

Resource Paper

# Sex and Alcohol on the College Campus:

## An Assessment of HIV-Risk Behaviors among AAPI College Students

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### Abstract

Heavy alcohol use and its related consequences are seen as a top public health issue affecting college students. One of the major consequences of heavy alcohol use is unplanned and unprotected sexual activity which places college students at risk for HIV/AIDS. Little is known about the prevalence of alcohol use and sexual activity among Asian American and Pacific Islander (AAPI) college students. The Asian American Drug Abuse Program, Inc. (AADAP) sought to investigate the prevalence of alcohol use and its related problems among this population. The objectives of this exploratory study are twofold: (1) to examine the alcohol and other drug use, HIV-risk behaviors, and attitudes toward seeking services among AAPI college students, and (2) to recommend key strategies for a substance abuse and HIV/AIDS prevention program tailored to AAPI college students. With a convenience sample of 1,043 AAPI college students, we found that 75.7 percent of students currently drink alcohol with 20.6 percent being frequent users. In addition, frequent users of alcohol are seven times more likely to be sexually active than non-users. AAPI college students have a high knowledge of HIV transmission, yet having adequate knowledge does not seem to deter students from engaging in risky behaviors such as engaging in sexual activity after drinking or having unprotected sex. While further research of AAPI college students is needed, we recommend that a substance abuse and HIV prevention program be specifically tailored to AAPI college students. An intervention should be culturally tailored with AAPI-specific messages, peer-based, and allow for space where students can learn substance use resistance skills and improve HIV prevention behaviors.

## Introduction

Heavy alcohol use and its related consequences are seen as a top public health issue affecting college students. In California's higher education system<sup>1</sup>, Asian Americans and Pacific Islanders (AAPI) make up 19 percent of the total college enrollment with almost half a million AAPI college students in 2003 (CA Postsecondary Education Commission, 2003). Despite their numbers, when it comes to alcohol prevalence and its related problems, little is known about AAPI college students. Compared to other ethnic groups, AAPI students are reported to be less likely to drink or use drugs (Zane and Kim, 1994; Chen and Paschall, 2003). The National College Alcohol Survey (CAS) showed that AAPI students had the lowest current alcohol use at 71 percent and binge drinking at 23 percent (compared to whites who reported the highest current alcohol use at 87 percent and 45 percent, respectively) (Wechsler et al., 1997). Data from CAS also showed an increase in current marijuana use among AAPI students from 5.3 percent in 1993 to 10.5 percent in 2001 (Mohler-Kuo et al., 2003). While the percentage of AAPIs may seem low compared to other groups, it is difficult to assess the true prevalence of alcohol and its related risk behaviors among AAPI students. The lower prevalence may be due to sampling, where AAPIs are often undersampled compared to other groups. Furthermore, AAPIs may have different indicators for alcohol use and its related problems than other groups such as age of initiation, place of drinking and influences to use.

The Asian American Drug Abuse Program, Inc. investigated the prevalence of alcohol use and its related problems among AAPI college students. We posed the following research questions: What is the prevalence of alcohol use among AAPI college students? And what is the relationship between alcohol use and other risky behaviors such as unprotected sex and HIV? The objectives of this study were twofold: (1) to examine the alcohol and other drug use, HIV-risk behaviors, and attitudes toward seeking services among AAPI college students, and (2) to recommend key strategies for a substance abuse and HIV/AIDS prevention program tailored to AAPI college students.

## Background

In the 2001 National College Alcohol Survey (CAS), 80.7 percent of college students reported current use of alcohol, and 44.4

percent of them reported binge drinking (defined as drinking five or more drinks in a row during the last two weeks) (Wechsler et al., 2002). Among these heavy binge drinkers, 20 percent were classified with alcohol dependence (or alcoholism) (Knight et al., 2002). Survey findings revealed that one in five drinkers experience five or more problems related to drinking alcohol (Wechsler et al., 2002). These include getting injured, missing class, driving under the influence, and engaging in unplanned or unprotected sex.

As a consequence of drinking, the 2001 CAS results showed that 21.3 percent of students engaged in unplanned sexual activities and 10.4 percent did not use protection when having sex (Wechsler et al., 2002). In a further analysis of unprotected sex after drinking, students who were low to medium drinkers reported higher percentages of unprotected sex where 30 percent of those who drank between three to four drinks and 30 percent of those who drank five to six drinks said they engaged in unprotected sex compared to only 13 percent of those who drank one to two drinks and 14 percent of those who drank seven to eight drinks (Weitzman and Nelson, 2004). Another study linked alcohol use, along with sexual sensation seeking and age, as major predictor variables for HIV risk (Gullette and Lyons, 2005). Studies have found that college students are knowledgeable about HIV and how it is transmitted, but do not perceive themselves at risk for being infected with HIV (Anastasi et al., 1999; Opt and Loffredo, 2004). One web-based college survey reported that only 7.7 percent of sexually-active students expressed intention to get tested for HIV despite engaging in risky behaviors (Hou and Wisenbaker, 2005).

