Discrimination and Health of Sexual Minorities: A Case of Asian and Latino/a Americans

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Abstract

The purpose of this research is to analyze whether discrimination influences health for lesbians, gay, or bisexual (LGB) people of Latino and Asian descent. The Stress Process Model (Pearlin 1999) suggests that the more discrimination an individual encounters, the more health problems s/he will face. Using secondary data from the National Latino and Asian American Study, results indicated that, regardless of ethnicities, discrimination was harmful for one’s health, and sexual minority status did not lead to health limitation. However, Asian LGB respondents reported more discrimination than Asian heterosexuals while such a pattern was not observed among Latino/a respondents.

Introduction

This research investigates whether discrimination influences the health of sexual minorities of Asian and Latino descent. Discrimination is unfair treatment against individuals due to socially constructed structural arrangement that favors dominant groups (Bostwick, Boyd, Hughes, West, and McCabe 2014; Krieger 2000). Several studies have documented that racial/ethnic minorities (Williams and Mohammad 2009) and sexual minorities (Meyer 2003; Lewis 2009) are vulnerable in terms of mental health due to their oppressed status in society. For instance, sexual minorities in the United States experience worse mental health, like major depression and anxiety disorders, compared to heterosexual individuals (Cochran and Mays 2000; Cochrane, Sullivan, and Mays 2003). Sexual minorities are defined as individuals who self-identify as gay, lesbian, unsure, queer, perform non-heterosexual behavior or experience non-heterosexual attraction (Plöderl et al. 2013). Health issues that may result from discriminatory experience among sexual minorities are depression, panic attacks, and drug or alcohol dependency (Mays and Cochran 2001). In this study, the research will focus on Asian, gay, and bisexual (LGB) people of Latino and Asian descent compared to their heterosexual counterparts.

It is vital to acknowledge that the interpretation for race is different from ethnicity. Sociologist Richard Schaefer (2011) defines race as a socially constructed group based on perceived physical differences (e.g., skin color) and ethnicity as socially constructed groups based on shared culture and national ancestry (e.g., Cubans, Mexicans, Puerto Ricans). Although race and ethnicity are conceptually dissimilar in the literature, sociologists also recognize that there are considerable overlaps between racial and ethnic groups (Taylor 2009), such ascribing stereotypes to minority groups such as Asians and Latino/as. For the purpose of this study, the researcher refers to Asians and Latino individuals in terms of ethnicity. Having multiple minority statuses may expose an individual to one or more discriminatory experiences and may contribute to a higher risk of poor health conditions. For example, Asian and Latino sexual minorities who self-identify as lesbian, gay, or bisexual (LGB) are more likely to endure poor mental health because of family disapproval, social isolation, and sexuality discrimination in various real life circumstances (Diaz, Ayala, Bein, Henne, and Marin 2001; Yoshikawa, Wilson, Chae, and Cheng 2004). This study adds to current research on discrimination and mental health in three significant ways.

First, although numerous studies have been done on the effect of discrimination on health, fewer studies have dealt with the effect of intersection of sexuality and ethnic minority statuses on discrimination and their health consequences. For example, Boehmer (2002) reviewed 3,777 articles pertaining to public health, which encompassed LGBT issues. However, 85% of these 3,777 articles omitted information regarding the race/ethnicity of participants (Balsam, Molina, Beadnell, Simoni, and Walters 2011). In addition, research on mental health relating to LGB racial or ethnic minorities for the most part has been minimal (Cochran 2001). Therefore, by studying the health of LGB people of color, explicitly Asians and Latino/as, this study shows how sexuality and ethnicity influence their health.

