
South Asian-Canadian Gay Men and HIV: Social, Cultural, and Psychological Factors That Promote Health Hommes gais canadiens d'origine asiatique du sud et VIH : Facteurs sociaux, culturels, et psychologiques qui favorisent des comportements de santé

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ABSTRACT

The extant literature on HIV prevention for gay men in Canada does not focus on differences based on race and ethnicity; consequently, few studies have explored how the intersections of race, ethnicity, and sexual identity influence risk for HIV infection. The purpose of this study was to address this gap in the literature by interviewing 4 South Asian-Canadian gay men about their experiences with HIV risk and prevention. A hermeneutic phenomenological approach was used to identify the social, cultural, and psychological factors that increase risk for HIV infection, as well as the factors that promote wellness for these men. Implications for research and counselling practice with this community are discussed.

RÉSUMÉ

La littérature actuelle sur la prévention du VIH pour les hommes gais au Canada ne vise pas les différences fondées sur la race et l'origine ethnique, et par conséquent, peu d'études ont examiné comment les intersections de la race, l'ethnicité, et l'identité sexuelle influencent le risque d'infection par le VIH. Le but de cette étude était de combler cette lacune dans la littérature en interrogeant quatre hommes gais canadiens d'origine asiatique du sud au sujet de leurs expériences avec les risques et la prévention du VIH. Une approche phénoménologique herméneutique a été utilisée pour identifier les facteurs sociaux, culturels, et psychologiques qui augmentent le risque d'infection par le VIH, ainsi que les facteurs qui favorisent le bien-être de ces hommes. Les implications pour la recherche et la pratique du counseling chez cette communauté sont discutées.

Gay men and other men who have sex with men (MSM)¹ continue to be at an increased risk for HIV infection in Canada. Between 1985 and 2008, MSM accounted for the largest proportion of HIV-positive test reports, representing 56.1% of all HIV-positive test reports within the known exposure category (Public Health Agency of Canada, 2010). HIV infection among MSM in Canada is on the rise, with the number of HIV-positive test reports within the MSM exposure category increasing by 34.2% from 1999 to 2008 (Public Health Agency of Canada, 2010). Additionally, the majority of research on HIV

prevention among gay men in Canada has focused predominantly on samples of white men. Thus, the statistical data about HIV prevalence, as well as the extant literature on HIV prevention, do not attend to differences based on race and ethnicity in general, or on individuals of South Asian descent in particular.

Although individuals of South Asian descent (individuals who originate from the Indian subcontinent, including India, Pakistan, Sri Lanka, Bangladesh, Bhutan, and Nepal) represent the largest visible minority group in Canada (Statistics Canada, 2006), there is a lack of research investigating factors that influence HIV risk behaviour in this population. Needless to say, national statistics on the prevalence of HIV in South Asian gay men are unavailable; however, Remis and Liu (2010) reported that HIV infections among this population in Toronto, Ontario, increased between 1980 and 2004, and was 1.9% of the total reported HIV infections among MSM in Toronto during the period 2000–2004. Notably, these figures may not reflect the actual prevalence of HIV among South Asian gay men due to the high levels of stigma associated with HIV in Asian communities (Kang, Rapkin, Remien, Mellins, & Oh, 2005), which may lead to underreporting of HIV and lower HIV testing (Earnshaw, Bogart, Dovidio, & Williams, 2013; Yoshioka & Schustack, 2001). Thus, it is likely that actual rates of HIV infection among South Asian gay men are much higher. Given the large population of South Asian individuals in Canada, and the fact that HIV continues to disproportionately affect gay men, the lack of HIV prevention research on South Asian-Canadian gay men is a public health issue requiring attention.

SOCIAL DETERMINANTS OF HIV PREVENTION

Though there is a lack of information about HIV prevalence and prevention in the South Asian gay community, there is a growing body of literature investigating social factors that contribute to HIV risk and prevention in the broader gay male population. That is, individuals from the lesbian, gay, and bisexual (LGB) communities continue to experience stigma, discrimination, and psychological distress due to their sexual minority status, and this has been associated with negative health outcomes, such as HIV risk behaviour (Meyer, 2003). For example, experiences of homophobia, which refer to a range of negative attitudes, feelings, and behaviours toward homosexuality, have been linked to high-risk sexual behaviours and reduced access to HIV services among gay men (Santos et al., 2013).

