



# Factors influencing the sexual health of Asian men who have sex with men



## Question

What are the factors influencing the sexual health of Asian men who have sex with men (MSM) living in North America, Australia, the United Kingdom, and Asia?

## Key Take-Home Messages

- A systematic review of the literature conducted by Wei et al. (2011) suggests that Asian and Pacific Islander MSM have comparable high-risk sexual behaviors, number of sex partners and unprotected sex partners as MSM of other races/ethnicities.(1)
- Asian and Pacific Islanders were found to be the only ethnic population in a US study with a significant increase in HIV diagnosis rates during the period 2001 through 2008. In addition, 61% of Asian and Pacific Islanders diagnosed with HIV in the US were MSM.(2)
- Culturally competent health care practices are a potentially important strategy for addressing health disparities and there is a need for culturally specific training of health care professionals and health administrators serving these populations.(3)
- Having two potentially conflicting social identities - being Asian and being gay- is very complex and requires the ability to balance both identities and maintain personal satisfaction and comfort with being both Asian and gay. (4) In addition, racism within the gay community may lead to socially and contextually prescribed sexual roles for Asian and Pacific Islander MSM that may contribute to the practice of unsafe sex among this group.(5)
- The systematic review by Wei et al. (2011) also found that substance use/abuse is as prevalent among both Asian and Pacific Islander men and those of other races/ethnicities. In addition, while finding that frequent-heavy alcohol use, polydrug use, frequent drug use and non-injection drug use were not significantly associated with race/ethnicity, two of the three studies found that Asian and Pacific Islander men were less likely to have injected drugs.(1)

## EVIDENCE INTO ACTION

The OHTN Rapid Response Service offers HIV/AIDS programs and services in Ontario quick access to research evidence to help inform decision making, service delivery and advocacy. In response to a question from the field, the Rapid Response Team reviews the scientific and grey literature, consults with experts, and prepares a brief fact sheet summarizing the current evidence and its implications for policy and practice.

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## The Issue and Why It's Important

In recent years, there has been an abrupt and severe HIV/AIDS epidemic in Asia. With the steady rate of immigration from Asia and the Pacific Islands to countries such as the US, Canada, Australia and the UK, there is growing concern about the HIV/AIDS risks for Asian and Pacific Islander immigrants (6) – particularly MSM – and about the capacity of prevention and health services to meet the needs of members of these ethnic groups. These same concerns can be applied to Asian MSM from Asian countries, a population also discussed in this review.

## What We Found

### HIV Prevalence in Asians and Pacific Islanders in the US, the UK, and Asia

According to one study, in Asia as a whole, the HIV prevalence rate for MSM is 18.7 times higher than the general population.(7) Another article described the increases in HIV infection among MSM in Asia as “alarming.”(8) However, the majority of Asian countries have an HIV prevalence rate somewhere between 0 and 1%, the exception being Thailand, which has a 1.4% infection rate. In Bangkok, HIV prevalence among MSM has risen from 17.3% in 2003 to 30.8% in 2007.(7) According to an Internet survey of 10,413 MSM in Asia, 6.2% self-reported as HIV-positive while 38% reported not knowing their HIV status. 44% had had an HIV test in the past year while 34% had never been tested.(8) Another study found zero HIV-positive individuals out of 295 MSM in Khahn Hoa, Thailand. (9)

Although the absolute number of Asians and Pacific Islanders in North America, Australia and UK is small compared to other groups, their percentage of the total population has been steadily increasing. For example, a recent study found that Asians made up only 1% of the population in the US in 1970, but 5% in 2007.(2)

Given the size of the population, Asian and Pacific Islanders may be disproportionately affected by HIV. Between 2001 and 2008, Asians and Pacific Islanders were the only ethnic population in the US to experience a significant increase in HIV diagnosis rates – although the actual number with HIV remains small.(2) According to the Centers for Disease Control, HIV infections in this population are occurring predominantly in MSM (7), which is consistent with the findings of Adih et al. (2011) who found that 61% of Asians and Pacific Islanders diagnosed with HIV in the US were MSM.(2) Although Asian and Pacific Islanders make up a small proportion of MSM in the US<sup>1</sup>, they have a higher prevalence of HIV as compared to white MSM but lower than the rates that have been found for Hispanic or Black men<sup>2</sup>.(8) According to a San Francisco area study, self-reported HIV prevalence among Asian MSM was 6%.(10)

In the UK, HIV prevalence rates have been found to be lower in Asian MSM than in white or black MSM (white MSM 8.7%, black MSM 10.8%, South Asian MSM 3.6%, and other MSM - 4.1% ).(11)

Unfortunately, no comparable data on HIV prevalence in Asians and Pacific Islanders was identified for Canada or Australia.

