

N A W H O

THE ASIAN AMERICAN MEN'S HEALTH SURVEY:

SHARING RESPONSIBILITY

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SHARING RESPONSIBILITY

NATIONAL ASIAN WOMEN'S HEALTH ORGANIZATION
SEPTEMBER 1999

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SHARING RESPONSIBILITY

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Richard and Rhoda Goldman Fund

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Dear Friends,

I am pleased to present the first national study on the reproductive and sexual health of Asian American men, Sharing Responsibility. As a leading advocacy organization in the field of reproductive rights, it was extremely important to NAWHO that we increase knowledge about the reproductive health of Asian American men, who in their roles as partners, as parents, and as consumers, heavily influence community views of health issues, the consequent utilization of health care services, and the extent to which women value their own reproductive health and wellness.

For the past six years, NAWHO has been addressing the reproductive health needs of Asian American women and families using a multitude of strategies in research, education, and public policy. We have increased the body of knowledge on Asian women's reproductive health status through studies such as our 1997 reproductive and sexual health survey of Asian American women, Expanding Options. We have taken this information to the masses, educating health care providers, the Asian community, and the general population, breaking myths and stereotypes about these under-served women. We have provided recommendations to policy-makers and opinion leaders on improving reproductive health policies for the Asian American population, as well as advocated for the continuance of individual freedoms to fully exercise reproductive and sexual health decision-making.

In building this advocacy base for the health of Asian American women, NAWHO recognized the acute absence of knowledge about the reproductive health practices and behaviors of men in this community. Unless Asian American men have the resources and information to understand and protect their own reproductive health, they cannot protect the health of their partners with the level of responsibility that they themselves want to achieve. NAWHO has conducted this ground-breaking study to fill this critical gap, along with the hope that it will leverage more targeted health intervention programs for Asian Americans from all different sectors including governments and community organizations. Empowered by knowledge, Asian American women and men will be able to make more informed decisions about their own reproductive and sexual health, and actively participate in the overall movement toward a stronger, healthier nation for the next millennium.

MARY K. CHUNG
PRESIDENT & CEO

As American society moves forward in its discussions of women's health and the promotion of gender equity, reproductive and sexual health issues have been at the forefront of this dynamic change. Equity and equality have driven and shaped discussions of reproductive health, from inclusion of women in medical research and clinical trials to advocating for delivery of primary care by obstetricians and gynecologists in managed care settings. This has created strong consumer awareness and involvement, including partnerships between women's organizations and private industries, which have all pushed forth a women's health movement that expands beyond reproductive health issues to address gender disparities in areas such as heart disease, diabetes, and mental health.

In this age of new approaches to health promotion and disease prevention including addressing racial and ethnic health disparities, there is the opportunity to re-analyze the health of men from a women's health perspective with the goal of developing broad-based, comprehensive strategies that achieve higher levels of excellence in public health.

However, reproductive and sexual health remains central to the broad scope of women's health, and to the health of society. Accordingly, NAWHO's core program since its founding in 1993 has been the Asian Women's Reproductive and Sexual Health Empowerment Project (RSHP). NAWHO believes that reproductive and sexual health issues directly affect the quality of every individual's life, and are influenced by one's cultural background, gender and familial relations, sexual orientation, economic conditions, and social environment. Through RSHP, NAWHO has been taking the steps to protect the reproductive health rights of Asian

American women and families - gathering baseline data on Asian Americans, and then educating health care providers, policy makers, the Asian community, and the general population. More importantly, this project has increased advocacy efforts to change gender and culturally-based attitudes toward reproductive and sexual health by raising the levels of leadership of both Asian American women and men to work together in addressing these issues.

This is critical, for even within the realm of bolstered interest in reproductive and sexual health, the challenge of proving that there are significant reproductive health needs in the Asian American population still exists. The misperception of Asian Americans as a healthy and well-off

“model minority” has limited the development of comprehensive research studies on their reproductive health, and the implementation of health intervention programs targeted to this population. Moreover, this lack of external priority has contributed to the internal low level of risk awareness among Asian Americans that causes them to under-utilize preventive care and over-utilize emergency services. It is this poor health status and lack of value that Asian Americans experience for their livelihood and well-being that demands action to strengthen systems and build capacity to empower them towards new preventive health behaviors.

As a foundation for this advocacy, NAWHO’s RSHP has included a significant research component, encompassing national and statewide surveys, and local reproductive health assessments that solidly demonstrate community need through quantitative and qualitative data collection and analyses. NAWHO’s earliest study in 1995 examined the various factors that influenced Asian women’s use of reproductive health services. Through interviews and focus groups with Asian American women of different ethnic, generational, and socioeconomic backgrounds, as well as the providers who served them, this assessment found that women had a definitive low sense of risk, and most often did not feel the need to access any preventive care. Cultural norms, silence and shame, relationship dynamics, and lack of access to information were crucial factors that shaped these attitudes and behaviors on reproductive and sexual health. In 1997, NAWHO conducted a California statewide contraceptive technologies survey which showed that almost 50% of the 674 Asian American women respondents had not visited a health care provider within the last year for reproductive or sexual health services, and 25% had never visited such a provider in their lives.