Examining the literature beyond the college demographics, studies have been conducted on alcohol and substance use among AAPI adults in the general population. Overall, substance use is lower for Asians than for other ethnic groups, but Asians who are drinkers have the highest levels of alcohol consumption per day when compared to other ethnic groups (Hahm, 2004). After excluding those who have never tried alcohol or other drugs, another study found that AAPIs had a similar rate of alcohol and substance use dependence as whites (Sakai, 2005). Overall, alcohol and other substance abuse problems have been largely ignored in the AAPI and college communities due to the perception of AAPIs as the model minority, lack of knowledge about what constitutes drug addiction, and cultural, social, and institutional barriers in seek-

ing help (Ja and Aoki, 1998). The stigma associated with having a problem like substance abuse leads to avoidance and denial of the problem. As a result, silence of how these issues affect the AAPI community persists.

Several studies have cited cultural, social and environmental factors that contribute to the prevalence of alcohol/drug use in the AAPI community. For adolescents, protective factors such as family disapproval and alternative activities have been a strong reason for not using (Kim and Zane, 2002; Lee et al., 2003). Vietnamese college students living away from their parents are significantly more likely than students living with their parents to drink alcohol (Yi, 2001). Yet risk factors such as peer modeling, acculturation, and family conflict were significant factors for drug use (Hahm et al., 2004; Lee et al., 2003). According to the peer cluster theory, peer norms are a direct socialization influence on adolescents' involvement in substance use, which suppresses other influences such as family and acculturation (Hahm, 2004; Kim, 2002; Keefe, 1996). For older AAPI adults, stress related to immigration or economic adjustments, emotional problems (i.e. self-esteem, coping issues), and social situations are also likely factors to influence use (Caetano et al., 1998; Lee et al., 2003).

Previous literature has shown that AAPIs are less likely to seek formal treatment for substance abuse because of the shame factor (Leong and Lau, 2001; Pounds et al., 2002). In addition, many AAPIs may not perceive themselves at risk for problems such as alcohol/substance abuse or HIV, and as a result, avoid or delay seeking help (Lee et al., 2003). If they do accept that they have a problem, AAPIs are more likely to address the problem on their own before seeking help from family members or professional services. Among AAPI college students, past literature has reported an over-utilization of counseling services on-campus and a preference for seeking help for academic or career counseling (Sue and Kirk, 1975; Tracey et al., 1986). Yet issues of shame and stigma are still influential in their decision to seek help. One study found that due to their collectivist background, AAPI students have a tendency for avoidant coping where they accept their status rather than attempt to change it (Sheu and Sedlacek, 2004). This tendency prevents AAPI students from directly confronting the problem as if to prevent failure or loss of face. Rather than seeking professional help, AAPI students may rely more on their social support as a coping source (Yeh and Wang, 2000).

For many young adults of all ethnic groups, college represents a new stage in their life: exploring their identity and developing their interests with the absence of their parents or family. The undergraduate years are also a time for experimentation, in particular, with substance use and sexual activity. Substance use combined with risky sexual behaviors only increases the risk for contracting HIV. Many young adults may use drugs or alcohol prior to engaging in sexual activities, which can impair their decision to use protection. However, AAPIs who engage in risky alcohol use and sexual behaviors, when coupled with cultural issues of stigmatization, silence, and shame, may delay testing for HIV or not get tested at all, and continue to engage in risky sexual behaviors.

### AADAP History

“In 1971, thirty-one Asian American youth died of a drug overdose [in Los Angeles]” (History of AADAP, Inc.) In response to this tragedy, the Asian American community in Los Angeles organized to delve into the issues of substance use among Asian Americans and Pacific Islanders (AAPI). Due to the small numbers of AAPIs in Los Angeles, AADAP found that no one recognized the specific issues that AAPIs faced when seeking and receiving services for substance abuse. As a result, AAPIs were not receiving the services they needed in treating drug addiction. One year later, AADAP was created as a place for AAPIs to seek help for substance abuse that is sensitive to their social and cultural needs and to advocate for AAPI health and social issues.

Currently, AADAP holds strong as one of only two programs<sup>2</sup> in the nation with the mission to target and design substance abuse prevention and treatment services for the AAPI community. While thirty years of direct service has witnessed the consequences of substance use in the AAPI community, there is still little evidence in the health data and research to support the need for culturally tailored programs for AAPIs. With federal funding from the Substance Abuse and Mental Health Services Administration’s Center for Substance Abuse Prevention (CSAP), AADAP sought to return to its roots in delving into the issues surrounding substance use and its related risks to HIV among AAPI college students. Project Choice was created to develop a substance abuse and HIV prevention program specifically for AAPI college students. By understanding the risk behaviors as well as health-seeking behaviors of

AAPI young adults, we can identify key cultural and social factors that can serve as a foundation for culturally-appropriate health interventions for AAPI college students. This article highlights the findings from Project Choice's yearlong needs assessment from October 2003 to September 2004. We strive to contribute our findings to the current lack of data and undo the oversight of the provision of appropriate and tailored services for AAPIs with substance abuse and other risky behavior.