Second, previous studies have not examined the effect of discrimination on health limitations among Asian and Latino/a individuals. In this study, health limitations are defined as the degree to which one’s daily lives are limited or hindered by physical and mental health problems. In other words, it represents the severity of the health problems, taking into consideration one’s ability to carry out normal activities. More specifically, this study examines the number of days that respondents felt were impacted by their poor mental and physical health as an indicator of health limitations. In research that reviewed 86 studies on health consequences of discrimination, Williams, Neighbors, and Jackson (2003) found that previous research has looked at mental health (e.g., well-being, self-esteem, control/mastery, psychological distress, major depression, and other mental disorders), physical health (e.g., self-rated health, other self-reports, blood pressure, other cardiovascular, mortality, and very low birth weight), and health behavior (e.g., smoking and alcohol), but none investigated the effect of discrimination on health limitations or the degree to which one’s daily activities are affected by health problems. It is important to examine health limitations as a potential outcome of discriminatory experience.
because health limitations may have more direct ripple effects on one’s ability to work (e.g., economic activities) and maintain healthy satisfying relationships with significant others than health problems per se. Having health issues may not change one’s engagement in economic activities or social relationships, but health problems that are severe enough to impact one’s daily lives would directly impact one’s ability to work and maintain satisfying relationships. Therefore, further research is needed to test whether discrimination predicts health limitations.

Third, few studies have looked at sexual minority populations when analyzing the effect of discrimination on physical and mental health (Balsam et al. 2011; Fredriksen-Goldsen et al. 2014). This study will focus on sexual minorities and their experiences of discrimination, addressing three primary objectives: (1) to determine whether LGB individuals are at a higher risk for discrimination than heterosexual individuals, (2) to investigate whether more exposure to discrimination will lead to more health limitations, and (3) to identify whether LGB individuals are at a higher risk for health limitations than heterosexual individuals. In addition, this research aims to focus on sexual minorities of color, primarily focusing on Latino/a Americans and Asian Americans. The purpose of this study is to examine whether discrimination contributes to health limitations among sexual minorities.

**Literature Review**

**LGB Individuals and Health**

Based on previous literature, several scholarly articles indicate mental health disparities between LGB and heterosexual individuals (Bostwick et al. 2010; Cochran et al. 2007; Cochran, Sullivan, and Mays 2003). For example, one study consisting of midlife adults indicated that LGB individuals have a higher frequency of psychiatric disorders during the past year compared to heterosexual individuals (Chae and Ayala 2010; Cochran, Sullivan, and Mays 2003). In another study, prevalence for lifetime mood and anxiety disorders among LGB people is 1.5 to 2 times greater than heterosexual individuals (Bostwick et al. 2010). Other mental disorders for which sexual minorities are at higher risk include depression, anxiety, and suicidality (Cochran 2001; Balsam et al. 2011). Possessing an intersected identity, such as being LGB and of Asian or Latino/a descent, may lead to negative health in part due to their combined oppressed statuses. A potential source for mental health disparities may stem from heterosexism among minority communities (Balsam et al. 2011), such as Latino/a and Asian sexual minorities. Other findings suggested sexual minority men are more at risk for attempting suicide and that sexual minority women are more at risk for depressive disorders than heterosexual men and women respectively (Cochran et al. 2007). To the researcher’s knowledge, studies on physical health and substance abuse between LGB and heterosexual individuals were limited, considering that most studies focused on mental health.

**Racial and Ethnic Minority and Health**

Past research suggests that there are mental and physical health disparities among populations who are oppressed (Balsam et al. 2011; Williams and Mohammad 2009). For instance, past research investigated an effect of migration on psychological distress across multiple Latino/a subgroups (e.g. Cubans, Puerto Ricans, Mexicans, and other Latinos) and gender. Among Latino men and women, immigration adversely impacted stress, or psychological distress, but such results differed across Latino subgroups, specifically Cuban Americans. For instance, compared to their male counterparts, Cuban American women who migrated to the US did have greater levels of psychological distress (Torres and Wallace 2013). In addition, Latino/as who migrated to the US before the age of 13 and after the age of 34 experienced greater psychiatric disorders, which includes depression, anxiety, and substance use disorders (Alegria et al. 2007).

Research investigating the physical health of Latino/as also shows disparities across Latino subgroups. For instance, previous research indicates that Cuban women experience worse physical health compared to their male counterparts due to unplanned migration (Torres and Wallace 2013). Past research on racial minority statuses and substance abuse have shown differing trends across Latino subgroups. For example, compared to other Latino/a subgroups (e.g. Puerto Ricans; Mexicans; and Central/South Americans) and Non-Hispanic Whites, Cuban Americans have the highest alcohol usage; moreover, Mexican Americans were more likely to have alcohol abuse and alcohol dependence than other Latino/a subgroups and Non-Hispanic Whites (Lipsky and Caetano 2009).

