



Sexual Practices of Heterosexual Asian-American Young Adults: Implications for Risk of HIV Infection

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Epidemiologic patterns of reported AIDS cases suggest that at present Asian Americans in the United States are an ethnic minority group at lower risk for human immunodeficiency virus (HIV) infection than blacks, Hispanics, or whites. Yet little is known empirically about the sexual behaviors of Asian Americans. The present study explores rates of sexual activity and patterns of sexual behavior in a sample of young, unmarried, heterosexual Asian Americans. Results suggest that previously reported sexual conservatism within this ethnic group may be limited to the initiation of sexual activity. Once sexually active, behaviors appear to be similar to their non-Asian counterparts and facilitative of HIV infection should the virus become widely distributed within the young, heterosexual population. This underscores the need for HIV prevention interventions directed toward this ethnic minority group despite current low rates of HIV infection.

KEY WORDS: Asian Americans; sexual behavior; AIDS prevention.

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INTRODUCTION

Currently in the United States, Asian Americans represent an ethnic minority group at significantly lower risk than blacks or Hispanics for infection with the Human Immunodeficiency Virus (HIV) (Centers for Disease Control, 1989), the presumed causal agent for the acquired immunodeficiency syndrome (AIDS) (Friendland and Klein, 1987). At present, the cumulative AIDS incidence rates for blacks, Hispanics, and whites are 83.8, 73.0, and 26.3 per 100,000 persons, respectively. In contrast, the Centers for Disease Control report that Asians/Pacific Islanders have a cumulative incidence rate of 13.9 per 100,000 persons. The reasons for this lower incidence may reflect a combination of a variety of factors including behavioral differences in intravenous drug use (Centers for Disease Control, 1989) and sexual behavior, current behavioral proximity to HIV (Cochran and Mays, 1988), and, possibly, under-identification of Asian cases (Aoki *et al.*, 1989).

Yet there is cause to be concerned about the future incidence of HIV infection in the Asian-American communities. First, while current cases of AIDS are relatively low among Asians, there is an indication they are on the increase (Aoki *et al.*, 1989). In San Francisco, where Asian/Pacific Islanders comprise approximately one-third of the city's population, this group, in comparison to other ethnic groups, showed the largest percentage increase in reported AIDS cases (Mandel and Kitano, 1989). In other urban areas in the United States where Asians have immigrated and settled in large numbers, cases of HIV infection and AIDS have begun to appear, particularly among individuals who are of Filipino and Japanese descent (Aoki *et al.*, 1989).

Another reason for worry about future cases of HIV infection in Asian Americans lies in the difficulty of implementing AIDS education and prevention programs in an ethnic minority group in which over 32 distinct cultures, languages, customs, and religions can prevail (Aoki *et al.*, 1989). Each of these groups may differ in the outreach efforts necessary to protect them from HIV risk-related behaviors. These outreach efforts may be complicated by differing cultural mores that influence the delivery and receipt of sexually explicit information of at-risk behaviors. Indeed, a 1987 survey of high school students in the San Francisco Bay Area, an AIDS epicenter with established, widespread community AIDS education, revealed that Asian-American students were significantly less knowledgeable about AIDS than their non-Asian counterparts (DiClemente *et al.*, 1987). An additional complication in educational efforts with the Asian-American population is the lack of empirical information specific to this population on the prevalence of HIV-related risk behaviors.

Research on Asian-American sexual behavior, while sparse, suggests cultural pressures may act to reduce behavioral risk for HIV. Christensen's (1973) study of students from nine distinct cultural groups found that Asians disapproved quite strongly of marital infidelity. In a more recent study, Erikson and Moore (1986) found that Asian Americans had a tendency for sexual conservatism. They also reported that Asian Americans were significantly less likely to talk about sex than whites, Hispanics, or blacks.