## Methods

This needs assessment utilized a mixed methodology approach to understand the health behaviors of AAPI college students in Los Angeles. The selection criteria for AAPI college students included college campuses with a minimum of 20 percent of AAPI students in the total undergraduate population. From a total of 15 eligible programs, two four-year universities (College A and B) and two community colleges (College C and D) were chosen based on AADAP's existing relationships with faculty, staff and students at selected campuses. With an undergraduate population of 24,899 students, College A is made up of about 40 percent AAPI students with the majority Chinese, Filipino, Korean, and Vietnamese. College B has a total undergraduate population of 21,692. Of these undergraduates, 24.4 percent are AAPI students; many of whom are Cambodian, Vietnamese and Filipino. With a total student population of 18,374 (including part-/full-time), College C is made up of about 20 percent AAPI students with Koreans, Filipinos and Japanese making up the majority of AAPI students, and College D's total student population (including part-/full-time) is 25,549, of which 30.2 percent are AAPI students. Chinese, Vietnamese, and Filipino compose of the majority of AAPI students.

A self-administered survey instrument was developed to measure the behaviors and attitudes of alcohol and other drug use and HIV-risk behaviors among AAPI college students. The ninety-item survey collected demographic data, alcohol/substance use, sexual behaviors, HIV knowledge and attitudes/opinions toward accessing services for alcohol/substance abuse and HIV. Questions on alcohol/substance use were based on the National Survey on Drug Use and Health and the College Alcohol Study.<sup>3</sup> To assess the frequency of alcohol use in the past thirty days, respondents are categorized into non-users (who do not currently drink

alcohol), low users (who drink on a monthly basis), and high users (who drink anywhere from a weekly to a daily basis). Heavy episodic drinking or binge drinking is measured as the number of drinks in one sitting during the last two weeks with the categories: 0 drinks, one to two drinks, three to five drinks, and six or more drinks. We defined heavy episodic drinking as those who drank six or more drinks in one sitting for both men and women. The survey also included a standard HIV knowledge scale, which is a ten-item assessment of knowledge of HIV transmission and HIV beliefs/attitudes.

The selection criteria for survey participation include individuals who were 18 years or older, enrolled in one of the four colleges, and self-identified as Asian American or Pacific Islander. Utilizing a convenience sample, students were invited to participate in the survey through Asian American Studies classes, Asian foreign language and English as a second language classes, AAPI student groups, dormitories, and, minimally, through one-on-one on-campus recruitment. Project Choice staff and trained student interns (from their respective campuses) provided a brief overview of AADAP, the purpose of the study, and the minimal risks involved in participation. In addition, potential participants were informed that participation was voluntary, that surveys did not collect any personal identifying information, and that students provided consent by completing and returning the survey directly to the Project Choice staff or student intern. In classes and student group meetings, participants completed the survey immediately after the overview presentation. Each survey took approximately 20 minutes to complete. At the end of that time, staff or student interns collected surveys from those who wanted to participate, and the classes or meetings continued after Project Choice staff or interns left. We began data collection in February 2004, and aimed to collect at least 150 surveys from AAPI students at each campus. We completed data collection by August 2004. No official number was collected to calculate a survey response rate, and thus the lack of knowledge about non-respondents could lead to further biases in this convenience sample of AAPI college students.

Surveys were entered and analyzed using SPSS software version 11. Comparisons of demographic characteristics and risk behaviors (alcohol/drug use, sexual activity, HIV-related behaviors) were assessed using chi-square analysis. Tests of significance for



the differences of proportions were carried out at a p-level of 0.05 or less. Using logistic regressions, we assessed the odds of unprotected sexual activity or getting tested for HIV for those who drink alcohol, use drugs, or are sexually active, relative to those who do not.

To follow-up with surveys, we conducted focus groups to better understand the different social and cultural views of substance use and HIV as well as to explore ways to better deliver programs and services to AAPI students. AAPI students from the two four-year colleges were recruited to participate in the focus groups through flyers distributed in Asian American Studies classes and AAPI student groups, as well as recruitment through AAPI student group email listserves. For each focus group, a trained Project Choice staff member provided an overview of the study, the minimal risks involved, the voluntary nature of participation and confidentiality of information disclosed during the focus group. Participants were asked to complete a short demographic survey at the start of the focus group. Project Choice staff led a two-hour discussion on topics of substance use and sexual activity among AAPI students, knowledge of existing resources to address, and ways to develop more appropriate services for AAPI students. Each participant received a \$20 gift card for participating in the focus group. Since focus groups were conducted between May and June of 2004, recruitment was limited because each campus was approaching final examination period, and therefore, student participation may reflect sample biases to those more willing to participate in a focus group during a time close to final exams. Focus groups were analyzed utilizing a thematic approach based upon agreement of Project Choice staff and evaluator (Bernard, 2002; Ryan and Bernard, 2003). Results of the focus groups provide additional qualitative explanations to the survey data.