Other research investigating substance abuse among the Latino population has investigated gender differences in discrimination experiences. For instance, although the likelihood of alcohol abuse was similar for Latino/a individuals, the likelihood of alcohol abuse was greater among Latina women under discriminatory circumstances (Otiniana et al. 2014).

Moreover, research on Asian minorities and health also shows disparities across subgroups (e.g. Chinese, Filipino, and Vietnamese). For example, Filipino American women reported having at least two chronic diseases (e.g. allergies and hay fever, back and neck pain, arthritis) and have greater percentage of being overweight/obese than other Asian sub-groups (Appel, Huang, Ai, and Lin 2011). To the researcher’s knowledge, few studies have investigated Asian minorities, specifically mental health, and substance abuse.

Latino/a and Asian sexual minorities are oppressed populations who tend to be at risk for diminishing mental and physical health. Previous studies found a positive relationship between self-reported discrimination and poor mental health among samples of LGB Asian and Latino individuals (Chae and Ayala 2010), gay/bisexual Latino men (Diaz et al. 2001), and Asian and Pacific Islander (A&PI) gay men (Yoshikawa et al. 2004). Some studies demonstrated that dual minority
status, like LGB Latino and Asian Americans, produce greater susceptibility to mental health problems due to discrimination (Cochran et al. 2007; Diaz et al. 2001). These findings suggest that discrimination in part may predict negative health among Latino/as and Asian sexual minorities.

Intersection of Sexuality and Race Identities
Being LGB and of Asian or Latino/a descent has different meanings. For example, one study suggested that gay Asian Pacific Islander men who identified more with their sexual identity had weaker obligations to their families; however, those who identified more with their racial identity prioritized their family obligations in order to appease their parents’ heterosexual standards (Han, Operario, and Choi 2011). On the other hand, past research shows that Latino men, who self-identified as gay or bisexual, have the highest average score of negative family rejections in adolescence and experience more mental health problems (e.g., suicidal ideation), compared to their White counterparts (Ryan et al. 2009). Additionally, LGB Latino/a and White young adults were 8.4 times likely to report attempted suicide when experiencing rejection by family due to their non-heterosexual identity (Ryan et al. 2009). Stressful circumstances among LGB Asian and Latino/as will be further explained through Pearlin’s (1999) Stress Process Model.

A Guiding Framework: Stress Process Model
The Stress Process Model by Pearlin (1999) was used to guide this research as it analyzes the stressful circumstances of sexual minorities of Asian and Latino/a descent. This model posits that the greater number of stressors one endures in life; the more likely s/he develops health problems. Stressors are circumstances that an individual internalizes as emotionally or physically demanding (Pearlin 1999). There are two types of stressors: life events and chronic (or repeated) strains. Life events are distinguishable points in time in which the stressful incidents happen, while chronic strains are stressors that are constant and accumulate over time (Pearlin 1999). For example, gay Asian Pacific Islander men felt that being gay would hinder their obligation toward their family, affecting the individual’s own happiness in sustaining strong familial ties (Han, Operario, and Choi 2011). This research implies that being gay in Asian communities is not accepted and internalized as shameful among family members. In this particular example, the life event would be when a parent asks her son or daughter if they like someone of the same gender; moreover, the chronic stressor is the concealment of one’s true sexual identity and the fear of being disowned by family members. Thus, it is possible to identify the difference between life events and chronic stressors because it enables researchers to investigate the source that generates the stressors (Pearlin 1999). However, it is also important to recognize that accumulation of those stressors, regardless of its forms, events, or strains, would represent the source of stress that can result in one’s health problems.

Hypothesis
Utilizing the Stress Process Model (Pearlin 1999), this research aimed to investigate whether discrimination would affect the health of LGB Latino and Asian sexual minorities. The researcher developed three hypotheses for this research:

Hypothesis 1: LGB individuals are at greater risk/or discrimination compared to heterosexual individuals.
Hypothesis 2: Discrimination will lead to more health limitations.
Hypothesis 3: LGB individuals are at greater risk for health limitations than their heterosexual counterparts.

