Prevention of HIV Infection Among Asian MSM
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Outline
• APIs and HIV in the United States
• API MSM: The impact of HIV and the trajectory of the disease
• Risk behaviors
• Intervention strategies
• Research gaps/needs in this population

APIs in the United States
• Foreign born: 73.5% of APIs in the US in 2000
• Over 70% of immigrants from India, the Philippines, China, and Vietnam in 2003
• 4.1% of the US population in 2004

HIV/AIDS Among the United States API Population
• 81% of API population diagnosed in 2005 were men.
• 61.4% of API population diagnosed from 1985 to 2002 were foreign-born

Increasing Risks for API: Low HIV Testing Rates
• CDC’s Behavioral Risk Factor Surveillance System
  – APIs are as prone to HIV-related risk behaviors as other racial/ethnic groups
  – Significantly less likely than others to report having been tested for HIV
• HIV testing survey in Seattle
  – 90% of API perceived themselves at risk
  – 47% had been tested

Increasing Risks for AP: Low HIV Testing Rates
• Percentage of individuals in 2004 who received an AIDS diagnosis within one year after HIV diagnosis
  – APIs = 44%
  – Whites = 37%
  – Blacks = 40%
  – American Indians/Alaska Natives = 41%
  – Hispanics = 43%
• Increasing testing prevalence allows for earlier treatment and reduced rates of transmission
Increasing Risks for API: Low HIV Testing Rates

- In an HIV testing and awareness study, Wong et al. found that APIs tended to receive their first HIV test when they got sick (infection has already advanced beyond the latent stage)
- This late/delayed testing is related to the fast progression of the disease in these individuals

Emerging HIV Epidemic Among API MSM in San Francisco

- Overall HIV prevalence = nearly 3%
- Prevalence as high as 10% for Thai MSM
- 47% reported having had unprotected anal intercourse in the past 6 months
- 63% used illicit drugs in past 6 months
- 34% had sex under the influence of illicit drugs in the past 6 months

DC MAPS

- DC Men of Asia Prevention Study
- Sociocultural forces, stigma and sexuality, HIV-risk attitudes and behaviors
- Statistics from the study indicate that of the 63% of participants who self-reported being tested in the U.S. for HIV, 4.26% had tested positive

API American Men Who Have Sex with Men

- 61.3% of all API with HIV are MSM
- Cumulative AIDS Cases among US MSM with HIV:
  - API = 72% (highest among all other racial/ethnic minority groups other than white)

Risk Behaviors Among API MSM

During 1999 to 2002:

- Unprotected anal intercourse with two or more sex partners of unknown HIV serostatus in the past six months increased from 6% to 16%
- Incidence of rectal gonorrhea for API men increased from 200 to 800 per 100,000

Challenges

- Sex and drugs are both serious taboos in Asian culture
- Being gay is strongly stigmatized by most Asian societies
- Effect of the migration experience on sexual health and behaviors of APIs
Interventions: I

- 3-hr group counseling session in culturally appropriate setting with 329 homosexual API
- Single, 3-hr skills training group or wait-list control
- Four components:
  - (1) develop positive self-identity & social support
  - (2) education for safer sex
  - (3) eroticizing safer sex
  - (4) negotiating safer sex
- Results:
  - Number of partners decreased by 46% at 3 mo.
  - Chinese and Filipino men reduced unprotected anal intercourse by more than half

Interventions: II

- Single-session small group workshop
  - Provide social support increase ethnicity identity esteem, enhance safer sex education, improve attitude and efficacy in engaging in safer sex
  - Trying to enhance dual identity, promote safe sex norms, and provide support networks

Interventions: III

- Bridges Project (New York)
  - Developed at the Asian Pacific Islander Coalition on HIV/AIDS, INC (APICHA)
  - Assists HIV-seropositive APIs in overcoming barriers to utilization of HIV-related medical and supportive services
  - Undocumented and Asian-primary-language participants experienced improvement in service utilization experiences after enrollment

Interventions: IV

- Aimed to implement interventions that utilized culturally appropriate protective factors:
- Targeted two groups of API MSM: HIV-positives, and HIV-negative youth (between 18 and 24)
- After focus group intervention, follow-up found significant reductions in number of men who:
  - didn’t discuss condom use, safe sex, monogamy, and partner’s HIV status
  - had unprotected receptive anal sex

Research Needs

- There is still a significant lack of knowledge about API MSM, especially due to the fact that a majority are foreign born
- Much more research needs to be done on this population in order to effectively implement interventions

Men of Asia & the Pacific Testing for HIV

- Goals:
  - Estimate the prevalence and incidence of HIV infection among API MSM
  - Describe the socio-cultural and individual-level correlates of HIV testing and knowledge of HIV infection status among API MSM
  - Examine the socio-cultural and individual-level correlates of HIV risk among API MSM
  - Evaluate a consortium model framework for conducting scientific, community-based HIV research

http://www.api-math.org/
MATH Research Team

• Research Team from
  – Georgetown University
  – Asian and Pacific Islander American Health Forum, San Francisco, CA
  – Seven community partners in five cities (Boston, Los Angeles, Philadelphia, New York City, San Francisco)

What Are We Doing?

• Target Population
  – Self-identified MSM ages 18 and above (N = 2,400)
• Ethnicity
  – Chinese, Filipino, Japanese, South Asian (Indian), Vietnamese
  – Self-identified as one of the API groups

What Are We Doing?

• Testing Technology
  – OraSure, Western Blot
• Behavioral Survey
• Recruitment
  – Venue-based
  – Respondent-driven sampling

US Security Issues of the Disease

• United States-Asia air bridge
  – 23% increase in number of Asian travelers to the US from 2003-2006
  – 75.3% of APIs in the US are foreign born
  – 16.9% increase in prevalence of HIV in Asia from 2003-2005
• Passive surveillance system
  – API under-utilize the health care system (due to cultural barriers and lack of access)

Conclusions and Recommendations

1. Prevention
   – Early testing is essential
2. Intervention
   – More models must be implemented and evaluated
3. Methodology
   – To estimate the magnitude of the HIV situation among API MSM, appropriate methodologies for a small yet diverse population must be employed

References

References