

Priorities and approaches to investigating Asian youth health: perspectives of young Asian New Zealanders

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ABSTRACT

INTRODUCTION: The proportion of young people in New Zealand identifying with Asian ethnicities has increased considerably. Despite some prevalent health concerns, Asian youth are less likely than non-Asian peers to seek help. As preparatory research towards a more nuanced approach to service delivery and public policy, this qualitative study aimed to identify young Asian New Zealanders' perspectives on best approaches to investigate health issues of priority concern to them.

METHODS: Three semi-structured focus group discussions were conducted with 15 Asian youth leaders aged 18–24 years. Using an inductive approach for thematic analysis, key themes were identified and analysed.

FINDINGS: Study participants considered ethno-cultural identity, racism and challenges in integration to play significant roles influencing the health of Asian youth (especially mental health) and their access to health services. While emphasising the importance of engaging young Asians in research and service development so that their needs and aspirations are met, participants also highlighted the need for approaches that are cognisant of the cultural, contextual and intergenerational dimensions of issues involved in promoting youth participation.

CONCLUSION: Research that engages Asian youth as key agents using methods that are sensitive to their cultural and sociological contexts can inform more responsive health services and public policy. This is of particular relevance in primary health care where culturally competent services can mitigate risks of unmet health needs and social isolation.

KEYWORDS: Asian; minority health; New Zealand; youth

Introduction

Comprising 11.8% of the New Zealand population in 2013, the Asian ethnic population has increased by almost 50% since 2001, and is projected to become the second largest major ethnic group from the mid-2020s.¹ Asia is now the number one 'overseas birthplace', overtaking the UK and Ireland among the cohort of New Zealanders born overseas. Importantly, this ethnic category is relatively young (median age 30.6 years), with a third (31.0%) aged between 15 and 29 years.¹

Although the common usage of the term 'Asian' in New Zealand typically refers to

people of Chinese and East Asian background, the Statistics New Zealand definition covers ethnic origins from countries to the east of Afghanistan and south of Mongolia.² The communities are highly heterogeneous with regard to cultures, languages, socioeconomic status and migration experiences.^{3,4} Young Asian New Zealanders as a group also differ in terms of levels of socialisation, ethno-cultural identities, and connectedness to mainstream society, partly influenced by their time in New Zealand.^{2,5,6} In this context, aggregated information for Asian New Zealanders as one group (as reported in many routine databases) is almost meaningless.^{2-4,7}

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Indeed, while Asian youth are often reported to have good health and few long-term health conditions,³ there are variations within the group based on particular ethnic groups within the broader Asian category, duration of residence in New Zealand, and socioeconomic status.⁸ Furthermore, compared with most other major ethnic groups, young Asian New Zealanders are at increased risk of depressive symptoms, bullying and ethnic discrimination, and have lower rates of help-seeking behaviour.^{3,6,9,10} Asian concepts of 'face' in a context where the 'model minority' myth (being commonly perceived as being hardworking, high achieving, and free of psychological problems) is prevalent may also obscure important concerns.^{2,3,10-12} Despite this evidence, relatively few studies have focused on the health of Asian youth in New Zealand and the wider determinants, particularly from the perspective of young people themselves. Not surprisingly, issues relevant to the health and wellbeing of Asian youth are relatively invisible in national policies.

Young Asian New Zealanders are key stakeholders who could redress this apparent gap by directly engaging in the process of informing policy action. This aligns with the broader vision of the Youth Development Strategy of Aotearoa, where young people are empowered to stimulate the changes they wish to see.¹³ Importantly, Asian youth can play a pivotal role in contributing the necessary research evidence that would inform this agenda. Previous studies have shown that engaging youth throughout the research process—from design to dissemination—can enhance their vision, commitment and sense of purpose in participation.¹⁴ Researchers incorporating these principles when engaging ethnic minority youth in Canada¹⁵ demonstrated many positive outcomes at the community level.¹⁶

To set up the ground work for such an initiative in Aotearoa, this study aimed to identify the perspectives of young Asian New Zealanders on best approaches to investigate health issues of priority concern to them. The findings will be of particular relevance to researchers and primary health care service providers who can mitigate the risks of unmet health needs and social isolation.