In order to detect any ethnic differences in the extent to which discrimination was experienced and resulted in health outcomes, the researcher tested these three hypotheses separately based on two ethnic groups: Latino and Asian Americans. In addition, control variables in this research included gender, nativity status, and household income. Results based on these hypotheses would shed light on how discrimination influences health limitations among Latino and Asian American sexual minorities compared to their heterosexual counterparts.

Methodology
Data
The data were obtained from the National Latino and Asian American Study (NLASS), which provides national information pertaining to mental illnesses and service use between Latino and Asian populations (Alegria et al. 2004).
Specifically, this data set encompasses Latino and Asian American populations’ mental health statuses, their risk for psychiatric disorders, and how they respond to their service needs (Alegria et al. 2004). Data were collected in the United States (U.S.) and Washington DC households, between May 2002 and November 2003.

Individuals eligible to participate in this study were 18 years of age or older and living in a non-institutionalized residence of the coterminous United States or Hawaii. Individuals in prisons, jails, nursing homes, and long-term medical or dependent care facilities living in civilian housing were excluded from the study. The sample size included 2,554 Latino respondents and 2,095 Asian respondents.

The NLAAS researchers utilized a stratified probability sampling design. Respondents were further stratified into sub-category ethnic groups. For Latinos, sub-categories included: Puerto Rican, Cuban, Mexican, and other Latinos. For Asians, sub-categories included: Chinese, Vietnamese, Filipinos, and other Asians. Under special circumstances where respondents of the population reported belonging to more than one Latino or Asian ethnic group, the following order of priority was used to assign individuals to a single group for the purpose of the stratified sample section: 1) Vietnamese, 2) Cuban, 3) Filipino, 4) Puerto Rican, 5) Chinese, 6) Mexican, 7) other Asian, and 8) other Latino.

Measures

Sexual Orientation
Sexual orientation represents an independent variable for hypotheses 1 and 3. The question for sexual orientation was stated on the NLAAS as “Which of the following best describes you? (1) heterosexual or straight—that is—primarily sexually attracted to members of the opposite sex; (2) homosexual, lesbian, or gay—that is, primarily attracted to members of your own sex; (3) bisexual—that is, attracted to both men and women; (4) something else; (5) you’re not sure/don’t know, or (6) refused?” For the purpose of this study, the responses were recoded as (1) LGB and (0) Heterosexual. The responses “something else,” “not sure,” “don’t know,” and “refused” were excluded from the analyses as Chae and Ayala (2010) suggested these categories may represent not understanding the questions considering the significant number of non-English speakers in the sample.

Discrimination
Discrimination is conceptualized as a dependent variable for hypothesis 1 and independent variable for hypothesis 2. The question for perceived discrimination was stated on the NLAAS as “In your day-to-day life how often have any of the following things happened to you? (Would you say almost every day, at least once a week, a few times a month, a few times a year, or less than once a year?)” The variable discrimination was measured by nine items and respondents were asked to rate using (0) Never to (5) Almost every day. The items included the following: you are treated with less courtesy than other people; you are treated with less respect than other people; you receive poorer service than other people at restaurants or stores; people act as if they think you are not smart; people act as if they are afraid of you; people act as if they think you are dishonest; people act as if you are not as good as they are; you are called names or insulted; and you are threatened or harassed. The responses were summed to range from 0 (no perceived discrimination encountered or lowest level of discrimination) to 45 (highest level of perceived discrimination).

Health Limitation
Health Limitation was used as the dependent variable for hypothesis 2 and 3. The question for health limitation was stated in the NLAAS as “How many days in the past 30 were you limited at all in carrying out your normal daily activities because of problems with your physical health, mental health, or substance use?” The respondents were asked to provide a number of days as a response, which ranged from 0 to 30.

Ethnicity
Ethnicity was used as a moderating variable in this study; each hypothesis was: first examined by the whole sample, followed by subsample analyses for each ethnic group: Asian and Latino/as. The question for ethnicity was originally coded as (1) Vietnamese, (2) Filipino, (3) Chinese, (4) All other Asian, (5) Cuban, (6) Puerto Rican, (7) Mexican, (8) All other Hispanic, (9) Afro-Caribbean, (10) African-American, (11) Non-Latino Whites, and (12) Other. For the purpose of this study, the responses were recoded as (1) Asian and (0) Latino, utilizing original responses (1) through (4) to represent “Asians” and original responses (5) through (8) to represent “Latinos.” Responses (9) through (12) were excluded for the purpose of incorporating samples that related to the Asian and Latino populations.

