Asian Health Review™

Making Education Easy

Issue 8 – 2014

In this issue:

Abbreviations used in this issue
BMI = Body Mass Index
BP = blood pressure
OR = odds ratio
SD = standard deviation

Welcome to the eighth 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 Research 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.

In this issue, we profile data from the 2013 Census, and review an interesting range of articles on the health risks and experiences related to service uptake, including evidence of mismatch between models of healthcare practices and healthcare needs. Several of the articles focus on maternal and child health, and heart disease, important topics for our communities.

I am also delighted to introduce a new guest editor, Dr Roshini Peiris-John, based at the School of Population Health, University of Auckland.

We look forward to receiving any feedback you may have.

Kind Regards,
Professor Shanthi Ameratunga
shanthiameratunga@researchreview.co.nz

Census 2013: Asian ethnic groups in Aotearoa/New Zealand

Author: Statistics New Zealand

Summary/comment: (Shanthi) In the 2013 Census, 11.8% of the total New Zealand population identified with an Asian ethnic group, making this the third-largest major ethnic group. The equivalent proportions in the 2006 and 2001 Censuses were 9.2% and 6.6%, respectively. Chinese comprised the largest Asian ethnic group in 2013 (36.3%) followed by Indian (32.9%). The percentage growth for these two groups from the 2006 Census was 16.2% and 48.4%, respectively. People identifying with Filipino, Vietnamese, Korean or Japanese ethnic groups have also shown important increases since the 2001 Census. The proportion of Asians living in every region of New Zealand has increased since 2006 with the largest increases noted in Auckland, Wellington and Waikato regions. Overall, two-thirds of people identifying with an Asian ethnic group in 2013 lived in Auckland, accounting for 1 in 4 (23.1% or 307,233) people in the region. The age distribution of people identifying with Asian ethnic groups is skewed towards the young with approximately 30% aged 20-34 years. Two thirds of Asians in this age group were relatively recent migrants who had lived in New Zealand for less than 10 years. However, the overall age distribution of the Asian ethnic population is shifting with the median age in 2013 increasing to 30.6 years (compared with 28.3 years in the two previous censuses in 2001 and 2006).

These data indicate the importance of considering the health and wellbeing of people identifying with Asian ethnic groups in New Zealand as a priority, acknowledging the diversity of experiences that may reflect their ethnic and cultural affiliations, migration trajectories and personal life histories reflecting a myriad of experiences.

Reference: Statistics New Zealand (2014). 2013 Census QuickStats about culture and identity
Abstract

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Improving the evidence-base for access to primary health care in Canterbury: a panel study

Authors: Schluter PJ et al.

Summary: These researchers analysed data on 388,424 individuals who made a total of 980,918 general practitioner (GP) visits (average 2.64 visits/person/year) at a large primary healthcare organisation of affiliated GPs in Canterbury. They aimed to estimate GP visit frequencies for `attenders' (individuals who seek consultation) and the proportion of `non-attenders' (individuals who never seek consultation). Significant age, gender and ethnic differences were apparent, with a larger number of Asian (21%), Pacific (19.6%) and Māori (17.1%) individuals being non-attenders than Europeans and others (9%). Among attenders, lower visit rates were observed for Asian and Pacific people, males and young to middle-aged adults.

Comment: (Roshini) The high number of Asians, Pacific Islanders and Māori among non-attenders and the lower visit rates among Asian and Pacific attenders highlights the need for a better understanding of the reasons for these findings which may go beyond financial reasons or unfamiliarity with New Zealand's healthcare system. There is clearly a need for the exploration of the facilitators and barriers for health service utilisation among Asians in New Zealand, so that health services can be geared to reflect the needs of this growing population demographic.

Reference: Aust N Z J Public Health 2014;38(2):171-6
Abstract

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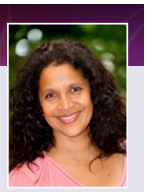

Independent commentary by Professor Shanthi Ameratunga.

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.

Maternal adiposity and blood pressure in pregnancy: varying relations by ethnicity and gestational diabetes

Authors: Lim WY et al.

Summary: This cross-sectional study investigated the association between maternal adiposity, BP during pregnancy and gestational diabetes in a Singaporean mother-offspring cohort comprising 799 pregnant Chinese, Malay and Indian women. Linear regression analysis revealed an association between higher maternal BMI and elevated peripheral and central pressures: the increase in peripheral systolic BP for each kg/m^2 increase in BMI was 1.91 mmHg (95% CI 1.03-1.36), for peripheral diastolic BP was 0.76 mmHg (95% CI 0.63-0.89), for central systolic pressure was 1.02 mmHg (95% CI 0.87-1.17) and for central pulse pressure was 0.26 mmHg (95% CI 0.16-0.37). Chinese women exhibited stronger associations between higher BMI and elevated BP (p-interaction 0.03 for central pulse pressure) as did those with gestational diabetes (p-interaction 0.03 for diastolic BP and 0.046 for central systolic pressure). Analysis using skinfold thickness as a measure of adiposity produced similar results.