In establishing the research baseline for the health of Asian American women, NAWHO recognized a parallel absence of knowledge about the reproductive health practices and behaviors of men in this community. In this age of new approaches to health promotion and disease prevention including addressing racial and ethnic health disparities, there is the opportunity to re-analyze the health of men from a women’s health perspective with the goal of developing broad-based, comprehensive strategies that achieve higher levels of excellence in public health. It is necessary to understand what men know, how they behave, and what information and tools they need in order to best protect and improve the health of their partners and communities. It is in this framework of prioritizing women’s and family health that NAWHO has developed this historic study, building a stronger national reproductive health movement fully representative of the values, contributions, and support of both Asian American women and men.

One of the effects of the HIV/AIDS epidemic has been the increased attention by researchers, policy makers, and service providers to the roles that men and women play in sexual relationships and the impact of these gender roles on health behaviors. The need for communication about infection and protection, as well as the need for treatment of all sexual partners in the control of HIV made it necessary to address men in the entire context of their relationships - economics, love, parenting - rather than simply distribute contraceptive devices in the hope that they will use them in a particular sexual situation (Sonnenstein et al, 1997).

Since the groundbreaking Kinsey survey on sexuality, a number of studies have been conducted in the United States that include sections on men and reproductive and sexual health. National surveys, such as the General Social Survey (1988, 1989, 1990) include small sections on

reproductive and sexual behavior of respondents. The 1990 National AIDS Behavioral Survey of adults aged 18-75 provides information on intercourse among respondents reporting an HIV-related risk factor. The National Survey of Men of 1991 was specifically conducted by the National Institute of Child Health and Human Development to examine issues related to sexual behavior and condom use in men aged 20-39. The 1988, 1991 and 1995 National Surveys of Adolescent Males (NSAM) examined behavioral factors affecting young men's

and their partners' risk of infection and teen pregnancy. In particular, the 1995 NSAM survey of 1729 men aged 15-19 included questions on sexual history, use of alcohol and drugs, attitudes about condom use and gender roles, and knowledge about sex, AIDS and contraception. This survey found that over 50% of respondents have had sexual intercourse; however, contrary to stereotypes, most teen male's sexual relationships are monogamous and frequency of sexual intercourse is often low.

In 1998, the Henry J. Kaiser Family Foundation conducted a survey of about 1,000 men aged 18-44. The study found that while almost all the men (97%) stated that their current partner did not have an STD, over half of them had never even discussed STDs with that partner. Furthermore, as many as 68% of those with chronic, incurable STDs did not reveal their infection to their most recent partner prior to intercourse. (Kaiser Foundation, 1997-8).

**Before NAWHO's
Sharing Responsibility study,
no comprehensive national
survey had been conducted
on the reproductive and
sexual health or behaviors
of Asian American men.**

All of these surveys shed important light on the sexual and reproductive knowledge, attitudes, and behavior of men in the United States. Although most researchers in this area would agree that race and ethnicity can make a difference in the area of sexual and reproductive behavior, none of the surveys mentioned provide specific information on Asian American men. In fact, while Asian American men may have been included in the surveys, the sample sizes were too small to allow for adequate and reliable interpretation of data, and thus Asian Americans were not included in the analyses - an all too common occurrence in national and state health statistics. Without specific efforts to ensure the statistically significant representation of Asian Americans, these important surveys have effectively dismissed any impact that similarities and differences between Asian Americans and other racial groups, as well as differences among Asian ethnic-specific communities, may have on reproductive health policies and practices.

Before NAWHO's Sharing Responsibility study, no comprehensive national survey had been conducted on the reproductive and sexual health and behaviors of Asian American men. However, there have been a considerable number of local initiatives focusing on defined Asian American communities such as men who have sex with men, students (both high school and college), and specific ethnic groups such as Chinese and Vietnamese. Most of the studies reviewed found that while there is a perception that Asian American communities are at relatively low risk of contracting HIV, the risk in some communities is in fact considerable and growing. Studies of Asian and Pacific Islander (API) high school students found that APIs had a low rate of HIV, and initiated sex later than other students. However, once API students had initiated sexual activity, their behaviors placed them at as high a risk of HIV as their white counterparts (Hou & Basen-Engquist, 1997; Cochran et al, 1991). A study on risk reduction among gay APIs confirmed that mainstream HIV programs have failed to effectively reach Asian communities, as Asian men were less likely than white men to correctly identify routes of HIV transmission (Choi et al, 1995). Finally, another study of students found that Asians were less likely to have even heard of AIDS than students from other ethnic groups. At the same time, HIV rates within Asian American communities have, and continue to increase (Loue et al, 1996).