<sup>1</sup>Of an estimated 7.1 million men who have sex with men in the US in 2007, 71.4% (5.1 million) were white, 15.9% (1.1 million) were Hispanic, 8.9% (635,000) were black, 2.7% (191,000) were Asian, 0.4% (26,000) were American Indian/Alaska Native, 0.1% (6,000) were Native Hawaiian/other Pacific Islander, and 0.6% (41,000) were of multiple/unknown race/ethnicity.(11)

<sup>2</sup>Note: HIV prevalence is higher in certain ethnic groups of men who have sex with men: HIV/AIDS prevalence per 100,000 MSM was significantly higher among black (8,292.6–20,731.4); Hispanic (5,599.5–13,998.7); and Asian/Pacific Islander, American Indian or multi-racial (4,942.6–12,356.8) MSM than among white MSM (3,444.9–8,612.3). (12)

## Risks in Asian MSM

Wei et al. conducted a systematic review to identify possible reasons for lower HIV prevalence among Asian and Pacific Islander MSM compared to MSM of other races/ethnicities.(1) Findings from this review suggest that Asian and Pacific Islander MSM are as likely to engage in high-risk sexual behaviours as other MSM, including unprotected anal intercourse and substance use. In addition, the review found that they have as many sex partners as MSM of other ethnicities and similar rates of unprotected anal intercourse. The latter did not differ based on their partner's race/ethnicity. They also had similar rates of STI prevalence and comparable rates of utilization of HIV prevention intervention services as other MSM.(1) Similarly, a study from the UK found that although MSM of South Asian origin had a significantly lower rate of HIV infection than other ethnic groups, including white men, HIV risk behaviour did not vary significantly according to ethnicity.(11)

In terms of other STIs, one study found that rates of rectal gonorrhoea have been increasing in Asian MSM in the US.(12) Another study found that between 2006 and 2007, gonorrhoea incidence among Asian men increased by 9%, but declined in all other racial and ethnic groups.(3)

Based on the studies included in their systematic review, Wei et al. (2011) concluded that ethnicity – more specifically, where people were born – is not associated with HIV-related risk behaviors such as unprotected anal intercourse but was associated with substance use and HIV infection.(1) However, this association may be confounded by the fact that most Asian and Pacific Islander MSM emigrated from countries with lower HIV prevalence than the US.

Current understandings of why some ethnic groups within the Asian and Pacific Islander MSM population are more affected by HIV/AIDS than others are limited. There is some evidence that high acculturation to one's own ethnic culture may be protective.(1) It is also unclear whether seroadaptive behaviors are more prevalent among Asian and Pacific Islander MSM than other MSM. The studies reviewed by Wei et al. paint a complex picture of their sexual networks. Although the studies reported that a majority of Asian and Pacific Islander MSM seek sex partners beyond their own racial/ethnic group (1), all these studies were conducted in two gay concentrated urban cities in the US and may not be generalizable to sexual mixing patterns among Asian and Pacific Islander MSM in other settings.

According to a Canadian study, although Asian MSM were fully aware they should use condoms in anal intercourse with a casual partner, they had some misconceptions about HIV.(13) These misconceptions included their perception of someone being 'safe' based on his physical attractiveness or desirability, or if they carried lube and condoms with them. Moreover, the study found that participants rarely used condoms in oral sex with a casual partner, which increases their vulnerability to STIs. To reduce risk of HIV infection, some study participants either abstained from sex or did not engage in anal intercourse with casual partners, an act which they considered "sacred" and existing only in long-term relationships that often imply monogamy, intimacy, love and trust.(13)

In one San Francisco study, 26% of Asian and Pacific Islander MSM reported inconsistent condom use for anal sex with casual partners and nearly half did not know their casual partners' HIV status.(10) However, in another San

Asian Pacific Islander men. *Health & Social Work* 2009;34(4):273-81.

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Francisco study, behavioural data suggest that among Asian MSM, rates of unprotected anal intercourse between serodiscordant couples and number of sex partners in the past six months have decreased, while lifetime levels of testing have increased.(12)

According to one study conducted in Thailand, urban MSM engaged in more high-risk behaviour (e.g. meeting other MSM online, buying or selling sex) than rural MSM.(9) In Asian countries in general, there are high levels of unprotected anal intercourse among MSM, leading the researchers to conclude that this behaviour is driving the epidemic in the region. The use of methamphetamine (also known as "ice" or "crystal"), known to be a high-risk behaviour, has also been on the rise.(7) Unprotected receptive anal intercourse (URAI) was highly prevalent among one cohort of Asian MSM (47.5%), most of whom reside in China, Indonesia, Malaysia and the Philippines. For this cohort, participants were more likely to engage in high-risk sexual behaviour if they had a "lower education, being in a heterosexual marriage, having regular partner, positive HIV status, having high perception of risk for HIV infection, using recreational drug for sex, and using the Internet as their main way to seek partners."(8)