Control Variables
Control variables included gender, nativity status, and household income. The question for gender was coded as (1) male or (0) female. Nativity status was initially coded as (0) US born, (1) Less than 5 years, (2) 5-10 years, (3) 11-20 years, and (4) 20+ years. For the purpose of this study, the responses were recoded as (1) foreign born and (0) native born, utilizing original response (0) to represent “US born” and original responses (1) through (4) to represent “foreign born.” Lastly, the question about household income requested respondents to report their household income ranging from $0 to $200,000 or more. Because the household income variable had such a numerically wide range (e.g. 0 to 200,000), the responses were divided by 1,000 and changed to range from 0 to 200, so that the unstandardized coefficient (b) is more easily interpreted.
Results

Univariate Results
As displayed in Table 1, respondents experienced an average of at least 1 or 2 days of health limitations. However, with a closer look at the ethnic differences, Asian respondents experienced an average of 1 day of health limitations, while Latino respondents experienced 2 days of health limitations on the average. Second, respondents scored 6 or 7 on the discrimination scale ranging from 0 to 45. Asian respondents reported slightly higher on the discrimination scale of 7 compared to the average among Latino respondents who scored 6.6. Among the respondents in the whole sample, 45.1% identified as Asian, while 54.9% identified as Latino. The percentages of total males and females for the whole sample accumulated to 54.3% and 45.7% respectively. Females were slightly underrepresented than males (Asian sample had 52.4% male and 47.6% female, and the Latino sample are 55.9% male and 44.1% female).

Table 1. Descriptive Statistics: National Latino and Asian American Study

<table>
<thead>
<tr>
<th>Variable</th>
<th>Whole Sample</th>
<th>Asian Percent/Mean</th>
<th>Latino/a Percent/Mean</th>
</tr>
</thead>
<tbody>
<tr>
<td>Health Limitations</td>
<td>Range: 0 to 30 days</td>
<td>1.6</td>
<td>1.1</td>
</tr>
<tr>
<td>Discrimination</td>
<td>Range: 0 to 45</td>
<td>6.8</td>
<td>7.0</td>
</tr>
<tr>
<td>Ethnicity</td>
<td>1 = Asian</td>
<td>45.1%</td>
<td></td>
</tr>
<tr>
<td></td>
<td>0 = Latino</td>
<td>54.95%</td>
<td></td>
</tr>
<tr>
<td>Sex</td>
<td>1 = Male</td>
<td>54.3%</td>
<td>52.4%</td>
</tr>
<tr>
<td></td>
<td>0 = Female</td>
<td>45.7%</td>
<td>47.6%</td>
</tr>
<tr>
<td>Sexual Orientation</td>
<td>1 = LGB</td>
<td>2.2%</td>
<td>2.5%</td>
</tr>
<tr>
<td></td>
<td>0 = Heterosexual</td>
<td>97.8%</td>
<td>97.5%</td>
</tr>
<tr>
<td>Nativity Status</td>
<td>1 = Foreign Born</td>
<td>70.3%</td>
<td>78.3%</td>
</tr>
<tr>
<td></td>
<td>0 = Native Born</td>
<td>29.7%</td>
<td>21.7%</td>
</tr>
<tr>
<td>Household Income</td>
<td>Range: $0 - $200,000 or more</td>
<td>$57,592</td>
<td>$72,498</td>
</tr>
</tbody>
</table>

Bivariate Results
Table 2 presents results of correlation analyses for the whole sample. The results showed that more exposure to discrimination, being Latino (compared to Asian), being female (compared to male), being native-born (compared to foreign-born), and lower income were significantly associated with more days of health limitations in the past 30 days. Sexual orientation was not correlated with health limitation. Being male, LGB, native-born, and having higher income was associated with more exposure to discrimination. Among control variables, higher household income was associated with being Asian (compared to Latino/as), male (compared to female), and native-born. Additionally, the Asian sample significantly had more representation of foreign-born individuals and males compared to the Latino/a sample.