Clearly, huge gaps exist in knowledge about Asian American men and their sexual and reproductive health - gaps that are a significant threat to the public health and particularly in the fight against AIDS. With objectives of informing policy, increasing targeted health intervention programs, and promoting further research on the reproductive and sexual health of Asian American men, The Asian American Men's Health Survey: Sharing Responsibility is one way in which NAWHO is raising awareness about men's behaviors and choices and the important relationship of these actions to the health of their partners.

From March 17 through May 2, 1999, 802 Asian American men between the ages of 18 and 65 in the consolidated metropolitan statistical areas (CMSA) of California (n=400) and New York (n=402) states were asked questions regarding their knowledge, attitudes, and behaviors on reproductive and sexual health issues. Data collection and cross-tabulations were conducted by Survey Methods Group at their Computer Assisted Telephone Interviewing facility in San Francisco, California with a survey instrument that was designed by NAWHO.

While they do not constitute a random sample of all Asian American men, the obtained interviews are representative of English-speaking Asian American men with Chinese, Korean, or Vietnamese surnames between 18 and 65 years of age, who live in households with listed telephone numbers in the CMSA of New York City, Los Angeles, and San Francisco. Random samples of this size produce margins of error of $\pm 3\%$ (for N=802) and $\pm 5\%$ (for N=400) at the 95% confidence level. Although administered by independent interviewers and an experienced survey company, the data may include underreporting or overreporting in sensitive areas surrounding sexual behaviors and the incidence of STDs or HIV among respondents.

The response rate for this study is based on how many completed interviews were obtained as a proportion of the number of eligible potential respondents contacted. The overall response rate is 52%. Response in California was somewhat higher (58%) than in New York (46%).

The following section outlines the survey's key findings on the reproductive and sexual health behaviors, attitudes, and knowledge of Asian American men in the United States.

DEMOGRAPHICS

- Over two thirds of men surveyed (71.1%) were between the ages of 18 and 34, their peak reproductive years, and over half of them (53.6%) were single.

TABLE ONE: AGE OF ASIAN AMERICAN MEN, BY STATE			
AGE	NATIONAL	CALIFORNIA	NEW YORK
18-21	7.1%	7.0%	7.2%
22-29	33.2%	31.3%	35.1%
30-34	30.8%	29.3%	32.3%
34-65	28.9%	32.4%	25.4%

- 75.1% of respondents were not born in the United States, a rate higher than the national percentage of Asian Americans who are foreign-born.
- Over two thirds of Asian American men surveyed (76.1%) used private or employer-paid health insurance for their reproductive health care; 4.5% had public assistance (Medicaid); 5.8% were covered in other ways; while 13.5% had no health care coverage at all.

TABLE TWO: INSURANCE COVERAGE BY TYPE AND ETHNICITY				
	JOB-BASED	PRIVATE	PUBLIC ASSISTANCE	NONE
CHINESE	66.3%	13.3%	1.2%	10.8%
KOREAN	33.3%	40.0%	6.7%	20.0%
VIETNAMESE	58.1%	14.0%	11.6%	11.6%

*all tables may not sum to 100% due to presentation of selected findings

- 8.1% of Asian American men reported an annual household income less than \$15,000; while 29.3% reported an income level between \$25,000 and \$50,000.

TABLE THREE: ANNUAL HOUSEHOLD INCOME OF ASIAN AMERICAN MEN			
INCOME LEVELS	NATIONAL	CALIFORNIA	NEW YORK
LESS THAN \$15,000	8.1%	8.5%	8.2%
15,000-24,000	8.0%	7.8%	8.5%
25,000-50,000	29.3%	33.0%	25.4%
50,000-75,000	21.4%	21.8%	20.9%
75,000-100,000	11.8%	10.0%	13.7%
100,000 OR MORE	15.0%	12.3%	17.7%
UNKNOWN	6.3%	6.8%	5.6%

- Over half of men surveyed (59.4%) were Chinese American. 12.0% were Korean Americans and 22.4% were Vietnamese Americans. 6.2% reported as other Asian or mixed.

