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The Health of South Asians in the United States

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Lesbian, Gay, Bisexual, and Transgender Health

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Objectives: The authors conducted numerous interviews and reviewed available research on South Asian Lesbian, Gay, Bisexual, and Transgender (LGBT) health in the US to report on their primary health concerns.

Key Findings: Census data and interviews reveal that South Asian GLBT individuals have a variety of psychosocial concerns including, hetro-sexism, homophobia, and internalized homophobia, racism, acculturation, and specific cultural pressures. These concerns create barriers to self-identification and health-seeking behavior, which in turn create specific health risks for the South Asian American LGBT population.

Recommendations: Service agencies and providers themselves can help the South Asian LGBT population by receiving and offering cultural competency training, improving outreach, and establishing psychosocial support mechanisms.

Introduction

Currently, there is insuffcient reearch on the Lesbian, Gay, Bisexual, and Transgender (LGBT) community in the United States, hindering the process of identifying unique health issues facing this community. After intensive advocacy efforts, sexual orientaiton has finaly been included in the Health People 2010 initiatve, a long term plan to improve the health of the nation put forth by the Department of Health and Human Services. Despite this advance, the lack of attention to LGBT health issues has added challenges to increasing cultural and linguistic competent care for members of the LGBT community. Many challenges exist in assessing the healht of the South Asian American LGBT community as well. These challenges orignate with the ardous task of defining the Soth Asian American community overall.

A Hidden Community

Complicating the task of measuring the magnitude of the South Asian community is the multitude of sub-groups that exist within this community. Various sub-groups exist due to difference such as country of origin, generational gaps, gender divisions, and citizenship status; the same differentials exist within the South Asian American LGBT community.

Furthering the problem of definition, there are few population-based studies identifying the mainstream LGBT community in the United States at a national level. Although the 2000 Census collected data on same-sex unmarried partners, it still excluded LGBT individuals not living with a partner. According the Kinsey Report, roughly 10% of the population is gay or lesbian, although this figure does not appear to be true for most

metropolitan, suburban, and rural areas.[1] Furthermore, the recent Census also fails to capture the existence, let alone the accurate size, of the South Asian American LGBT community. Clearly, these issues of definition and visibility, are followed by even greater difficulty in assessing the health concerns and needed health programs for this population.

Defining the South Asian American LGBT Community

Presently, there does not appear to be accurate mechanism to gauge the number of South Asian American LGBT individuals in the US. One reason for this is not all South Asians identify with the terms: gay," "lesbian," "bisexual," or "transgendered," due to barriers such as cultural differences, societal and internalized homophobia, and the dissociation between identify and behavior.[2] These terms related to sexuality, are predominately Western concepts for self-identification, and therefore may be accepted more frequently among South Asian Americans who are born in the United States or who have acculturated to mainstream LGBT culture. Thus, many *recently immigrated* South Asians who engage in same sex behavior may not consider themselves "lesbian," "gay," "bisexual," or "transgendered." This point highlights the importance of understanding and recognizing difference within the South Asian LGBT community itself; in this case the complications of sexual identify as it relates to degree of acculturation and immigration status.[3]

Due to cultural pressures and expectations that exist in the South Asian community, in many cases, men who engage in same sex behavior are married and have children, as is the case in South Asia itself.[4] There are no studies or data on South Asian women who practice same sex behavior and are married to men. Several Web sites and other resources, however have been established specifically for 'marriages of convenience' between South Asian lesbian/bisexual women and South Asian gay/bisexual men.[5] A 'marriage of convenience' allows these individuals to fulfill their societal and familial duty of getting married, while being able to continue same-sex behavior and/or identify among peers. The existence of these Web sites suggests that there are South Asian women who practice same-sex behavior, and are also married to men and have children.