WHAT GAP THIS FILLS

What we already know: The number, proportion and diverse affiliations of youth identifying with Asian ethnic groups have increased substantially in New Zealand. Explanations for and approaches to addressing unmet needs in mental health and other health concerns rarely engage Asian youth directly. This area has attracted scant research and policy attention to date.

What this study adds: Asian youth identified several influences impacting on their health that need further exploration. At the forefront were concerns regarding unmet mental health needs, crosscultural and inter-generational differences in communicating about health issues and health care use, and institutional racism. In order to develop more responsive policy and health services, Asian youth should be engaged in research and service development, using methods that are sensitive to their cultural and sociological contexts.

Table 1. Interview questions

1. As an Asian youth leader, what would you suggest are important areas to explore in a research study about the health and wellbeing of Asian youth and young people?
2. What are your recommendations regarding the best ways to ensure Asian youth can meaningfully participate in the proposed research?
3. What would help engage Asian youth in this type of research? What would be the main constraints?
4. What outcomes would Asian youth expect from their involvement in this type of research?
5. What would be your recommendations to us about how the findings can be disseminated to the wider community and to those who can make a difference (example: policy makers)?

Methods

Participants for this qualitative focus group study were recruited using convenience sampling through open invitations extended to Asian community networks in Auckland identified by the authors.

The three focus groups used a semi-structured interview format (Table 1) and were conducted in English by the first author. The focus groups lasted between 60 and 90 minutes each, and were audiotaped and transcribed verbatim by an external transcriptionist. The transcripts were coded and analysed using inductive thematic analysis strategies.¹⁷ The first and third authors

then reviewed, coded and analysed transcripts to saturation point, to identify key themes and subthemes.

This study was approved by the University of Auckland Human Participants Ethics Committee (Ref. 8778) and all participants provided written informed consent.

Findings

The 15 focus group participants (8 males, 7 females) were aged between 18 and 24 years (Table 2) and identified with Taiwanese, Sri Lankan, Chinese, Indian or Malaysian Chinese ethnic groups. All the participants were students, either in tertiary study or the final year of high school.

The analyses identified several priority areas for research on Asian youth health. These were framed as barriers to societal participation in general, the elimination of which were expected to have gains beyond health outcomes alone. The study also identified participants' views on culturally appropriate approaches to research. These themes are described in the following sections.

Priorities for research

Cultural differences and identity

The participants observed that the extent to which they 'feel different' from a cultural perspective shaped their settlement experiences in New Zealand and also their health. Their awareness of the social consequences of migration was expressed in terms of the challenges of adapting to a new cul-

ture, losing friends, and making lifestyle changes. Some also discussed how, as migrants or children of migrants, they often have to cope with conflicting identities and feelings of belonging to neither New Zealand nor their country of ethnic origin.

Grow[ing] up here as a 'Kiwi' [New Zealand] Asian sometimes you feel like you don't belong in New Zealand... you go to your own home country and you don't belong there either. (Participant; Focus group #1)

All participants recognised that differences between New Zealand and Asian cultures could be particularly challenging for new migrants from Asian countries.

...the culture is a lot different, so I guess there would be a bit of culture shock, and they'll need help transitioning to the New Zealand culture. (Participant; Focus group #3)

Participants observed that some 'cultural attitudes' that are more common in Asian communities would influence how they use health care in New Zealand, as shown in the following two examples.

If they [Asian New Zealander] have a health issue, they will just muscle through and not see the doctors. (Participant; Focus group #2)

In China... when they are sick and go to the doctors, they want the strongest medicine possible... but in New Zealand, I've noticed that they give something not so strong so your body can actually do stuff. (Participant; Focus group #2)

Table 2. Participant demographics

Focus group	Total number of participants	Gender	Ethnic group	Leadership roles
1	4	3 females 1 male	Chinese Sri Lankan	Community group
2	5	2 females 3 males	Chinese Sri Lankan Taiwanese	Community group, University clubs, Cultural groups
3	6	2 females 4 males	Malaysian Chinese Sri Lankan Indian Fijian Indian	Cultural groups, Community groups

Racism and discrimination

Most participants discussed feelings of cultural difference as being closely linked to experiences of racism and racial discrimination, with the latter having a pervasive influence on the well-being of Asian youth and considered as requiring priority attention. The participants expressed strong views regarding how experiences of racism engender feelings of exclusion from New Zealand society, undermining meaningful participation. 'Racial stereotypes' were of particular concern, alongside the impact of prejudice on the basis of their ethnicity and appearance.