BEHAVIORS

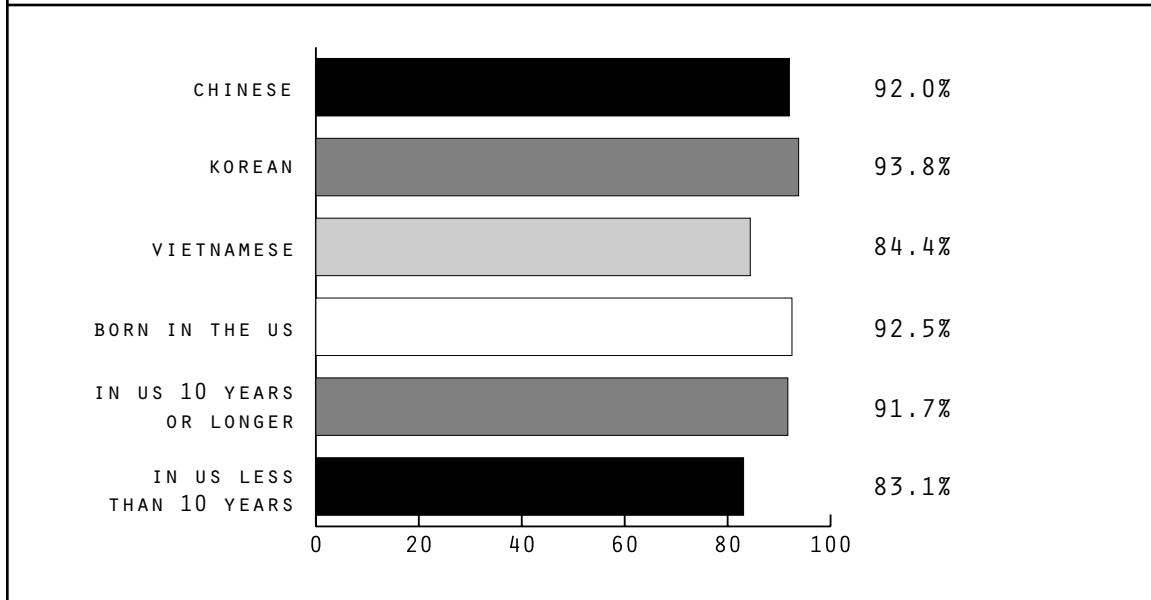
- ASIAN AMERICAN MEN ARE SEXUALLY ACTIVE, AS MUCH AS THE NATIONAL AVERAGE.

86.6% of respondents reported having at least one sexual partner in the past year. In general, approximately 84% of US men have had sex within the previous year (Kaiser Family Foundation, 1998).

- ASIAN AMERICAN MEN ARE NOT UTILIZING REPRODUCTIVE HEALTH SERVICES.

A vast majority of respondents (89.2%) have never seen a health care provider for reproductive health services such as family planning or sexually transmitted diseases. Less than half of Asian American men surveyed (48.3%) reported that health care providers are a source for their health information.

TABLE FOUR: PERCENTAGE OF ASIAN AMERICAN MEN WHO HAVE NOT SEEN A HEALTH CARE PROVIDER IN THE LAST YEAR FOR REPRODUCTIVE HEALTH NEEDS



■ INFLUENCED BY LOW RISK PERCEPTION, ASIAN AMERICAN MEN ARE NOT ALWAYS PRACTICING SAFER SEX.

== 82.9% of respondents feel they are not at risk for HIV

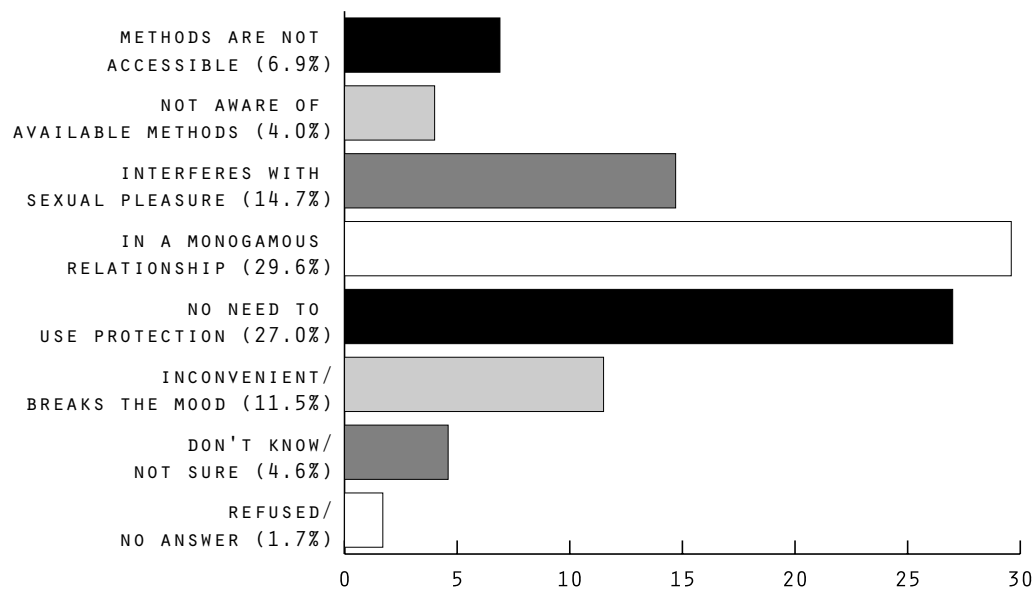
== 80.2% of Asian American men feel they are not at risk for any STDs.

== 60.3% of Asian American men surveyed have never been tested for HIV. Among respondents with \$24,000 or less in annual household income, 71.3% have never been tested as compared to those with incomes in the \$50,000 to \$100,000 range, of whom 52.1% have never been tested.