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[1] Kinsey A, Pomeroy WB, Martin CE. Sexual Behavior in the Human Male. Bloomington, IN: Indiana University Press: 1948.
[2] Trikone-Tejas. Personal Interviews. August 2002.
[3] Ramakrishnan R. Trikone-Tejas. Personal Interview. August 2002.
[4] Deshmukh V. "Issues of Women Married to HIV Positive Self-identified Gay Men and MSM", (Poster Presentation), AIDS 2002 Barcelona XIV International AIDS conference. Barcelona, Spain: 2002.
[5] Asian Gay and Lesbian Marriage of Convenience. Available at: http://www.geocities.com/marriage/. Accessed August 2002.

Homophobia, Racism, and Acculturation: Implications for Mental Health Status and Health Care Access

Many South Asian Americans participating in same-sex behavior or identifying as LGBT may be "hidden" because they have not disclosed their sexual orientation or gender identity, for the fear or losing their immigration status or value to their family. A popular perception in the South Asian community is that LGBT is a "disease" that primarily occurs within the White, mainstream community. As one young Indian-American gay male states in his published 'coming out' story. "I felt torn between my two identities and forced to choose between being Indian and being gay."[6] Family rejection plays a major part in any sexual orientation or gender identity. This is exacerbated within the South Asian community, as homophobia is coupled with a pressure to acculturate and assimilate with 'the norm.'

Interestingly, some believe that South Asians who have recently immigrated to the US are often more likely to 'come out', since anxiety and fear are reduced when parents and one's community are not physically present. This is illustrated in the fact that the majority of early organizing LGBT individuals of South Asian origin was done by first generation immigrants, and only recently has the onus been adopted by South Asian Americans who were born or raised in the US.[3]

An important psychosocial issue among LGBT South Asians is the internalization or belief of the very biases that society holds against them. Sometimes these biases come from within the LGBT community itself. For example, many bisexuals feel that mainstream LGBT culture in America is 'binary', in that there exists more support for unambiguously same-sex relationships.[3] This isolates individuals to the extent that socially they may feel, as Kamini Chaudhary states in A Lotus of Another Color, like a "dhobi ka kutt, na ghar ka, na ghat ka (a washerman's dog who has no real use, neither at home nor at the washing places)." Not only does this internalization of biases serve as a barrier to accessing services, but there is evidence to support the notion that these psychosocial factors influence high-risk behavior among men having sex with men in the US.[7] The internalization of homophobia that is maintained by the mainstream South Asian American population can serve as a direct health risk. "Internalized homophobia" is a term used by researchers, defined as "hatred against oneself or others for being homosexual."[7] Leading South Asian gay activists in the US believe that the phenomenon of "internalized homophobia" is present within the South Asian LGBT community.

Due to damaging misconceptions and misunderstandings about homosexuality that are present within the South Asian community, LGBT individuals may fail to recognize themselves in the "stereotyped gay, lesbian, bisexual, or transgendered person" that

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[6] Patel P. National Coming Out Day inspires studies to share personal experiences, encourage awareness. Daily Texan. University of Texas at Austin. October 11, 2000; 101(28). Available at: http://www.main.org/trikonetejas/prateek.html.

[7] Ratti R, Bakema R, Peterson JL. Correlates of High-Risk Sexual behavior among Canadian men of South Asian and European origin who have sex with men. AIDS Care. 2000;12(2):193-202.

Western society has created; a phenomenon that often results in shame, anger, denial, and confusion.[8] Rather than expressing anger or hatred because of this discrimination towards the 'oppressors' (i.e., mainstream society), often the anger may be "redirected at oneself and one's group," as a form of self-hatred.[7] It is speculated by members of the South Asian American LGBT community that this self-hatred is to blame for problems or identification, sexual irresponsibility, apathy (especially in regards to HIV/AIDS due to lack of self-worth or self esteem)[9], in some extreme cases, self destructive acts (for example, engaging in activities known to increase health risk),[7] and overall oppressive tendencies against oneself and other members of the South Asian American LGBT community.[8]

Because South Asians are minorities in America, the aspects of racism and the pressure for acculturation coupled with internalized homophobia often produce a separate phenomenon known as 'dual-identity conflict'. As stated in an article written on sexual behavior of men having sex with men of South Asian origin in Canada, LGBT individuals belonging to minority communities "may feel added shame and guilt", to the extent that their ethnic group condemns homosexuality.[7] This especially may be an issue for those individuals who are less acculturated to the mainstream culture, for example, recent LGBT immigrants from South Asia.

