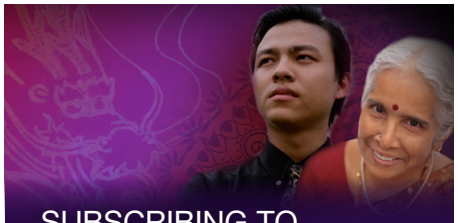
Asian Health Review™

Making Education Easy

Issue 4 – 2013

In this issue:

Abbreviations used in this issue
CALD = Culturally and Linguistically Diverse
OR = odds ratio
RR = relative risk



Welcome to the fourth issue of Asian Health 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.

I'd like to thank Associate Professor Elsie Ho for contributing again to this edition. We have collected a series of articles that specifically focus on women's health, nutrition, pain management, and interpreter use alongside a couple of publications addressing the broader topics on Asian health and related policy more generally. We expect this selection to be of particular interest for people providing primary care and maternal health services, and working with community organisations and policy agencies.

We look forward to receiving any feedback you may have.

Kind Regards,
Professor Shanthi Ameratunga
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Ethnicity and risk of caesarean section in a term, nulliparous New Zealand obstetric cohort

Authors: Anderson NH et al

Summary: This NZ study investigated whether ethnicity is an independent risk factor for elective and emergency caesarean section in nulliparous women at term. The authors undertook a retrospective cohort analysis of prospectively recorded maternity data at National Women's Health, Auckland, NZ from 2006 to 2009. They hypothesised that Māori and Pacific women would have a lower risk of elective caesarean section than European women, but that there would be no ethnic differences in emergency caesarean section rates. Among 11,848 singleton, nulliparous, term births, the overall caesarean section rate was 31.2% (elective n = 923 [7.8%], emergency n = 2770 [23.4%]). Compared with European women, Chinese and Pacific women had reduced odds of elective caesarean section; adjusted ORs 0.42 (95% CI 0.24-0.73) and 0.68 (95% CI 0.49-0.94), respectively. Indian women had increased odds of emergency caesarean section when compared with European women; adjusted OR 1.54 (95% CI 1.26-1.88). For other ethnicities, the rates of elective and emergency caesarean section were similar to that of European women.

Comment: (Shanthi) This study from one of the largest tertiary referral centres for obstetrics in the country provides some intriguing findings relating to possible differences in factors associated with caesarean section rates in nulliparous women of different Asian ethnic groups with singleton pregnancies. The analysis examined elective and emergency caesarean sections separately while adjusting for a range of clinical and provider factors. While this study cannot explain why Chinese women appeared to be significantly less likely than European women to have an elective caesarean section, and Indian and 'other Asian' women were significantly more likely to have an emergency caesarean section, it is clear that future research to examine the likely explanations are warranted. Importantly, this study tells us (again!) why considering all 'Asian' ethnicities as one category can provide potentially misleading information.

Reference: Aust N Z J Obstet Gynaecol. 2013;Jan 24 [Epub ahead of print]

http://onlinelibrary.wiley.com/doi/10.1111/ajo.12036/abstract;jsessionid=51AD31E6656165724A21731322DFA583.d03t03

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.

Research Review publications are intended for New Zealand health professionals.

Ethnic disparities in repeat caesarean rates at Auckland Hospital

Authors: Wise MR et al

Summary: This study determined the association of ethnicity with trial of labour (TOL) and vaginal birth after caesarean (VBAC) rates in women with a history of caesarean delivery eligible for TOL at Auckland Hospital between 2006-2009. A total of 2400 such women were identified and 39.5% underwent a TOL with a VBAC rate of 57.4%. Compared with NZ European women, Asian and non-NZ European women were half as likely to have VBAC, while Pacific women were twice as likely to undergo TOL. While socio-economic status was not found to be associated with VBAC rates, women in more deprived areas were more likely to undergo TOL. Those under the care of private obstetricians were less likely to have TOL or VBAC.

