



Asian Health Review™

Making Education Easy

Issue 10 – 2014

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Abbreviations used in this issue

BMI = body mass index

RADS-SF = Reynolds Adolescent Depression Scale short-form version

STIs = sexually transmitted infections

Welcome to the tenth issue of Asian Health Research Review.

The population of Asian ethnic groups in New Zealand has increased considerably over recent decades. Their health issues, sources of resilience and diverse experiences are relevant to the communities involved as well as service providers and wider society. Asian Health Review is a unique New Zealand publication bringing you the latest research on the health and wellbeing of Asians in New Zealand together with local commentary. This particular issue covers a broad range of topics including psychosocial wellbeing, sexual health, mortality risks over time and the history of migration politics in New Zealand.

We look forward to receiving any feedback you may have.

Kind Regards,

Professor Shanthi Ameratunga and Associate Professor Elsie Ho

shanthiameratunga@researchreview.co.nz

Equivalence of the short form of the Reynolds Adolescent Depression Scale across groups

Authors: Szabo A et al.

Summary: This study assesses the equivalence of the Reynolds Adolescent Depression Scale short-form version (RADS-SF) for measuring adolescent depression across gender, age and ethnic group using data from 8692 New Zealand secondary students. RADS-SF scores ranged from 10-40 (median 18; mean 19.14) with a Cronbach's alpha of 0.88. Equivalence was demonstrated across gender, age and ethnic groups for configural, metric and scalar measures; all tested models fitted to the data well. Correlations across groups for other variables such as suicidal ideation and wellbeing were also equivalent.

Comment: (Elsie) The findings of this study support the use of the RADS-SF as a reliable and valid tool to screen adolescents for signs of depressive symptomatology. The RADS-SF was used in the Youth '07 Health and Wellbeing Survey involving a sample of nearly 9000 randomly selected New Zealand secondary school students of New Zealand European, Maori, Pacific, Asian and other ethnicities such as Latin American and African. (Available from: <https://cdn.auckland.ac.nz/assets/fmhs/faculty/ahrg/docs/2007-asian-report.pdf>) The RADS-SF scores in the survey indicated that significant depressive symptoms were reported by 12% of Chinese and Indian students, with the prevalence markedly higher among females (18%) than males (7-8%). Further studies are recommended, in order to learn about the factors contributing to depression among different Asian subgroups and to minimise the risk.

Reference: *J Clin Child Adolesc Psychol.* 2014;43(4):592-600

[Abstract](#)

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The Asian Health Review has been commissioned by the Northern Regional Alliance (NRA), which manages the Asian, migrant and refugee health action plan on behalf of the Waitemata, Auckland and Counties Manukau District Health Boards.

Narratives and traits in personality development among New Zealand Māori, Chinese, and European adolescents

Authors: Reese E et al.

Summary: New Zealand Māori, Chinese, and European adolescents (n = 268) aged 12 to 21 years were assessed for narrative identity (coded for causal and thematic coherence) and trait levels of personality (Big Five personality inventory). New Zealand Chinese adolescents had higher levels of neuroticism and lower levels of extraversion, agreeableness, conscientiousness and openness than other adolescents. All three groups displayed thematic coherence that increased in an age-related manner; however, only New Zealand European adolescents showed expected age-related increases in causal coherence. Narrative identity and traits were linked in middle and older adolescents, but were distinct aspects of personality for younger adolescents.

Comment: (Elsie) The findings of this study support the importance of both narrative identity and traits in understanding personality development in adolescents. The authors also found marked cultural and gender differences in personality traits and narrative identity. While the study found higher levels of neuroticism and lower levels of extraversion, agreeableness, conscientiousness and openness among New Zealand Chinese adolescents, caution is required because the Big Five model does not explain all of human personality. It is important not to oversimplify.

Reference: *J Adolesc.* 2014;37(5):727-37

[Abstract](#)

Age and ethnic differences in volumetric breast density in New Zealand women: A cross-sectional study

Authors: Ellison-Loschmann L et al.