Varying degrees of acculturation are important in understanding the South Asian LGBT community. Since much of the organizing of South Asian specific LGBT associations has been done by relatively recent immigrants,[3] South Asian American LGBT individuals who were born or raised in the US may lack peer support and feel isolated. As Prateek Chaudhary, a young Indian-American gay activist who was raised in the US stated, "We are caught in the middle, since we can't totally relate to the immigrant LGBT South Asian community, nor can we relate to the mainstream White gay culture."[9] This situation leaves South Asian Americans, born and raised in the US, in need of an outlet, a supportive network, and providers that can understand and relate to their specific needs and concerns.

Despite the existence of various health resources for the majority gay culture, some South Asian Americans feel hesitant to access and become fully integrated into this system. Overall, an important consideration is the underlying racism and discrimination that members of minority communities detect and fear.[2] In fact, in interviews conducted with South Asian American LGBT individuals, in particular gay men, several stated that the racism they felt within the mainstream, majority culture was stronger than the homophobia within the South Asian community.[3]

Other LGBT communities of color in the United States also face such 'multiple oppression' forces – the combination of racism and homophobia. Minority gay activists feel that perhaps racism is more strongly felt simple because it is a more visibly observed

[8] Humsafar Trust and Trikone-Tejas members. Personal interviews and Personal communication via e-mail. August 2002.
[9] Chaudhary P. Trikone-Tejas. Personal interview. August 2002.

marker of oppression.[3] Incidences in which South Asian American LGBT people experience hostility, neglect, or more blatant racism, combined with the scarcity of networks they can relate to have caused many LGBT South Asian Americans to be reluctant to enter the mainstream gay culture. Mr. Chaudhary explains, "…when South Asian [gays and lesbians] decide to join White [gay and lesbian] groups, we choose to shed our [South Asian] identity."

However, the decision to not access the majority gay culture may have dangerous health outcomes. Researchers have found that acculturation to the mainstream gay community may reduce high-risk sexual behavior because it improves minority LGBT access to gay-positive messaging that might combat self-hatred, AIDS-related information, psychological support centers, and legal services.[7]

Specific Health Risks and Barriers to Health Care Access

Access to health care education, prevention and treatment poses one of the largest obstacles to the LGBT community, and the unique diversity of the LGBT community provides one of the greatest challenges in accessing quality care. Many LGBT people face documented structure, economic, personal, societal, and cultural barriers when they attempt to access health care.[10,11,12,13,14,15,16] Provider bias against LGBT individuals and cultural barriers to accessing health care well documented.[17,18,19,20,21,22,23,24] As many

[10] Milman M. Access to Health Care in America. Washington, DC: National Academy Press; 1993.
[11] Dean L, Meyer IH, Robinson K, et al. Lesbian, gay, bisexual, and transgender health: findings and concerns. Journal of the Gay and Lesbian Medical Association. 2000; 4(3): 101-151.
[12] Xavier JM. Final Report of the Washington Transgender Needs Assessment Survey. Washington, DC: Administration for HIV and AIDS of the District of Columbia; 2000.
[13] Ryan C, Futterman D. Lesbian and Gay Youth: Care and Counseling. New York, NY: Columbia University Press; 1998.
[14] The Medical Foundation. Health Concerns of the Gay, Lesbian, Bisexual, and Transgender Community, 2nd edition. Massachusetts Department of Public Health. June 1997.
[15] Lee R. Health Care problems of lesbian, gay, bisexual, and transgender patients. Western Journal of Medicine. 2000; 172(6)::403-408.
[16] Center for Substance Abuse Treatment (CSAT). A Provider's Introduction to Substance Abuse Treatment for Lesbian, Gay, Bisexual, and Transgender individuals. DHHS Pub. No. (SMA) 01-3498. Rockville, MD: DHHS, Substance Abuse and Mental Health Services Administration, CSAT; 2001.
[17] Diamant AL, Schuster MA, McGuigan K, Lever J. Implications of taking sexual history. Archives of Internal Medicine. 1999; 159: 2730-2736.
[18] Fiscarrotto TJ, Grade M, et al. Predictors of medical and nursing student's levels of HIV/AIDS knowledge and their resistance to working with AIDS patients. Academic Medicine. 1990; 65:470-471.
[19] Eliason MJ, Raheim S. Experiences and comfort with culturally diverse groups in undergraduate pre-nursing students. Journal of Nursing Education. 2000; 39: 161-165.
[20] Institute of Medicine (IOM), Committee for the Study of the Future of Public Health. The Future of Public Health. Washington, DC: National Academy Press: 1988.
[21] US Bureau of the Census. Current Population Survey. Washington, DC: Bureau of the Census; 1999.
[22] Benson V, Marano MA. Current estimates from the National Health Interview Survey, 1995. Vital and Health Statistics. 1998; 10(199).
[23] Weisman JS, Epstein AM. The insurance gap: Does it make a difference? Annual Review of Public Health. 1993; 14: 243-270.