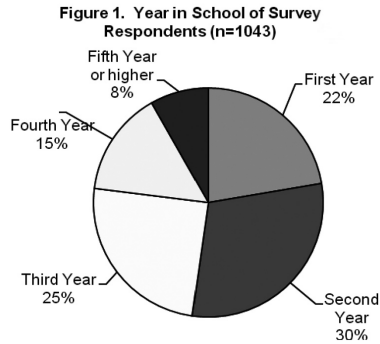
## Findings

### **Demographic Characteristics**

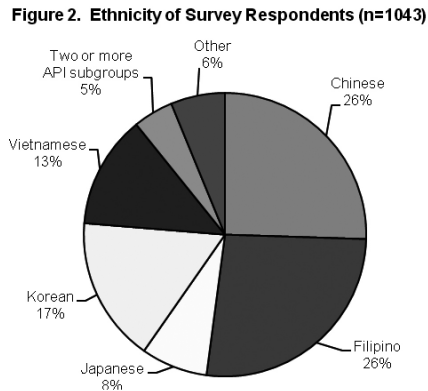
A total of 1,043 AAPI students completed the survey and twenty-one AAPI students participated in one of three focus groups. Of the survey respondents, 53.6 percent are College A students, 16.6 percent are College B students, and another 29.8 percent attend the community colleges. The average age of respondents is 21 years old. About 56.9 percent of the respondents are female,



and 43.1 percent are male. The respondents' year in school is well represented (See Figure 1).



**Ethnicity:** Filipino and Chinese students each account for slightly more than a quarter of the sample, at 26.6 percent and 25.5 percent, respectively (See Figure 2). Other ethnicities with a significant number include Koreans (16.6 percent) and Vietnamese (12.9 percent). Other AAPI ethnicities include: Cambodian, Chamorro, Hawaiian, Hmong, Japanese, Indonesian, Laotian/Mien, Samoan, South Asian, Thai, and those who identified with two or more AAPI subgroups.



**Generation:** Foreign-born students (first-generation or 1.5-generation) constitute 36.7 percent of the sample. This does not include international students, which make up another 7.7 percent of the respondents. Second-generation students account for 49.1 percent. The remaining students (6.5 percent) are third-generation

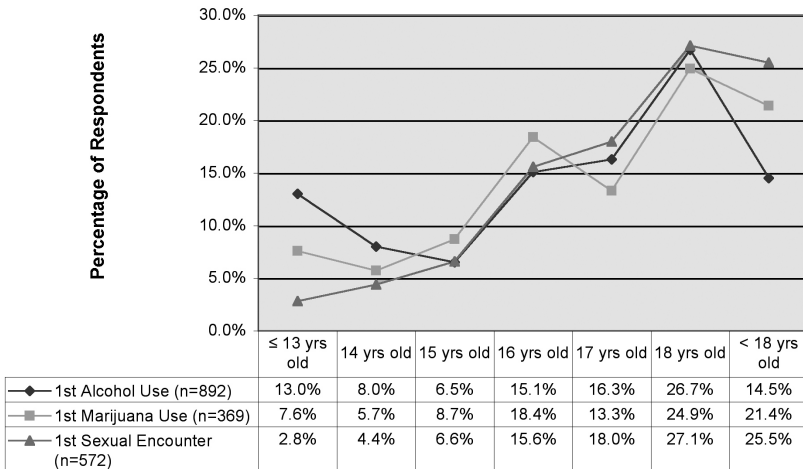
or more. Second-generation students make up more than half of the university students in this sample, with 60.5 percent at College A and 57.6 percent at College B. On the other hand, international and foreign-born students make up more than half (50.8 percent) of the community college sample.

**Housing:** A majority of AAPI students (53.5 percent) at College A live off-campus, and a significant number (40.4 percent) live in on-campus dormitories or fraternity/sorority housing.<sup>4</sup> Only 6.1 percent live at home with parents or family. This trend is reversed for students at the other campuses, where students living at home with parents or family are the majority. For College B, where there is campus housing available, only 6.4 percent live on-campus, compared to 64.2 percent who live with parents or family and 29.5 percent who live off-campus.

**Alcohol Use**

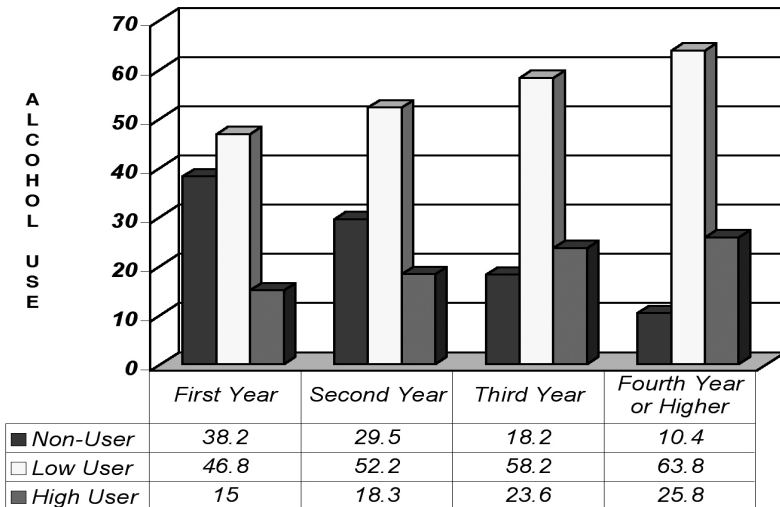
Overall, 75.7 percent of AAPI survey respondents currently drink alcohol with 20.6 percent who reported being high users (those who drink on a weekly to a daily basis in the last thirty days). Of those who drink, the median age of respondents’ first alcoholic drink is seventeen years old (average age is 16.36) (See Figure 3). Male respondents and those born in the US are more likely to report being high users of alcohol than female respondents (29.8 vs. 13.7;  $p < 0.05$ ) and those born outside the U.S. (23.4 vs. 17.1;  $p < 0.05$ ).