== Almost half of sexually active respondents (49.1%) are not always protecting themselves against STDs and unplanned pregnancies.

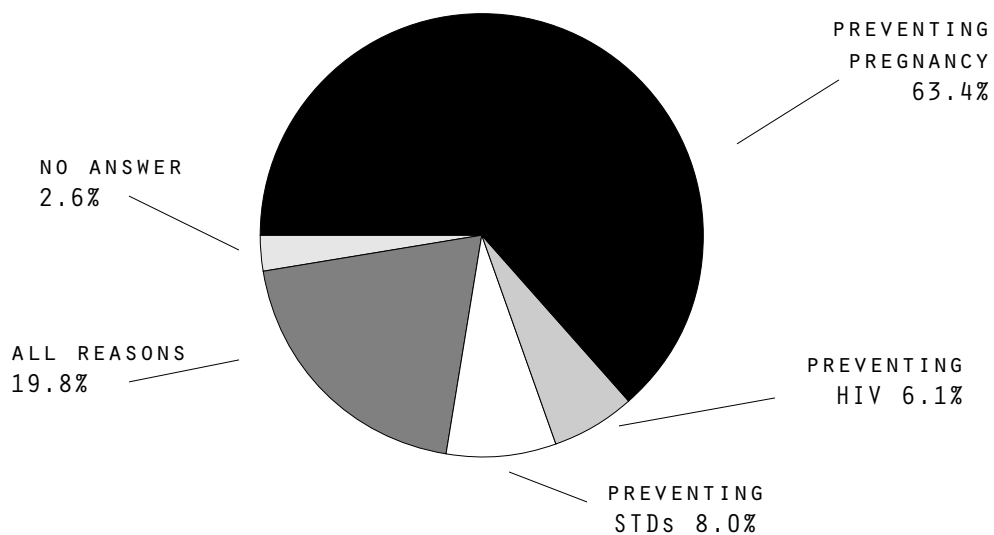
== Of Asian American men who use condoms, only 31.5% report always using this method when engaging in sexual activity. The top reason for not using any type of protection is being in a monogamous relationship (29.6%).

TABLE FIVE: PRIMARY REASONS FOR NOT USING PROTECTION DURING SEXUAL INTERCOURSE



63.4% of respondents who use protection are using it for the primary reason of preventing pregnancy, but only 8.0% of respondents are using it primarily to prevent STDs and only 6.1% to prevent HIV infection.

TABLE SIX: PRIMARY REASONS FOR USING PROTECTION DURING SEXUAL INTERCOURSE



— 26.3% of respondents who did not always use protection during sex had an unplanned pregnancy.

TABLE SEVEN: UNPLANNED PREGNANCY OUTCOMES BY ETHNICITY - BIRTH

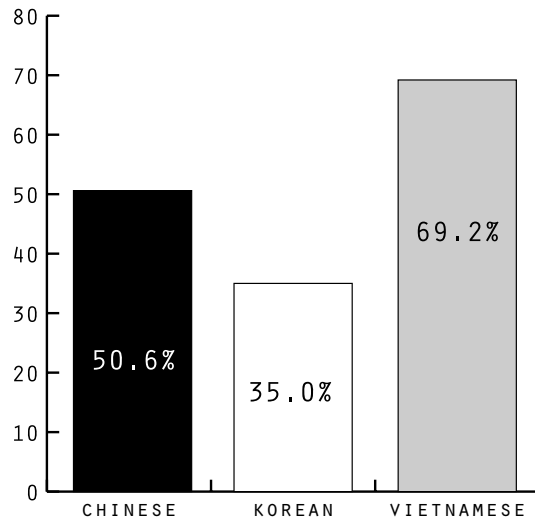
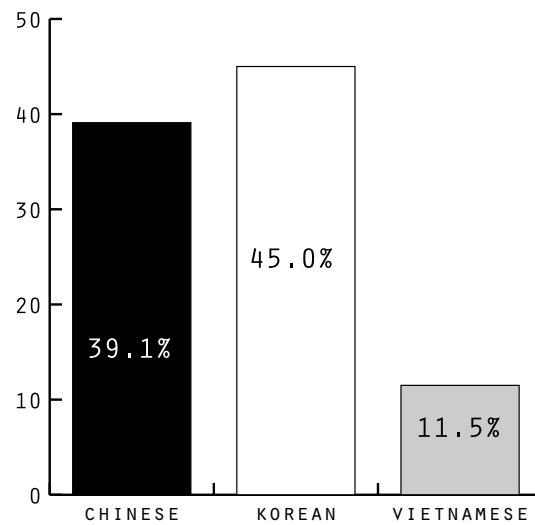


TABLE EIGHT: UNPLANNED PREGNANCY OUTCOMES BY ETHNICITY - ABORTION



ATTITUDES

■ ASIAN AMERICAN MEN FEEL RESPONSIBLE FOR REPRODUCTIVE HEALTH DECISIONS .