Table 2. Correlation Results for Whole Sample

<table>
<thead>
<tr>
<th></th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>5</th>
<th>6</th>
<th>7</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Discrimination</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>.047**</td>
</tr>
<tr>
<td>3. Asian (1 =yes; reference = Latino/a)</td>
<td>- .079**</td>
<td>.029</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Male (1 =yes; reference = female)</td>
<td>- .035*</td>
<td>.094**</td>
<td>.035*</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. LGB (1 =yes; reference = heterosexual)</td>
<td>.001</td>
<td>.073**</td>
<td>.014</td>
<td>.024</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Foreign- Born (1 =yes; reference = native born)</td>
<td>- .054**</td>
<td>- .248**</td>
<td>.159**</td>
<td>.001</td>
<td>- .035</td>
<td></td>
<td></td>
</tr>
<tr>
<td>7. Household Income</td>
<td>- .104**</td>
<td>.094**</td>
<td>.250**</td>
<td>.092**</td>
<td>- .017</td>
<td>- .036*</td>
<td></td>
</tr>
</tbody>
</table>

***Significant at p < .001
**Significant at p < .01
*Significant at p < .05
Table 3 presents results of correlation analyses for the Asian sample. The results showed that, among Asian respondents, being born in the United States (compared to foreign-born), exposure to more discrimination, and lower income were significantly associated with more days of health limitations in the past 30 days. Further, being male, being LGB, being native-born, and having higher income were associated with more exposure to discrimination. Among the control variables, only one statistically significant relationship was found: Asian men earned significantly higher income than Asian women.

**Table 3. Correlation Results for Asian Sample**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<tbody>
<tr>
<td>1. Health Limitations</td>
<td></td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>2. Discrimination</td>
<td></td>
<td></td>
<td></td>
<td>547</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Male (1=yes; reference =female)</td>
<td>-035</td>
<td></td>
<td></td>
<td></td>
<td>-012</td>
<td></td>
</tr>
<tr>
<td>4. LGB (1=yes; reference =heterosexual)</td>
<td></td>
<td></td>
<td>026</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5. Foreign-Born (1=yes; reference =native born)</td>
<td></td>
<td>-066</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>6. Household Income</td>
<td></td>
<td></td>
<td></td>
<td>-096</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Significant at p<.001
**Significant at p<.01
*Significant at p<.05

Table 4 presents results of correlation analysis for the Latino/a sample. The results showed that Latino respondents exposed to more discrimination and who have lower income tended to have significantly more days of health limitations in the past 30 days. For Latino/a respondents, being male, being LGB, being native-born, and having higher income was associated with more exposure to discrimination. With regard to the correlations among control variables, males, and native-born Latino/as earned higher income than their female and foreign counterparts. Further, Latinos were more likely to be LGB than Latinas.

**Table 4. Correlation Results for Latino/a Sample**

<table>
<thead>
<tr>
<th></th>
<th>1</th>
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<th>5</th>
<th>6</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Health Limitations</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>2. Discrimination</td>
<td></td>
<td></td>
<td></td>
<td>500</td>
<td></td>
<td></td>
</tr>
<tr>
<td>3. Male (1=yes; reference =female)</td>
<td>-031</td>
<td></td>
<td></td>
<td></td>
<td>-084</td>
<td></td>
</tr>
<tr>
<td>4. LGB (1=yes; reference =heterosexual)</td>
<td></td>
<td></td>
<td>-014</td>
<td></td>
<td></td>
<td>-052</td>
</tr>
<tr>
<td>5. Foreign-Born (1=yes; reference =native born)</td>
<td></td>
<td></td>
<td>-030</td>
<td></td>
<td>-028</td>
<td></td>
</tr>
<tr>
<td>6. Household Income</td>
<td></td>
<td></td>
<td></td>
<td>-088</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