**Figure 3. Age of Risky Behavior Initiation**



**Alcohol Consumption:** The findings from this study suggest that college is a significant social environment that encourages increased alcohol use for AAPI college students. More than two-thirds (70 percent) of students twenty-one years old and younger reported being current users, and with 16.7 percent of them being high users (those who drink on a weekly to a daily basis in the last thirty days). The percentage increases steadily as respondents approach legal drinking age. Nevertheless, among first-year students, 38.2 percent state that they have either never tried alcohol or have tried once but have not used alcohol again (See Figure 4). The percentage goes down to 29.5 percent for second-year students and 18.2 percent for third-year students. By the fourth year or higher, only 10.4 percent of the respondents are considered non-users. In contrast, the percentage of high alcohol use increases from 15 percent for first-year students to 25.8 percent for fourth year or higher students.

**Figure 4. Alcohol Use by Year in School (n=1043)**



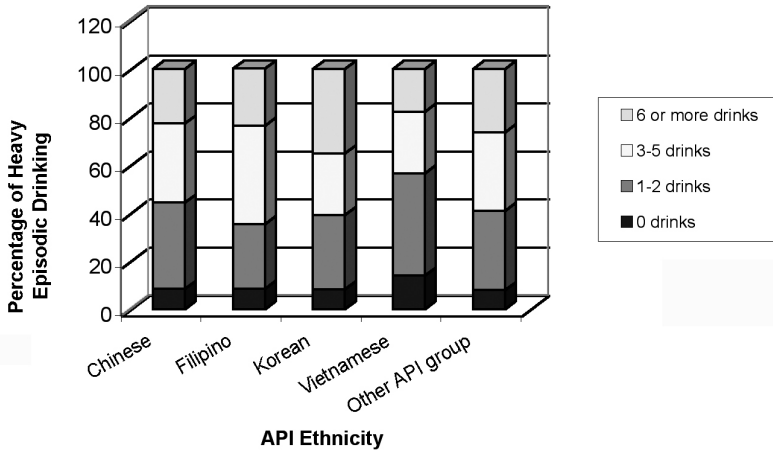
The findings suggest that students who had no experience with alcohol prior to college are likely to have their first taste of it in their first year and before they turn 21. One focus group participant, a fourth-year, second-generation, Chinese-American male student, remembers his first “getting drunk” experience vividly:

The first time I really got drunk was actually in college my first year. [My friends] brought the vodka over and we were just playing video games. My friend spilled half of the bottle on himself first because he was trying to open it, and then after that we just drank the rest. It was amusing. . . . We got. . . drunk. We were messing around with this drunk Japanese guy who passed out on the floor. It was kind of funny. You should've been there.

Another focus group participant, a fourth-year, South Asian, male student, had never tasted alcohol due to his religious upbringing. Nevertheless, he was also exposed first-hand to an intoxicated man for the first time during his first year in college.

For the respondents who drink, they drink heavily. Among all users, 43.1 percent reported having three or more drinks in one sitting during a typical weekend, compared to 14.1 percent who reported the same number of drinks on a typical weeknight. During the last occasion they drank alcohol, more than half (58.3 percent) reported they drank 3 or more drinks in one sitting, and 25.3 percent report drinking 6 or more drinks in one sitting. This heavy episodic drinking significantly differs for gender and ethnicity. Only 15.3 percent of female respondents reported six or more drinks in one sitting compared to 37.4 percent of male respondents. In addition, 35.3 percent of Korean students reported 6 or more drinks in one sitting compared to Filipino (23.7 percent), Chinese (22.8 percent), and Vietnamese (17.8 percent) students (See Figure 5). In the past month, our survey reports that 21.9 percent of AAPI students have been drunk 3 or more times with 7.6 percent who have been drunk 6 or more times.

**Influences to Drink:** Drinking is a social activity for most AAPI college students, and the setting where students drink is an important factor. Eighty-one percent of respondents admit to drinking with friends at home/apartment/dormitory at least occasionally in the past month, but over three-quarters (75.5 percent) state they never drink alone in the same setting. Even though dormitories at the campuses where this study took place have a no-alcohol policy, among all users living on-campus, 88 percent report drinking with friends in the dormitories. Focus group participants provide further evidence of this trend occurring in dormitories. The focus group participant who first got drunk with vodka also stated, "In my first couple years at [college], I did a lot of drinking

**Figure 5. Heavy Episodic Drinking by API Ethnicity (n=776)**

in my dorm room, hanging out with my friends.” It was also in a dorm room in his second year in college when he “dropped his first tab [Ecstasy].” Another participant, a fourth-year Chinese-American female transfer student, compares alcohol consumption before and after she moved into the dormitory:

Before I transferred here, when I was at a community college, my choice of friends was different; they were older. Right when I started in the dorms, it was like high school all over again. You almost feel pressure to conform to make new friends.

