eds.), *AIDS, identity, and community: The HIV epidemic and lesbians and gay men* (pp. 115-133). Thousand Oaks, CA: Sage Publications.
- Choi, K. H., Lew, S., Vittinghoff, E., Catania, J. A., Barrett, D. C., & Coates, T. J. (1996). The efficacy of brief group counseling in HIV risk reduction among homosexual Asian and Pacific Islander men. *AIDS, 10* (1), 81-87.
- Choi, K. H., Yep, G. A., & Kumekawa, E. (1998). HIV prevention among Asian and Pacific Islander American men who have sex with men: A critical review of theoretical models and directions for future research. *AIDS Education and Prevention, 10* (Supplement A), 19-30.
- Chu, J. & Sue, S. (1984). Asian/Pacific-Americans and group practice. *Social Work with Groups, 7* (3), 23-35.
- Chung, Y. & Katayama, M. (1998, February). Ethnic and sexual identity development of Asian-American lesbian and gay adolescents. *Professional School Counseling, 1* (3), 21-26.
- Cranston, K. (1992). HIV education for gay, lesbian, and bisexual youth: Personal risk, personal power, and the community of conscience. *Journal of Homosexuality, 22* (3/4), 247-259.
- Díaz, R. M. (1998). *Latino gay men and HIV: Culture, sexuality, and risk behavior*. New York: Routledge.
- Fetterman, D. M. (1998). Ethnography. In L. Bickman & D. J. Rog (Eds.), *Handbook of applied social research methods* (pp. 473-504). Thousand Oaks, CA: Sage Publications.
- Ford, W. L. (1998). *The young men's survey, Los Angeles: HIV prevalence, selected risk behaviors, and identity among five racial/ethnic groups*. Paper presented at the Los Angeles country Adolescent HIV consortium, February 13, 1998.
- Gellert, G. A., Moore, D. F., Maxwell, R. M., Mai, K. K., & Higgins, K. V. (1994). Targeted HIV seroprevalence among Vietnamese in southern California. *Genitourin Medicine, 70*, 265-267.
- Gibson, P. (1994). Gay male and lesbian youth suicide. In G. Remafedi (Ed.), *Death by denial: Studies of suicide in gay and lesbian teenagers* (pp. 15-68). Boston: Alyson Publications, Inc.
- Gochros, H. L. & Bidwell, R. (1996). Lesbian and gay youth in a straight world: Implications for health care workers. *Journal of Gay & Lesbian Social Services, 5* (1), 1-17.
- Goh, D. S. (1994). Effects of HIV/AIDS information on attitudes toward AIDS: A cross-ethnic comparison of college students. *Journal of Psychology, 127* (6), 611-618.
- Grossman, A. H. (1997). Growing up with a "spoiled identity": Lesbian, gay and bisexual youth at risk. *Journal of Gay & Lesbian Social Services, 6* (3), 45-57.

- Hays, R. B. (1996). *What are young gay men's HIV prevention needs?* California: Center for AIDS Prevention Studies, University of California San Francisco.
- Herd, G. (1992). "Coming out" as a rite of passage: A Chicago study. In G. Herdt (Ed.), *Gay culture in America: Essays from the field* (pp. 29-67). Boston: Beacon Press.
- Herd, G., & Boxer, A. (1993). *Children of horizons: How gay and lesbian teens are leading a new way out of the closet*. Boston: Beacon Press.
- Hom, A. Y. (1996). Stories from the homefront: Perspectives of Asian American parents with lesbian daughters and gay sons. In R. Leong (Ed.), *Asian American sexualities: Dimensions of the gay & lesbian experience* (pp. 37-49). New York: Routledge.
- Horan, P. F., & DiClemente, R. J. (1993). HIV knowledge, communication, and risk behaviors among White, Chinese-, and Filipino-American adolescents in a high-prevalence AIDS epicenter: A comparative analysis. *Ethnicity and Disease*, 3, 97-105.
- Hou, S., & Basen-Engquist, K. (1997). Human immunodeficiency virus risk behavior among white and Asian/Pacific high school students in the United States: Does culture make a difference? *Journal of Adolescence*, 20, 68-74.
- Hunter, J., & Schaecher, R. (1994, June). AIDS prevention for lesbian, gay, and bisexual adolescents. *Families in Society: The Journal of Contemporary Human Services*, 75 (6), 346-354.
- Janesick, V. J. (1994). The dance of qualitative research design: Metaphor, methodolaty, and meaning. In N. K. Denzin & Y. S. Lincoln (Eds.), *Handbook of qualitative research* (pp. 209-219). Newbury Park, CA: Sage Publications.
- Kegeles, S. M., Hays, R. B., & Coates, T. J. (1996, August). The Mpowerment project: A community-level HIV prevention intervention for young gay men. *American Journal of Public Health*, 86 (8), 1129-1135.
- Knodel, J. (1993). The design and analysis of focus group studies: A practical approach. In D. L. Morgan (Ed.), *Successful focus groups: Advancing the state of the art* (pp. 35-50). Newbury Park, CA: Sage Publications.
- Kuzel, A. (1992). Sampling in qualitative inquiry. In B. F. Crabtree & W. L. Millers (Eds.), *Doing qualitative research* (pp. 31-44). Newbury Park, CA: Sage Publications.
- Lau, W., Tan, S., Tran, T. N., & Yee, S. (1999, June). *Legal, ethical and human rights issues facing east and southeast Asian-Canadians in accessing HIV/AIDS services in Canada*. Toronto: Asian Community AIDS Services.
- Lemp, G. F., Hirozawa, A. M., Givertz, D., Nieri, G. N., Anderson, L., Lindegren, M. L., Janssen, R. S., & Katz, M. (1994). Seroprevalence of HIV and risk behaviours among young homosexual and bisexual men: The San Francisco/Berkeley Young Men's Study. *Journal of the American Medical Association*, 272, 449-454.
- Lincoln, Y., & Guba, E. (1985). *Naturalistic inquiry*. Thousand Oaks, CA: Sage Publications.
- Liu, P., & Chan, C. S. (1996). Lesbian, gay, and bisexual Asian Americans and their families. In J. Laird & R. J. Green (Eds.), *Lesbians and gays in couples and families: A handbook for therapists* (pp. 137-152). San Francisco: Jossey-Bass Publishers.