Several researchers posit that sexual conservatism among traditional Asians is a result of the familial dynamics of Asian cultures (Chun-Hoon, 1971; Connor, 1976; Hirayama and Hirayama, 1986). Within much of traditional Asian cultures, social order and control of emotions and feelings are highly valued. An outward display of strong emotions is not viewed favorably (Hirayama and Hirayama, 1986). In contrast to the Western concept of individualism, Asian cultures stress group or family unity and cohesiveness. The children are taught to depend on the family and to have the utmost respect for their parents (filial piety). This restrictiveness may give the family a greater degree of control over their teenage and adult children. As a result, sexual expression and behavior of children may to a greater extent be influenced by familial values (Hirayama and Hirayama, 1986).

However, conservatism in the outward expression of one's sexuality should not be confused with the absence of HIV-related risk behavior. Indeed, in some traditional Asian cultures, such as Japan (Hirayama and Hirayama, 1986), China (Tsui, 1985), and the Philippines (Yap, 1986), sexuality, while constrained so as not to disrupt the social order, is viewed as a normal, private aspect of life. Thus the roots of sexual conservatism lie not in the Victorian influences noted in the West (D'Emilio and Freedman, 1988) but rather in traditional Asian values of familial unity.

The extent to which these cultural values impact Asian-American young adults who also are exposed to values of the United States majority culture is relatively unknown. Sue (1982), for instance, reported in a survey of 36 Asian-American college students who were enrolled in a human sexuality course that prevalence rates of the occurrence of premarital sexual behavior (80% of the sample) were no different from non-Asian students studied. These students were also no more likely to report sexual guilt feelings than non-Asian students.

The present study explores Asian-American sexual behavior in young, unmarried heterosexual adults in an effort to determine the potential for HIV transmission should the virus become more widely dispersed in the United States heterosexual population.

Table I. Demographic Characteristics and Relationship Experiences of the Young Adult Asian-American Sample^a

	Never engaged in sexual intercourse				One or more instances of sexual intercourse			
	Male (<i>n</i> = 36)		Female (<i>n</i> = 44)		Male (<i>n</i> = 28)		Female (<i>n</i> = 44)	
	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD	\bar{X}	SD
Age in years	19.2	1.4	19.4	1.5	19.4	1.2	19.1	1.6
Age at first date	16.4	2.1	16.5	1.8	15.2	2.4	15.6	1.5 ^b
Age of first serious relationship	17.4	2.1	18.0	2.1	16.6	1.2	16.6	1.5 ^b
Months of longest serious relationship	12.6	12.0	10.0	8.1	17.8	14.0	18.4	11.2 ^b
No. of relationships	1.6	0.7	1.9	1.3	2.2	0.8	2.0	1.1

^aStatistical differences evaluated by 2 × 2 ANOVAs. There were no significant main effects of gender or interactions of gender and sexual experience.

^bSignificant main effects of sexual experience; *p* < 0.05.

METHOD

Questionnaires were completed by 153 individuals (64 men and 88 women) attending one of several Southern California universities. Approximately half were U.S. born; the remainder were immigrants from Korea (*n* = 23), Taiwan (*n* = 16), the Philippines (*n* = 13), Vietnam (*n* = 7), China (*n* = 4), Hong Kong (*n* = 4), Indonesia (*n* = 2), Thailand (*n* = 1), and other foreign countries (*n* = 5). Due to the small numbers of individuals from each foreign country, all the subgroups were analyzed together.

Subjects ranged from 18 to 25 years old (median age = 19.0). Consistent with inclusion criteria for the study, all were unmarried and self-defined as heterosexual. Most were from middle-class (33%) or upper middle-class (53%) backgrounds, reflecting the student populations of the universities from which they were sampled. Native and foreign-born participants did not differ in terms of gender or age distributions.

