

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

### **HIV in Young People 13–24: A Brief Review of the Literature**

This document was developed by Management Sciences for Health in collaboration with the AETC National Resource Center and the HIV/AIDS Bureau of the Health Resources and Services Administration.

#### **Incidence and Prevalence**

##### *All Adolescents*

- The US Office of National AIDS Policy has estimated **that half of all new HIV infections occur in people younger than 25** and that half of these occur among young people between the ages of 13 and 21. (Kirby, 2002).
- Two groups—**young gay and bisexual men and young black and Latina women** infected through heterosexual sex—are thought to account for at least 75% of HIV-infected youth. (AIDS Action, 2001c).
- The Centers for Disease Control and Prevention (CDC) reported that as of December 2001, data from the 36 states that conduct HIV case surveillance indicated that of HIV-infected adolescents aged 13 through 19:
  - 58% were male.
  - 42% were female.
  - 27% were non-Hispanic white.
  - 51% were non-Hispanic black.
  - 21% were Hispanic.
  - Less than 2% were Asian American and Pacific Islander or American Indian and Alaska Native. (NIAID, 2003).
- Among **13- to 24-year-old men** in the US, 48% of new cases of HIV infection reported in 2001 occurred in men who have sex with men, 3% in men who inject drugs, another 3% in men who both have sex with men and inject drugs, and 6% in men who were exposed through heterosexual contact. (Kirby, 2002).
- Among **young women aged 13 to 24 years**, the exposure category with the largest number of cases was heterosexual contact (33%). Among both males and females, the risk category was often unidentified. (Kirby, 2002).

##### *African Americans*

- **In 2000, African-American adolescents represented 15% of the US adolescent population yet accounted for 64% of new AIDS cases reported among 13- to 19-year-olds.** (Henry J. Kaiser Family Foundation, 2001) .

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

- **Among women and adolescents, African Americans have more cases of HIV infection and AIDS** than other racial groups in the US, although African Americans represent only 13% of the US female population. From 1996 to 2001, 63% of AIDS cases diagnosed among women and adolescent girls in the US were among African Americans. (Darbes et al., 2002a).
- In 2002, **62% of children born to HIV-infected mothers were African American.** (CDC, 2003).
- Among African-American teens, 50% of recent and cumulative new infections occurred in young men who have sex with men. (Darbes et al., 2002a).
- **Among 13- to 19-year-old African-American females, 50% of recent and cumulative new infections occurred through heterosexual contact.** (Darbes et al., 2002a).

### *Latinos*

- **Latino teens have been disproportionately affected by the HIV/AIDS epidemic.** Although they represented approximately 14% of US teenagers (aged 13 to 19), they accounted for 20% of new AIDS cases reported among teens in 2000. (Henry J. Kaiser Family Foundation, 2001).

### *Asian Americans and Pacific Islanders*

- **Filipino Americans have the highest percentage of AIDS cases** among all Asian Americans and Pacific Islanders. They account for 45% of all AIDS cases among Asians nationally. (Randall, 1999).
- At the end of 2000, the Joint United Nations Programme of HIV/AIDS estimated that 5.8 million persons in South and Southeast Asia and 640,000 persons in East Asia and the Pacific were living with HIV/AIDS. **High rates of immigration from these countries imply that rates of HIV infection will continue to rise among these immigrant groups in the US.** (Kang et al., 2003).

### *American Indians and Alaska Natives*

- **American Indians and Alaska Natives constitute approximately 1% of the total US population and account for just under 1% of reported HIV/AIDS cases.** Although these numbers appear small relative to other populations, the impact is considerable. (Rowell and Bouey, 2002).
- **The number of HIV/AIDS cases among American Indians and Alaska Natives has probably been underreported** to the CDC due to misclassification of their ethnicity as white, Hispanic, or Asian. (Maldonado, 1999).

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

### *Geography*

- **The highest rates of adolescent HIV infection are in the South, along the East Coast, and in Texas, California, and some midwestern states.** (AIDS Action, 2001c).

### Number of Sexual Partners

- Among students in grades 9 through 12 across the US in 2001, 46% reported having had sexual intercourse. About 61% reported having sex before they graduated from high school. Although most teenagers practice serial monogamy and do not have sexual intercourse with more than one sexual partner during any given period, their numbers of sexual partners add up over time. **Among US high school seniors in 2001, about 22% had had sexual intercourse with four or more partners.** (Kirby, 2002).
- **As Hispanic/Latino women become integrated into the mainstream culture, they increase certain high-risk behaviors.** Acculturation also affects the frequency with which Hispanic women have multiple sex partners. More than 30% of highly acculturated Hispanic women, but only 13% of less acculturated Hispanic women, reported having had more than one sexual partner within the past six months. (National Women's Health Information Center, 2003).