I feel like it's still so stigmatised... just because you're Asian there's some sort of perception about you or stereotypes or there's a perceived view that people will start to judge you by when they first meet you. (Participant; Focus group #3)

Furthermore, participants in all focus groups discussed the strong presence of institutionalised racism affecting young Asians and associated implications for differential treatment. In a discussion on how this manifests in a variety of settings including the workforce, one participant observed a common assumption about Asian capabilities in schools that is symbolic of other unconscious generalities prevalent in other settings.

In high school... we had a system called the 'Asian Five', so we do math, English and three sciences... I know teachers who have used that phrase, 'so you are doing the Asian Five'... (Participant; Focus group #1)

The racism experienced was perceived as becoming progressively worse.

I feel like no matter how much you try to deny it, there is so much of prejudice and stigmatisation towards us that just gets worse and worse... (Participant; Focus group #1)

Based on their experiences of racial discrimination, participants expressed a desire for future research that embraces and celebrates cultural diversity in New Zealand society. They also acknowledged that alleviating racism experienced by Asian youth would require approaches beyond

publicly funded cultural events, such as the Chinese lantern festival and Diwali celebrations.

Mental health issues

Participants stressed the need to explore the contributions and ramifications of mental health as a highly significant and under-appreciated concern. Experience of racism and the need to succeed and not admit failure were identified as contributors to high levels of stress and depression. Many youth felt that their mental health status was at its lowest at the end of their school years, when the 'safety net' of school is replaced by challenging decisions relating to their futures.

Some participants also attributed emotional problems to pressures associated with enculturation and trying to adjust to mainstream New Zealand, while also meeting parental expectations.

...the pressures from society... for Asian youth to fit into a Western culture, for example being born in Asia but growing up in New Zealand, I found... two very different types of pressures.... my parents are quite Asian and have their own set of values which they instil upon me, but at the same time I have a different side for my Kiwi friends; for example, they have a certain idea of how you should behave and stuff, which may contradict what parents may think. (Participant; Focus group #2)

I think with mental health... the restriction is actually quite a big thing, because...[an] Asian kid isn't allowed to do what all the other kids who are local to New Zealand are allowed to... due to the cultural difference or different values... the parent might not let the kid do something and that could affect the mental health. (Participant; Focus group #3)

Participants identified that a general lack of culturally appropriate social support services for Asian youth was compounded by a lack of awareness among many Asian youth of how the health system in New Zealand operates.

Learning about our [New Zealand] health system, like how there's free dentistry up to 18 [years]... and also how to work our GP [general practice] system is important because probably in Asia it's different. (Participant; Focus group #3)

These difficulties in navigating health systems were considered to be compounded by social isolation. Actively engaging and empowering communities was seen as likely to yield positive and mutually rewarding outcomes.

Asian communities are quite isolated sometimes and it is important to get them involved in the general community, as they can contribute as well and gain from others. (Participant; Focus group #2)

Approaches to research

The participants discussed several attributes that would operate as facilitators or barriers when engaging Asian youth in research, to obtain meaningful information relevant to improving their health outcomes.

Culturally and contextually appropriate research methods

The awareness of Asian cultural needs, such as being among people of similar ethnicity with whom they are familiar and comfortable and creating an environment of trust and respect for their opinions, were attributes that participants emphasised as highly relevant. One participant presented this from the perspective of the safety of the collective voice.

If you got a group to do it and everyone's friends were there, and they all knew each other, I feel like that's the one way anybody would ever open up about something because they feel like everybody's doing it together. And I think a lot of Asian youth anyway have a very sort of collective mind... they like to be together in numbers... safety in numbers. (Participant; Focus group #2)

The participants suggested that small groups recruited through word of mouth and by friends who are interested in the specific research objectives would enhance youth engagement. This was considered preferable to direct recruitment by researchers, as young people often felt pressured and obligated to participate. Participants also suggested that research carried out over a period of time, with regular, focused and relatively short meetings, would accommodate their busy schedules. This was also seen as providing participants

the opportunity to become more familiar and therefore comfortable with the purpose, research process and people involved, given that the sharing of personal information is required.

