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# Local and Gay: Addressing the Health Needs of Asian and Pacific Islander American (A/PIA) Lesbians and Gay Men in Hawaii

Valli K. Kanuha PhD

## Abstract

Asian and Pacific Islander American lesbians and gay men, who are "local" born and raised in Hawaii face conflicting personal and social expectations due to factors including prejudicial attitudes about homosexuality, A/PIA racial/ethnic traditions, and the unique cultural milieu of Hawaii. Based on anecdotal and research reports of this Hawaii population, health and social needs are discussed with implications for professional health practice.

In December, 1996 Circuit Court Judge Kevin S. C. Chang ruled that the Hawaii statute regarding marriage was unconstitutional and that the state could not deny persons of the same sex the right to obtain marriage licenses solely because of their sex. Judge Chang's ruling opened the way for an amendment to the Hawaii State Constitution defining "marriage as between one man and one woman." The 1998 vote on the same-sex marriage amendment became one of the most heated and controversial local campaigns in recent memory. Lost in the politics, however, was concern with the impact of prejudice and discrimination upon the health and mental health of lesbians and gay men in Hawaii. For whatever we think about homosexuality, gay men, or lesbians, they live and work among us in Ewa, Kohala, and upcountry Maui. They are our cousins, fathers, aunts, and sisters. They teach our children, nurse our *kūpuna*, and work at the local drive-in. Most important, and contrary to how most media accounts depict gay men and lesbians in Hawaii, they are also "local," born and raised in the islands who are part-Hawaiians, Filipinos, Portuguese, Chinese- Japanese and from the many Asian and Pacific Islander American (A/PIA) groups who reside in the state.

This article will describe some of the challenges and conflicts that local gay men and lesbians face in Hawaii. Based on anecdotal reports and studies of "local" lesbians and gay men of Asian American and Pacific Island descent in Hawaii, relevant health and social concerns for medical providers will be discussed.

## Overview of Homosexuality

Beginning with Kinsey's linear framework of human sexuality in the 1950s, social scientists have been engaged in analyses to delineate the precise nature and typology of sexual identity development for decades.<sup>1,2</sup> With regard to homosexuality in particular, the longstanding claim that 10% of the population is gay has often been critiqued due to Kinsey's emphasis on self-reports of sexual behavior without consideration of contextual factors such as psychological commitment or evidence of other practices associated with gay life (such as gay social support, engagement in gay activities, etc.). In addition, most of the study cohorts in this pioneering research were White gay men.<sup>3,4</sup>

One of the most enduring interests with regard to sexuality, and homosexuality in particular has been the question of its biological versus social origins. While many social constructivists<sup>3,5</sup> believe that sexuality (sexual orientation, sexual preference) is largely formed by the environment in which people live, in the last decade gay researchers Hamer and LeVay,<sup>6,7</sup> and Bailey and Paillard in their twin studies<sup>8</sup> have focused their psycho-biological inquiries on finding a genetic basis to homosexuality. At this point, however, most theorists believe that sexual orientation may be both a fact of one's genetic or biological make-up as well as social influence.<sup>4,9,10</sup>

In addition, there are methodological conundrums regarding the differences between *sexual behavior*, which focuses on conduct; *sexual orientation*, referring to emotional, sexual, and erotic attraction; and *sexual identity* or self-labeling of all meaningful aspects of conduct, orientation, and lifestyle. That is, should estimates of gay life be based on counts of persons engaged in homosexual behavior? What about persons who self-identify as lesbian but are not engaged in sexual conduct? And how do we account for the many persons who discretely engage in same-sex conduct but are also married with children? Therefore, given the highly stigmatizing nature of homosexuality, it is improbable that we will ever have an accurate estimate of either homosexual behavior or gay/lesbian sexual orientation in the general population.