== 81.9% of Asian American men surveyed feel a shared responsibility for making family planning decisions.

== 74.6% of respondents agree that if a couple has never discussed birth control or condoms, the man should bring it up before having sex for the first time

■ ASIAN AMERICAN MEN SUPPORT PUBLIC FUNDING FOR REPRODUCTIVE HEALTH SERVICES .

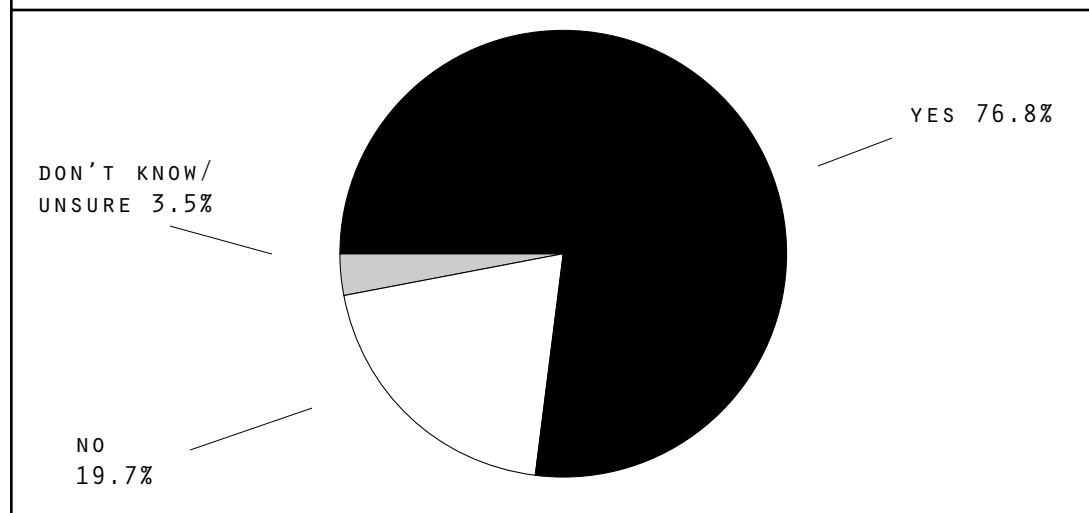
The vast majority of men surveyed (79.1%) think legislators should support public funding for family planning. Vietnamese men gave the highest rate of support at 82.2%.

■ A MAJORITY OF ASIAN AMERICAN MEN ARE PRO-CHOICE .

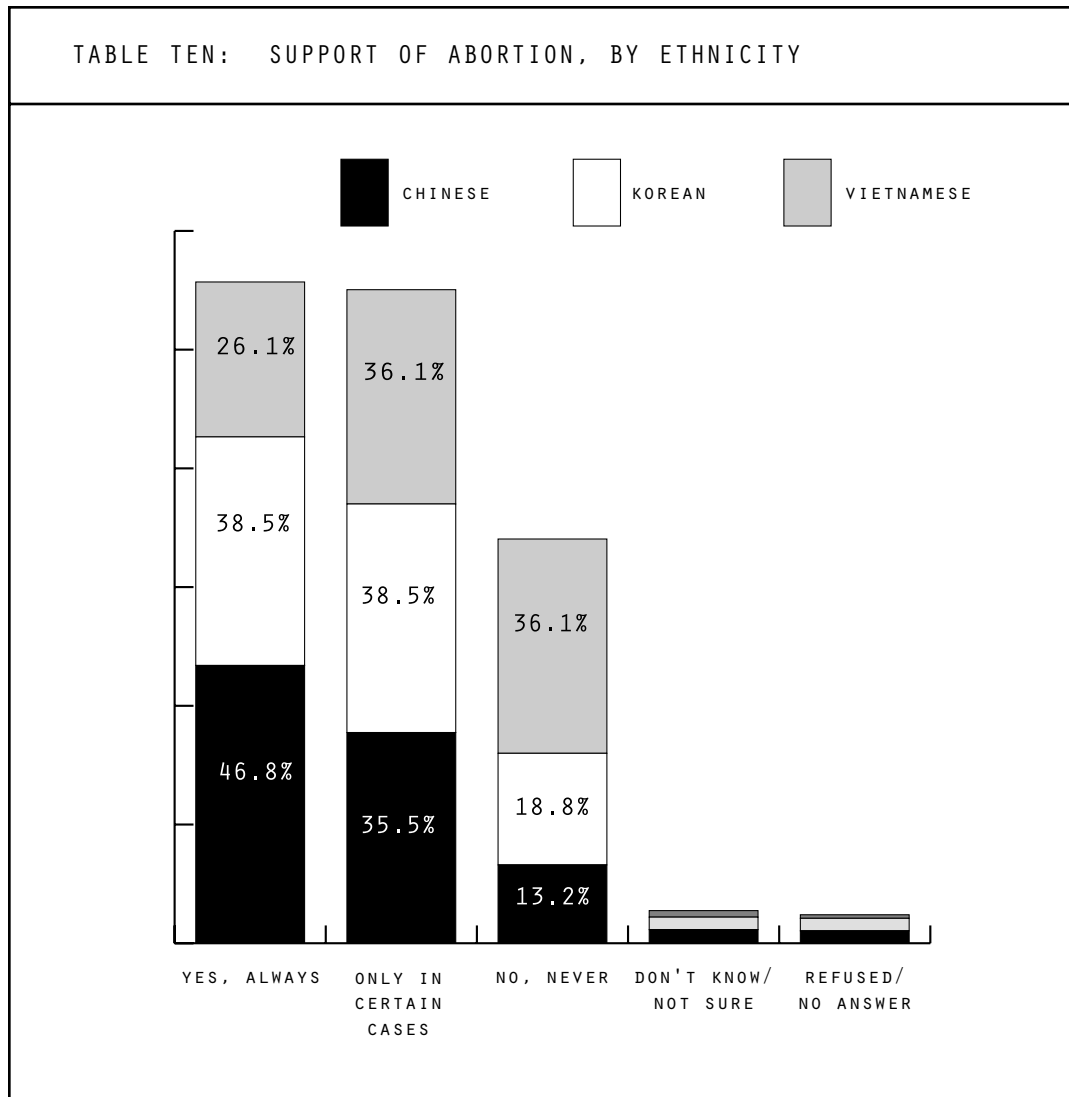
76.8% of Asian American men surveyed support a woman's decision to have an abortion.