Additionally, homophobia, which continues to be pervasive in many ethnic minority communities, has been found to be linked with HIV risk behaviours in gay men of colour. For example, experiences of homophobia were associated with increased HIV risk behaviours in Latino men (Diaz & Ayala, 2001; Jarama, Kenamer, Poppen, Hendricks, & Bradford, 2005; Mizuno et al., 2012) and African American men (Jeffries, Marks, Lauby, Murrill, & Millett, 2013). Among Asian men, Wilson and Yoshikawa (2004) found that those who

responded to anti-gay discrimination with self-attribution showed greater HIV risk behaviours, such as unprotected sexual intercourse. Furthermore, homophobia in ethnic minority communities has been found to contribute to a lack of participation in HIV-related services. For example, Brooks, Etzel, Hinojos, Henry, and Perez (2005) found that Latino and African American men may refuse to get tested for HIV due to the fear of being labelled homosexual. Thus, homophobia in ethnic minority communities may act as a barrier to accessing HIV-related services.

DOUBLE JEOPARDY

In addition to homophobia, gay men of colour may experience racism due to their ethnic minority status. This phenomenon of having to negotiate dual systems of oppression has been described as the *double jeopardy hypothesis* (Pak, Dion, & Dion, 1991), which proposes that sexual minorities of colour face a “double jeopardy” in which they are discriminated against due to their race and sexual orientation. For example, gay Asian men report feeling rejected by their own Asian communities due to their sexual identity, while simultaneously feeling rejected by the mostly white gay community due to their ethnicity (Han, Proctor, & Choi, 2014; Nemoto et al., 2003; Wilson & Yoshikawa, 2004). In addition, within the mainstream LGB community, gay men of colour report high levels of racism. Ibañez, Van Oss Marin, Flores, Millett, and Diaz (2009) found that 58% of their sample of Latino gay men experienced racial discrimination within the LGB community. Moreover, men in the sample who possessed more stereotypically South Asian-like features (e.g., darker skin tone) were more likely to experience racism within the LGB community than those men who possessed more stereotypically European-like features (e.g., lighter skin tone). As well, Diaz and Ayala (2001) found that gay Latino men who had experienced racism during their childhood and adulthood were more likely to have engaged in high-risk sexual behaviour. Thus, for gay men of colour, racism combined with homophobia leads to a double jeopardy that increases their risk for HIV infection.

RATIONALE

Gay South Asian-Canadian men are vulnerable to experiences of racism and homophobia, as well as the stigma associated with HIV both within and outside of their ethnic communities. These factors have been shown to increase the likelihood of engaging in HIV risk behaviours and, consequently, gay South Asian men may be particularly vulnerable to HIV infection. As such, the goal of the present study was to explore the factors that relate to HIV risk and prevention among South Asian-Canadian gay men. Specifically, this study aimed to explore the unique social, cultural, and psychological experiences that influence exposure to HIV risk among South Asian-Canadian gay men. As well, it explored the protective factors that promote behaviours consistent with HIV prevention.

METHOD

Hailing from feminist standpoint theory (Sprague, 2005), this study employed intersectionality as its epistemology. A standpoint refers to a combination of resources that are available within a specific social location or context, allowing for a unique understanding of that particular phenomenon under investigation (Sprague, 2005). Standpoint theory assumes that knowledge is constructed within the context of various systems of power relations, such as race, ethnicity, gender, sexual orientation, ability, and socioeconomic status. Thus, individuals' social positions or locations within these systems define the amount of power and knowledge they possess. As such, various individuals can have different perspectives regarding the same phenomenon. Therefore, integrating alternative or diverse standpoints enables a more accurate understanding of the phenomenon under investigation. In this study, employing an intersectionality epistemology allowed the researchers to explore the participants' lived experiences within the context of their standpoints, which includes their multiple intersecting identities. This epistemological stance provides for rich understanding of the phenomenon of HIV prevention among gay South Asian-Canadian men.

Additionally, this study utilized a hermeneutic phenomenological methodology, based on Heidegger's (1988) "whole-parts-whole" hermeneutic circle, which aims to describe the meaning of the lived experiences of several individuals regarding a particular concept or phenomenon. This method of inquiry allows researchers to capture the participants' point of view, gather contextual data on their experiences, and offer rich descriptions of the phenomenon being studied (Denzin & Lincoln, 1994). This form of phenomenology was selected for the study because it focuses on the common lived experiences of gay South Asian-Canadian men, thus enabling the researchers to capture the essence of this phenomenon.

Procedures

First, ethical approval was obtained by the Review Ethics Board of the researchers' university, which abides by the Tri-Council Policy Statement on Ethical Conduct for Research Involving Human Participants. Once ethics approval was obtained, a purposive selection of participants was conducted to ensure that the study sample represented the phenomenon being investigated (Wertz, 2005). Procedures for recruitment involved circulating study advertisements on Internet groups and university campus organizations, and through word-of-mouth. In order to be eligible for inclusion in the study, participants were required to identify as a gay or bisexual man of South Asian origin currently living in Canada, aged 18 or above, and able to complete the interview in English.