It was less than 30 years ago that the American Psychiatric Association removed "homosexuality" as a psychopathological disease from the Diagnostic and Statistical Manual of Mental Disorders. Prior to that period, medical and psychiatric professionals as well as society-at-large viewed "homosexuality" not only as deviant but as an illness that could be treated and cured by psychoanalysis, aversion therapies, shock treatment, and as recently as 1951, surgical techniques such as lobotomies.<sup>11</sup> While changes in social mores and public policy regarding lesbians and gay men in the United

Correspondence to:  
Valli K. Kanuha, Ph.D.  
Commissioner  
Hawaii State Commission  
on the Status of Women  
c/o University of Hawaii  
School of Social Work  
2500 Campus Road  
Honolulu, HI 96822

States have educated health practitioners to be more responsive to the needs of this population, growing religious and conservative influences in American life have resulted in a resurgence of what is known as "reparation" or "conversion" therapy intended to change the sexual orientation/identity of gay men and lesbians. However, these therapeutic interventions are generally unsuccessful which attests to the highly resistant and perhaps ingrained nature of sexual orientation.<sup>12, 13</sup>

### **Sexual Diversity in Asian and Pacific Island American (A/PIA) Populations**

Most Asian and Pacific Island cultures have documented the existence of same-sex behavior and relationships for centuries. In the Philippines, *bakla* refers to a man who assumes a female gender role and sometimes same-sex roles and behaviors, similar to the *mahu* in Native Hawaiian or *Kanaka Māoli* (indigenous people of Hawaii) culture.<sup>14-16</sup> During Captain Cook's early voyages to Hawaii, members of his crew chronicled the importance of *aikāne*, who were male consorts of the male ruling class of *Kanaka Māoli*.<sup>17</sup> There are also accounts of same-sex roles and practices in Samoa with the *fa'afafine*, the Tongan *fakaleti*, and in Korea, Japan, and China.<sup>14, 18-22</sup>

For Asian and Pacific Island peoples who have either been colonized in their own homelands (such as Hawaii or Samoa) or have emigrated to the United States, some suggest that the influence of Western religiosity, social norms, and acculturation/assimilation patterns have altered once-acceptable variations in values and practices regarding sexuality.<sup>23</sup> In addition, the contemporary portrayal of gay men and lesbians as Caucasian contributes to the perception of many A/PIA populations that homosexuality is a White phenomenon, thereby disavowing the existence of gay men and lesbians in their own A/PIA communities.<sup>24-26</sup>

### **A/PIA Gay Men and Lesbians in Hawaii**

The scarcity of studies about lesbian and gay life among "local" A/PIA communities in Hawaii can be explained by a number of factors. First, many of our "local" cultures value the maintenance of social order and are careful to protect and uphold the collective well-being of the family from anything that will bring public humiliation upon them. As Alexander Nakatani, Maui-born father of two sons who died of AIDS recalls about his upbringing, "I knew how important it was to keep shame from visiting our family...Honor and shame...I think they live in the walls of every Japanese house."<sup>27</sup> While many European American cultures reinforce social norms through guilt, the collective and public nature of shame in Japanese, Chinese, Filipino and other "local" A/PIA cultures is linked to the loss of "face" that results from conducting oneself in a socially unacceptable manner. Having a gay or lesbian family member is considered deviant in most A/PIA populations who reside in Hawaii regardless of the extent of their acculturation to American norms and beliefs.

In addition, traditional A/PIA values about the privacy of intimate matters such as sexuality preclude discussion about such topics among "local" families or in other settings throughout Hawaii including schools, churches, and doctor's offices. Finally, the relatively insular nature of island life discourages many people from sharing information that is perceived to be discrediting or embarrassing - such as the existence of gay or lesbian family members - for fear

that in the "small town" character of Hawaii it is likely that a co-worker, neighbor, or acquaintance will find out.

For lesbians and gay men in Hawaii who are also "local," learning to develop and enact their lesbian/gay identities requires a delicate balance of personal needs and social obligations.