- Lopez, R. A. & Lam, B. T. (1998). Social support among Vietnamese American gay men. *Journal of Gay & Lesbian Social Services*, 8 (2), 29-49.
- Loue, S., Lloyd, L. S., & Phoombour, E. (1996). Organizing Asian Pacific Islanders in an urban community to reduce HIV risk: A case study. *AIDS Education and Prevention*, 8 (5), 381-393.
- Martin, J. I. & Knox, J. (1995). HIV risk behavior in gay men with unstable self-esteem. *Journal of Gay & Lesbian Social Services*, 2 (2), 21-41.
- Matteson, D. R. (1997). Bisexual and homosexual behavior and HIV risk among Chinese-, Filipino-, and Korean-American men. *Journal of Sex Research*, 34 (1), 93-104.
- Mayne, T., Weatherburn, P., Hickson, F., & Hartley, M. (1999, June). *Result of the 1998 beyond 2000: Sexual health survey—sexual health and practices of gay, bisexual and homosexually active men in New York City*. New York: GMHC HIV Prevention.
- McMahon, T. (1997, May-June). Cultural difference & gay identity: Implications for HIV interventions. *National AIDS Bulletin*, 11 (3), 16-18.
- Miles, M., & Huberman, A. (1994). *An expanded sourcebook: Qualitative data analysis*. Thousand Oaks, CA: Sage Publications.
- Morales, J. (1995). Gay Latinos and AIDS : A framework for HIV/AIDS prevention curriculum. *Journal of Gay & Lesbian Social Services*, 2 (3/4), 89-105.
- Mui, A. C., & Reid, R. J. (1999). HIV/AIDS knowledge, beliefs, and at-risk behaviors in the Chinese American Community. *Journal of Social Service Research*, 25 (1/2), 61-76.
- Multicultural HIV/AIDS Education and Support Services. (1996). *Chinese-speaking background beats outreach report*. Sydney: Central Sydney Area Health Service.
- Nemoto, T., Wong, F. Y., Ching, A., Chng, C. L., Bouey, P., Henrickson, M., & Sember, R. E. (1988, June). HIV seroprevalence, risk behaviours, and cognitive factors among Asian and Pacific Islander American men who have sex with men: A summary and critique of empirical studies and methodological issues. *AIDS Education and Prevention*, 10 (Supplement A), 31-47.
- New York City Department of Health. (2000, February). *Office of AIDS surveillance: Delayed care seeking among HIV-infected persons*. Paper presented to New York HIV Planning Council, CBC Committee.
- O'Hanlan, K. A., Lock, J., Robertson, P., Cabaj, R. P., Schatz, B., Nemrow, P. (undated). *Homophobia as a health hazard: Report of the Gay and Lesbian Medical Association* [on-line]. Available: ([www.ohanlan.com/phobiahzd.htm](http://www.ohanlan.com/phobiahzd.htm)).
- Osmond, D. H., Page, K., Wiley, J., Garrett, K., Sheppard, H. W., Moss, A. R., Schragar, L., & Winkelstein, W. (1994). HIV infection in homosexual and bisexual men 18 to 29 years of age: The San Francisco Men's Health Study. *American Journal of Public Health*, 84 (12) 1933-1937.
- Parish, R., Sakakura, J., Green, B., Tan, J. B., & Pacheco, R. V. (1996). Communion: A collaboration on AIDS. In R. Leong (Ed.), *Asian American sexualities: Dimensions of the gay & lesbian experience* (pp. 201-217). New York: Routledge.
- Pederson, W. B. (1994). HIV risk in gay and lesbian adolescents. *Journal of Gay & Lesbian Social Services*, 1 (3/4), 131-147.