Comment: (Shanthi) This study is an interesting complement to the study by Anderson and others (reviewed on the previous page) as it suggests that compared with European women, 'Asian' women who have had a previous caesarean section are significantly less likely to have a trial of labour and half as likely to have a vaginal birth after caesarean section. One unusual feature of this analysis is that data for *Asian* women are presented separately from those for women of *Indian* ethnicity, and the main results for Indian women did not differ significantly from those for European women. This makes it unclear which ethnic groups remain within the category 'Asian' in this study. However, the authors note some important developments at Auckland Hospital that acknowledge and attempt to address possible cultural and patient-provider communication issues that could have influenced apparent variations in care. A formal evaluation of the 'antenatal decision aid', particularly considering possible differences among women of Chinese, Indian, and other Asian ethnic groups would be of considerable interest.

Reference: Aust N Z J Obstet Gynaecol. 2013; April 15 [Epub ahead of print]

http://onlinelibrary.wiley.com/doi/10.1111/ajo.12078/abstract

Antenatal risk factors for postnatal depression: a prospective study of chinese women at maternal and child health centres

Authors: Siu BW et al

Summary: In order to identify risk factors for postnatal depression in a community cohort of Chinese women in Hong Kong, these investigators interviewed 805 such women during their third trimester of pregnancy and at around 2 months postnatally. Clinical diagnosis of postnatal depression was confirmed by the Structured Clinical Interview for DSM-IV Axis I Disorders. Analysis revealed the following independent predictors of postnatal depression in Chinese women; marital dissatisfaction (RR 8.27; 95% CI 5.06-13.50), dissatisfied relationship with mother-in-law (RR 3.93; 95% CI 3.05-5.04), antenatal depressive symptomatology (RR 3.90; 95% CI 3.04-4.99) and anxiety-prone personality (RR 2.14; 1.79-2.56).

Comment: (Elsie) Early detection and management of postnatal depression is particularly essential for the Chinese populations because Chinese tend to keep their feelings to themselves and are reluctant to admit to issues such as marital dissatisfaction and intergenerational conflicts. Therefore, their depressive symptoms are often under-reported. For Chinese women who are recent migrants and have limited social support and connections in a new country, social isolation and language barrier are additional risk factors. The results of this study have implications for health professionals and can serve as a basis for the investigation of risk factors for postnatal depression among Chinese women living in NZ.

Reference: BMC Psychiatry 2012;12:22

http://www.biomedcentral.com/content/pdf/1471-244X-12-22.pdf

Suboptimal iron status and associated dietary patterns and practices in premenopausal women living in Auckland, New Zealand

Authors: Beck KL et al

Summary: Dietary patterns and suboptimal iron status (serum ferritin <20 µg/L) in premenopausal women living in Auckland were investigated in this questionnaire-based cross-sectional study. A total of 375 such women aged 18-44 years were recruited and completed two questionnaires (a 144-item Iron Food Frequency Questionnaire [FeFFQ] and a questionnaire on dietary practices) in order to assess their dietary intake during the previous month. The following seven dietary patterns were identified via factor analysis: refined carbohydrate and fat; Asian; meat and vegetable; healthy snacks; bread and crackers; high tea and coffee; and milk and yoghurt. Upon regression analysis, a milk and yoghurt dietary pattern was found to increase the risk of suboptimal iron status by 50% (95% CI 15-96%, p = 0.003), while a meat and vegetable dietary pattern was found to reduce the risk of suboptimal iron status by 41% (95% CI 18-58%, p = 0.002).

Comment: (Shanthi) The main aim of this study was to identify dietary patterns that influence sub-optimal iron status. A notable finding, however, was the apparent three-fold increased risk of sub-optimal iron status among pre-menopausal Asian women compared with their non-Asian counterparts. While an 'Asian' diet was one of the seven dietary patterns identified by the study instruments, this was not significantly associated with iron status. There is clearly a need to explore the predictors of this health issue for Asian women, acknowledging the range of Asian diets as well as factors that may be outside the domain of nutrition.

Reference: Eur J Nutr. 2013:52(2):467-76

http://link.springer.com/article/10.1007/s00394-012-0348-y

Vitamin D deficiency in UK South Asian women of childbearing age: a comparative longitudinal investigation with UK Caucasian women

Authors: Darling AL et al

Summary: This 1-year prospective cohort study compared the longitudinal, seasonal changes in vitamin D (25[OH]D) levels and the prevalence of vitamin D deficiency in young (premenopausal) UK-dwelling South Asian (n = 35) and Caucasian (n = 105) women. All of the women lived in Surrey, UK (latitude 51° N) and were aged between 20 and 55 years. Among South Asian women, a serum 25(OH)D level of <25 nmol/L was highly prevalent in the autumn and winter months; 79.2% and 81% of participants, respectively. A deficient status (<50 nmol/L) was common among Caucasian women. Multi-level modelling revealed that dietary intake of vitamin D had no impact on 25(OH)D levels (-0.08; 95 %CI: -1.39 to 1.23); in contrast, sun exposure may increase 25(OH)D levels (1.59; 95 %CI: 0.83 to 2.35).