Summary: These researchers used an automated breast-density-volume measurement system using the medio-lateral oblique view of digital mammograms from the national screening programme in 3091 Pakeha, 716 Māori, 170 Pacific and 662 Asian women. When compared to Pakeha women, Māori had higher absolute volumetric density (1.09; 95% CI 1.03-1.15), a relationship which remained following adjustment for age, x-ray system and the natural log of the volume of non-dense tissue (1.06; 95% CI 1.01-1.12). The relationship was stronger in older than in younger Māori women. The highest risk of high percentage breast density was observed in Asian women (1.35; 95% CI 1.27-1.43). Pacific women (both ≤ 50 and >50 years) had the lowest percentage breast density compared to Pakeha (0.78; 95% CI 0.66-0.92 and 0.81; 95% CI 0.71-0.93).

Comment: (Elsie) The study found differential patterns of breast density by ethnicity, with Asian women having the lowest absolute breast density volume and the highest percentage breast density of any of the ethnic groups studied. However, the reasons for the variation in breast density by ethnicity are still not clear. This is an area which could be explored further in future studies, in particular, examining the role of breast density and its potential contribution to New Zealand's well-known, but poorly explained, inequalities in breast cancer incidence and outcomes.

Reference: *PLoS One* 2013;8(7):e70217

[Abstract](#)

Asian Health Review

Independent commentary by Associate Professor Elsie Ho

Associate Professor Elsie Ho is Director of Population Mental Health and Director of the Centre for Asian and Ethnic Minority Health Research at the School of Population Health, the University of Auckland. Her major research interests are in the areas of migration, diversity and Asian health and wellbeing. She has a firm commitment to developing inclusive societies that value diversity and optimise human potential and resources.



Self-reported STIs and sexual health checks in a cross-sectional study of gay and bisexual men in New Zealand

Authors: Dickson N et al.

Summary: A cross-sectional study of 3138 gay and bisexual men in New Zealand was conducted to determine the incidence of self-reported STIs and sexual health checks using data from the Gay Auckland Periodic Sex Survey (GAPSS) and the internet-based Gay Online Sex Survey (GOSS). At least one STI in the previous 12 months was reported by 8.2% of participants. This proportion did not differ by demographic factors or HIV status. Anal sex and higher partner numbers were associated with more STIs; when the number of partners was taken into account, the type of partner (regular or casual) was not associated with more STIs. Irrespective of partner type, more STIs were reported by medium and low condom users than by high condom users. Overall 40% of respondents had a sexual health check-up in the past year without a diagnosis of an STI; similar numbers attended GP and sexual health clinics. Lower numbers of Pacific and Asian men reported having a check up, as did those identifying as bisexual or who were recruited online. Those more likely to go for a check-up were those with more partners, having anal intercourse and those diagnosed with HIV; those using condoms less often were less likely to go for a check-up.

Comment: (Shanthi) In this study combining data from two New Zealand surveys of gay and bisexual men found that fairly similar proportions self-reported having had at least one STI in the previous year, and both Pacific and Asian survey respondents were significantly less likely to have had a sexual health check (35% and 36%) compared with other major ethnic groups (approximately 50%). With recent recommendations that all men who have sex with men should have at least one annual check, these findings highlight the need for environments (social and healthcare) where it is safe for men of all ethnic groups, including Asian, to discuss their sexual behaviour and health and receive the necessary treatment, without fears of discrimination.

Reference: *Sex Transm Infect.* 2014;Jul 23 [Epub ahead of print]

[Abstract](#)



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Merry Christmas and a healthy, happy 2015!

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**RESEARCH
REVIEW**



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Factors associated with recent HIV testing among younger gay and bisexual men in New Zealand, 2006-2011

Authors: Lachowsky NJ et al.

Summary: This pooled New Zealand analysis of HIV sociobehavioural surveillance data from 2006, 2008 and 2011 examined HIV testing behaviour amongst 3352 younger (16-29 years) gay, bisexual and other men who have sex with men. A total of 1338 (39.9%) reported having a recent HIV test. Using manual backward stepwise multivariate logistic regression analysis, the odds of having had a recent HIV test were found to be higher among those who were older, had multiple sex partners, spent more time with other gay men, had a regular partner for 6-12 months, reported high condom use with casual partners, and who did not agree that the threat of HIV is less serious now and that an HIV-positive man would disclose his status before sex. Odds were lower in those who were bisexual, reported Pacific Island or Asian ethnicity, were recruited online, were without a regular partner, were insertive-only during anal intercourse with a regular partner, and who had less HIV-related knowledge.