The length of residence in the country was considered an important influence on migrants' knowledge of New Zealand systems and services, and access to these. Participants felt that more useful information could be obtained by conducting separate focus groups based on how long Asian New Zealanders had been in New Zealand. The degree of familiarity with the research context and New Zealand processes, mannerisms and culture were also considered likely to influence willingness to participate in research. There was general agreement that youth who were New Zealand born or resident for some years would be more likely to participate. Recruiting newer migrants was viewed as likely to require more effort and incentives to engender a sense of meaningful participation in New Zealand society.

Appropriate researchers

All participants agreed on the importance of the strength and reciprocity of the relationship between the researcher and participants. Including young Asians with similar backgrounds to the research participants as members of the research team was suggested as particularly worthwhile in facilitating better understanding of Asian youth experiences.

...because if it was someone who was from a [New Zealand] European background it's kind of like you don't want to offend them by saying [that] Europeans don't understand the type of things going on. (Participant; Focus group #1)

Inclusion of parents in youth health research

There was a general consensus that parents' opinions would provide valuable insights to any study on Asian youth. However, it was stressed that youth and parent interviews should be conducted separately. Not surprisingly, youth felt that being interviewed in the presence of parents would make responses 'less honest', 'influenced' or 'changed', as a result of parental expectations. Some comments resonated with particular cultural expectations discussed previously.

Growing up you are just expected to deal with it... you are expected to be the 'flag bearer' of the family and be the best at everything... not share problems with others... you keep to yourself. (Participant; Focus group #3)

Youth also spoke of how they felt a need to protect parents from the 'truth', as they felt a sense of obligation towards their parents. This was couched in relation to their awareness that many Asian parents move to New Zealand to seek a better life for their children.

[Youth] respect their parents because in most Asian cultures that's a huge part of it... they should look after the parents and so if their parents have done this much for them, sacrificed so much for them, they're not going to turn their back and be like oh well actually it hasn't all been that great here you know... like maybe we shouldn't have moved. (Participant; Focus group #2)

Conversely, participants also observed that many Asian youth adapt more easily to New Zealand culture, assisted by their experiences at school. Consequently, youth were also seen as important sources of support for their parents in overcoming some challenges in negotiating health needs, such as language barriers.

It's quite difficult for our parents moving into a new country, with like, little support, or even understanding of English... we go to school, so I guess that helps us learn English faster and understand more... Our parents are just, slower. (Participant; Focus group #3)

While not indicated as a priority concern for their age group, participants commented on the lack of emphasis on research focusing on serious health conditions imposing a disproportionately high burden on Asian communities more generally (e.g. heart disease and diabetes), and the limited attention to community-based targeted health promotion.

Discussion

This research gave primacy to the 'voice' of Asian New Zealand youth in understanding personal, intergenerational, health service and societal

influences on their health that require particular consideration in future research on Asian youth health. The themes identified highlight areas requiring greater cultural and contextual understanding, as well as explicit attention to opportunities that could engage young Asians in research and service development to help meet the needs and aspirations of this group when negotiating health care services, particularly including primary care.

Mental health was identified as an important but typically neglected health issue among Asian youth that requires further investigation

The Medical Council of New Zealand and The Royal New Zealand College of General Practitioners promote responsive services based on the cultural needs of diverse patient groups.^{18,19} Current efforts to meet the health care needs of minority ethnic groups are particularly focusing on the provision of interpreter services,^{20-21,22} health promotion material in relevant languages, and training courses to develop cultural competencies for working with people from culturally and linguistically diverse (CALD) backgrounds.²³ This study affirms the unique role that crosscultural communication plays in shaping attitudes, preferences and decisions influencing young Asians' negotiations relating to their health, and draws attention to other challenging issues that impact on the processes involved.