Upon agreeing to participate, participants met with the researcher and completed an informed consent form and demographic questionnaire. Participants then completed a semistructured qualitative interview, which took approximately 60 minutes. The interview was conducted in a confidential space located at a community agency that was easily accessible to the participants. The interview

comprised open-ended questions aimed at eliciting information on the research topics, including questions about social, cultural, and psychological aspects of having a gay South Asian-Canadian identity and HIV prevention. The interviews were audio-taped, transcribed verbatim by a professional transcriptionist, and then checked to ensure accuracy of the transcript. In order to protect the confidentiality of the participants, only the researchers had access to these data and all the participants were given a pseudonym. Recruitment resulted in 4 participants.

Participants

Francis is a 28-year old man born in Pune, India, who immigrated to Canada with his family when he was 8 years old. Francis identifies as gay, and at the time of the interview reported being single, not recently sexually active, employed full-time, and residing in Ontario.

Vijay is a 23-year-old man from Bangalore, India, who is living in Canada on a student visa while he attends university in Ontario. Vijay identifies as gay, and reports being single and sexually active.

Ahmed is a 25-year-old gay man who was born in Canada and raised by parents who are immigrants from Pakistan. At the time of the interview, Ahmed reported being a graduate student, living in Ontario with his partner, whom he describes as Caucasian-Canadian.

Raj is a 35-year-old man originally from Punjab, India, who immigrated to Canada when he was 19 years old. Raj identifies as gay, and at the time of the interview reported being single, sexually active, and residing in Ontario, where he works full-time.

Data Analysis

Data were analyzed by following the systematic steps outlined by Creswell (2006) and Dey (1993) for the analysis of phenomenological studies, as well as Heidegger's (1988) principles of analysis: "phenomenological reduction, conduction and destruction" (p. 23). First, major and minor themes were identified by the researcher. Next, these themes were verified by a second reader using a peer-review process. This peer-review process involved the second reader independently reviewing the transcripts and identifying themes, after which both readers discussed their interpretations and came to a consensus on the major and minor themes. Then, data charts that listed all of the data units (data units were defined as sentences and paragraphs) that supported each of the themes were created. Next, a case summary and flow chart that indicated the relationships between the themes was developed. This process was repeated for each transcript. Once each transcript was analyzed, data were reviewed across transcripts and triangulated against demographic information.

Triangulation involves validating information provided in the interview against that which was provided in the demographic information (Creswell, 2006). This was carried out to ensure the credibility and transferability of the data. Catalytic validity, which refers to whether participating in research inspires new meaning

or social action on behalf of the participant (Lather, 1986), was established by asking participants what they had gained from participating in the study. When asked this question, Ahmed replied,

Engaging in this discussion helped me bring new understanding to some of these experiences in my life. I've never really had the opportunity to talk about a lot of this stuff, and it really helped to make sense of who I am today and the kind of direction I want to take in my life.

In addition, the researchers kept an audit trail of each step taken and decisions made during the data analysis in order to (a) document how the researchers interpreted the data and arrived at their conclusions, (b) provide justification for the conclusions reached, (c) enable others to reconstruct the steps taken in the data analysis, and (d) provide justification for changes made during the process of data analysis (Rogers, 2008).

RESULTS

Data analysis resulted in the emergence of three broad themes. The first was identity, which described experiences related to the intersections of the participants' cultural and sexual identities. This theme included two subthemes: the intersection of identity and homophobia, and the intersection of identity and racism. The other two themes were more specifically related to HIV prevention: risk factors for HIV infection and protective factors against HIV infection. These themes and related subthemes are presented below.

Identity

All of the participants discussed the unique experience of being gay and South Asian and reported feeling conflicts related to having both of these identities. For example, Ahmed described this experience as a "clash of two cultures." That is, he felt that being a gay man conflicted with many traditional South Asian values such as heterosexual marriage and rigid gender norms. This experience resulted in him feeling confused about his identity, since he felt that it was difficult to reconcile these two core aspects of himself that contradicted each other. He reported that he felt that he needed to make peace with all aspects of his identities allowing them to merge into a more coherent whole:

I had to create something [an identity] that made personal sense to me ... I don't necessarily agree with or like all these labels, I find now that my identity is a personal decision that doesn't come with all the baggage of labels or categories.

Notably, all the participants reported that one of the major challenges associated with being gay and South Asian was the cultural pressure to have a traditional heterosexual marriage. Vijay stated:

That's one of the biggest challenges [marriage], I think ... and I think it's a pretty common experience in our community. Marriage is very highly valued

in our culture so there is a constant pressure from relatives ... questions about when you are getting married. It can be a challenge but you learn to just avoid the questions and just continue living your life.

Despite the challenges of feeling a sense of belonging as a gay man in the South Asian community, the participants expressed a desire to maintain a connection with both their South Asian cultural identity and their gay identity. Raj remarked that “it’s not that I want to abandon my cultural values or family because of some of the experiences I’ve had with them, I still feel a personal longing to my culture, I still desire to keep that with me.”