Comment: (Shanthi) Using data from the same surveys examined in the paper published by Dickson and colleagues reviewed separately, this study focusing on younger men aged 16-29 years who have sex with men found that Asian and Pacific respondents were less likely than those of other major ethnic groups to report having had a recent HIV test. Acknowledging the important implications, we are pleased to include the following comment from Dr Peter Saxton (Director of the Gay Men's Sexual Health Research Group at the University of Auckland) who is a co-author of this paper: "The number and proportion of HIV diagnoses among Asians in New Zealand is increasing. This is consistent with the growth in Asians in Auckland, also the country's HIV epicentre. Most diagnoses among Asians are in men who have sex with men (MSM), and guidelines advise consistent and correct condom use, annual HIV and STI screening, and support for same-sex relationships so that individuals feel safe disclosing risky practices. The Gay Auckland Periodic Sex Survey (Available from: http://www.nzaf.org.nz/assets/ee-uploads/files/100928_GAPSS_2008.pdf) recorded a doubling in Asian respondents between 2006 and 2014, in whom screening was poorer than European respondents. These trends argue for greater awareness of HIV prevention for Asian New Zealanders."

Reference: *BMC Public Health* 2014;14:294

[Abstract](#)

Indian-born patients attending a sexual health clinic in Australia have differing characteristics to their Australian-born counterparts

Authors: Sawleshwarkar S et al.

Summary: Australian researchers report on a retrospective cross-sectional study that described the sexual health characteristics of Indian-born patients versus Australian-born controls. Indian-born patients reported more sexual dysfunction while Australian-born controls reported more sexually transmitted infections.

Comment: (Shanthi) This study conducted in one of four publicly funded sexual health clinics in Western Sydney reinforces research from the UK and Canada indicating that Asian patients (in this case Indian-born) may differ from their local-born counterparts with regard to their 'presenting problems'. In this study, the Indian-born patients were less likely to present for assessment of concerns relating to a sexually transmitted infection and more likely to seek the help of a psychologist. While it is unclear if these differences are also apparent in the population more generally, there is clearly a need to provide appropriate services that take into the consideration the cultural and psychosocial implications of these concerns.

Reference: *Intern Med J.* 2013;43(12):1327-30

[Abstract](#)

Asian Health Review

Independent commentary by Professor Shanthi Ameratunga.

Professor Shanthi Ameratunga has a personal chair in Epidemiology at the University of Auckland. A paediatrician and public health physician by training, Shanthi's research focuses on trauma outcomes, injury prevention, disability and youth health. She is the Project Director of the Traffic Related Injury in the Pacific (TRIP) Study, a collaboration with the Fiji School of Medicine, funded by The Wellcome Trust and the Health Research Council of New Zealand.



Migrant Asian Indians in New Zealand; prediction of metabolic syndrome using body weights and measures

Authors: Jowitt LM et al

Summary: This study of 175 Asian Indian migrants (90 female, 85 male) in New Zealand aimed to identify cut-off points for parameters (BMI, waist circumference, waist-to-hip ratio and waist-to-height ratio) that best discriminate for increased risk (homeostasis model assessment of insulin resistance, McAuley score for insulin sensitivity, metabolic syndrome by International Diabetes Federation criteria) of developing type 2 diabetes and cardiovascular disease. BMI, body fat percentage and anthropometric measurements of central adiposity did not indicate metabolic risk in this high-risk population. The data suggest a lower ethnic-specific BMI and waist circumference for Asian Indian women and men. The waist-to-height ratio was similar to that of BMI in terms of discriminatory power, suggesting it could be used as a simple screening tool.

Comment: (Elsie) The findings of this study support the use of lower ethnic specific BMI and waist circumference for screening of cardiometabolic risk among Indian men and women. The higher prevalence of type 2 diabetes among South Asians is well known. A lower cut-off point could help win attention and gather resources for obesity treatment and prevention for this high risk group. However the study was confined to a small sample of older Indian men and women and the findings are not generalisable to the population. Future research should include an adequate sample of Asian subgroups, as the issue clearly requires more attention in New Zealand.

Reference: *Asia Pac J Clin Nutr.* 2014;23(3):385-93

[Abstract](#)

Body composition in offspring of New Zealand women: ethnic and gender differences at age 1-3 years in 2005-2009

Authors: Rush EC et al

Summary: This study examined ethnic and gender differences in body composition at 2 years of age in children (48 boys; 56 girls) of women treated with metformin for gestational diabetes (Metformin in Gestational diabetes [MiG] trial). By ethnicity, boys did not differ in height or weight. When compared to European girls, Indian girls weighed an average of 2.3 kg less and Polynesian girls 1.13 kg more; however, percentage of body fat did not differ. When adjusted for age, height and weight, boys had higher abdominal fat mass and total bone mineral density and less total and appendicular fat than girls ($p < 0.001$); Indian boys had less total lean mass and more fat in the central and abdominal regions than European boys ($p < 0.05$).