Procedure

Questionnaires assessing prior dating and sexual experiences, among other topics, were administered to 665 college students recruited from Southern California university campuses. All were unmarried and between the ages of 18 and 25 years. Of these, 153 individuals were Asian American and constitute the sample of interest. All questionnaires were completed

Table II. Behaviors of Sexually Experienced Young Adult Asian-Americans^a

	Males (<i>n</i> = 28)	Female (<i>n</i> = 44)
Mean age in years at first sexual intercourse	16.8 (2.4)	17.4 (1.4)
Mean number of years sexually active	3.6 (2.4)	2.8 (2.0)
Median number of sexual partners—lifetime	2.0	2.0
Mean number of sexual partners—previous 6 months	0.7 (0.6)	1.3 (1.1) ^b
Mean frequency of sexual intercourse in past 6 months (3 = two to three times a month)	2.4 (1.7)	3.6 (1.6) ^b
% possibly exposed to sexually transmitted disease	14.3	18.2
% treated by physician for sexually transmitted disease	0.0	11.6
% who always use birth control	28.6	32.6
% who always use condoms	14.3	9.1
% who have suggested condom use to a partner	66.7	86.0
% whose partners have suggested condoms	63.0	86.4
% who have ever had a partner object to condom use	29.6	56.8 ^b
Sexual practices ever engaged in (%)		
Vaginal intercourse without condom	92.9	93.2
Vaginal intercourse with condom	71.4	81.0
Fellatio	85.7	86.4
Cunnilingus	75.0	95.5 ^b
Anal intercourse	14.3	15.9

^aNumbers in parentheses are standard deviations.

^b*p* < 0.05.

and constitute the sample of interest. All questionnaires were completed anonymously. Data for this sample were collected between November 1987 and July 1988.

The questionnaire was developed from previous surveys of sexual behavior in young adults (Cochran and Peplau, 1985, in press; Cochran *et al.*, 1990; Mays, 1988). Additional questions addressing factors associated with delaying the onset of sexual behavior were developed using the focus group methodology with young adults. College students, ranging in age from 19 to 24 years and diverse in their ethnic backgrounds, met in a small research group composed of eight individuals, both male and female, for a series of 1-hr meetings over a period of 5 weeks. During this time, the participants generated a list of factors from their own personal experiences, those of their friends', and the literature on young adults' sexual behavior that they were reading. Items were discussed by the group to arrive at a consensus on factors that may be associated with choosing to become sexually active or not.

RESULTS

Comparisons of Sexually Active and Sexually Inexperienced Participants

Overall, 44% of the men ($n = 28$) and 50% of the women ($n = 44$) had engaged in heterosexual sexual intercourse at least once in their lives (see Table I). Men were no more likely to be sexually experienced than women, $\chi^2(1) = 0.35, p > 0.10$, nor were native-born participants more likely to be sexually active than foreign-born individuals, $\chi^2(1) = 0.24, p > 0.10$. In addition, those who were sexually active were not significantly older than those who were not, $F(1, 148) = 0.26, p > 0.10$. Instead, sexually active young adults, in contrast to those who were not, began dating at a significantly younger age, $F(1, 131) = 9.69, p < 0.01$, and had their first serious romantic attachment at a significantly younger age, $F(1, 89) = 10.08, p < 0.01$. Reflecting this latter finding, sexually active young adults reported that their longest romantic attachment had lasted on average approximately 8 months longer than the sexually inexperienced participants, $F(1, 88) = 8.72, p < 0.01$.

Sexual Experiences

Focusing on the sexually experienced individuals, there were few significant differences between men and women (Table II). Average age at first occasion of sexual intercourse was between 16 and 17 years old (range = 13 to 21 years). On average, subjects reported a median of 2 previous sexual partners (range = 1 to 17 partners). However, women in the sample were at present significantly more sexually active than men both in terms of number of partners in the previous 6 months, $t(60) = 2.03, p < 0.05$, and sexual frequency in the previous month, $t(70) = 3.18, p < 0.01$.

As reported in other surveys of young adults' sexual behaviors (e.g., Kegeles *et al.*, 1988), few individuals reported consistent use of birth control or condoms. Only 31% reported that they always use birth control during sexual intercourse and only 11% use condoms every time they are sexually active. Two-thirds of men and 86% of women reported that they had at some point suggested the use of condoms to a sexual partner. Sixty-three percent of men and 86% of women also reported that a partner had suggested condom use at some point. Women were significantly more likely than men to report that a partner had expressed objections to using condoms, $\chi^2(1) = 4.18, p < 0.05$.