In order find ways to integrate these two identities, participants stated that having social support from friends or family members helped them to accept their sexual orientation and develop a positive, integrated gay South Asian identity. For example, Francis stated,

Having that [support] really helped me along that path of self-acceptance ... I think that was a major factor. When you are with others who are going through something similar you feel less alone, and that can make the whole process a lot easier.

Intersection of identity and homophobia. All participants in the study reported experiences of homophobia as a result of the intersections of their South Asian and gay identities. These experiences resulted from community or societal prejudices toward homosexuality. For example, Francis described his experience of homophobia during high school in Canada:

I hope that it’s changing now, but I remember when I was in high school it was very [common] to hear people saying things like “that’s so gay” or calling people fag, gay, queer, whatever. Being gay was kind of like the worst thing at the time, I don’t think most people would have felt safe coming out in a place like that ... I didn’t feel safe.

In addition to school environments, participants discussed homophobia within the South Asian community. For example, Ahmed spoke about homophobic attitudes prevalent in Pakistani society:

I think in a society like that, where there is still this patriarchal attitude that is very common, it is still totally unacceptable being gay. That’s the main reason why I don’t plan on coming out to a lot of my family members. I don’t think the mainstream society is ready for that yet. Maybe in another hundred years. [laughs]

Similarly, Vijay and Raj spoke about homophobia in their native country, India. As Vijay stated, “It’s not always necessarily openly homophobic, but there is definitely a sense that being gay is not something that is acceptable or appropriate in Indian society.” Raj added, “It’s still very much a traditional society, and the belief is that a man can only be with a woman, homosexuality is not considered the norm, it is still unacceptable to be gay.”

Participants expressed that the homophobic attitudes within the South Asian community added to the challenge of coming out to friends and family members about their sexual orientation. For example, Francis stated that when he first began to realize he was gay at the age of 12, he did not feel that he could share this with his family or peers:

I felt like it was something that needed to be kept hidden, to myself. I didn't feel comfortable telling anyone at the time ... so I just kept it as a secret and hoped it would sort of go away on its own.

Similarly, Vijay and Raj expressed that it was difficult to come out due to homophobic attitudes within their respective families. For example, Raj shared that the atmosphere in his home was "very traditional, making it impossible for me to come out." As well, Vijay expressed that "homophobic attitudes can be pretty widespread in [South Asian] families. I think that's why you find that a lot of folks still stay closeted from them."

In contrast, Ahmed reported a positive experience coming out to his immediate family members, "To my surprise when I came out ... they were very supportive." However, he stated that coming out in South Asian families is often complicated due to the influence of extended family members on the immediate family unit:

I think what complicated it ... I think because in Pakistani families it's [the family] so close-knit there is an added level of fear that if people in the extended family find out, it's going to affect the whole. Even though my parents have accepted it, it's still something that's kept within the [immediate] family, and I think for them that was a bigger issue when I first came out then even me being gay.

Intersections of identity and racism. All the participants discussed how they have experienced racism in Canadian society and 3 specifically discussed experiences of racism within the lesbian, gay, bisexual, and transgender (LGBT) community, while 1 participant indicated that the LGBT community was very supportive. The other 3 reported that racism resulted in them feeling that they were not fully embraced in LGBT community spaces because of their South Asian identity. Ahmed remarked, "Although it [racism] may not be explicit, I do believe that there can be an underlying sense of exclusion in some of these [LGBT] places, especially for certain cultural groups." Vijay shared this sentiment: "I've been to certain [LGBT] programs that are supposedly inclusive but a lot of times there is a segregation between the white folks and the minorities or immigrants ... you get a sense that you're not really welcome there." Additionally, Francis noticed racism in online gay spaces such as dating websites where the anonymity of the Internet allowed individuals to be more open about their racial prejudice. He remarked that "people will openly say things in their profiles like 'no Indians' or 'sorry not attracted to Blacks or Asians,' like it's right out there in the open for you to see."

In contrast, Raj expressed that these spaces were “very welcoming.” He stated, “If you’re looking for racism you can find it anywhere, this is my opinion. I have to say my most positive experiences have been in these [LGBT] spaces.” He added, “I think in general these spaces are very inclusive. I have found that they are designed to be inclusive of all diversity.”

Risk Factors for HIV Infection

An analysis of the data resulted in several factors that put participants at risk for contracting HIV. These included the stigma associated with HIV within the South Asian community, psychological distress, and homophobia. To begin, HIV stigma within the South Asian community included the belief that South Asians are not at risk of contracting HIV due to a false sense of immunity from the disease. For example, Raj remarked, “In my experience I think it [HIV stigma] is still an issue we face in our community. I think some beliefs still exist that contribute to stigma, like the idea that Indians somehow are immune.”