LGBT individuals are hesitant to disclose their sexual orientation, sexual behaviors, or gender identity in fear of a negative response from their provider, preventative screenings or other appropriate services may not be provided.[25,26,27] Additionally, blatant homophobia exhibited by providers including reluctance or refusal to provide care and discomfort or disdain of someone who is LGBT adversely affects patient's right to health care.[28,29,30,31]

Specifically, health insurance plays a critical role of the ability of an LGBT person to access health care, and it is likely that South Asian LGBT individuals face similar barriers to obtaining insurance as LGBT people in the general population. At present, same-sex couples are at a serious disadvantage to opposite sex couples as most insurance companies and employers do not provide same-sex domestic partnership benefits. According to the Women's Health Initiative, an analysis of the insurance status found that lesbian and bisexual women were significantly more likely to be uninsured than heterosexual women. As many as 10% of lesbians were found to be uninsured and 12% of bisexuals compared with 7% for heterosexual women despite the fact that lesbian and bisexual women were more likely to have attended graduate school and be in managerial positions.[32] The National Lesbian Health Survey found that lesbians who were younger, unemployed, in school, poor, and/or African American were all more likely to be uninsured.[33] The Urban Men's Health Study, based on a random household sample of men in Census tracks with a high number of gay men in San Francisco, New York, Los Angeles, and Chicago found that 16% of men who have sex with men were uninsured. Additionally, 13% had no health care provider at all.[34] Transgendered individuals have the highest un-insurance rates. In a 1997 study of transgendered individuals living in San

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[24] Currie J, Gruber J. Health insurance eligibility, utilization of medical care, and child health. Quarterly Journal of Economics. 1996; 111(2):431-466.
[25] US Preventative Services Task Force. Guide to Clinical Preventive Services. 2nd edition. Washington, DC: US Department of Health and Human Services; 1995.
[26] American College of Preventive Medicine. 1998 National Prevention in Primary Care Study. Washington, DC: American College of Preventive Medicine; 1998.
[27] Ettner SL. The timing of preventive services for women and children: The effect of having a usual source of care. American Journal of Public Health. 1996; 86:1748-1754.
[28] US Department of Health and Human Services (DHHS). Clinician's Handbook of Preventive Services. 2nd edition. Washington, DC: DHHS; 1998.
[29] US General Accounting Office (GAO). Health Insurance: Coverage Leads to Increased Health Care Access for Children. Washington, DC: GAO; 1998.
[30] Reinhardt UE. Coverage and access in health care reform. New England Journal of Medicine. 1994; 330: 1452-1453.
[31] Davis K, Bialek R, Parkinson M, et al. Paying for preventive care: Moving the debate forward. American Journal of Preventive Medicine. 1990; 64 (Suppl.): 7-30.
[32] Valanis B, Bowen DJ, Bassford T, et al. Sexual orientation and health: comparison in the Women's Health Initiative samples. Archives of Family Medicine. 2000; 9: 843-953.
[33] Bradford J, Ryan C. The National Lesbian Health Care Survey: Final Report. Washington, DC: National Lesbian and Gay Health Foundation; 1998.
[34] Stall R. Access to health care among men who have sex with men: Data from the Urban Men's Health Study. In: Advancing Gay and Lesbian health: A Report from the Gay and Lesbian Health Roundtable. Los Angeles Gay and Lesbian Center; January 2000.

