



talk about HIV without talking about sex, certain body parts, certain activities and certain truths that many people would prefer [not to hear].

"[In India] it's quite possible that a man could be having sex with another man, paying for sex with a prostitute or having an extramarital affair with another woman. This would be kept very secret. If it ever got out, he would be an outcast in the community. So appearances aside, [even] people living a so-called traditional lifestyle are at risk."

Many in the Chinese and Southeast Asian communities still believe AIDS is a gay disease, says Aries Cheung, youth outreach coordinator for Toronto-based Asian Community AIDS Services (ACAS). "Even some very educated people are surprised [to] find that women can get infected with HIV. There's still a lot of ignorance about the disease and a lot of resistance to learning about it."

ACAS targets Chinese immigrants from Hong Kong and mainland China, as well as the Vietnamese and Filipino communities. There is a strong taboo within these communities against talking about sex, sexuality and death, but Cheung believes Vietnamese immigrants are most difficult to reach because they have a strong sense of tradition, morals and family values. Many resist even basic sex education, let alone AIDS education. "It's perceived as an intrusion into people's privacy."

There is also denial that homosexuality exists within these communities, adds Cheung. The Chinese are perhaps more tolerant, since homosexuality has never been condemned by law or teaching in either the Confucian or Taoist traditions. However, it is considered impolite to discuss the subject within the family or community.

Moral and religious beliefs also hamper AIDS education among immigrants from Caribbean countries.

"There's a [strong] belief about AIDS being like a biblical plague, like a retribution for having done something very bad," says Andrea Gilpin, an outreach worker with the Caribbean Women Against AIDS project in Toronto. "So people don't want to associate themselves with this. Many people believe that if they're good people they will never get AIDS, so it doesn't concern them."

Toronto's Department of Public Health funds Caribbean Women Against AIDS. Because women are reluctant to attend information sessions, Gilpin visits grocery stores, laundromats and hairdressing salons, where she gets to know the women and talks to them about other concerns. AIDS education is woven into the conversations.

Information about HIV that is produced by mainstream service organizations can actually create resistance in ethnically diverse communities. "[They find] a lot of this material very alienating," says Gilpin. "I can think of several examples where the person or people being depicted are obviously gay white men. Some pamphlets have such graphic drawings or pictures of penises or homosexual sex that people find it not only alienating but offensive."

Some communities get around these limitations by developing their own resources. The Alliance for South Asian AIDS Prevention developed a series of pamphlets in 5 languages, with no pictures or artwork. Chahal says the challenge is to choose the right tone and words so that the material is not offensively explicit. But neither can the resources be so medical, polite or indirect that the message is meaningless. Written in simple, easy-to-understand language, the alliance's information about HIV and AIDS is confined to basic facts: what HIV is, who is at risk, how it is transmitted and how to prevent it. Separate pamphlets deal with HIV testing.

Breaking down cultural barriers to deliver AIDS messages

Physicians who see patients from different cultural backgrounds can play an important role in AIDS education and prevention. Here are some tips on ways to break down cultural barriers.

Andrea Gilpin, Caribbean Women Against AIDS, Toronto: "[When patients are leery about discussing their sexuality] you have to work hard to build up a trusting relationship. You have to let people know that you're real, that you've got some problems too. Let them know that your furnace died in the middle of the night, that your roof leaks, that you got hives once as a side effect of some medication, that your kid is sick and you're worried."

Lorne Izzard, Black Outreach Program, AIDS Coalition of Nova Scotia: "In dealing with people from eth-

noracially diverse communities, physicians have to be very open minded, nonjudgemental and willing to educate themselves on the issues. Don't hesitate to call AIDS organizations for help or referrals. In your offices display AIDS information among other health-promotion material and make sure these materials are diverse and show aboriginals and people of colour."

Sukhi Chahal, Alliance for South Asian Aids Prevention, Toronto: "Education will only work if [patients] feel comfortable and see that you have some knowledge of their cultural beliefs, practices and attitudes. For example, if a physician has a large South Asian patient load, then it might be helpful to have a travel poster from India or Pakistan on the wall. Something as simple as that could go a long way."