Additionally, Vijay remarked that gay South Asian-Canadian men may avoid getting tested out of fear of being stigmatized by the South Asian community. Vijay states, “There is definitely still a stigma about HIV in the [South Asian] community, and I think that would make people feel afraid of getting tested.”

Moreover, participants reported that the stigma associated with HIV often intersected with homophobia within the South Asian community. That is, Raj indicated that some people in the community believe that

they can’t get it because it’s a gay disease. So I think homophobia is also a factor. If you are seen at an HIV clinic, people will assume that you are gay and that may be even be worse for you ... for your reputation in the community.

As well, participants discussed how the intersection between stigma, homophobia, and being a South Asian gay man resulted in psychological distress. This distress often included feelings of anxiety and depression. Raj described experiencing a period of depression during his early 20s that he attributed to being closeted from his friends and family at the time:

It was a really difficult time in my life. I remember just completely withdrawing from life ... I avoided friends and family and just felt really low most of the time. I can look back now and see that hiding my [sexuality] was really damaging for me ... for my self-worth and life in general.

He also reported experiencing periods of anxiety that he attributed to his discomfort with his sexuality and fear that he would lose friends and family if they found out he was gay:

I think I’ve felt a lot [of] anxiety about what would happen if ... if family back [home] found out. I know it would be unacceptable to them, and yes that makes me very anxious, afraid that they may find [out].

In addition, participants reported that their experiences of psychological distress led to engaging in behaviours that put them at risk for HIV. For example, Ahmed felt that he engaged in risky sexual behaviours due to feelings of depression and low self-esteem:

When I look back at it now I can definitely see a pattern, in like my behaviour at the time. I wasn't necessarily practicing safe sex when I was younger, and I think a lot of that had to do with being depressed, and just overall feeling shitty about myself. I think when you don't feel good about yourself, about your identity, I think that can lead you to take more risks with your health because a part of you doesn't really care at that point. I know that's true for my experience looking back on it now.

Similarly, Vijay felt that feelings of isolation and loneliness contributed to his participating in risky sexual behaviours:

I think when you're in a situation when you're isolated and feeling lonely you may engage in stuff that's not the best for you or the safest. In my situation there were times when I didn't think about the consequences of what I was doing. I think it was sort of like a desperate feeling where I was just wanting to connect with someone. And when you're coming from that place you don't make the best decisions.

Protective Factors Against HIV Infection

In addition to risk factors, participants identified several factors that serve to protect them from participating in risky sexual behaviours. The factors included HIV prevention education, testing and services, and social support.

HIV education, testing, and services. Participants felt that HIV information and education was readily available through sources such as the Internet, peer networks, and community agencies. Francis stated that although he did not feel that he received adequate information on HIV during his high school sexual education class, he did not perceive this as a barrier, since HIV information is readily available through other sources, such as the Internet. He stated, "I think nowadays with everything on the Internet it's pretty easy to find that kind of information you're looking for. So I wouldn't say it's a challenge for me."

Similarly, Ahmed felt that HIV education was available and accessible, and did not perceive a lack of education on HIV as a risk factor. Ahmed stated:

I don't really buy it when people say there is somehow a lack of information or that there are barriers to being educated about HIV. I think that as a gay man there is a certain level of personal responsibility to getting informed. And I think with the Internet or whatever else, that information is widely available. I think for our generation anyways it isn't a major barrier anymore.

Further, 3 of the participants stated that as a result of their access to HIV information through the Internet, AIDS service agencies, and other sources, they were

motivated to get tested for HIV. They reported having been tested and that this had overall been a positive experience. They indicated that they had been tested at a facility that provides pre- and posttest counselling, which greatly contributed to having a positive experience. As Ahmed states, “Having someone go over the process with you, and reassure you that a positive result doesn’t equal a death sentence, I think that helps a lot. I know it did for me.”

Moreover, Francis reported that he had access to a range of HIV-related services due to living near a major city. However, he stated that this experience may be different for individuals who live in smaller Canadian cities:

I think that where you live is a big factor. I know some of my friends who live outside [name of city] have a very different experience. For them it can be very difficult to have access to any sort of programs or services for gay people, let alone HIV services.

Social support. All participants described the importance of having social support as a factor that enabled them to endorse a more positive identity, reduce stress, and enhance their overall well-being. Raj stated that he experienced a period of depression because of the stress of remaining closeted from friends and family. Establishing supportive friendship networks were critical to his well-being and helped him to recover from what he described as depression. Raj states:

Having friendships that understand you, what you are going through and not judging you, has helped me. When I was going through it [depression], finding others who were supportive, who I could communicate my feelings with, helped me and got me through it much better.

