

A&PI WOMEN HAVE THE HIGHEST RATE OF INCREASE IN NEW HIV INFECTIONS IN THE NATION



ASIAN AND PACIFIC ISLANDER WOMEN ARE AT RISK FOR HIV

Recent analysis of data from the Centers for Disease Control and Prevention reveals that Asians and Pacific Islanders (A&PIs) have the highest rate of increase in new HIV infections in the nation, the only statistically significant growth among any racial or ethnic group. Though HIV is still seen as a men's issue, the rate of increase for A&PI women is actually higher than that of A&PI men. Despite this, most A&PI women are not aware they are at risk for infection.

86% OF A&PI WOMEN LIVING WITH HIV GOT IT FROM A MAN

The reality is that A&PI women have sex and engage in the same risky behaviors as their peers in other races/ethnicities. The majority of A&PI women contract HIV and other STDs through unprotected sex with a male partner. A woman's HIV risk is often indirect, based on the HIV risk of her partner. Even women who believe they are in monogamous relationships can be shocked by a positive HIV test result.

A&PI women, particularly young women, tend to be less informed about HIV and STD transmission and prevention, highlighting the critical need to increase their HIV/STD awareness.

A&PI WOMEN ARE NOT GETTING TESTED FOR HIV

Overall, A&PIs are less likely to get tested for HIV than other races/ethnicities¹ and 1 in 3 A&PIs living with HIV don't

know their status.² A&PI women are also less likely to get an HIV test than women of other races/ethnicities, even when they believe they are at risk.³ A number of factors contribute to the low testing rates, including the lack of testing sites sensitive to the needs of A&PI women, stigma associated with sexual health, and provider bias. The misconception that A&PIs are not at risk for HIV is perpetuated by healthcare providers who often discourage A&PI women from getting tested. Recent studies indicate that A&PI women are less likely to be offered an HIV test in OB/GYN settings than women of other races/ethnicities.

When I tried to get tested for HIV, the test counselor said 'Why are you getting tested? No way a nice girl like you could be exposed to HIV.'

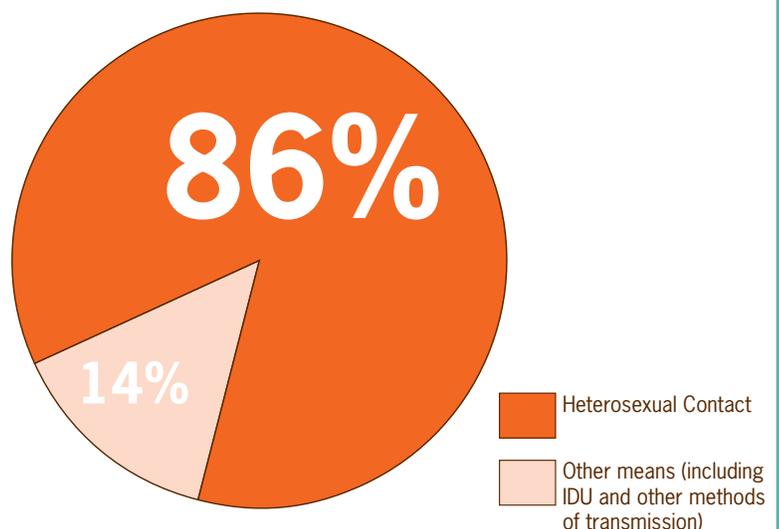
– survey respondent, 36 years old

MAJOR FACTORS AFFECTING HIV/STD RISK

STIGMA

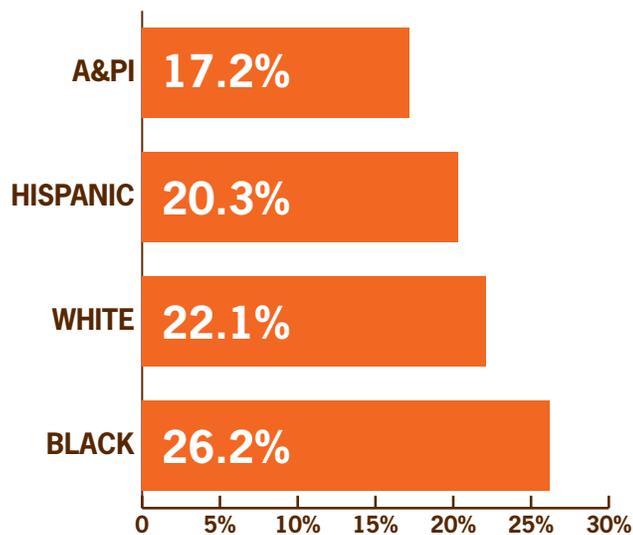
In A&PI communities, the silence and shame associated with HIV is so powerful that people avoid talking about sex or disease entirely, which perpetuates the misconceptions about HIV transmission. A woman may fear rejection by her family and community if she discusses her sexuality openly or is discovered getting tested for HIV/STDs. Stigma not only prevents people from learning about HIV, but also increases the likelihood that women will engage in unsafe behaviors such as drug or alcohol use and unprotected sex. It also prevents people from accessing prevention services such as HIV/STD testing.