Table III. Reasons for Not Engaging in Sexual Intercourse Given by Sexually Inexperienced Young Asian-American Adults^a

Reason	Male (n = 36)		Female (n = 44)		t
	\bar{X}	SD	\bar{X}	SD	
I'm worried about getting (her) pregnant	3.5	1.4	3.8	1.5	0.75
My family would be upset	2.8	1.5	4.0	1.2	3.01 ^c
I am against sex before marriage	2.8	1.4	4.3	1.0	5.79 ^d
I'm worried about getting AIDS	3.5	1.5	3.2	1.7	-0.95
My religion is against sex before marriage	2.4	1.6	3.7	1.6	3.61 ^d
If you have sex now it may spoil your chances of getting the man (woman) that you really want later to marry you	2.3	1.4	3.4	1.4	2.52 ^c
I haven't met a man (woman) who I wanted to have sex with	2.4	1.6	2.9	1.6	1.11
I have never had the opportunity to have sex	2.7	1.5	2.0	1.4	-1.92 ^b
I'm still uncomfortable with the thought of having sex with a man (woman)	2.1	1.3	2.5	1.3	1.38
I'm not sure that I'm straight (heterosexual)	1.8	1.6	1.6	1.2	-0.77

^aItems are listed in ranking order for total sample from most to least important. Responses given on 5-point scales from (1) *not important* to (5) *very important*. Statistical differences evaluated by *t* tests.

^b*p* = 0.06.

^c*p* < 0.01.

^d*p* < 0.001.

In terms of sexual behaviors, these young adults practice behaviors that will transmit HIV should it be present. Although 77% of the sample reported the experience of having used condoms for sexual intercourse at some point, 93% also practiced sexual intercourse without condoms and 15% had tried anal intercourse at least once. In fact, nearly 17% of the sample reported that they had been possibly exposed to a sexually transmitted disease (STD) at some point in the past and 12% of women surveyed had actually been treated for an STD. None of the men reported that they had received medical treatment for STD.

Comparisons of U.S.-born versus non-U.S.-born participants indicate few differences between the two groups except that those individuals born in the United States were significantly younger ($X = 16.6$ years) than the latter group ($X = 17.7$) when they first had sexual intercourse, $F(1, 52) = 6.11$, $p < 0.05$, and thus had been sexually active for a significantly longer duration when studied, $F(1, 52) = 4.13$, $p < 0.05$. However, there were no differences in self-reported sexual practices.

Reasons for Delaying Sexual Activity

For those who had not yet begun sexual activity, the questionnaire presented 10 possible reasons for this and asked participants to rate each as to how important it was in their not having had sexual intercourse. As can be seen in Table III, participants' responses suggest that the double-standard for men and women in relationship to sexual activity remains. Women were significantly more likely than men to cite personal, religious, and familial beliefs against premarital sex as important reasons for not engaging in sexual behavior. They were also more likely to view sexual activity as interfering with attracting a desired marital partner. In contrast, men were somewhat more likely than women to report that an absence of opportunity for having sex was a more important factor in their not being sexually active.

In fact, men's and women's rankings from most to least important were not significantly correlated (Spearman's $\rho = 0.36, p > 0.10$). For men, the top five reasons given were worry about pregnancy, worry about getting AIDS, cause upset for family, against sex before marriage, and no opportunity. For women the top five reasons were against sex before marriage, cause upset for family, worry about pregnancy, religion is against it, and sex spoils chances for desired marriage partner.

There were no significant differences between native and foreign-born participants in reasons for delaying sexual activity. Indeed, both groups tended to weigh the 10 possible factors equivalently (Spearman's $\rho = 0.84, p < 0.01$).

DISCUSSION

While this study was unable to explore possible differences within cultural subgroupings of Asian Americans due to the small numbers from each group recruited, results, nonetheless, provide some preliminary information about the sexual behaviors of Asian-American young adults. In the present sample of single, heterosexual, 18- to 25-year-old Asian Americans, 47% were sexually active, a rate significantly lower than among the other 480 white (72% sexually active), black (84%), and Hispanic (59%) young adults we surveyed. The rate also appears lower than national estimates for white teenagers where somewhere between 54 and 57% of 19-year-olds are estimated to be sexually active (Kahn *et al.*, 1988). Among sexually active participants, those who were born in the United States, and thus may be influenced to a lesser extent by Asian-derived sexual norms, were significantly younger than their foreign-born counterparts when they initiated

sexual activity. This supports the findings of previous studies (Erickson and Moore, 1986; Yap, 1986) reporting greater sexual conservatism among Asian Americans, at least in initiation of sexual activity.