### Older Sexual Partners

- Begley et al. (2003) addressed the question of whether African-American adolescent girls who have sex with older partners have a greater risk of contracting sexually transmitted diseases (STDs). In age-adjusted analyses, **girls with older partners were four times more likely to test positive for chlamydia and were more than twice as likely to report that their partners were also having sex with other women.**
- **Many teenage girls date older men in their 20s, the age group with the highest rate of STDs.** (Faryna and Morales, 2000).

### Sexual Identity

- In some Latino cultures, **men who have sex with men as the insertive partner may self-identify exclusively as heterosexual.** (Kaiser Permanente, 2001).
- **Studies show that a significant number of African-American men who have sex with men identify themselves as heterosexual.** As a result, they may not relate to prevention messages crafted for openly gay men. (CDC, 2003; Darbes et al., 2002a).

### Condom Use

- **Among sexually active students in grades 9 through 12 in 2001, 58% reported using a condom the last time they had intercourse.** This percentage is two to three

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

times higher than that reported in the 1970s, before AIDS became a public issue. This increase over time suggests that the emergence of AIDS and public campaigns to prevent disease through condom use have actually increased condom use. (Kirby, 2002).

- **Condom use varies with urban area, age, ethnicity, gender, and involvement in other risk-taking behaviors**, and the national average obscures wide variations among different groups. In young people, for example, condom use declines with age and is higher among African Americans than European Americans. (Kirby, 2002).
- **Although many adolescents have used a condom at least once, comparatively few use them during every act of intercourse.** In 1995, only 44% of 15- to 19-year-old males had used condoms during every act of intercourse in the previous 12 months. (Kirby, 2002).
- In interviews with more than 500 African-American adolescent females, Crosby et al. found that more than 75% had sex with a steady partner; **not using a condom with a steady partner was seen as a sign of intimacy and trust.** (Crosby et. al. 2002; AIDS Action, 2001c).
- In a 2001 nationwide study of high school student, 57.9% of sexually active students reported that they or their partner used a condom during last intercourse. Male students (65.1%) were more likely than female student (51.3%) to report condom use. Black students (67.1%) were significantly more likely than white and Hispanic students (56.8% and 53.5% respectively) to report condom use. Students in lower high school grades were more likely than students in higher high school grades to report condom use. (Grunbaum et. al 2002)
- In one study of Filipino-American adolescents and young adults, **more than half of sexually active respondents reported using a condom during their last sexual intercourse.** Knowledge of HIV transmission, demographic variables, barriers to condom use, peer norms, and being comfortable asking steady partners to routinely use condoms were not related to condom use. Higher self-efficacy and carrying condoms were the only two variables that approached statistical significance in relation to condom use at last intercourse. (Maxwell et. al., 2002).

### Alcohol and Drug Use

- **One in four sexually active high school students say that they were under the influence of alcohol or drugs the last time they had sex.** (AIDS Action, 2001c).
- One study of Alaska Native drug users found that **alcohol use was the factor that put them at greatest risk for HIV.** Some individuals reported blacking out while drinking and later learned that they had had unprotected sex with complete strangers or with persons they would not otherwise have accepted as partners. (Rowell and Bouey, 2002).

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

- A study of Filipino methamphetamine users found that they tended to be male, had low levels of perceived personal control in their lives, and reported little shame about their drug use. **Methamphetamine use was strongly associated with HIV-related risk behaviors.** Frequent methamphetamine users tended to engage in drug use before or during sex and to use condoms infrequently. Commercial sex activity was associated with frequency of methamphetamine use. About one-third of the study participants had never been tested for HIV. The authors concluded that HIV/STD and drug abuse prevention programs that target Filipino Americans are needed. (Nemoto et al., 2002).
- **Of 690 AIDS cases among young women aged 13 to 24, 124 (18%) were reported to be related to substance abuse.** Among substance-using young men in 1999, 152 of 949 AIDS cases (16%) were related to substance abuse. (AIDS Action, 2001a).
- In one study, **23% of highly acculturated Hispanic women reported intravenous drug use,** whereas only 4% of less acculturated Hispanic women reported the same. (National Women's Health Information Center, 2003).
- **Access to clean needles and drug treatment is particularly difficult** for monolingual, immigrant Latino drug users. They may not use needle exchange sites or other public services due to a lack of knowledge and a fear of being deported. (Gomez, 2002).
- Latinos tend to underutilize drug treatment facilities, but much of this underutilization may be explained by treatments that are inappropriate to Latino culture. In some ways, **Latino culture can be incompatible with seeking help for a drug problem.** Latinos try to solve difficult and embarrassing problems such as drug abuse within the family whenever possible. (Darbes., 2002b).
- All treatment approaches require the addict to admit that he or she needs help and is not in control, **an admission that Latino men find difficult** because of the cultural value of "machismo." (Darbes, 2002b).