### **Social and Cultural Factors, Racism and Homophobia Affecting Asian MSM**

The factors contributing to HIV risk behaviors among Asian and Pacific Islander MSM may have less to do with lack of information or HIV awareness than with discrimination from both the gay and their own ethnic communities and its impact on self-esteem.(7) For instance, the first survey of gay men from different ethnic groups in the United Kingdom found that British MSM of South Asian origin "are living in two worlds: they are living in 21st century Britain and, culturally, in India. They also face the potential for marginalisation and discrimination both within their ethnic community and within the gay community."(14) In addition, due to homophobia, fear of discovery by family members may lead some Asian men to engage in unsafe sexual behaviors.(7)

Racism within the gay community can also lead Asian and Pacific Islander MSM to engage in unsafe sex to please their white partners if the alternative is perceived to be risking losing their partner.(7) Han et al. explored contextual norms in which sexual behavior for gay Asian and Pacific Islanders occur and argues that racism within the gay community leads to socially and contextually prescribed sexual roles for gay Asian and Pacific Islanders that may contribute to the practice of unsafe sex among this group.(5) In addition, the study suggests that within the larger gay community, gay Asian and Pacific Islanders are stereotyped as being feminine and submissive sexual partners who are only attractive to a small subset of gay white men. Gay Asian and Pacific Islanders perceive gay white men as more powerful to select their sexual partners while they see themselves as having to be selected. The participants of this study also reported that Asian and Pacific Islander MSM who did not follow these expected sexual roles were often denied sexual companionship from white men. In general, white men were viewed as more sexually desirable by gay Asian and Pacific Islander MSM than other Asian and Pacific men. As a result, the perceived shortage of gay white men willing to engage in sexual relationships with gay Asian and Pacific Islander MSM placed gay white men in a much more powerful position.(5)

Poon et al. (2005) explored psychosocial issues relating to Asian men in Toronto who use gay chatrooms in order to identify culturally appropriate HIV prevention strategies for this population.(13) The men in the study tended to be socially isolated and highly marginalized, which led to intense needs for social connections and thus left some vulnerable to sexual exploitation. Due to

heterosexism, some participants experienced feelings of confusion about their same-sex desire and many were still in the “closet”.(13)

In the US, Choi et al (2011) found that MSM of color employ different strategies to mitigate the impact of racism and homophobia in the gay and in the broader community.(15) Asian MSM in this study were the only group to state that they actively tried to pass as straight (i.e., concealing their sexuality). Unlike Black and Latino MSM who avoided predominantly white venues, Asian and Pacific Islander MSM were likely to report selective affiliation within those social spaces (i.e., avoiding individuals within those settings rather than the settings themselves).

A few studies also examined the complexity associated with having two potentially conflicting social identities: being Asian and being gay. Asian and Pacific Islander MSM prioritize and organize their dual identities in different ways but are often able to balance the two identities.(4) According to Operario et al. (2008) (4), the ability to compromise the needs of the self with the needs of the group can actually stimulate a sense of internal harmony, because the individual can maintain a complex and fluid network of self-identifications rather than being forced to have a singular, static identity. This complexity requires gay Asians to have the skills to co-exist with others by adapting to situations. The study suggested that being gay did not need to override being Asian because the men possessed skills to assess situational parameters that shaped who they are ‘in the moment’ and express themselves accordingly.

The research indicates that MSM in Asia are often reluctant to disclose their sexual orientation and homosexual behaviour. A fear of ostracism from their own families and the community at large is often cited as a reason for concealment, as well as a reduction in career options.(7, 8, 9) However, many MSM are comfortable revealing their homosexuality to counselors and various health services.(9) Another study cited discrimination towards MSM as a reason for a lack of HIV-related community initiatives.(7) Other MSM are likely deterred by legal sanctions such as the criminalization of anal sex in Malaysia or societal pressures such as the expectation for Chinese men to marry women and have children.(8)

### **Mental Health and Drug Use**

Perceived racial group devaluation has been found to be associated with depression among Asian gay men, highlighting the harmful effect of prejudice within the gay community on mental health.(16) However, Asian gay men most attracted to non-whites or who value their group more may be buffered from the influence of group devaluation on unprotected anal intercourse.(16) Coleman et al. (2010) also explored the relationship between compulsive sexual behavior and unprotected anal intercourse for MSM. Their study included MSM across a number of ethnic/racial groups who used the Internet to seek sexual partners and found that the patterns were similar among the five major race and ethnicity groups (including Asian, white, Latino, Black and bi-or multiracial MSM).(17)