86% OF A&PI WOMEN LIVING WITH HIV GOT IT FROM A MAN



Adih WK, Campsmith M, Williams CL, Hardnett FP, and Hughes D, "Epidemiology of HIV among Asians and Pacific Islanders in the United States, 2001-2008," *Journal of the International Association of Physicians in AIDS Care*. 2011 Apr 20. [Epub ahead of print].

SEXUALLY EXPERIENCED A&PI WOMEN ARE LEAST LIKELY TO BE TESTED IN OB/GYN SETTINGS



HC HAHM, IH SONG, A OZONOFF AND JC SASSANI, "HIV TESTING AMONG SEXUALLY EXPERIENCED ASIAN AND PACIFIC ISLANDER YOUNG WOMEN: ASSOCIATION WITH ROUTINE GYNECOLOGIC CARE," *WOMEN'S HEALTH ISSUES*, 19 (2009) 279-288.

GENDER, POWER DYNAMICS AND LACK OF OPEN COMMUNICATION

Sex is an extremely private matter and talking openly about it is taboo, especially in A&PI communities where discussion of sex is even seen as disrespectful to parents or elders. A&PI women rarely learn about

A&PI women are four times more likely to get an STD than A&PI men.

sex and sexuality from their parents. Instead they are left to glean what little they know from friends, the television or the internet. Even with intimate

partners, especially male sexual partners, sexual health is not a topic that is easily discussed. Recent studies found that A&PI women are four times more likely to get an STD than A&PI men. The lack of open communication, unequal power dynamics and gender roles all contribute to this disparity and ultimately increase the HIV/STD risk of A&PI women. A&PI women are less likely to express their sexual needs, negotiate condom use, or make empowered sexual decisions.⁴

LANGUAGE BARRIERS

A&PIs represent over 40 different ethnicities speaking more than 100 languages and dialects. A large percentage of the A&PI population in the US are first-generation immigrants, and many are monolingual or limited English-proficient (LEP). Language barriers make it impossible for many A&PI women to gather accurate information about HIV/STDs, and can even prevent them from seeking advice from English-speaking providers. Many providers fail to use interpretation services for A&PI patients, often relying on family members to translate. Having a family member translate intimate details regarding sex can be awkward and embarrassing. To avoid the shame and disgrace, many women will avoid discussing these issues entirely.

EXPECTATIONS & STEREOTYPES

Stereotypes about A&PIs abound in mainstream media, but the most prevalent and damaging is the "model minority" myth. Internalized by the community, this stereotype leads A&PIs to expect model behavior and performance from themselves and their communities. A&PIs are conscious of their image and will go to great lengths to protect their families from a tarnished reputation or disgrace. In order to "save face," A&PIs will even avoid HIV testing or treatment services. According to a recent study, A&PI young women are least likely of all races/ethnicities to get an HIV test—even if they believe their HIV risk is high.⁵ The subservient and hypersexualized stereotypes of A&PI women also lead to increased HIV/STD risk, discouraging empowered behavior and encouraging risky decisions.

My mother's only speech about sex was to tell me to not go out after dark because I 'might get raped.' My initial knowledge about sex came from teenaged, whispered conversations with my other Asian friends who knew just as little as I did. We scoured *Cosmopolitan* magazine for any tidbits of information to correct our obviously wrong assumptions about what sex was, but it never told us about STDs or pregnancies.

-survey respondent, 29 years old

HEALTH INSURANCE

A significant portion of the A&PI community, approximately 17% of Asians and 21% of Pacific Islanders, are uninsured, compared to 11% of Whites.⁶ A&PI women who are under or uninsured do not have access to critical reproductive health services such as cervical cancer screenings and HIV testing.⁷ Since many free HIV testing sites are funded to serve specific, high priority populations, A&PI women without health insurance are often left with few resources to get tested. Additionally, limited-English proficient women are challenged to navigate the complex US health care system, including applying for public health benefits, such as Medicare or WIC. This is particularly problematic for A&PI women living with HIV.

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- ² Campsmith ML, Rhodes PH, Hall HI, et al. Undiagnosed HIV Prevalence Among Adults and Adolescents in the United States at the End of 2006. *Journal of Acquired Immune Deficiency Syndromes* 53(5): 619-624. April 2010.
- ³ Hahm HC, Song IH, Ozonoff A and Sassani JC. "HIV Testing Among Sexually Experienced Asian and Pacific Islander Young Women: Association With Routine Gynecological Care." *Women's Health Issues*, 2009, 19: 279-288.
- ⁴ UC Berkeley, sexual empowerment fact sheet.
- ⁵ Ibid, 3.
- ⁶ APIAHF, Fact Sheet: Health Insurance Coverage. Dec 2006
- ⁷ NAPAWE. HPV, Cervical Cancer Brief

Saving Face Can't Make You Safe.
TALK ABOUT HIV.



The Banyan Tree Project is a national campaign to end the silence surrounding HIV/AIDS in A&PI communities. Stop HIV stigma in your community. Find out more at www.banyantreeproject.org or **1-866-5BANYAN**