### **Conflicting Loyalties to Family and Self**

One study of sexual and racial/ethnic identity among Hawaii-born, "local" lesbians and gay men suggests that the inherent tension of adhering to "local" A/PIA values regarding loyalty to one's family while simultaneously developing an autonomous sexual identity is a significant stressor.<sup>28</sup> As a part-Hawaiian gay man stated, "As long as I don't talk about 'it' my parents and I get along." In other reports of "local" A/PIA gay and bisexual men in Hawaii, participants reported that while their families of origin (parents, siblings, aunts, uncles, grandparents) were important social supports, the family relationship was also the source of greatest internal conflict.<sup>16, 28</sup> Many "local" gay men and lesbians state that they are reluctant to either disclose or non-discretely enact their homosexuality for fear of losing the connection to their families. As a "local" Japanese-American lesbian stated:

I thought, I can't possibly do this [be a lesbian]. My family will hate me...because family and the notion of family was so important in Hawaii.<sup>29 p. 231</sup>

A common reaction of A/PIA parents when they discover they have a gay son or lesbian daughter is, "What will people in the community think?" Because the concept of "saving face" is an important aspect of many Asian American cultures, one study found that A/PIA gay men and lesbians who choose to remain closeted with their parents also do so in the A/PIA community for fear of being socially stigmatized.<sup>30</sup> As argued by Wong, et. al.,<sup>14</sup> "a stronger value (is) placed on loyalty to family roles than on the expression of one's own sexual desires."

### **Social Distancing Linked to Social Stigmatization**

In a study of gay and lesbian youth in Hawaii initiated by the 1990 Hawaii State Legislature, many young people and service providers reported acts of harassment and discrimination such as ridicule, taunting, and physical assault from peers and strangers.<sup>31</sup> More disturbingly, many of these incidents occur in the presence of authorities such as teachers, counselors, or youth workers who either do not intervene or sometimes are responsible for precipitating them. These situations result in many local lesbians and gay males isolating themselves from others, becoming more secretive about their sexual conduct, and engaging in risk behaviors such as unsafe sex, drug use, and running away from home.

In addition, "local" A/PIA gay men and lesbians commonly report that they purposely leave home to attend school or take jobs on the Mainland where they will feel more comfortable "coming out." A part-Hawaiian lesbian who grew up on Molokai and now resides in California recounts that she originally went to the Mainland to "try to get ahead":

I came here for an education to work my way home and here I am after twenty something years! My mom said to stay here because the job situation at home wasn't very good. I think another reason why I stayed here was I wasn't out.<sup>32 p. 88</sup>

In one study, local Japanese, part-Hawaiian, and Hawaiian-Puerto Rican lesbians mention that they were more likely to be public about being gay on the Mainland than at home in Hawaii because as one noted "there was no family and I could start fresh. I could hold hands in public and not have to think about it, and nobody in my family knew."<sup>29</sup> p. 230

Finally many "local" A/PIA lesbians and gay men report trying to balance pride and comfort in privately being gay while preserving their familial relationships by publicly not "acting" gay. Wong, et. al.<sup>14</sup> suggest that this private - public tension is not necessarily incongruent as long as one's private behavior does not interfere with one's social behavior. So for example, if a local gay man engages in a same-sex relationship that is discrete and private, while maintaining his social role as a fun-loving (heterosexually-seeming) guy at the baby luau, he may find such an enactment acceptable not only to himself internally but externally to his family. However one significant consequence of this compromise is that many must live what A/PIA lesbian activist Michiyo Cornell<sup>33</sup> calls "the great lie" which dissociates them from parts of themselves, but also from their families and communities.