The systematic review by Wei et al. (2011), found eight studies that included measures of any recent or lifetime substance use. Of these studies, seven found insufficient evidence to suggest that Asian and Pacific Islander MSM were less likely to use/abuse substances.(1) In general, Wei et al. outline that these studies found that substance use/abuse is as prevalent among both Asian and Pacific Islander men and those of other races/ethnicities. Frequent-heavy alcohol use, polydrug use, frequent drug use and non-injection drug use were not significantly associated with race/ethnicity, but two of the three studies found that Asian and Pacific Islander men were less likely to have injected drugs.(1)

Another study assessed cocaine use and found that participants believed that cocaine enhanced sociability and was acceptable for use in most social situations – in contrast to their negative perceptions of methamphetamine use. (18) Study participants also perceived little connection between cocaine use and risky sexual practices and emphasized the drug’s safety as compared to other illicit substances.(18)

In one study, rural MSM were less likely to use drugs than urban MSM yet only 1.7% of the total cohort reported ever using intravenous drugs.(9) Another study described the effect of intravenous drug use on the spread of HIV among MSM in Asia as “limited.” However, the use of methamphetamine, a risk factor for HIV infection, is on the rise in the region.(7) Of those who engaged in URAIE, 13.8% used recreational drugs before sex and 39.6% consumed alcohol. (8)

### **Access to Services**

Despite the fact that Asian and Pacific Islander populations in the US – particularly MSM – have relatively high risk of HIV, they have limited access to culturally specific and appropriate HIV and sexual health, treatment and prevention programs.(3) The limited access to these types of programs may be at least partially driven by the diversity of the population as there are approximately 14.9 million Asians and Pacific Islanders living in the United States consisting of more than 49 ethnic groups who speak more than 100 languages and dialects.(3)

It has been suggested that socio-cultural and structural factors may be critical for reducing racial/ethnic disparities in HIV risk and in access to services among MSM. As Wei et al. (2011) note, these factors may include the structures of their sexual networks, access to medical care and treatment, and influences of different levels and types of acculturation. Emerging risk reduction strategies, such as seroadaptive behaviors, may help reduce risk and disparities.(1) Given the role of discrimination in risk, it may also be important to change perceptions of Asian and Pacific Islander men in the larger gay community and among Asian and Pacific Islander MSM themselves in order to increase their self-esteem and support their efforts to reduce their risk.(7)

There is a lack of MSM programs in rural Vietnam, as they are all located in urban areas. This lack of services has led to a lesser understanding of HIV transmission and prevention among rural inhabitants. The study suggests that new websites could be one way to provide information to rural MSM.(1) The Commission for AIDS in Asia has stated that “interventions should cover at least 60%–80% of most at risk populations with a comprehensive array of services in order to stabilize and start to reverse the HIV epidemic.” In 2005, numerous agencies agreed on a “Minimum Package of Services,” also known as the “Combination Package.” This package was proposed for the Greater Mekong Subregion (Cambodia, Laos, Myanmar, Thailand, Vietnam, China) and includes the following five components: exposure to HIV prevention outreach; exposure to targeted media; access to condoms and lubricants; access to HIV voluntary counseling and testing; and access to sexually transmitted infection (STI) services. In 2007, only 11% of MSM in the region were reached by all five components.(3)

## Factors That May Impact Local Applicability

All studies reviewed in this rapid response summary have been conducted among Asian and Pacific Islander MSM living in the US, Canada, the UK, and Asia. While these findings may be relevant to programs for Asian and Pacific Islander MSM in Canadian setting, these three countries have very diverse Asian populations. Therefore, findings should be interpreted with caution as they may not be generalizable to all communities of Asian MSM living across Canada.

## What We Did

In July 2011 we searched PubMed using a combination of text terms [Asia\* AND HIV AND (gay OR men who have sex with men OR MSM)] and limited the search results to articles published in 2007 or later (at the request of the organization that submitted the rapid response request). We also searched the Cochrane Library and DARE using the following text terms: Asia\* and HIV and scanned the HIV and Acquired Immune Deficiency Syndrome categories in Health-Evidence.ca for any potentially relevant systematic reviews. Lastly, we conducted a related articles search in PubMed using one article (16) that we identified as being highly relevant to the summary. The scope of this rapid response was originally limited to Asian MSM living in North America, Australia and the United Kingdom but, based on a request from a community-based organization in Ontario, we expanded the scope to include evidence from Asia. To update the results, we ran the same searches as outlined above again in November 2012 and re-reviewed the original search results to identify relevant research evidence.