For those Asian Americans in our study who were sexually active, behaviors were consistent with their non-Asian contemporaries. Like other young adults (Kegeles *et al.*, 1988), these individuals are practicing behaviors that are risky, including low rates of condom use and sexual behaviors that will transmit HIV if present. Indeed, the percentage of subjects in the current study who always used condoms (11%) does not differ significantly from the white (11%), black (11%), or Hispanic (10%) students we surveyed. This underscores the importance of delineating the parameters of sexual conservatism among Asian Americans. That is, sexual conservatism may be expressed in some domains, such as delaying the onset of sexual activity, but in others, for example, types of behaviors practiced, there may be no difference between Asian Americans and their non-Asian counterparts. This has important implications for the transmission of HIV within the Asian-American population.

Although determination of all the reasons responsible for delaying the onset of sexual activity were beyond the scope of the current study, we did find evidence of a continued gender difference in attitudes toward a double-standard for sexual behavior (Christensen, 1973). For women who were not sexually active, self-rated important factors focused on personal, familial, and religious proscriptions against premarital sexuality. In contrast, for men, most important were concerns about pregnancy, AIDS, familial and personal disapproval, and the lack of opportunity. These findings highlight the fact that young men and women may have very different motivations for engaging or not engaging in sexual activity. Efforts designed to influence sexual behaviors in young heterosexual ethnic minorities where sex-role influences are prevalent must take notice of these gender differences if the efforts are to be effective.

Asian Americans comprise diverse cultural and ethnic groups (Kitano and Chai, 1982; Patel, 1988), including those with immigrant roots from China, Japan, the Philippines, Korea, Vietnam, Cambodia, Laos, Thailand, Malaysia, and India. This diversity is also reflected in reported AIDS cases. For example, in San Francisco, 47% of cases in Asian Americans have involved Filipinos (Aoki *et al.*, 1989) although it was estimated that in 1980, Filipinos represented only 26% of San Francisco County's Asian-American population. However, among Asian Americans, those of Japanese descent suffer the higher incidence of AIDS when adjusted for size of their community showing an incidence rate (per 1000) of 1.16 in contrast to American Filipinos (0.63), Vietnamese (0.37), and Chinese (0.13) (Ja and Ng, 1987). Most probably these differences in AIDS incidence reflect

AIDS-related behavioral diversity. As the epidemic spreads, both this behavioral diversity and behavioral proximity to HIV will shape the HIV infection pattern among Asian Americans. It is important in future research, when possible, that studies document and delineate the sexual behaviors of each of the distinct Asian/Pacific Island subpopulations.

In an era of increasing concern over the health and welfare of teens who in growing numbers are experiencing unwanted pregnancies and sexually transmitted diseases (Brooks-Gunn *et al.*, 1988), further research to determine the gender-based, cultural, and familial factors that lead to delayed initiation of sexual behavior is greatly needed. This is particularly important in the current era of the increasing incidence of AIDS in the heterosexual ethnic minority population (Cochran *et al.*, 1988). Sexually active individuals must possess the skills to determine low risk partners (Cochran and Mays, 1990), negotiate safer sex, master the correct use of condoms, and maintain a healthy outlook on sexual activity. This requires judgment, social maturity, and skills that develop as teenagers mature into young adults. Data from the current study offer some evidence for the importance of cultural and familial norms in potentially delaying young adults from possible exposure to HIV infection. Research exploring both the generalizability of these findings among specific subgroups of Asian Americans, as well as across other ethnic groups, would make a contribution to the fight against HIV infection in young heterosexual ethnic minorities. Data of this nature also provide those struggling to design effective prevention programs for ethnic minorities with an empirical base from which to work.

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