Thirty-one percent of users living on-campus report drinking six or more drinks in one sitting the last time they drank, compared to 24.5 percent of those living off-campus and 22.1 percent of those living at parent’s home. Only 16 percent of female users have consumed at home alone, which is less than half of the male users who have done so (35.1 percent). This suggests that the social nature of drinking is even more prevalent among female drinkers.

Off-campus parties are another popular venue, with 71.8 percent of respondents reporting having consumed alcohol in that setting at least occasionally. There are some differences in where respondents use alcohol depending on their ethnicities. Filipino students are more likely than others to consume at student-sponsored or other school events as well as off-campus parties. Korean

students are more likely than others to consume at restaurants, bars, or clubs in an ethnic enclave. These findings affirm the importance of college as a social environment that encourages alcohol use among students.

Other findings further reinforce the social nature of drinking among AAPI college students. Respondents refute the idea that influence for alcohol use is a response to rebellion (19.6 percent), self-esteem (19.2 percent), or breaking the model minority stereotype (9.1 percent). Rather, the most significant influence to use alcohol is friends, according to 69.3 percent of respondents. There is a significant difference among respondents who are more frequent users and are more heavy episodic drinkers to cite friends as an influence of use. Among frequent high-users, 80.9 percent cited friends as an influence compared to 71 percent of low-users and 50 percent of non-users. Coping with stress (40.1 percent) and events promoting alcohol use (22.6 percent) are the second and third most cited factors, but these factors exert much less influence compared to friends. Health risks at 59 percent and parents at 58.5 percent are the two most cited influences not to use alcohol.

### Alcohol Use and High Risk Behaviors

Alcohol use is linked to other high-risk behaviors among this sample of AAPI college students. Findings from this survey suggest a positive relationship between alcohol use and other drug use. High alcohol users are eleven times more likely to use other illicit drugs. In addition, although 20.7 percent of respondents are current users of marijuana, a significant difference exists in gender, year in school, US-born versus foreign-born, and housing between users and non-users.

Findings from this survey also suggest a positive association between alcohol use and sexual activity. Over half of respondents (54.8 percent) are currently sexually active. The median age of respondents' first sexual encounter is 18 years old (average age is 17.63) (See Figure 3). About two-thirds (65.6 percent) state that they have engaged in unprotected sex at least once in the past thirty days. The older initiation of sexual activity combined with social alcohol use in the college environment is related to risky sexual behaviors. Frequent users of alcohol are seven times more likely to be sexually active than non-users. In addition, frequent users are thirteen times more likely to use alcohol before sex than

non-users. Twenty-three percent of alcohol users report having engaged in unprotected sex after using alcohol. Those who reported drinking three to five drinks in one sitting during the last time they drank are 2.2 times more likely to engage in unprotected sex. In addition, those who reported drinking six or more drinks are three times more likely to engage in unprotected sex.

Focus group findings also suggest that many students consume alcohol before a sexual encounter to feel more comfortable, which in turn impairs their judgment about safer sex practice. One participant, a French-Vietnamese, fourth-year female student, observed that sometimes a woman would drink if she were pressured by a man. Other participants also describe situations where alcohol would be used to “relax” or lower sexual inhibition for women both voluntarily and when urged by men. Gay male focus group participants also observe an association between alcohol use and sexual activity. As one participant, a Filipino-American gay male student, states:

I've done some things because of alcohol that I wouldn't do [otherwise]. There are certain sexual acts that I wouldn't do without the help of alcohol. It's not like sexually risky acts. It was just things that I wouldn't think of myself doing; for example, making out in public. I'm really anti-PDA [public display of affection], but all of a sudden when I was drunk, I'm like out in the street making out with the guy I was dating, which was weird for me.

Both straight and gay respondents discuss more risky sexual behaviors other than “making out.” Participants agree that sometimes alcohol is not used to reduce inhibition, but rather as an excuse to engage in sexual activities. The same participant explains, “Some people are using [alcohol] to their advantage. They're like, ‘I'm drunk. That's why I did that.’”

Excessive alcohol consumption can lead to further social problems and related health risks. For those who use alcohol, 29 percent state that they were unable to remember what happened after they drank, 28.1 percent felt guilty after use, and 22.7 percent failed to do what was normally expected. Eighteen percent report that a friend or family member expressed concern about their alcohol use. Despite the frequent and heavy drinking, only 4 percent of respondents have sought help for alcohol problems. In addition, unprotected



sexual activity after alcohol use among AAPI respondents can lead to consequences such as HIV.