== 40.9% of respondents would support a woman's decision in all cases, while 35.9% would support a woman's decision only in certain cases.

TABLE NINE: ASIAN AMERICAN MEN'S SUPPORT OF A WOMAN'S DECISION TO HAVE AN ABORTION



Chinese American men respondents were more likely to support a woman's decision to have an abortion in all cases, compared to Vietnamese men respondents who were more likely to say they would never support the decision.



Respondents born in the United States and who have lived longer in the United States (10 years or more) were also more likely to always support a woman's decision to have an abortion than those who have been in the US less than 10 years.

KNOWLEDGE

■ ASIAN AMERICAN MEN USE MASS MEDIA FOR REPRODUCTIVE HEALTH INFORMATION.

Of men surveyed, the majority received their health information from media and written sources. Over half report using health brochures (55.6%); while 68.3% report using books, 68.3% used magazines, and 65.1% cited television.

TABLE ELEVEN: SOURCES OF REPRODUCTIVE HEALTH INFORMATION, BY ETHNICITY

SOURCE	CHINESE	KOREAN	VIETNAMESE
HEALTH CARE PROVIDER	48.1%	47.9%	48.3%
COMMUNITY CENTER	10.5%	9.4%	20.0%
SCHOOL	54.4%	60.4%	48.9%
HEALTH BROCHURES	56.5%	58.3%	48.9%
BOOKS	71.6%	64.6%	64.4%
MAGAZINES	71.8%	70.8%	56.7%
RADIO	34.2%	41.7%	43.3%
TELEVISION	61.6%	74.0%	66.1%
ASIAN MEDIA	20.0%	25.0%	22.2%
SEXUAL PARTNERS	39.3%	45.8%	40.6%
PARENTS	22.1%	21.9%	21.7%
SIBLINGS	20.6%	16.7%	27.8%
MALE FRIENDS	44.7%	44.8%	40.6%
FEMALE FRIENDS	29.6%	34.4%	25.6%
CHURCH/RELIGIOUS GROUPS	10.5%	22.9%	19.4%

■ CONDOMS WERE BY FAR THE MOST RECOGNIZED AND MOST USED BIRTH CONTROL METHOD AMONG ASIAN AMERICAN MEN.

▬ Vietnamese men surveyed were less likely to have heard of other birth control methods or behaviors than Chinese or Korean American men.

TABLE TWELVE: BIRTH CONTROL METHODS OR BEHAVIOR EVER HEARD OF VS. USED REGULARLY WITH A PARTNER

METHOD OR BEHAVIOR	EVER HEARD OF	USED REGULARLY
BIRTH CONTROL PILL	89.7%	39.5%
CERVICAL CAP	46.1%	2.1%
CONDOM FOR MEN	98.4%	87.6%
CONDOM FOR WOMEN	72.8%	4.2%
DEPO PROVERA	31.3%	2.1%
DIAPHRAGM	70.2%	7.9%
EMERGENCY CONTRACEPTION	51.0%	4.4%
FOAM, JELLY, CREAM, OR FILM	65.0%	12.8%
IUD, COIL, OR LOOP	44.4%	3.1%
NORPLANT	29.8%	1.4%
RHYTHM METHOD	41.0%	15.5%
SPONGE	56.7%	4.9%
FEMALE STERILIZATION	58.2%	3.8%
MALE STERILIZATION OR VASECTOMY	68.3%	1.8%
WITHDRAWAL OR PULLING OUT	75.6%	47.5%

■ VARIOUS TYPES OF STDs ARE NOT WIDELY RECOGNIZED AMONG ASIAN AMERICAN MEN.