***Significant at p<.001
**Significant at p<.01
*Significant at p<.05

**Multivariate Results**

The first hypothesis stated that LGB individuals were at greater risk for discrimination compared to their heterosexual counterparts. The whole sample results in Table 5 showed that lesbians, gays, and bisexual individuals indeed faced significantly more discrimination compared to their heterosexual counterparts, controlling for ethnicity, gender, nativity status, and income (b=2.9, p<.001). This finding indicates that the first hypothesis was supported for the whole sample. Beyond this main finding, being Asian, male, native-born, and having higher income was associated with more exposure to discrimination. About 9.7% of variation in discrimination was explained by the independent and control variables in this model. When the first hypothesis was tested for each of the ethnic groups specifically, the results showed an intriguing difference between Asians and Latino/as. Being lesbian, gay, and bisexual predicted more exposure to discrimination for Asians, but not for Latino/as. Thus, the first hypothesis was supported for Asians, but not among the Latino/a sample. Additionally, higher household income was associated with more discrimination for Asians, but not for Latino/as. In both groups, the US born and men reported more exposure to discrimination than did the foreign-born and women. These findings suggest that researchers should pay close attention to ethnic differences as well as similarities.
The second hypothesis stated that discrimination would lead to more days limited by health problems. The results in Table 6 showed that in all of the models regardless of ethnic groups, more exposure to discrimination indeed was significantly associated with more health limitations in the past 30 days, controlling for sexual identity, gender, nativity status, and income (b=.055 for whole sample, b=.052 for Asian sample, and b=.057 for Latino/a sample with all at p<.01 or less). This indicates that the second hypothesis was supported for the whole sample as well as the sub-samples. Beyond the main findings, being Latino/a, female, and having lower income was associated with more days of health limitations for the whole sample. Asian men and foreign-born Asians reported fewer days of health limitations than Asian women and native-born Asians, but such gender and nativity status differences were not observed among Latino/as. Regardless of ethnicities, lower household income was associated with more days of health limitations. In sum, the second hypothesis was supported in both ethnic groups.

The third hypothesis stated that LGB individuals were at greater risk for health limitations than their heterosexual counterparts. The results in Table 6 indicated that LGB individuals were not at a greater risk for health limitations compared to their heterosexual counterparts, considering that the regression coefficients were not statistically significant for the whole, Asian, and Latino samples. Thus, the third hypothesis was not supported.

**Discussion**

This research examined whether discrimination affected the health of LGB Asians and Latino/as. Findings concluded that LGB individuals were indeed at greater risk for discrimination than heterosexual individuals for the whole sample, but results varied across ethnic group samples. Specifically, being lesbian, gay, and bisexual predicted more exposure to discrimination for Asians, but not for Latino/as. Previous research suggested that A & PI gay men are perceived as “passive and submissive” by the gay community when entering predominant white gay institutions such as bars and social clubs (Wilson and Yoshikawa 2004:78). Because such discrimination occurs within the gay community, gay Asian men may be exposed to additional risk for discrimination compared to...
heterosexual and/or white counterparts (Chae and Ayala 2010), which is similar to the results of this study. Results also demonstrated that Asian and Latino men who were born in the US are more exposed to discrimination compared to their female and foreign-born counterparts. Future studies should investigate the extent to which the exposure to discrimination varies by ethnic sub-groups to capture diversity among Latino/as and Asians.

According to the results, discrimination was significantly associated with more days limited by health problems for Asians and Latino/as. This finding supported the Stress Process Model (Pearlin 1999), which suggested that the more discrimination an individual experiences, the more health problems he or she would have. Regardless of ethnicity, being Asian or Latino/a increased the exposure to discrimination and thus affected the capability of an individual to carry out daily activities because of health problems. Therefore, the results supported the researcher’s expectation based on the theoretical framework of the Stress Process Model. Discrimination was indeed a health risk, not only for mental/physical health (Williams, Neighbors, and Jackson 2003), but also the extent to which such health problems inhibited the respondents’ daily activities.