Comment: (Shanthi) There are well-known variations in the prevalence of adiposity as well as risk of gestational diabetes among Asian ethnic groups. This study examined the relationships between these characteristics and pregnancy outcomes, acknowledging the likely distinctions that may occur. The study identifies the need to examine these variations further among Asian migrants in New Zealand, with potentially important implications for population health strategies as well as clinical management.

Reference: J Hypertens. 2014;32(4):857-64
Abstract

Effect of maternal glycemia on neonatal adiposity in a multiethnic Asian birth cohort

Authors: Aris IM et al.

Summary: In this prospective study involving a multiethnic cohort of Singaporean mothers and neonates (n = 1247; 57.2% Chinese, 25.5% Malay, 17.3% Indian), researchers investigated the relationship between maternal glycaemia and neonatal adiposity. Mothers underwent 75-g, 2-hour oral glucose tolerance tests at 26-28 weeks' gestation. Analysis in 1081 participants revealed strong positive continuous associations between excessive neonatal adiposity and maternal fasting and 2-hour glucose. For each 1 SD increase in fasting glucose there was a 1.31 (95% CI 1.10-1.55) increase in the OR for large for gestational age neonates, a 1.72 (95% CI 1.31-2.27) increase in neonates with percentage body fat above the 95% percentile, and a 1.64 (95% CI 1.32-2.03) increase in neonates with sum of skinfolds above the 95% percentile; for 2-hour glucose the corresponding values were 1.11 (95% CI 0.92-1.33), 1.55 (95% CI 1.10-2.20) and 1.40 (95% CI 1.10-1.79), respectively. Compared with Chinese, Indians exhibited a significantly (p = 0.005) less pronounced influence of high maternal fasting glucose on neonatal sum of skinfolds.

Comment: (Shanthi) As with the previous study, this study reveals the risks of aggregating all Asian ethnicities within one composite group masking potentially important differences of clinical significance. More particularly, the findings also emphasise the need to consider the risks of 'glycaemia' as a 'continuous' measure (in contrast to the 'black and white' approach to having diabetes or not). This is a challenging concept for clinical practice in general.

Reference: J Clin Endocrinol Metab. 2014;99(1):240-7
Abstract

Risk factors for coronary heart disease among Asian Indians living in Australia

Authors: Fernandez R et al.

Summary: This cross-sectional study investigated risk factors for coronary heart disease in 169 adult Asian Indians living in Australia who attended the Australia India Friendship Fair in 2010. Participants underwent BP, blood glucose, height, weight and waist circumference measurement and were asked about smoking, cholesterol levels and physical activity. Ten women reported that they were smokers. High BP was identified in over one-third of those aged <65 years and the prevalence of obesity (61%) and diabetes (16%) was significantly higher than the national average.

Comment: (Roshini) Although the study did not include a representative sample of Asian Indians living in Australia and was comparatively small, the findings highlight the increased prevalence of risk factors of coronary heart disease among a group that has an increasing presence in New Zealand and who are often subsumed in the category aggregated as 'Asian' and therefore are not as visible as they should be. This study is an eye opener - clearly more work is required in New Zealand.

Reference: J Transcult Nurs. 2014;Apr 1 [Epub ahead of print]

Abstract

Regulating migrant maternity: Nursing and midwifery's emancipatory aims and assimilatory practices

Author: DeSouza R

Summary: These researchers employed discourse analysis and concepts of power drawn from the work of French philosopher Michel Foucault to analyse discourses deployed by New Zealand Plunket nurses to frame their understandings of migrant mothers. They found that Plunket nurses draw on liberal feminist discourses, which have emancipatory aims but reflect assimilatory practices, paradoxically disempowering women who do not subscribe to ideals of individual autonomy. They explained that in order to make empowerment a possibility for all mothers, feminist critiques of patriarchy in maternity must be supplemented by a critique of the implicitly western subject of maternity.

Comment: (Roshini) The author highlights the need to critique the 'western model' of care and suggests the use of cultural safety as a transformative framework that explores the uncertainty of culture. To develop culturally appropriate services in New Zealand, healthcare services (and providers) must develop ways to 'connect successfully with those whose world differs from one's own', a point that resonates through the papers reviewed in the current edition of Asian Health Research Review.

Reference: Nurs Inq. 2013;20(4):293-304

Abstract

One woman's empowerment is another's oppression: Korean migrant mothers on giving birth in Aotearoa New Zealand

Author: DeSouza R

Summary: The power relations underpinning New Zealand maternity were critically analysed through analysis of discourses used by Korean migrant mothers. Postcolonial feminist and Foucauldian theoretical ideas were drawn upon for discourse analysis of data from a focus group with Korean new mothers. These Korean mothers reported feeling silenced, unrecognised, and uncared for, and framed the maternal body as an at-risk body. They struggled to fit into the local discursive landscape of maternity as empowering and their culturally different beliefs and practices were not incorporated into their care. Their uptake of marginalised discourses reflected their understanding of themselves in this context as problematic and othered. The authors pointed out the necessity for considering the affects of culturally safe services and expanding the discourses that are available.