Vijay and Francis stated that having supportive friends from the South Asian community was important for them because they believed that they could better understand the unique issues they faced as gay South Asian-Canadian men. As Vijay states:

I especially feel closer to my friends who are gay and South Asian because they get the unique issues we face. They understand how conservative our communities can be, and that adds another level of support when you don’t have to explain it to them.

For Ahmed, having the support of his partner mitigated the stress of hiding his sexuality from extended family members:

Having [name of partner]’s support has been so important for me, it can get very difficult sometimes dealing with some of these issues, his love and support means so much to me ... I’m very grateful for having him in my life.

Overall, having access to HIV education, testing, and services, as well as social support, served to enhance well-being and combat psychological distress. As a result, this reduced the likelihood of engaging in risk behaviours related to HIV infection.

DISCUSSION

Employing intersectionality as the epistemological framework resulted in the identification of the intersections of social, cultural, and psychological factors that put gay South Asian-Canadian men at risk for HIV infection. As well, factors that served to protect these men from participating in behaviours that would put them at risk for HIV were identified.

To begin, the intersection of being gay and South Asian within the broader South Asian community resulted in homophobia, and being gay and South Asian within the Canadian context resulted in both homophobia and racism. That is, participants in this study reported that homophobia was still pervasive within the mainstream South Asian-Canadian community, as well as South Asian communities in countries of origin, such as India. This homophobia was often due to gender and cultural norms in the South Asian community that privilege traditional heterosexual marriage. Participants described feeling pressured from their families to have a heterosexual marriage and parent biological children in order to respect traditional South Asian family values. As a result, some participants felt that it was impossible to come out to their families, and preferred to keep their sexual orientation private.

Additionally, homophobia was experienced by participants within the broader Canadian context, primarily at school, where negative gay slurs and homophobic bullying were common. Overall, the combination of homophobic attitudes and behaviours within both the South Asian and Canadian contexts led participants to experience increased psychological distress, such as anxiety and depression, factors that have been associated with increased risk for HIV (Meyer, 2003). As well, consistent with the literature (Brooks et al., 2005), participants reported that homophobic attitudes contributed to increased stigma about HIV, which reduced their accessing HIV prevention services, thereby increasing overall risk of contracting HIV.

Moreover, the double jeopardy hypothesis (Pak et al., 1991) was evidenced in this study, as participants reported being simultaneously confronted with racism and homophobia. That is, participants reported experiencing racism within the Canadian context, including the LGB community, where they described feeling alienated due to their ethnicity, and consequently feeling anger, frustration, and isolation. This psychological distress intersected with the distress of homophobia and, taken together, may further increase risk for HIV infection. This finding is consistent with other studies on gay South Asian men in the United States and the United Kingdom, who report being confronted with racism and homophobia both within their own cultural communities and in the broader cultural context, leading to experiences of alienation, isolation, and psychological distress (Choudhury et al., 2009; McKeown, Nelson, Anderson, Low, & Elford, 2010).

In addition to risk factors, this study identified protective factors that reduced participants' risk for HIV infection and enhanced their overall well-being. First, participants stated that access to HIV education, testing, and related services

significantly reduced the likelihood of them engaging in HIV risk behaviours. They reported that access to HIV prevention education and services were readily available, due to the Internet and residing within a major metropolitan city. However, they acknowledged that this access may not be the experience for other gay South Asian-Canadian men who come from smaller communities that do not have HIV prevention services. As well, participants identified social support as a protective factor. This support primarily involved other gay South Asian-Canadian men with whom they were able to build a community network in which they could safely share their experiences of being both gay and South Asian. However, some participants were able to find social support from sources outside of the gay South Asian-Canadian community, such as their families, mainstream queer spaces, and romantic partners. Regardless of the form of social support, all participants felt that it served to mitigate the psychological distress associated with their experiences of homophobia and racism, thereby reducing their participation in behaviours that would put them at risk for HIV and subsequently enhancing their overall well-being.

Implications for Future Research

The current body of literature on HIV prevention for gay men in Canada still tends to view this population as a homogeneous group, whereas research on HIV prevention that has investigated the experiences of gay men of colour are largely limited to American studies. Failing to attend to group differences based on ethnicity denies the unique health concerns of gay men of colour, and can have serious potential consequences for their health. Therefore, more studies that address the unique social, cultural, and psychological factors that protect against or increase risk of HIV infection for gay men of colour in Canada are needed in order to develop culturally aware HIV prevention programming and services.

As well, this study explored participants' health behaviours related to HIV within the context of their multiple intersecting identities. This approach enabled the researchers to determine how health-related decision-making is influenced by multiple factors related to identity. For example, men in this study reported experiences of HIV stigma that were unique to the South Asian community, and this stigma influenced their decision-making regarding health promoting behaviour.