Mental health was identified as an important but typically neglected health issue among Asian youth that requires further investigation. This is consistent with previous research,¹² as were the related associations that participants described with increasing acculturation,²⁴ experience of racism, social isolation, and avoidance of health services.²⁵ Acculturation (the process of socialisation that takes place when there is a meeting of two different cultures) and enculturation (a process that helps an individual to imbibe social values, norms, customs etc.

of the culture he/she lives in) are known to be favourably associated with positive mental health;²⁶ studies from the US and New Zealand report young Asians' relative reluctance to seek professional help for mental health problems being exacerbated by the pressure of balancing two cultures and reported discrimination.^{12,27,28} While migrants who have lived in New Zealand for longer periods are more likely to be considered acculturated,²⁹ this does not imply they consider themselves fully integrated into 'mainstream' New Zealand society; they may often identify with two cultures.^{12,29} Many participants considered themselves to uphold a bicultural identity, relating to both their country of origin and New Zealand.²⁴

While migrants who have lived in New Zealand for longer periods are more likely to be considered acculturated, this does not imply they consider themselves fully integrated into 'mainstream' New Zealand society

The participants placed particular emphasis on the adverse mental health impact of pressures to succeed and not fail parental expectations in a context where the model minority stereotype was prevalent, consistent with previous research.^{11,12} Further, participants indicated that the problems in New Zealand were compounded by a lack of knowledge of available mental health services, impacting on accessibility. This may also be a reflection of the more collectivist nature of Asian cultures, with efforts made to solve problems within the family, rather than through seeking professional help.^{11,30} It is also likely that disclosure of concerns or needs to others is avoided, due to stigmatisation of mental health problems, an issue exacerbated in Asian New Zealand youth, due to their experience of other forms of prejudice and ethnic discrimination.¹⁰

The perceived influence of racial discrimination on multiple domains of health and wellbeing featured prominently in discussions, a finding

consistent with previous reports.²⁵ Racism is a complex ideology of inferiority and superiority that drives the categorisation of race and ethnicity, resulting in an unfair distribution of power, goods and resources.²⁵ Participants in this study felt that unfair and prejudicial treatment by society was a common experience among Asian youth, particularly in institutions such as schools and workplaces, a finding consistent with nationally representative data.^{10,25} It is well recognised that institutional racism can result in generalised mistrust and avoidance of other institutions, with adverse implications for education, employment and health care.^{25,31} This requires further exploration and careful consideration in the provision of responsive services, including primary health care services that address youth health needs.

Although not accounted for in the composition of focus groups, the experience of racism and difficulties in accessing services were identified as concerns that would be of greater relevance to new migrants. These findings demonstrate the importance of taking account of the time spent in New Zealand when undertaking and interpreting research relating to Asian youth, or those of migrant backgrounds. This axis of difference also has the potential to alter responses and reactions when sensitive questions are asked.^{29,31}

Participants in this study identified several factors that would enhance meaningful engagement of young Asians in the research process itself, including culturally appropriate research methods and engaging youth researchers of similar ethnic affiliations. For a more nuanced understanding of the experiences, needs and aspirations of Asian young people in New Zealand, it is imperative that research methodologies used are culturally and contextually sensitive. Parental, community and societal influences and expectations are highly relevant and important considerations for research design, data collection, and data interpretation.³²

A focus on culturally appropriate research methods to facilitate Asian youth engagement, as highlighted in this study, are broadly consistent with principles of valuing the voice of

youth, as well as national guidelines on effective engagement of young people advocated by New Zealand's Ministry of Youth Development³³ and the Office of the Children's Commissioner.³⁴ However, the reflections of participants in this study serves to increase awareness of cultural factors that are particularly relevant when engaging minority youth as active participants in research.³⁵ Importantly, participants emphasised the need to be mindful of the dynamic and multi-faceted relationships between Asian youth and their parents, where respect and gratitude intertwine with tensions relating to enculturation, acculturation, and common developmental transitions in adolescence.

Limitations

This was a small study of 15 young Asian New Zealanders, most of whom lived in Auckland. Thus, while diverse in terms of their ethnic affiliations, migration status, and time in New Zealand, the participants were not intended to be representative of Asian youth in the broadest sense. Indeed, their advocacy and leadership experiences would make these youth negotiate health concerns and systems more effectively than more marginalised peers whose experiences they were aware of through their community outreach activities.

Despite our intent to achieve data saturation using a robust analytic process, the extent to which this was achieved remains uncertain. However, the key themes reported were common to all three focus groups and the findings contribute important information that expands current knowledge in the New Zealand setting.

Final comments

Collectively, the findings provide the impetus for focused, culturally and contextually sensitive research on Asian youth health in New Zealand that would enable the development of more responsive health services, including primary health care services. There is a need for awareness-raising campaigns and policies that promote a more inclusive and equitable society, where young people of all ethnic backgrounds thrive.

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COMPETING INTERESTS

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