- Pope, M., & Chung, Y. B. (1999). From bakla to tongzhi: Counseling and psychotherapy with gay and lesbian Asian and Pacific Islander Americans. In D. S. Sandhu (Ed.), *Asian and Pacific Islander Americans: Issues and concerns for counseling and psychotherapy* (pp. 283-300). Commack, NY: Nova Science Publishers, Inc.
- Porter, B. (2000, May 06). Asia's plague. *South China Morning Post*, p. 15.
- Remafedi, G., Resnick, M., Blum, R., & Harris, L. (1992). Demography of sexual orientation in adolescents. *Pediatrics*, 89 (4 part 2), 714-721.
- Ridge, D., Hee, A., & Minichiello, V. (1999). "Asian" men on the scene: Challenges to "gay communities." *Journal of Homosexuality*, 36 (3/4), 43-68.
- Roberts, T. L. (1995). African American gay males with HIV/AIDS: Building upon cultural capacities to survive. *Journal of Gay & Lesbian Social Services*, 2 (3/4), 75-87.
- Sanitioso, R. (1999). A social psychological perspective on HIV/AIDS and gay or homosexually active Asian men. *Journal of Homosexuality*, 36 (3/4), 69-85.
- Shulman, L. (1992). *The skills of helping: Individuals, families, and groups* (3rd ed.). Itasca, Illinois: F. E. Peacock Publishers.
- Spradley, J. P. (1979). *The ethnographic interview*. Toronto: Holt, Rinehart and Winston.
- Statistics Canada. (1996). *Visible minority population, 1996 census* [on-line]. Available: ([www.StatCan.CA/english/Pgdb/People/Population/demo40a.htm](http://www.StatCan.CA/english/Pgdb/People/Population/demo40a.htm)).
- Stewart, D. W., & Shamdasani, P. N. (1998). Focus group research: Exploration and discovery. In L. Bickman & D. J. Rog (Eds.), *Handbook of applied social research methods* (pp. 505-526). Thousand Oaks, CA: Sage Publications.
- Strunin, L. (1991). Adolescents' perceptions of risk for HIV infection: Implications for future research. *Social Sciences Medicine*, 32 (2), 221-228.
- Sy, F. S., Chng, C. L., Choi, S. T., & Wong, F. Y. (1998, June). Epidemiology of HIV and AIDS among Asian and Pacific Islander Americans. *AIDS Education and Prevention*, 10 (Supplement A), 4-18.
- Thongthiraj, T. T. (1996). Toward a struggle against invisibility: Love between women in Thailand. In R. Leong (Ed.), *Asian American sexualities: Dimensions of the gay & lesbian experience* (pp. 163-174). New York: Routledge.
- Toronto Community and Neighbourhood Services: Social Development and Administration Division. (1999, February). *City of Toronto social development atlas: 1996 population characteristics, persons age 15-24*. Toronto: Author.
- Tran, B. (1993). Cross-cultural social work with HIV + Asian gay men. *Social Work Perspectives*, 3-6.
- Tremble, B., Schneider, M., & Appathurai, C. (1989). Growing up gay or lesbian in a multicultural context. *Journal of Homosexuality*, 17, 253-267.
- Trochim, W. M. K. (1999). *Research methods knowledge base* (2nd ed.). [on-line]. Available: (<http://trochim.human.cornell.edu/kb/qualval.htm>).
- U.S. Census Bureau. (1999a, September 15). *Population estimates for counties by age, race, sex, and Hispanic origin: Annual time series July 1, 1998* [on-line]. Available: ([www.census.gov/populationn/estimates/county/casrh/casrh06.txt](http://www.census.gov/populationn/estimates/county/casrh/casrh06.txt)).
- U.S. Census Bureau. (1999b, July 29). *Table 1. selected social characteristics of the population, by region and race: March 1998* [on-line]. Available: ([www.census.gov/population/socdemo/race/api98/table01.txt](http://www.census.gov/population/socdemo/race/api98/table01.txt)).

- Wong, D., & Wilkinson, C. S. (1991, March). The view from the inside: Serving Asian communities. *MIRA: The Quarterly Newsletter of Multicultural Inquiry and Research on AIDS*, 5 (1), pp. 1, 2, 4, 5, 10.
- Yi, J. K. (1998, July). Vietnamese American college students' knowledge and attitudes toward HIV/AIDS. *Journal of American College Health*, 47 (1), 37-42.
- Yip, A. (1996, November 29). Until there's a cure. *Asianweek*, pp. 11-12.



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