Comment: (Shanthi) For decades, much of the attention on vitamin D deficiency has focused on the impact on bone health (e.g., risks for osteoporosis, rickets, fractures) but recent research has uncovered more complex relationships to heart health, cancer, respiratory, immune problems and other health concerns. This study draws attention to the very high prevalence of vitamin deficiency among pre-menopausal South Asian women living in the UK. The findings are notable for turning the spotlight on South Asian women of childbearing age (most previous studies have been undertaken in middle-aged or older women) and reveal significantly depleted levels of serum vitamin D all year round. This issue requires more attention in NZ, where many of the underlying factors prevail.

Reference: Osteoporos Int. 2013;24(2):477-88

http://link.springer.com/article/10.1007/s00198-012-1973-2

Consensus statement on vitamin D and sun exposure in New Zealand

Authors: Ministry of Health and Cancer Society of New Zealand

Summary/comment: (Shanthi) The 2008/09 New Zealand Adult Nutrition Survey did not have enough people of Asian ethnicity for a reliable estimate of their vitamin D status. However, almost all evidence to date from NZ and elsewhere (see the accompanying article from the UK) indicate people of South Asian communities are much more likely than Europeans to have low vitamin D levels. In a context where the benefits and risks of sun exposure (eg, skin cancer) can lead to confusing public health messages, this consensus statement - agreed to by the Ministry of Health and the Cancer Society of New Zealand and supported by ACC – is welcome. The document and accompanying 'Q & A' sheet provide useful background and guidance on how vitamin D levels can be improved while reducing the risks of skin cancer through excessive sun exposure. Importantly, people with naturally dark skin and those who are covered by veils and full body-coverage clothing are identified as high risk groups who could benefit from vitamin D supplementation. Focused studies on ethnic groups of particular concern are clearly necessary to determine the best approaches to manage this public health concern. In response to requests from paediatricians, the Ministry of Health has also translated the Vitamin D Factsheet for children into 10 languages, including Chinese, Hindi, Korean and Arabic.

Reference: MOH. March 2012

http://www.health.govt.nz/publication/consensus-statement-vitamin-d-and-sun-exposure-new-zealand
http://www.health.govt.nz/your-health/healthy-living/babies-and-toddlers/vitamin-d-and-your-baby

Behaviours and beliefs about pain and treatment among Chinese immigrants and New Zealand Europeans

Authors: Ho PC and Johnson MH

Summary: This NZ survey-based study investigated how pain is construed and managed across Western and Chinese cultures. A total of 165 adult participants (mean age 35.5 years; 94 [57%] Chinese immigrants; 71[43%] NZ Europeans) from the general public were recruited via posters and handouts that were distributed to Auckland community centres, libraries and relevant social organisations. Participants were asked if they had experienced any form of persistent pain, which did not recover within expected periods in the last 5 years. A total of 128 (77%) participants responded "yes" to this question, with more Chinese than NZ Europeans experiencing such pain (60.2% vs 39.8%); however, pain experience and frequency of persistent pain did not differ significantly between the two groups. Further analysis revealed no substantial impact of acculturation levels on pain frequency. In both of the cultural groups, more females than males experienced this type of pain: Chinese (47 female vs 30 male), NZ Europeans (33 female vs 18 male). There were also no differences between the two cultures in the impact of pain (pain disability, pain intensity and impact in life). However, significant differences between the two cultures were seen in pain behaviours and coping strategies; NZ Europeans were more likely than Chinese to see their GP or specialist, ask family and friends for help, obtain a prescription for medication, take medication, seek physical therapy, seek other alternatives, and obtain diagnoses for the pain conditions. Acculturation level had no substantial impact on pain behaviours and attitudes. An unanticipated finding was that individuals often managed and responded to their pain differently from the way their perceptions would seem to predict.