In addition to these strengths, this study is not without its limitations. An important limitation is the small number of participants, as it was difficult to recruit men who identified as gay or bisexual and South Asian. This may be due to homophobia in the South Asian community that prevented these men from participating out of fear of being associated with a study of this subject matter. As such, the experiences reported by the men in this study may not be generalizable to the broader gay South Asian-Canadian community. As well, participant demographics (e.g., age, education, geographic location) could have partially accounted for or influenced some of these findings. Thus, given the small sample size of this study, more research is needed to investigate how gay men's intersecting identities influence their health-promoting behaviours, such as the intersections

of socioeconomic status, geographic location, ability, and gender expression, in addition to ethnicity.

Lastly, this study identified protective factors for HIV prevention in addition to risk factors. The current body of literature on HIV prevention for gay men in Canada still tends to predominantly focus on risk factors, missing out on the resiliency of this group. Therefore, it is important for future research to explore both protective factors and risk factors, in order to highlight the strengths that enable this community to rise above discrimination. This new body of research can help to create a wellness model for gay men of colour's health that can empower these men to make better decisions regarding their health.

Implications for Counselling

It is important for counsellors to be aware of the diversity that exists within the gay community, and that men in this community will have very different experiences depending on their intersecting identities. For example, gay South Asian-Canadian men may face unique barriers to coming out. As such, counsellors should conceptualize their gay male clients' problems within the context of their intersecting identities, which will allow them to gain a better understanding of the unique challenges they may face.

Additionally, it is important for counsellors to tap into their clients' strengths in order to offset the damaging effects of discrimination on mental health, and empower them to make better decisions regarding their overall well-being. For example, having access to supportive social networks within the gay South Asian-Canadian community may be especially helpful for these men, and counsellors should become aware of organizations in their community that have specific programming available for gay men of colour. Overall, encouraging these men to seek out supportive social networks wherever possible can be an important component of treatment planning outside of therapy.

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Note

- 1 The term *MSM* is used here to define men who engage in same-sex behaviour but who do not necessarily identify as gay or bisexual. This term tends to be exclusively used in the HIV prevention literature in order to be inclusive of all men who engage in same-sex behaviour, and as such, we have only used this term when describing HIV prevalence rates.

References

- Brooks, R. A., Etzel, M. A., Hinojos, E., Henry, C. L., & Perez, M. (2005). Preventing HIV among Latino and African American gay and bisexual men in a context of HIV-related stigma, discrimination, and homophobia: Perspectives of providers. *AIDS Patient Care & STDs*, *19*(11), 737-744. doi:10.1089/apc.2005.19.737
- Choudhury, P. P., Badhan, N. S., Chand, J., Chhugani, S., Choksey, R., Husainy, S., ... Wat, E. C. (2009). Community alienation and its impact on help-seeking behaviour among LGBTIQ