### Knowledge and Beliefs

- **The vast majority of African Americans understand that a person can become infected with HIV by having unprotected sexual intercourse (99%),** sharing a needle (99%), and having unprotected oral sex (90%). (Henry J. Kaiser Family Foundation, 2001).
- Teens may have a different perception of risk than adults. Several studies have found that **many sexually active teens do not consider themselves to be at risk for infection,** despite knowing the facts about HIV. (AIDS Action, 2001c).
- **Misconceptions regarding transmission can increase high-risk sexual behavior.** In its work with homosexual men in Vietnam, Doctors Without Borders found that

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

most of the subjects were aware that body fluids were involved in the disease transmission process but were ignorant of the details. They believed, for instance, that AIDS happened when body fluids came in contact with each other. Thus, most of the study subjects thought that anal intercourse was safe because the anus is dry. Oral intercourse was considered risky because the mouth is wet. They also thought that AIDS could pass through the skin, so masturbation to orgasm was more dangerous than anal intercourse if semen landed on the skin. (Nguyen, 2000).

- Among US-born Asian-Indian adolescents whose parents had emigrated from India, 86% knew that having unsafe sex with a person infected with HIV could transmit the virus, 47% did not know that sharing a razor with an HIV-positive person could do so, and a significant proportion believed that donating blood (27%) and taking blood tests (14%) could transmit HIV. **Television was the most used source of information, but school programs on HIV/AIDS were considered the most useful source.** The results indicated that, to be effective, HIV/AIDS prevention programs must assess the gap in scientific knowledge and beliefs, clarify misconceptions, reinforce school programs to present clear messages about the transmission of HIV/AIDS, and use television to reach adolescents. (Bhattacharya et al., 2000).
- *Familismo* is a traditional Latino commitment to family and a central support system for family members. *Familismo* can be a powerful incentive in helping heterosexual Latino men reduce unprotected sex with casual partners outside of their primary partnerships. However, for many Latino men who have sex with men, *familismo* and homophobia create conflict, because families may perceive homosexuality as wrong. These men are forced to separate their sexual identities from their family lives, leading to low self-esteem and personal shame. (Gomez, 2002).
- *Machismo* may lead men to view sex as a way to prove their masculinity. Thus, the frequency and type of sex are usually determined by men, and women may fear violence or abandonment if they resist male sexual advances. Machismo may also be used as an excuse for unprotected sex. (Gomez, 2002).
- A study of 60 young Asian men who self-identified as “having sex with other men” indicated that they were generally knowledgeable about methods of HIV transmission and prevention, and they appeared to be linked to information and support systems. However, **a significant percentage held culturally biased views of AIDS**, such as believing that the race of one’s partner or one’s own gender role in the sexual encounter determined the level of risk. One-third of the sample did not use condoms regularly. (Shapiro and Vives, 1999).
- Steers et al. (1996) surveyed 424 US undergraduates and found **few differences in the level of safe-sex behavior among European Americans, Hispanics, African Americans, and Asian Americans**, as defined by condom use, number of partners, number of sexual encounters, and discussions with partners about safe sex. But because the sample group consisted of only college students, the results may not be generalizable to larger ethnic-group populations.

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

- The same study found that among college students, **important predictors of most types of safe-sex behavior** were the individual's perception of:
  - Susceptibility (the belief that I could get it).
  - Self-efficacy (the belief that I can do something to protect myself).
  - Social support (the belief that my support network expects me to practice safe sex).

Less important predictors were barriers to safe sex (I don't like condoms) and the perceived severity of the AIDS disease. All these factors were stronger predictors of behavior for European Americans than for Hispanics, African Americans, and Asian Americans. (Steers et al., 1996).

### Role of the Church

- Many experts believe that the rising incidence of HIV infection in the African-American community can be partially attributed to the **reluctance of black churches to recognize and address the issue of homosexuality** in a way that would allow gay men to openly acknowledge their sexuality and seek help related to HIV. (Salt of the Earth, 2001).