Comment: (Roshini) This paper provides a useful complement to the previous paper (and ties in well with the next paper) – as this provides consumer views of maternity care in New Zealand. The commentary relating to culturally safe services in maternity will resonate strongly with readers of the Asian Health Research Review.

Reference: J Transcult Nurs. 2014;Feb 28 [Epub ahead of print]

Abstract

Japanese women's experiences of pharmacological pain relief in New Zealand

Authors: Doering K et al.

Summary: This study investigated the use of pharmacological pain relief during labour by 13 Japanese women who had given birth in New Zealand. The women were interviewed either in a focus group or individually and the conversations analysed using thematic analysis. Despite the infrequent use of pain relief during labour in Japan, 9 of 11 women in the New Zealand cohort who experienced labour pain received epidural and/or Entonox®. Some of the women reported subsequent personal conflict, resulting from the contrast between their Japanese cultural expectations and their birth experiences. There appeared to be an influence of Japanese women's cultural perspectives and passive attitudes in the decision-making process concerning pain relief.

Comment: (Roshini) This study and the two preceding papers highlight the need for culturally appropriate maternity services in New Zealand. Child birth is a life-changing experience. Acknowledging the cultural differences in beliefs and practices and gearing service provision accordingly will contribute to better outcomes, irrespective of background.

Reference: Women Birth 2013;Dec 2013 [Epub ahead of print]
Abstract

Pharmacy students' use of and beliefs about traditional healthcare

Authors: Anwar M et al.

Summary: New Zealand pharmacy students' knowledge and beliefs about traditional healthcare were examined, and any changes to their knowledge and beliefs during their course of study determined in this questionnaire-based study. The students, who were from a wide range of ethnic groups, completed the questionnaire in 2011 and again in 2013, and reported an increased use of traditional healthcare (usually for minor illness or prevention) during this time period; from 48% in 2011 to 61% in 2013. The use of traditional healthcare was relatively common, but New Zealand European students were less likely to use such healthcare. The authors pointed out that education about traditional healthcare should not be based on the assumption that all healthcare students are non-users of, or unfamiliar with, such healthcare.

Comment: (Shanthi) This is an interesting survey which challenges assumptions commonly made that students training in medical and health institutions in Western countries are unlikely to use or be familiar with the use of 'traditional' or 'folk medicine'. While the increasing prevalence in use of traditional healthcare cannot be attributed to their training program, it is interesting to note that a relatively high proportion of pharmacy students in New Zealand are familiar with dimensions of healthcare that significant proportions in the community are likely to use. This could lead to greater understanding of the relationships between these healthcare domains and more responsive service provision to the increasingly diverse communities in New Zealand.

Reference: J Immigr Minor Health 2014;Apr 8 [Epub ahead of print]
Abstract

A systematic review of explanatory factors of barriers and facilitators to improving asthma management in South Asian children

Authors: Lakhanpaul M et al.

Summary: This systematic review involving 15 studies encompassing 25,755 children, 18,483 parents/carers and 239 healthcare professionals, identified barriers and facilitators to improving asthma management in South Asian children of Indian, Pakistani or Bangladeshi descent. Lack of asthma knowledge in families and healthcare professionals, non-acceptance/denial of asthma, under-use of preventer medications, over-reliance on Emergency Department management, communication problems, non-adherence to medication and the use of complementary therapies were recognised as barriers and explanatory factors to improving asthma management. There were few identified facilitators to asthma management. Factors identified as likely to be ethnic-specific to South Asian families were the impact of parental and professional knowledge and beliefs, health service utilisation pattern, and the impact of prejudice and stigmatisation.

Comment: (Roshini) This review highlights the importance of understanding culture specific needs, beliefs and practices that influence health service utilisation among minority ethnicities. These findings are pertinent to New Zealand, particularly in light of the new budget recommendations on the provision of subsidised medical care for children. Whilst this would address financial influences on treatment uptake, it would be important to consider the cultural and ethnic influences on health service utilisation, particularly, but not limited to the different Asian sub-populations in New Zealand.

Reference: BMC Public Health 2014;14(1):403
Abstract

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Independent commentary by Dr Roshini Peiris-John

Dr Roshini Peiris-John has worked as an academic and researcher in epidemiology and physiology, and a clinician since graduating from Medical School in Sri Lanka. She currently holds a research position at the School of Population Health, University of Auckland alongside a part-time role in teaching a large undergraduate course on Population Health. Roshini's research focuses on the health of Asian and migrant youth, injury prevention and disability. She is a member of the Adolescent Health Research Group at the University of Auckland responsible for the conduct of *Youth2012*, a national survey of the health and wellbeing of secondary school students in New Zealand.