### Health and Mental Health Consequences

Most of the health and mental health effects documented among lesbians and gay men are due almost exclusively to societal denigration known as *homophobia*, which is the fear and hatred of gay men, lesbians, and anyone perceived to be other than heterosexual. Bidwell's study of gay and lesbian youth in Hawaii reported that many young people in this population who choose to be more self-accepting and perhaps public about their gay/lesbian identity risk harassment, rejection, and sometimes peer violence. National studies of gay and lesbian youth document the prevalence of homelessness, truancy and sexual exploitation among this vulnerable population.<sup>34, 35</sup>

A 1989 study by the U. S. Department of Health and Human Services estimated that gay and lesbian youth are 3-5 times more likely to consider, attempt, and perhaps complete suicide than other adolescents in the U. S.<sup>36</sup> Bidwell found repeated accounts of suicidal ideation and attempts in his interviews with Hawaii youth providers, parents, and young people themselves. A worker at the Queen Liliuokalani Children's Center estimated that five gay/lesbian teenagers who received services at the program had attempted suicide during Bidwell's study period.

"Local" gay men and lesbians throughout Hawaii report histories of drug abuse, depression, and anxiety associated with issues including: confusion regarding their sexuality; stress in balancing their gay and family relationships; and lack of peer and social support. In addition, "local" lesbians and gay men may delay or forego health care because of past experiences with homophobic providers, with whom they are ashamed of talking about sex-related problems such as STDs/HIV especially related to same-sex conduct.

However, the most pressing health concern involving this population in Hawaii is the rate of HIV/AIDS among "local," A/PIA gay men. In Hawaii the largest proportion of AIDS cases is among men who have sex with men.<sup>37</sup> While Caucasians represent the largest ethnic group in the category of men with AIDS in Hawaii, the number of White men diagnosed with AIDS is generally decreasing

while there is a significant upward trend of HIV infection among the second highest ethnic population in the men who have sex with men category, which are Asian and Pacific Islanders.

Therefore, while the proportion of reported AIDS cases in Hawaii due to men who have sex with men has decreased over time, there has been an increase particularly among Native Hawaiian and Filipino gay and bisexual men who reside in the State. It is argued that the difficulty in reaching "local" gay men with HIV/AIDS prevention messages is that many are ashamed to acknowledge their sexual identity for fear of rejection; the lack of social networks and support that incorporate the cultural needs of non-Caucasian gay men in Hawaii; and, "local" gay men are engaging in HIV risk behavior such as unsafe sex and intravenous drug use in discrete settings where their public identities as gay and "local" will not be exposed.

### Implications for Health Care Providers

For Asian and Pacific Islander, "local" gay men and lesbians, the enduring stigmatization associated with homosexuality coupled with "local" values and attitudes about the importance of family and maintaining social relationships has resulted in covert and overt acts of discrimination against them. The particular manner of dealing with this issue is described by one A/PIA researcher as, "don't ask, don't tell, don't know."<sup>38</sup>

In order to work more effectively with this population there are a number of practice implications for physicians, nurses, allied health providers, mental health clinicians and other health professionals in Hawaii. First and foremost, health professionals have a responsibility to become educated about the unique and challenging issues of being "local" and gay in Hawaii. There is a prevalent misconception that "the gay problem" is a "Haole" matter, and that there are no or few "local" gay men or lesbians. It should be self-evident that homosexuality - as with heterosexuality - is found cross-culturally including throughout all parts of the State of Hawaii. Denying that "local" gay men and lesbians actually live and walk among us in Hawaii is probably the major barrier to health care for this group.

Gynecologists and other women's health providers must not assume that every local Japanese woman who comes in for a PAP smear is having sex with men. Physicians, nurses, and allied health professionals need to sensitize their interactions with clients and patients by attaining knowledge of and skills to address sexuality, homosexuality, and same-sex intimacy in the context of our "local" Hawaii and traditional A/PIA cultures, and to do so in a non-judgmental manner.

Due to the "small town" nature of life in Hawaii, many gay men and lesbians need to be reassured about the importance of confidentiality in the provider-patient relationship. The fact that local gay men from the Neighbor Islands will sometimes fly to Oahu for HIV testing or other health care is evidence of the effects of social stigma that many are trying to avoid.

Finally, individual health providers and health professional associations must advocate for increased training and continuing education for medical and health practitioners on sexuality, gay and lesbian health issues, and the unique needs of "local" sexual minorities in Hawaii .

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