### Communication and Negotiation with Sexual Partners

- **Traditionally, sex and sexuality are not discussed in Latino cultures.** For some Latinas, this means that talking to men about sex suggests promiscuity. Therefore, their ability to insist on condom use may be limited. (Gomez, 2002).
- **Latina women in traditional male-female relationships may be less likely to request that their partners use condoms.** (Darbes, 2002b).
- **African-American women who participated in small-group interventions on condom use were significantly more likely to report consistent condom use,** better skills in negotiating condom use, and choosing not to have sex when condoms were not available. (AIDS Action, 2001b).

### Communication between Parents and Children

- **African-American parents of children aged 21 or younger express high levels of concern about their children's risk for infection.** More than 80% say that they are either "very" or "somewhat" concerned about their sons and daughters becoming infected with HIV, and 60% say that this concern has increased in the past few years. (Henry J. Kaiser Family Foundation, 2001).
- The influence of family on sexual activity-related factors was studied in 522 African-American adolescent girls recruited from schools and clinics in Birmingham, Alabama. **Girls living with mothers in supportive families were more likely to use condoms when having sex,** were less likely to have experienced recent emotional abuse from their sex partners, had less fear and greater self-efficacy in negotiating condom use, and had fewer partner-related barriers to safer sex. (Crosby et al., 2002).

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

- DiClemente et al. (2001) examined the associations between parent–adolescent communication about sex-related topics and such communication between African-American adolescent girls and their sex partners, as well as their perceived ability to negotiate safer sex. **More frequent parent–adolescent communication was associated with greater use of contraceptives** and condoms, as well as more communication between adolescent girls and their sex partners.
- **Interventions are most effective before adolescents begin engaging in sexual and drug-using behaviors.** The CDC found that teenage condom use increased only among those whose mothers had talked with them about condoms before their first experience with sexual intercourse. (AIDS Action, 2001c).
- **The lack of parental discussion and education regarding sex and condom use contributes to the disproportionate number of unintended pregnancies, STDs, and HIV cases among Latino youth.** (Gomez, 2002).
- **Nearly 60% of African Americans say that they need more information about how to talk to children about HIV/AIDS.** (Henry J. Kaiser Family Foundation, 2001).
- One successful approach to improving parent–child communication involved **homework assignments that required students to talk with their parents about sexual topics.** (Kirby, 2002).
- **Although many programs show evidence of greater parent–child communication about sexuality, this increase is typically short-lived.** The most successful programs involve multiple sessions for parents and their children together, as well as the homework assignments mentioned above. (Kirby, 2002).
- **Many studies have shown that parent–child communication about sex does not affect the initiation of sexual intercourse or condom or contraceptive use.** This may be due to limitations of the studies. Parent programs may be more effective if they focus on other ways in which parents can affect the sexual behavior of their children (e.g., appropriate supervision and modeling responsible sexual behavior). (Kirby, 2002).

### Trusting the Medical Community

- **Some men who have sex with men may fear being stigmatized by their health care providers.** The Gay and Lesbian Medical Association's study of nursing students found that 8% to 12% "despised" lesbian, gay, and bisexual people, and 40% to 43% thought that gay people should keep their sexuality private. Another study showed that 8% of male physicians surveyed could be described as homophobic. (Gay and Lesbian Medical Association, 2002).

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

### Undocumented Populations

- **Undocumented Asian Americans and Pacific Islanders (AAPIs) are likely to delay screening and treatment** because of language barriers and fear of being deported. As a result, they may be admitted to hospitals at a later stage of illness. One study in New York City showed that undocumented AAPI individuals were more likely to seek care from independent doctors who spoke their dialect and did not ask for documentation. Some of these doctors were not familiar with HIV-related symptoms and did not provide appropriate care. (Kang et al., 2003).

### Confidentiality

- Like in many other tight-knit communities, **confidentiality can be difficult to maintain in American Indian and Alaska Native communities**, especially in rural areas. This can be a barrier to important prevention activities such as HIV testing, discussing sexual practices with health care providers, obtaining drug treatment, or buying condoms in local stores. (Rowell and Bouey, 2002).

### Partner Notification

- Currently, **there is no rule that requires physicians, other youth-serving professionals, or agencies to notify the partners of adolescents who are infected with HIV**, although some states grant physicians the discretion to do so. Many clinicians who work with infected adolescents encourage them to disclose their HIV status to partners and avoid behaviors that may transmit the virus. (English, 1995).

