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From Research to Practice

**Office of
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The Sexual Health of Asian American/Pacific Islander Young Women—Focus on Assets

Young Asian and Pacific Islander (API) women face unique challenges to good reproductive and sexual health, including barriers to good communication about sex, low rates of condom use, and a lack of culturally-specific sexual health programs and services. But cultural factors also provide them with unique assets they can draw upon to protect their well-being. Youth-serving professionals and policy makers should be mindful of these assets in order to better promote good outcomes for these young women.

Young API Women in Cultural Context

A Diverse and Growing Population

According to Census Bureau estimates for 2004, Asians and Pacific Islanders make up five percent of the U.S. population, a 63 percent increase since 1990. These 14.8 million people are a very diverse group, including persons of Chinese, Japanese, Vietnamese, Korean, Filipino, Laotian, Cambodian, Indian, and Native Hawaiian origin, among others.^{1,2} Health indicators, income, and cultural norms can vary widely among these many countries and cultures.³ Because of underreporting and lack of data, major undertakings such as the Youth Risk Behavior Surveillance study do not provide information on API youth,⁴ while those with Hispanic-sounding names are often misclassified as Latino by health-care providers.⁵

The Myth of the Model Minority

Because of certain indicators, including a higher average income, good academic performance, and cultural stereotyping, Asian and Pacific Islanders are often viewed by the larger culture as universally intelligent, successful, and compliant. This misconception overlooks a “bimodal” distribution in API communities – in addition to wealthy and successful Asians, many APIs in America are recent immigrants or refugees who live below the poverty level and have little access to health care programs and services.³ Thus, this misconception can have two very damaging effects on young API women: the sexual health risk behaviors of the “well-behaved” upper class are overlooked, while the health needs of those living in poverty go unmet. Language and a lack of culturally competent health care services can also be barriers for both groups.

Asian Cultures and Sex

Despite the many differences between Asian cultures within the U.S., researchers have identified a number of similarities in cultural views of sex and sexuality that may have significant impact on the sexual health decisions of young API women.

- Sexual discussions are taboo among many Asian and Pacific Islander cultures. Many adults and young people have difficulty with frank discussions about sexuality.^{3,6,7,8}
- Sexuality outside of marriage is often considered unacceptable in most Asian cultures.^{6,8}
- Oftentimes, discussions of illness and health, especially sexual health, are regarded as inappropriate.^{2,6}

Acculturation and Sexual Behaviors

Acculturation is “the complex psychological process of adaptation to a different culture, by which members of an ethnic group gradually change their behaviors and attitudes to be more like those of the host society.”⁹ Researchers use a number of indicators to measure adolescents’ acculturation, the most significant of which is whether English is spoken in the home. If the adults and siblings in the home speak English, then that adolescent is considered to be highly acculturated.^{9,10,11} Acculturation has a strong influence on young API women’s sexuality – a greater influence than on those of young API men.⁹ Young API women who are more acculturated (who speak English in the home, have a higher number of years of residence, and/or prefer American entertainment) are more likely to be sexually active than young women who are less acculturated.^{9,10,11} Partner choice also plays a role in sexual behavior and acculturation. API adolescents who date non-API men are more likely to be sexually active than those who date API men.⁶

More acculturated young API women also have better knowledge about sex and HIV, are less likely to believe in myths about sex and HIV, and have better reproductive health behaviors.^{6,8} However, a higher level of acculturation can also mean more HIV risk behaviors for the adolescent.¹⁰ In contrast, less acculturated young women may feel more shame about sex and are, therefore, less likely to discuss sexual health needs with their partner or with a health care provider.⁶

Available Sexual Health Data

Because the term “Asian-American” incorporates so many different ethnicities, statistical data does not always provide an accurate picture of the sexual health of young API women. For instance, while API teens have the lowest birth rate among all teens nationwide, Laotian teens, in particular, have the highest teen birth rate in California.²⁷ However, some general statistics about the sexual health status of API adolescents have been collected:

- Compared to the national average, female API high school students are less likely to have had intercourse. They lose their virginity at a later age and are less likely to have engaged in heterosexual activities than other adolescents.^{9,11,12,16}
- In 2004, the birth rate for API teens was the lowest of all racial/ethnic groups, 17.4 per 1,000, compared to the national rate of 41.2 per 1,000. The rate fell by more than a third between 1991 and 2003.¹³
- A 1998 study found that 66 percent of API adolescents used a condom at first intercourse, a higher percentage than any other racial/ethnic group.¹¹ However, data from the National Longitudinal Study of Adolescent Health (known as Add Health) published in 2006 showed that API youth were significantly less likely to use condoms at first intercourse than all other racial/ethnic groups.¹²
- A recent study of API college students found that 37 percent had unprotected sex (no use of any type of contraception) in their lifetimes, believed to be the lowest percentage of all racial/ethnic groups.¹⁰
- A very small number of API female adolescents are known to suffer from HIV and AIDS. For instance, in 2004, there were only nine reported cases of HIV/AIDS among API women under age 25.¹³

While many young API women already possess assets that can protect their health, they still remain at risk for pregnancy and sexually transmitted infections, including HIV. How can their assets be utilized to continue to guard against negative sexual health outcomes?

Utilizing Personal and Cultural Assets

Asset: Family Support and Communication

Factors: Family involvement and support are crucial for teens to develop self-protective sexual health behaviors. Open discussion about sex and sexuality between parents and teenagers reduces a number of sexual risk behaviors among teens.¹⁴

Fewer than 10 percent of young API women in the Add Health study who reported high parental attachment reported having had intercourse; more than half of those with low parental attachment had had intercourse.⁹ API youth were more likely than other youth to believe their parents would disapprove of them having sex.¹¹ Asian mothers knew more about their daughters’ sexual status, despite reporting feeling *less* comfortable talking about sex and communicating less with their daughters about sex.⁷

Recommendations: API parents are exerting a positive influence over their children, yet they struggle with communicating with them about sexual health issues, a struggle which may be exacerbated by cultural and language differences between parents and children. API parents should be offered education about sex and sexuality, including HIV and pregnancy prevention.

Additionally, parent-child discussions are critically important to young women’s identifying and clarifying their own values with regard to sexuality. While there may be taboos within the culture about discussing sexual health issues, research on all young people shows that parental communication is crucial in young people’s maintaining good sexual health. “Values and expectations need to be communicated more explicitly in an American context than in an Asian environment,” remarks one researcher.⁹ Furthermore, young people want their parents to talk to them about sex; parents are often their preferred sources of information on these issues.^{15, 16} Schools and community centers should offer workshops on parent-child communication on sexuality.

Asset: Asian and Pacific Islander Cultural Identity

Factors: Identifying with API culture is very much a protective factor for young API women and it is the main factor shaping their sexual behavior.^{9,10,11} Asian norms “inhibit premarital romantic and sexual expression more strongly than do the norms prevalent among other groups.”¹⁷ But aside from discouraging young women from engaging in sexual behaviors at a young age, ethnic identity affirmation “serves as a buffer for the negative effects of discrimination by peers on self-esteem.”¹⁸ In other words, those who feel good about their ethnic group are less hurt by discrimination – an important protective factor in a society that has not yet achieved racial harmony.

Recommendations:

- **Promote appreciation of and respect for API cultures**, for both Asian and non-Asian youth. Asian cultures are a strong protective factor for young women, but may also inhibit them from seeking reproductive health care. Research shows that if an API adolescent maintains strong ties with her heritage, then, even as she becomes acculturated, she does not become more sexually active or take more sexual risks.⁸ Ideally, then, the adolescent would acquire HIV knowledge and learn to take care of her reproductive and sexual health, without falling prey to sexual risk behaviors. Research has also shown that for young API women, low self-esteem

is associated with perceived discrimination; high-self-esteem and emotional health are important in young people's willingness and ability to use condoms and other contraception.¹⁹

- **Create culturally sensitive HIV and sexuality education programs.** Since acculturation may lead to more sexual risk behavior, and since API parents and their children have difficulty communicating about sex, culturally sensitive, gender-specific sexuality education and HIV-prevention programs must be developed by schools, health care providers, and communities. To be most effective, such programs would take into account both the needs of the adolescent, and the norms in Asian cultures, allowing young women to learn about their sexual health while acknowledging their traditions.⁹
- **Promote cultural competency.** Cultural competency is an understanding and willingness to learn about unique worldviews of different people and communities. It includes avoiding cultural generalizations, listening instead to people's social construction of their own ethnic identity, and working to understand the social realities that they face.²⁰ Schools, health-care providers, and youth-serving professionals must be culturally competent to be effective in helping to protect young API women's health.