### HIV Knowledge and Source of Information

More than three-quarters of survey respondents (75.4 percent) state that they have received information about HIV when they were in high school. Only 38.0 percent report college as a source of HIV information, at a time when students are beginning to experiment with alcohol use and sex. Regardless of alcohol use and sexual activity, knowledge about HIV is high among the AAPIs surveyed. On a ten-item HIV knowledge assessment, the average score is an 8.12. However, of the sexually-active respondents, only 22.8 percent have tested for HIV.

There is a significant difference in HIV knowledge within the year in school, housing, and alcohol use. Respondents who have been in school longer scored higher on the HIV knowledge test. However, more first-year students reported engaging in unprotected sex than the other years, and fewer first-year students have been tested for HIV. While there are similar rates of unprotected sex among the different groups, those living on-campus and off-campus reported higher scores than those living with their parents (8.4 vs. 8.3 vs. 7.7;  $p < 0.05$ ). Yet, despite the high knowledge, fewer students living on-campus (16.7 percent) have been tested for HIV compared to those living off-campus (20.2 percent) and those living at home (26.9 percent). Interestingly, frequent alcohol users reported a significantly higher HIV knowledge score than non-users (8.31 vs. 7.62;  $p < 0.05$ ). Yet, having adequate knowledge about HIV does not seem to be enough to deter risky behavior. There is no significant difference in HIV knowledge between those who use alcohol before sex or not. Nor is there a difference in HIV knowledge between those who engage in unprotected sex and those who do not.

HIV prevention messages should be reinforced consistently in order to turn knowledge into preventive action. As one male focus group participant states,

When I was younger, AIDS was always talked about, especially after Magic Johnson. But in the last five years or so, you just stopped hearing about it. So that adds to the idea that I don't feel like I'm at risk, no matter how many people I sleep with.

Focus group participants discuss what makes mass media messages effective for their cohorts. Some believe it's a matter of "realizing the risk." There is a general feeling among the participants that "we're normal people, we don't get stuff like this." The lesson is that people need to be able to relate to the risks for the message to be effective. The differential in the statistics of HIV knowledge and behavior suggest that HIV messages should be reinforced consistently in the college setting in order to turn knowledge into preventive action.

### Health-Seeking Behaviors

The relationship between alcohol use and high-risk behaviors among AAPI college students is further complicated by survey findings that these students encounter many barriers to accessing services. Although each college campus offers a variety of services to students, they are not well utilized by AAPI students. More than half of the respondents (51.3 percent) state that they would not seek help from school health centers. A slightly higher percentage of them (54.3 percent) state the same for campus-based counseling and psychological services. There are a few explanations for their reluctance. Over three-quarters (76.3 percent) state that they would be too ashamed or embarrassed to seek out services. Almost two-thirds of the respondents (65.1 percent) state that they would not know where to go to seek help. More than half (55.5 percent) are uncertain when alcohol use becomes a problem. Another barrier is lack of knowledge about campus services. Focus groups respondents expressed that they do not know what types of services that that school health center or counseling and psychological services provide to students.

Among survey respondents, 61.9 percent state they would not go to family members for help either. Similarly, over three-quarters (75.6 percent) would be concerned if their parents find out that they might have a problem. These findings are similar to a study of AAPI drug users conducted in San Francisco where 50 percent of participants hid their drug use from parents and family despite having a good relationship with them (Nemoto et al., 1999). Most respondents (64.3 percent) reported that they would go seek help from their friends. Only 33.0 percent of all respondents would be concerned if their friends found out that they might have a problem.

## Discussion

Asian Americans and Pacific Islanders (AAPI) make up 19 percent of the total college enrollment in California's higher education system in 2003 (CA Postsecondary Education Commission, 2003). In addition, AAPI college students share similar experiences as any college student: transition from high school to college, away from parents, alcohol use and its related consequences. This exploratory study shows that AAPI students initiate alcohol use at a later age, which makes the college setting a ripe environment that may promote further experimentation, use, and abuse of alcohol and other drugs. By the time graduation nears, there are fewer AAPI students who are non-users, and more AAPI students who are heavy drinkers, especially male students and U.S. born students. Statewide, only 12.2 percent of California college students reported being drunk three or more times in the past month (Wechsler et al., 1997). Our survey reports that 21.9 percent of AAPI students have been drunk 3 or more times in the past month with 7.6 percent who have been drunk 6 or more times.

Like most other college students, drinking is a social activity for AAPI college students. This finding affirms the importance of college as a social environment that encourages alcohol use among students. As stated by some focus group participants, conformity could be a reason for such "social" drinking. Other participants identify the need to "get rid of a little bit of inhibition and relax a little bit" as another reason for alcohol use in a social environment. As one focus group participant points out, there is another dimension to this explanation. He states, "Maybe in a sense it's kind of a cultural thing. Why do we feel a need to loosen up? Why aren't we loose already?"

These explanations seem to point to the need for AAPI students to feel a sense of belonging in an environment where they are not immediately comfortable.

Notably, alcohol use leads to other high-risk behaviors for college students. Among the AAPI students surveyed, the median age of respondents' first sexual encounter is eighteen years old. This older initiation of sexual activity combined with social alcohol use in the college environment leads to risks of unprotected sexual activity and HIV. In particular those who are frequent alcohol us-

ers are more likely to engage in unprotected sex. This same group of frequent alcohol users also reports a significantly higher level of HIV knowledge than non-users. Therefore, having adequate knowledge about HIV does not seem to be enough to deter risky behavior, or if they engage in risky behavior, few (22.8 percent) take the responsibility to be tested for HIV.