### Ethnicity and Risk Behaviors

- A study of 427 high school students demonstrated that **ethnicity was a more significant predictor of HIV risk behaviors than gender, self-efficacy, and knowledge, attitudes, and beliefs**. Frequency of sexual activity in the past year was highest (in descending order) among African-American boys, Latina girls, European-American boys, Latino boys, Filipino boys, European-American girls, African-American girls, Filipina girls, other Asian and Pacific Islander girls, Chinese girls, other Asian and Pacific Islander boys, and Chinese boys. Sexual activity and substance use were closely linked. Latino girls and boys had the highest frequency of these combined risk behaviors. (Faryna and Morales, 2000).

### Working with HIV-Infected Adolescents

- **Addressing the many psychosocial needs of HIV-infected youth helps facilitate and reinforce treatment adherence and retention**. Case managers can help youth get access to basic services such as housing, emergency financial assistance for food or utilities, transportation, child care, coverage for prescriptions, public entitlements, and mental health services. (Johnson et al., 2003).

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

### References and Resources

AIDS Action. (2001a). What works in HIV prevention for substance abusers.

<http://www.aidsaction.org/legislation/pdf/ww4su.pdf>.

AIDS Action. (2001b). What works in HIV prevention for women of color.

[http://www.aidsaction.org/legislation/pdf/ww4WOC\\_final.pdf](http://www.aidsaction.org/legislation/pdf/ww4WOC_final.pdf). Cited March 4, 2004.

AIDS Action. (2001c). What works in HIV prevention for youth.

[http://www.aidsaction.org/legislation/pdf/ww4youth\\_final.pdf](http://www.aidsaction.org/legislation/pdf/ww4youth_final.pdf).

Begley, E., Crosby, R.A., DiClemente, R.J., Wingood, G.M., and Rose, E. (2003). *Older partners and STD prevalence among pregnant African American teens*. Atlanta, GA: Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University.

Bhattacharya, G., Cleland, C., and Holland, S. (2000). Knowledge about HIV/AIDS, the perceived risks of infection and sources of information of Asian-Indian adolescents born in the USA. *AIDS Care* 2000 Apr;12(2):203-9.

Centers for Disease Control and Prevention (CDC). (2003). HIV/AIDS among African Americans. <http://www.cdc.gov/hiv/PUBS/Facts/afam.pdf>. Cited March 24, 2004.

Crosby, R.A., DiClemente, R.J., Wingood, G.M., and Harrington, K. (2002). HIV/STD prevention benefits of living in supportive families: A prospective analysis of high risk African-American female teens. *American Journal of Health Promotion*. Atlanta, GA: Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University.

Darbes, L.A., Kennedy, G.E., Peersman, G., Zohrabyan, L., and Rutherford, G.W. (2002a). *Systematic review of HIV behavioral prevention research in African Americans*. Bethesda, MD: Surgeon General's Leadership Campaign on AIDS; University of California-San Francisco, AIDS Research Institute; Cochrane Collaborative Review Group on HIV/AIDS; Office of Minority Health, Office of the Assistant Secretary for Health, US Department of Health and Human Services.

<http://hivinsite.ucsf.edu/InSite?page=kb-authors&doc=kb-07-04-09>.

Darbes, L.A., Kennedy, G.E., Peersman, G., Zohrabyan, L., and Rutherford, G.W. (2002b). Systematic review of HIV behavioral prevention research in Latinos.

<http://hivinsite.ucsf.edu/InSite.jsp?page+kb-07&doc=kb-07-04-11>.

DiClemente, R.J., Wingood, G.M., Crosby, R., Cobb, B.K., Harrington, K., and Davies, S. (2001). Parent-adolescent communication and sexual risk behaviors among African American adolescent females. *Journal of Pediatrics*. Atlanta, GA: Department of Behavioral Sciences and Health Education, Rollins School of Public Health, Emory University.

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

English, A. (1995). Consent and confidentiality: Important elements in adolescents' access to HIV care. *Youth Law News* (May–June, 1995).

Faryna, E., and Morales, E. (2000). Self-efficacy and HIV-related risk behaviors among multiethnic adolescents. *Cultural Diversity and Ethnic Minority Psychology* 2000 Feb;6(1):42-56

Gay and Lesbian Medical Association. (2002). Creating a safe clinical environment for men who have sex with men.

[http://www.glma.org/medical/clinical/msm\\_safe\\_clinical.pdf](http://www.glma.org/medical/clinical/msm_safe_clinical.pdf).