- South Asians in Southern California. *Journal of Gay & Lesbian Social Services*, 21(2–3), 247–266. doi:10.1080/10538720902772196
- Creswell, J. W. (2006). *Qualitative inquiry and research design: Choosing among five traditions* (2nd ed.). Thousand Oaks, CA: Sage.
- Denzin, N. L., & Lincoln, Y. (2011). *The Sage handbook of qualitative research*. Thousand Oaks, CA: Sage.
- Dey, I. (1993). *Qualitative data analysis: A user friendly guide for social scientists*. London, UK: Routledge.
- Diaz, R. M., & Ayala, G. (2001). *Social discrimination and health: The case of Latino gay men and HIV risk*. Policy Institute of the National Gay and Lesbian Task Force. Retrieved from http://www.thetaskforce.org/static_html/downloads/reports/reports/SocialDiscriminationAndHealth.pdf
- Earnshaw, V. A., Bogart, L. M., Dovidio, J. F., & Williams, D. R. (2013). Stigma and racial/ethnic HIV disparities: Moving toward resilience. *American Psychologist*, 68(4), 225–236. doi:10.1037/a0032705
- Han, C. S., Proctor, K., & Choi, K. H. (2014). We pretend like sexuality doesn't exist: Managing homophobia in Gaysian America. *Journal of Men's Studies*, 22(1), 53–63. doi:10.3149/jms.2201.53
- Heidegger, M. (1988). *The basic problems of phenomenology*. Bloomington, IN: Indiana University Press.
- Ibañez, G. E., Van Oss Marin, B., Flores, S. A., Millett, G., & Diaz, R. M. (2009). General and gay-related racism experienced by Latino gay men. *Cultural Diversity and Ethnic Minority Psychology*, 15(3), 215–222. doi:10.1037/2168-1678.15.3.66
- Jarama, S. L., Kennamer, J. D., Poppen, P. J., Hendricks, M., & Bradford, J. (2005). Psychosocial, behavioural, and cultural predictors of sexual risk for HIV infection among Latino men who have sex with men. *AIDS and Behaviour*, 9(4), 513–523. doi:10.1007/s10461-005-9022-1
- Jeffries, W. L., IV, Marks, G., Lauby, J., Murrill, C. S., & Millett, G. A. (2013). Homophobia is associated with sexual behaviour that increases risk of acquiring and transmitting HIV infection among black men who have sex with men. *AIDS and Behaviour*, 17(4), 1442–1453. doi:10.1007/s10461-012-0189-y
- Kang, E., Rapkin, B. D., Remien, R. H., Mellins, C. A., & Oh, A. (2005). Multiple dimensions of HIV stigma and psychological distress among Asians and Pacific Islanders living with HIV illness. *AIDS and Behaviour*, 9(2), 145–154. doi:10.1007/s10461-005-3896-9
- Lather, P. (1986). Issues of validity in openly ideological research: Between a rock and a soft place. *Interchange*, 17(4), 63–84. doi:10.1007/BF01807017
- McKeown, E., Nelson, S., Anderson, J., Low, N., & Elford, J. (2010). Disclosure, discrimination and desire: Experiences of Black and South Asian gay men in Britain. *Culture, Health and Sexuality*, 12(7), 843–856. doi:10.1080/13691058.2010.499963
- Meyer, I. H. (2003). Prejudice, social stress, and mental health in lesbian, gay, and bisexual populations: Conceptual issues and research evidence. *Psychological Bulletin*, 129(5), 674–697. doi:10.1037/0033-2909.129.5.674
- Mizuno, Y., Borkowf, C., Millett, G. A., Bingham, T., Ayala, G., & Stueve, A. (2012). Homophobia and racism experienced by Latino men who have sex with men in the United States: Correlates of exposure and associations with HIV risk behaviors. *AIDS and Behavior*, 16(3), 724–735. doi:10.1123/a7546789
- Nemoto, T., Operario, D., Soma, T., Bao, D., Vajrabukka, A., & Crisostomo, V. (2003). HIV risk and prevention among Asian/Pacific Islander men who have sex with men: Listen to our stories. *AIDS Education and Prevention*, 15(1 Supplement), 7–20. doi:10.1521/aeap.15.1.5.7.23616
- Pak, A. W. P., Dion, K. L., & Dion, K. K. (1991). Social-psychological correlates of experienced discrimination: Test of the double jeopardy hypothesis. *International Journal of Intercultural Relations*, 15(2), 243–253. doi:10.1016/0147-1767(91)90032-C
- Public Health Agency of Canada. (2010). *HIV and AIDS in Canada: Surveillance report to December 31, 2009*. Ottawa, ON: Author. Retrieved from <http://www.phac-aspc.gc.ca/aids-sida/publication/surreport/2009/dec/index-eng.php>

- Remis, R. S., & Liu, J. (2010, January). *The epidemiology of HIV infection among MSM in Ontario: The situation to 2009*. Ontario HIV Epidemiologic Monitoring Unit, Dalla Lana School of Public Health University of Toronto. Retrieved from http://www.ohemu.utoronto.ca/doc/2011/MSM_Situation_2009%20Final.pdf
- Rogers, B. L. (2008). Audit trail. In L. M. Given (Ed.), *The Sage encyclopedia of qualitative research methods* (pp. 43–44). Thousand Oaks, CA: Sage.
- Santos, G. M., Beck, J., Wilson, P. A., Hebert, P., Makofane, K., Pyun, T., ... Ayala, G. (2013). Homophobia as a barrier to HIV prevention service access for young men who have sex with men. *JAIDS: Journal of Acquired Immune Deficiency Syndromes*, *63*(5), e167–e170. doi:10.1097/QAI.0b013e318294de80
- Sprague, J. (2005). *Feminist methodologies for critical researchers: Bridging differences*. Walnut Creek, CA: AltaMira Press.
- Statistics Canada. (2006). *Statistics Canada 2006 census*. Ottawa, ON: Author. Retrieved from <http://www12.statcan.ca/census-recensement/2006/index-eng.cfm>
- Wertz, F. J. (2005). Phenomenological research methods for counseling psychology. *Journal of Counseling Psychology*, *52*(2), 167–177. doi:10.1037/0022-0167.52.2.167
- Wilson, P. A., & Yoshikawa, H. (2004). Experiences of and responses to social discrimination among Asian and Pacific Islander gay men: Their relationship to HIV risk. *AIDS Education and Prevention*, *16*(1: Special issue), 68–83. doi:10.1521/aeap.16.1.68.27724
- Yoshioka, M. R., & Schustack, A. (2001). Disclosure of HIV status: Cultural issues of Asian patients. *AIDS Patient Care and STDs*, *15*(2), 77–82. doi:10.1089/108729101300003672

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