Although college campuses offer a variety of health and social services, a majority of the AAPIs surveyed are reluctant to seek help. The main reasons include: "too ashamed or embarrassed to seek out services", "not knowing where to go to seek help", and "uncertain when alcohol use becomes a problem." In addition, many focus group respondents do not know what types of services the school health center or counseling and psychological services offer.

This exploratory study uncovered a wealth of information on AAPI college students, yet there are limitations. First, college students represent a unique population in their life stage. For many of the college students in this study, college represented the first physical break from their families and their influence, and substance use could serve as a marker of independence for the students. The college environment might also expose them to unique stressors that could lead to risk behaviors (e.g, the competitive nature to get admitted and stay in school as well as the ongoing stress to juggle school work, finances, and family life, etc.). College students are also captive audiences who are knowledgeable about research procedures and surveys. Their accessibility and familiarity with research may make them more willing to participate than a non-student. Second, findings drawn from this convenience sample are not generalizable to all AAPIs, but may represent AAPIs who attend universities with a large percentage of AAPI students. In particular our sampling protocol excludes those students who do not enroll in Asian American Studies classes or participate in AAPI student groups. However, to eliminate these potential biases, we did supplement the Asian American studies and student group sample by surveying students in the dormitories and one-on-one on-campus. Furthermore, our convenience sampling could not account for biases that favor those who volunteered to participate and those who did not participate in the survey or focus group. While we are unable to capture a random sample of the AAPI student population,

and thus lacked information from AAPIs who did not participate, our sampling strategy is adequate for the purposes of this needs assessment. By recruiting individuals in Asian American Studies classes, AAPI student groups, and one-on-one outreach, those who are more willing to participate in a survey or focus group about AAPI health needs may also be more willing to participate in our prevention program for AAPIs. Finally, we recognize the diverse characteristics of AAPI subgroups. Although this article highlights findings with AAPIs as an aggregated group, further analysis are needed to examine individual AAPI groups for within group differences.

Despite the limitations, the findings do reveal a true need for a culturally appropriate substance abuse and HIV prevention program on-campus for AAPI college students. Regardless of having a high knowledge of HIV/AIDS, AAPIs still engage in risky behaviors. An intervention should be culturally tailored with AAPI-specific messages, peer-based, and allow for space where students can learn substance use resistance skills and improve HIV prevention behaviors. We offer the following recommendations in developing a strategic prevention program specifically for AAPI college students.

**Peer-based model:** Friends are by far the major influence of AAPI college students when they make a decision to drink or not. Friends are also the group most students would go to for help. Furthermore, social marketing messages would not be effective unless AAPI college students could relate to the messengers. The risk become more imminent to them if they can see how alcohol and substance abuse and HIV affect someone they know or someone with whom they can identify.

**Message Reinforcement:** High HIV knowledge is not a good predictor of safer sexual behavior. For the message to be effective, it has to be reinforced in creative ways. Information on the consequences of risk behaviors alone will not reduce the likelihood of the behaviors. Many students justify substance use as not a problem because they can “manage” use and still function day-to-day, until it becomes too late. Therefore, to help them make better decisions, students need to be educated on specific tactics to avert risk behaviors as well as alternatives to such behaviors.

**Prevention Case Management:** Alcohol use is linked to different issues, such as illicit drug use, unsafe sex practices, threats

to self-esteem, and a need for a sense of belonging in a new environment. An effective intervention program for this population should be able to tie these issues together and address alcohol use from different angles. Otherwise, the message will lose relevance to the target population. A prevention case management program can provide an opportunity for AAPI students to receive support that is holistic and meets a variety of needs such as academic and emotional counseling, risk-reduction skills to minimize alcohol/substance abuse and HIV-risk behaviors, and referrals to health and social services. This program can also effectively address barriers to seeking care for AAPIs through a neutral environment (e.g. student center) and offer services in a non-stigmatizing manner.

**Strategic Targets:** Transition to college from their previous environment and the pressure to fit into the new environment presents an opportunity to re-define social norms for many students. The message needs to reach these students early, and at places they may not traditionally receive a lot of outreach attention (e.g. dormitories, ethnic enclaves, etc.)

## Notes

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1. Colleges include those in the University of California system, California State University system, and the California Community Colleges.
2. In addition to AADAP, Inc., the only other substance abuse prevention and treatment program that serves AAPIs is Asian American Recovery Services located in San Francisco.
3. The National Survey on Drug Use and Health is a household survey conducted by the Substance Abuse and Mental Health Services Administration. See <http://www.oas.samhsa.gov/nhsda.htm>. The College Alcohol Study is a survey of students attending four-year colleges in the US conducted by the Harvard School of Public Health. See Internet access: <http://www.hsph.harvard.edu/cas/About/index.html>.

4. College A and B offer on-campus housing for their students. The two community colleges do not.

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