Gomez, C. (2002). *What are US Latinos' HIV prevention needs?* San Francisco: University of California–San Francisco, Center for AIDS Prevention Studies, AIDS Research Institute. <http://www.caps.ucsf.edu/Latinorev.html> Cited July 30, 2003.

Grunbaum, Jo Ann; Kann, Laura; Kinchen, Steven A.; et.al (2002) *Youth Risk Behavior Surveillance 2001* Center for Disease Control 2002

Henry J. Kaiser Family Foundation. (2001). *Key facts: Latinos and HIV/AIDS*. Menlo Park, CA: Henry J. Kaiser Family Foundation.

<http://www.kff.org/content/2001/6008/Latinos%20%20HIV.pdf>. Cited August 1, 2003.

Johnson, R.L., Botwinick, G., Sell, R.L., Martinez, J., Siciliano, C., Friedman, L.B., Dodds, S., Shaw, K., Walker, L.E., Sotheran, J.L., and Bell, D. (2003). The utilization of treatment and case management services by HIV-infected youth. *Journal of Adolescent Health* 33(2 Suppl):31–38.

Kaiser Permanente. (2001). *A provider's handbook on culturally competent care: Latino population*. Oakland, CA: Kaiser Permanente National Diversity Council.

Kang, E., Rapkin, B.D., Springer, C., and Kim, J.H. (2003). The “demon plague” and access to care among Asian undocumented immigrants living with HIV disease in New York City. *Journal of Immigrant Health* 5(2):49–58.

Kirby, D. (2002). HIV transmission and prevention in adolescents. *HIV InSite* (December). <http://hivinsite.ucsf.edu/InSite?page=kb-07-04-03>.

Maldonado, M. (1999). *HIV/AIDS & Native Americans*. Washington, DC: National Minority AIDS Council. <http://nmac.org>. Cited August 25, 2003.

Maxwell, A.E., Bastani, R., and Warda, U.S. (2000). Knowledge and attitudes toward condom use—do they predict behavior among Filipino Americans? *Ethnicity and Disease*. 2000 Winter;10(1):113-24.

## The Provider's Guide to Quality & Culture

<http://erc.msh.org/quality&culture>

National Institute of Allergy and Infectious Diseases (NIAID). (2003). HIV infection in adolescents. <http://www.niaid.nih.gov/factsheets/hivadolescent.htm>.

National Women's Health Information Center. (2003). *Frequently asked questions about health problems in Hispanic American/Latino women*. Washington, DC: US Department of Health and Human Services, Office on Women's Health.

<http://www.4woman.gov/faq/latina.htm>. Cited July 30, 2003.

Nemoto, T., Operario, D., and Soma, T. (2002). Risk behaviors of Filipino methamphetamine users in San Francisco: Implications for prevention and treatment of drug use and HIV. *Public Health Reports*. 2002;117 Suppl 1:S30-8.

Nguyen, H.Q. (2000). *Vietnamese health and illness topics: HIV/STD infection*. Seattle: Harborview Medical Center, EthnoMed.

[http://ethnomed.org/ethnomed/clin\\_topics/vietnam\\_hiv\\_final.html](http://ethnomed.org/ethnomed/clin_topics/vietnam_hiv_final.html). Cited May 15, 2003.

Randall, V.R. (1999). Profile of Asian Pacific communities. Institute on Race, Health Care and the Law, University of Dayton.

[http://academic.udayton.edu/health/08civilrights/N\\_49](http://academic.udayton.edu/health/08civilrights/N_49). Cited July 28, 2003.

Rowell, R., and Bouey, P. (2002). *What are American Indian/Alaska Natives' HIV prevention needs?* San Francisco: University of California–San Francisco, Center for AIDS Prevention Studies, AIDS Research Institute.

<http://www.caps.ucsf.edu/nativamerican.html>. Cited August 25, 2003.

Salt of the Earth. (2001). HIV/AIDS hits African American community hardest. *Social Justice News*. <http://salt.claretianpubs.org/sjnews/2001/07/sjn0107c.html>.

Shapiro, J., and Vives, G. (1999). Demographic and attitudinal variables related to high-risk behaviors in Asian males who have sex with other men. *AIDS Patient Care STDS*. 1999 Nov;13(11):667-75.

Steers, W.N., Elliott, E., Nemiro, J., Ditman, D., and Oskamp, S. (1996). Health beliefs as predictors of HIV-preventive behavior and ethnic differences in prediction. *Journal of Social Psychology*. 1996 Feb;136(1):99-110.