Francisco, 52% of the 400 transgendered people surveyed were uninsured.[35] This trend is supported by the Washington Transgender Needs Assessment Survey which found that 47% of the study participants lacked any form of health insurance.

In a health care setting, denial, or silence is maintained for fear of breach in confidentiality, and a leak of the information to parents and/or community members. Often, concealing one's sexual identity leads to LGBT people receiving inappropriate or substandard health care. South Asian lesbians and bisexuals never or rarely access any health services, similar to heterosexual South Asians and other Asian American and Pacific Islander (AAPI) women. For example, many South Asian gay men refuse to test for HIV or sexually transmitted infections (STIs). First generation immigrants are especially concerned that if they test positive, it will impact negatively on their immigration status.[36]

Providers may refuse to give care after a person has disclosed their sexual orientation or gender identity, or incorrectly assume the person most also be HIV positive because of the medicalization of the LGBT identity. In one case, a South Asian man went to visit his new health care provider when his company changed health plans. Since it was the first visit, he disclosed that he was gay. The provider immediately put gloves on while taking notes, and asked the man if he was HIV positive. The client told the provider he was not. The provider then asked if he knew about safe sex. The client answered yes and told the provider the he was aware of the risk factors of his population. This provider stated that it was good for him to be knowledgeable of safer sex practices, however, he would require proof of his serostatus before he would provide any services. The client explained that was negative and that he was recently tested. Nevertheless, the provider ordered an HIV test, which was not confidential, since it was part of other screening that the new insurance required.[37] This is a clear example of prejudiced substandard care where sexual orientation is confounded with HIV status.

Like heterosexual South Asians living in the United States, many LGBT South Asians are recent immigrants and although some speak English as a second language, many do not speak English at all. These individuals face cultural and linguistic barriers to health care, preventive care, and educational information about well-being and sexual health, since there are few culturally and linguistically appropriate services that specifically focus on this population.[38]

In many instances when LGBT individuals approach a provider, it is assumed that if they are sexually active, they should also have tests for sexually transmitted infections (STIs). For many South Asian lesbian women, providers assume when a woman says she is

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[35] Clements K, et al. The Transgender Community Health Project: Descriptive Results. San Francisco, CA: San Francisco Department of Public Health; 1999.
[36] Eckholdt HM, Chin JJ, Manzon-Santos JA, Kim DD> The needs of Asians and Pacific Islanders living with HIV in New York City. AIDS Education and Prevention 1997; 9:493-504.
[37] Anonymous. Personal Interview. Spring 2002.
[38] Datta P. Being queer and Desi in the middle of nowhere. Trikone Magazine. July 2002.

sexually active that it is with a member of the opposite sex. In one case, without the client consent, the provider performed an STI test and wrote her a prescription for birth control pills.

Only a few medical schools include seminars on providing care for LGBT people and often these courses are simply one-day seminars as opposed to comprehensive curriculums on providing care for different communities. The importance of culturally competent care is essential to providing high quality services to South Asian LGBT individuals. Confidentiality is critical to any health care provider/patient relationship but even more important when it comes to treating an LGBT individual. Indeed, in many cases, when a patient discloses their sexual orientation or gender identity in a health care setting, they face blatant discrimination from their provider which inevitability affects the quality of care that is given.