== Vietnamese men respondents were less likely to have heard of various STDs compared to Chinese or Korean American men.

== Asian American men who have been in the US less than 10 years were less likely to have heard of HIV/AIDS.

TABLE THIRTEEN: STDs EVER HEARD OF, BY ETHNICITY

STD OR CONDITION	CHINESE	KOREAN	VIETNAMESE
GONORRHEA	71.4%	74.0%	48.3%
HEPATITIS	80.0%	87.5%	66.1%
CHLAMYDIA	45.2%	52.1%	30.6%
GENITAL HERPES	77.7%	83.3%	57.2%
SYPHILIS	70.0%	76.0%	50.0%
HIV/AIDS	98.3%	100.0%	95.0%

For the past six years, NAWHO has been working to change the social environment in which we live in order to improve the quality of life for Asian Americans, and ensure a better and brighter future for all under-served communities in the United States. In particular, NAWHO has strongly supported the rights of Asian Americans to make informed decisions concerning their reproductive and sexual health, an area that truly impacts every aspect of their lives. As the first national study to reveal how Asian American men view reproductive and sexual health, The National Asian American Men's Health Survey: Sharing Responsibility, offers key information toward these fundamental goals, underscoring two critical areas that give direction to current and future reproductive health education efforts.

ASIAN AMERICAN MEN AND THEIR PARTNERS ARE AT A VERY HIGH RISK FOR STDS AND HIV.

NAWHO's survey found that Asian American men are sexually active, yet they do not always practice safer sex and are not fully knowledgeable about available contraceptive technologies and sexually-transmitted diseases. This has an immediate impact on the health of their partners, placing them at tremendous risk for STD infection or unplanned pregnancies. In addition, although most of the Asian American men surveyed had health insurance, they still did not access reproductive health care - a critical gap not only because of the lack of service utilization such as HIV testing and family planning, but for the missed opportunity to establish a strong relationship with a health care professional as a source for reliable and correct reproductive health information. This lack of utilization and prioritization for Asian American men's health maintenance was similar to NAWHO's 1997 survey of Asian American women in California, where 85% of the respondents had some type of insurance, yet over half had not seen a reproductive health provider in the last year.

ASIAN AMERICAN MEN WANT TO BE RESPONSIBLE DECISION-MAKERS IN SEXUAL RELATIONSHIPS.

The lack of safer sex practices among Asian American men is not necessarily about a lack of responsibility or disrespect for their partners. In fact, NAWHO's survey showed that Asian American men feel strongly about having a shared responsibility for making family planning

decisions. They strongly believe in making decisions about using protection with their partners, and in bringing up the issue of protection before having sex with someone for the first time. Rather, their extremely low sense of personal risk for STD and HIV infection has had a much greater and unfortunate influence on their actual sexual behavior. Without the fundamental belief that they are vulnerable and at risk, feeling responsible about reproductive health matters does not necessarily translate into practice, as only 50.9% of Asian American men surveyed always used protection, and mostly in the context of preventing pregnancy.

The findings of NAWHO's study underscore the critical need for reproductive health education for Asian American men, particularly in raising awareness about their risk of STDs and HIV infection. All sectors, including government health agencies and community-based groups must do better in policies and programs to assist Asian Americans in closing the risk gap in their sense of responsibility and their actual reproductive health practice. Education should be done in the context of being responsible to their partners and families, allowing Asian American men to make informed decisions about their health by becoming more knowledgeable about the widespread prevalence of STDs, and availability of contraceptive technologies and reproductive health care services. In addition to increasing Asian American men's understanding of the true risk levels for themselves and for their partners, public health programs must also educate health care providers to understand that this is a population in need, and encourage communication about reproductive health matters with their Asian American male clients.

In order to improve public health, it is critical that Asian Americans be taken seriously by STD and HIV prevention and health promotion programs and become a priority population in both state and national public policy. Armed with education and knowledge, Asian Americans will be better equipped to improve and protect their health and the health of their partners, as well as contribute to the nation's growing effort to move all of its communities towards preventive and safe behaviors.

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The National Asian Women's Health Organization (NAWHO) is a non-profit, community-based advocacy organization that was founded in 1993. NAWHO's mission is to improve the health status of Asian American women and families through research, education, and public policy advocacy. Through its innovative programs and collaborations, NAWHO empowers Asian American women and men to provide leadership to their communities, and to build coalitions that address broader social justice issues for all under-served populations of the United States.

Driven by this broad-based mission, NAWHO has been at the forefront of developing and implementing strategies to address the many health issues that impact Asian Americans, including the battle against breast and cervical cancers; smoking cessation and prevention; reproductive and sexual health education; and culturally competent care for depression and mental health. The organization currently has a general membership of over 3,200 individuals and 150 organizations, spanning 25 states.

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