Comment: (Elsie) Cultural factors can influence pain perception as well as how people manage their pain. In the Chinese culture, for example, pain is conceived as a result of blocked Qi (life energy); when the blockage is removed, pain is relieved and the patient is returned to a state of harmony with the universe. This study identified cultural differences between NZ Europeans and Chinese immigrants in terms of beliefs about persistent pain and its treatment. The challenge for health professionals is to strive to become more culturally sensitive and to better appreciate the needs of Culturally and Linguistically Diverse (CALD) patients and their families, who have different life experiences, religions, languages and health beliefs and practices.

Reference: N Z Med J. 2013;126(1370):10-22

http://journal.nzma.org.nz/journal/abstract.php?id=5556

Monitoring immigrant health and wellbeing in New Zealand: addressing the tyranny of misleading averages

Authors: Horner J and Ameratunga SN

Summary/comment: (Elsie) Good health is an essential prerequisite for immigrants to make meaningful social and economic contributions to society. Although pre-migration health screening for migrants is designed to establish the health status of all immigrants on arrival, it is important that immigrant health and wellbeing outcomes are monitored and routinely reported on, and that the physical and mental health implications arising from the settlement process are recognised. However, until now, the picture of the health status of immigrants in NZ has been very sketchy. Currently, main health-related databases are analysed by broad ethnic groups, but there are limitations in this approach; for example, the generic label 'Asian' can give a misleading impression of homogeneity and disguise diversity in birthplace, language, religion, etc. within this broad grouping. There is also the problem of the 'averaging' effect when the good health of Asian people overall mask the health concerns of some smaller groups. Moreover, some health and wellbeing researchers use the terms 'Asian' and 'immigrant' interchangeably; this is problematic and gives a wrong impression that the two groups are automatically related. In order to address this situation, the authors advocate for the systemic collection, disaggregation and reporting of country of birth data in all datasets that are relevant to monitoring the health and wellbeing of populations in NZ. Further research aimed to provide insights into the determinants and health trajectories of immigrant populations is recommended.

Reference: Aust Health Rev. 2012;36(4):390-3

http://www.publish.csiro.au/index.cfm?paper=AH11134

Asian people in New Zealand

Authors: Tse S et al

Summary/comment: (Elsie) People classified as 'Asian' in NZ are very diverse in religion, language, education and socioeconomic experiences; hence it is difficult to generalise the needs of the Asian population as a whole. Key health issues highlighted in this chapter included diabetes and cardiovascular disease among South Asian people, low levels of health care service utilisation particularly for Chinese New Zealanders, refugee health issues, sexual health issues (including high abortion rates among Chinese women), experiences of racism and significant settlement issues such as unemployment and underemployment. Mental health is also a challenging area because of the degree of stigma attached to such illness in many Asian cultures, resulting in reluctance by Asian patients and their families to seek early intervention or treatment.

Cultural differences in assessment and treatment also create difficulties for both health practitioners and Asian clients. The authors provided practical suggestions for health practitioners to engage with Asian patients, for example around understanding Asian health beliefs and use of Traditional Chinese Medicine and health supplements. Achieving cultural competency is essential for health practitioners working with CALD patients and their families. Improving the cultural awareness, knowledge and skills of health practitioners can help reduce miscommunication, misdiagnosis and non-compliance of treatment, and improve service responsiveness to NZ's growing CALD populations.

Reference: Chapter 7 in St George IM (ed.). Cole's medical practice in New Zealand, 12th edition. Medical Council of New Zealand, Wellington

http://www.mcnz.org.nz/assets/News-and-Publications/Coles/Chapter-7.pdf

The use of interpreters

Author: Gray B

Summary/comment: (Elsie) Health interpreters play a significant role in addressing the health needs of people with "limited English proficiency". Good interpreting requires significant training and is founded on trust; the patient has to trust the interpreter to hold any information confidential and the doctor must trust the interpreter to accurately interpret their communication. Doctors also need to adjust their consultations to the presence of interpreters. This chapter draws attention to the potential clinical risks and ethical problems of using ad hoc interpreters and offers some practical suggestions on how to work with a professional interpreter.

Reference: Chapter 8 in St George IM (ed.). Cole's medical practice in New Zealand, 12th edition. Medical Council of New Zealand, Wellington.

http://www.mcnz.org.nz/assets/News-and-Publications/Coles/Chapter-8.pdf

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