Another notable finding is that being Latino and having lower household income was correlated with more days of health limitations for the whole sample than being Asian and having higher household incomes. In one qualitative study, Latino gay men living in the US reported having negative mental health due to lifelong and current experiences of social discrimination and financial instability as a result from being poor and not having a job (Diaz et al. 2001). This study also revealed that foreign-born Asian women reported more days of health limitations compared to foreign-born Asian men. A potential explanation for why Asian women have reported more days of health limitations could be because of their obligation to care for the family as well as their work-related duties to produce the necessities for a healthy lifestyle (e.g., food, shelter, and clothing). Foreign-born individuals, on the other hand, may experience conflict in retaining cultural beliefs and practices while assimilating to US ideologies to fit in. Although control variables gender and nativity status were significant for Asians, no gender and nativity status differences were observed among Latino/as. Furthermore, lower household income was associated with more days of health limitations. In general, not making enough income can result in various stressful circumstances such as not paying the mortgages on time and being evicted from one’s own residence, which can result in more health problems (Pearlin 1999). Findings from this study also showed that lower household income is a health risk and its consequences on one’s ability to carry out their normal daily activities.

While this study showed that discrimination is a risk factor for health limitations and LGB individuals, especially Asian LGB individuals who experienced more discrimination than the majority group, results indicated that LGB individuals were not necessarily at greater risk for health problems than heterosexual people regardless of their ethnicity. In other words, although LGB individuals faced more discrimination than their heterosexual counterparts, they did not have health problems to the extent that such problems hinder their daily activities. Thus, future studies should investigate the resilience of LGB individuals and what may be protecting their health in the face of discrimination. Because most respondents identified as heterosexual, representation for LGB individuals was relatively small. Therefore, future studies should consider collecting more data from sexual minorities to draw more reliable comparison with the heterosexual individuals.

Limitations

Although the findings of this study were informative, they should be accepted with caution. One potential limitation for this study is that a great majority of the whole sample identified as heterosexual (97.8%). Considering that the percentage for all LGB self-identified individuals was relatively small, representation for this particular group may not fully represent the larger whole of Asian and Latino/a sexual minorities. Contrary to the study by Chae and Ayala (2010), the researcher did not include measures of same-sex behavior in this study, but focused on subjective identification with the sexual minority categories: Lesbians, Gays, and Bisexuals. Therefore, the results in this study may not represent Asian and Latino/a individuals who do not identify as LGB, but have engaged in same-sex behavior. Future studies would benefit from increasing the sample size to obtain a more representative sample of the LGB population composed of ethnic minorities, and consider various ways in which sexuality can be measured.

Another limitation is that most respondents from the whole sample are foreign-born compared to native-born. Because the majority of the respondents identified as foreign-born (70.3%), results may not be representative for native-born individuals. Future research should focus on collecting more data on the native-born population, so that comparisons can be made more fruitfully regarding the effect of discrimination on health. Such results may be explained because most of the respondents were contacted from their households. People who are not included are family members who have cell phones and who do not answer the house phone on a regular basis. Future studies would benefit from contacting individuals with cell phones in addition to landlines considering this may be a more general contact method.

One last limitation is that sub-groups categorized as Asian and Latino/a may hold different experiences according to each individualized ethnic group. In order to maintain a small number of LGB in the analyses, this study categorized respondents into two groups: Asian and Latino/a. A study that has used the NLAAS dataset indicated that Cuban women are more economically stable and
have higher social statuses compared to other Latino subgroups (Molina, Alegria, and Mahalingam 2013). Studies like this demonstration that future research should investigate specific Asian and Latino/a ethnic groups separately when investigating health limitations from discriminatory experiences. It is plausible that levels of discrimination may be different across LGB individuals within sub-groups. Thus, representation for all Asians and Latino/as may differ among sub-groups. Future studies would benefit from conducting research that specifies each ethnic sub-group, so that comparisons can be made.

**Conclusion**

LGB individuals are more at risk for discrimination than heterosexual individuals, which is supported by the whole and Asian samples. Second, being exposed to discrimination influences the amount of days in which health problems affect daily activities, which is supported by all samples as well as the Stress Process Model. Third, being LGB did not determine greater risk for health limitations compared to heterosexual individuals, which was not supported by results. These findings would benefit therapists and counselors in helping them understand the impact discrimination has on health amongst LGB Asians and Latino/as, in order to treat their health disorders properly. Moreover, social workers would also benefit from these findings to better serve and consult the LGB Asian and Latino/a populations who have dealt with discrimination for longer periods of time. Lastly, policy makers would benefit from these findings by developing policies that protects the rights of Asian and Latino/a individuals from discrimination in society, such as employment, reducing the amount of days in which discrimination affected their health to do their daily activities.

**References**


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