Asset: Self-efficacy for healthier sexual behaviors

Factors: Self-efficacy is a measure of young women's confidence to take steps toward outcomes they desire. Young API women show that they are capable of self-efficacy for refraining from sexual behaviors^{9,11,16}; an important step is to empower them to apply that confidence to condom use, reproductive health care, and other good sexual health behaviors. Research shows that young API women who report high self-efficacy scores are more likely to use condoms; feel more comfortable asking a partner to use a condom; and feel more comfortable refusing sex when their partner will not wear a condom.²¹

Recommendations:

- **Provide complete sexuality education, including education about condom use.** Research shows that programs that have successfully reduced the age of first sexual debut and/or increased abstinence among youth are programs that provide information about both abstinence and condoms as well as increase young people's communication and decision making skills.²² Educating about contraceptives does not increase sexual risk behavior.²³

Research has shown that young API women have gaps in their HIV knowledge and may be less likely to use condoms than their peers. But one researcher found high *receptivity* for condom use, meaning that young women were not opposed to condom use.²² Young women should be encouraged to carry condoms, because API youth who carry them are more likely to use them than youth who do not.²² Young women's sexuality education should include practicing how to use a condom, so that they will be further empowered to use them.

Because of Asian cultural taboos that prohibit frank discussions of sex, learning about condom negotiation is especially important for young API women.^{22,24} Furthermore, if there is a breakdown in parental communication about healthy sexual behaviors, school may be the only source these young women have for information about sexuality, so comprehensive sexuality education is vital.²⁷ One researcher has found that the most effective condom negotiation strategy for API women is "nonverbal-direct" (i.e., getting a condom out without discussion).²⁵ But young women should be instructed in various ways to negotiate condom use.

- **Include youth in creating, designing, and implementing programs and policies around sexuality education.** Young people are at great risk from HIV and other negative sexual health outcomes, and must be included in helping to combat the epidemic. Furthermore, research shows that young API women are greatly influenced by peer behaviors and perceptions,⁹ so it simply makes good sense to utilize that influence by involving youth. Culturally specific peer education could be effective for this population.⁹
- **Provide accessible and affordable health care.** Since API young women may be reluctant to seek out reproductive health care it is very important for providers' services to be affordable, youth-friendly, culturally sensitive, and confidential.⁶

Asset: School Achievement and Good Health Behaviors

Factors: While we must not fall prey to stereotypes, and while underreporting must be taken into consideration, the fact is that API youth on the whole do well in school and have low rates of risk behaviors. API youth had the lowest dropout rate of all racial/ethnic groups in 2002/2003, and very high rates of attending college.²⁵ In the Add Health study, young API women scored well in all areas and the best in several: they were the least likely of all youth to smoke cigarettes, take drugs, or have an STD.

Recommendations:

- **Foster academic achievement for young API women.** One aspect of the "model minority" myth is that the dominant culture feels threatened by Asian "superachievers."²² But good grades are a protective factor against sexual risk behaviors for these youth.⁹ Young women must be encouraged to do well in school and must be rewarded for doing so, regardless of race.
- **Make sure students have complete education about HIV transmission and prevention.** API youth are good learners who do well at not putting their health at risk by smoking and using drugs. Educators and providers must link these priorities to HIV risk behaviors.⁹ Young API women are clearly very capable of making decisions that protect their futures; society should provide them with the tools they need to do so.

Conclusion

Although cultural barriers and risk factors face young API women, their families, cultures, and own abilities offer tremendous assets for making good decisions about sexual and reproductive health. Like most other youth, API young people are neither perfect, nor “bad.” Rather, the majority are in good physical and mental health, and have many positive behaviors along with some risky behaviors.^{9,26} One of the greatest influences on each of these types of behaviors is youth’s perceptions of their peers.¹¹ As youth learn about boosting assets and reducing risk, and put that knowledge into practice, others will be influenced to do the same. Public policy and funding, schools and universities, health care providers, and Asian and Pacific Islander communities should build on young API women’s assets rather than focusing on problems.

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