Comment: (Elsie) The results of this study provide early evidence for gender and ethnic differences in fat distribution among offspring of women treated with metformin for gestational diabetes. The study found, in particular, that the fat storage in Indian children was more of a central pattern of distribution. However, this study also has a small sample size. As the authors note, further research is required as the investigation might lead to appropriate assessments in children to identify who is most likely to benefit from intervention in the first few years of life to reduce the risk of chronic disease, including diabetes.

Reference: *Ann Hum Biol.* 2014;24:1-6

[Abstract](#)



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Does mortality vary between Asian subgroups in New Zealand: An application of hierarchical Bayesian modelling

Authors: Jatrana S et al.

Summary: To determine whether all-cause and cause-specific mortality rates vary among Asian ethnic subgroups in New Zealand, and whether mortality rate ratios for overseas-born Asian subgroups vary by origin and residence duration, Bayesian methods were used on linked census-mortality data for 25-75 year olds. The rate of directly standardised posterior all-cause and cardiovascular mortality was higher in those of Indian ethnicity when compared with Chinese ethnicity; however, cancer mortality rates were lowest among ethnic Indians. Subgroups of Asians born overseas have a mortality rate \approx 70% of their New Zealand-born Asian counterparts, this result varied little among Asian subgroups or by cause of death. Regardless of ethnicity, all-cause mortality rates for migrants living 0-9 years in New Zealand were \approx 60% those in migrants living for >25 years in New Zealand; the corresponding cardiovascular disease mortality rate was 50%. Indian and Other Asian cancer mortality rates did not increase with duration of residence; however, Chinese cancer mortality rates did.

Comment: (Shanthi) In this study, sophisticated statistical methods were applied to the country's largest record-linked research database to investigate if the place of birth or time in New Zealand influenced rates of death among Asian ethnic subgroups. In general, compared with their New Zealand born counterparts, Asian people born overseas had lower death rates, but the latter had worsening health (death rates) with increasing time spent in the country. Among the Asian ethnic subgroups, Indian Asians had the highest death rates (all causes combined) and Chinese Asians the lowest, with other Asian groups in between. The authors note the need for research to understand the mechanisms that underlie these differences so that appropriate strategies that can mitigate the risks involved can be implemented.

Reference: *PLoS One*. 2014;9(8):e105141

[Abstract](#)

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Neoliberalism and the New Race Politics of Migration Policy: Changing profiles of the Desirable Migrant in New Zealand

Authors: Simon-Kumar R

Summary: This was an examination of the articulation of neoliberal policy and racial politics in the context of migration policies in New Zealand. From the mid 80s, immigration policy in New Zealand has endeavoured to achieve neoliberal goals, attracting skilled labour and boosting economic productivity, while also mirroring race politics. Existing research suggests migration policy provides a tool to 'whiten the population'; however, this paper presents a more complex inter-weaving of neoliberalism and race politics. Focusing on the concept of a 'desirable' migrant, this analysis suggests that 'desirability' was marked by race throughout the mid-90s, but in the new millennium, the relationship of race and economics has become more complex. In a new form of race politics, the 'desirable' migrant is one who partakes in a global, consumptive 'culture', irrespective of race.

Comment: (Shanthi) While this paper does not focus directly on the health of any particular ethnic group, by examining the history of migration politics in New Zealand, the author makes some interesting observations that could influence pathways of health and wellbeing. For example, Dr Simon-Kumar observes that *"the personal attributes of the desirable migrant no longer include an outlook for long-term settlement, or necessarily an intention to participate in the politics or history of the country. Rather their primary qualification is to contribute, through investment and certain types of work, even if their presence is intermittent"*. This is particularly relevant to recent trends and expectations of Asian migrants. What might be the implications for their sense of 'belonging' and social interactions with mainstream communities in this context, and their emotional and general health in the longer term? The connections may not be direct, but politics and health are inherently intertwined.

Reference: *J Ethnic and Migration Studies* 2014; DOI:10.1080/1369183X.2014.936838

[Abstract](#)



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