LGBT Youth

Lesbian, gay, bisexual, and transgendered youth face an enormous amount of pressures in school, among peers wand with the family. The role of isolation and coming to terms with one's sexuality or own gender identity can create a great deal of stress regardless if a young person is in a supportive environment or not. The 1995 Massachusetts Youth Risk Behavior Survey (MA YRBS) revealed that 48% of lesbian, gay, and bisexual youth who were coming out had five or more alcoholic drinks in the past 30 days in comparison to 33% in non-lesbian, gay, or bisexual identified students. Additionally, 58% of lesbian, gay, or bisexual youth who were coming out used marijuana in comparison to 31% in non-lesbian, gay, or bisexual identified students.[39]

Reducing Barriers to Health Care

The decision to improve one's health is often directly related to the social justice aspect of minority LGBT communities; as people become empowered and overcome the oppressive effects of racism, homophobia (both internalized and externally realized), and dual-identity conflicts, the resources of the majority gay culture become available to them. Acculturation into the mainstream gay community would be most effective if coupled with an attempt to integrate gay-positive messaging, AIDS-related information, and psychological and legal support into ethnically appropriate, and even South Asian-specific centers.

For the AAPI population in general and in the South Asian communities in particular, linguistic competency also plays an essential role in providing quality care. With over 100 spoken languages among the AAPI community, the issue of linguistic competence is critically important to those who do not speak English. If language services are not available, adequate care cannot be provided.

[39] Kessel SM. 1995 Massachusetts Youth Risk Behavior Survey Results. Boston, MA: Massachusetts Department of Education; 1998.

However, while cultural competency of provider is paramount in attending to the needs of the South Asian American LGBT community, the benefit of having physicians of South Asian descent provide health care to these individuals is still to be determined. In interviews completed with South Asian American LGBT individuals, many stated that they would definitely not disclose their sexual identity or even sexual health queries to a physician who was South Asian, for fear of homophobia and that he or she would disclose their identity to their parents and community.[2]

Increasing LGBT Health Information and Research

Without large public support, knowledge of LGBT health has advanced at a slow rate. Heterosexism and homophobia are major obstacles related to research and increasing knowledge of LGBT health issues. May researchers find it difficult to leverage funding from public resources for research initiatives focusing on the South Asian American LGBT community due to a lack of interest or desire to fund such projects that lie outside of mainstream public health research. LGBT public health researchers often must rely on qualitative data and case studies as justification for research on the LGBT community as there are no quantitative data yet available. In many cases, researchers are penalized for not using quantifiable data to justify research studies and not allocated funding, thus hindering the building of a solid quantitative knowledge base from which future studies can be based. Methodologies also presents serious challenges in regard to designing studies that best reach the LGBT populate for accurate results and findings. As Sell and colleagues have shown however, there are many viable ways to sample the LGBT population to yield accurate and unbiased results.[40]

This chapter is in no way a comprehensive representation of the multitude of specific health issues that continues to challenge the LGBT community. For more information please refer to the "Lesbian, Gay, Bisexual and Transgender Companion Document to Health People 2010," funded by the Gay and Lesbian Medical Association and the Health Services and Resources Administration.

Conclusion

The health status of the South Asian LGBT population is still unknown. Despite the few studies available on the overall health of the larger LGBT population, a lack of knowledge regarding the South Asian LGBT population remains. To address this problem, funding is needed from multiple sources an don multiple levels for community-based research initiatives. In addition to government resources, community resources including professional associations and foundations need to be accessed. These resources have the opportunity to fund needed community-based research initiatives that provide

[40] Seil RL, Becker JB. Sexual Orientation Data Collection and Progress Toward Health People 2010. American Journal of Public Health. June 2001: 71-78.

baseline information that can be used to guide the development and improvement of health and social services for the South Asian LGBT community.

Recommendations

The following are recommendations for health workers working with LGBT individuals of South Asian origin living in the United States:

- Maintain a distinction between identity and behavior since South Asians participating in same-sex behavior may not always identify with the terms 'gay', 'lesbian', 'bisexual', or 'transgendered' for a variety of reasons.
- Providers treating South Asian LGBT individuals should receive cultural competency training with regard to feelings of guilt, self-hatred dual-identity conflict, internalized homophobia, and making assumptions about HIV status.
- Providers serving the South Asian American LGBT individuals should continue to improve relations with the community. This will ease fears about encountering the combination of racism, heterosexism, and homophobia and make it easier to seek medical care, support, and outreach.
- The research community (including both funding agencies and researchers) are urged to investigate and publish any and all work related to the South Asian LGBT community, despite the scarcity of previous quantitative studies.

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