



Countdown to

n some ways, Asian American women — especially immigrants and low-income women, who comprise a large part of our community — find themselves behind an impenetrable wall when it comes to health care. Old world values clash with Western medical practices. Simply telling the doctor what your symptoms are can be a daunting challenge when English isn't your first language and you don't know the words to describe them. Exacerbating these problems is the reality that there is not much health research out there on Asian American women. Much of the information that does exist is not disaggregated by ethnicity, lumping all of us together.

The same underlying concerns are heard like a refrain across all the top health issues AA women face today — language barriers, lack of health insurance, prohibitively expensive procedures, cultural stigma, and a simple lack of awareness due to the lack of dissemination of basic health information. Fortunately, there are a significant number of groups and workers dedicated to these various issues, but we must first be informed of what we as Asian American women are particularly susceptible. Here, a list of a few of the most pressing health issues for Asian American women today.

Health

5 issues you need to know about.

STORY Lisa Wong Macabasco PHOTO Charlize Lin

Reproductive Health and Justice

Maria Nakae, alliance building coordinator for Asian Communities for Reproductive Justice, relays a story about a young woman who found out she was pregnant. She couldn't tell her parents and spoke little English, so she came to the organization seeking support. "She had never even heard of Planned Parenthood," Nakae says. "And she didn't know options of confidential services existed."

Nakae says the incident illustrates the lack of reproductive health information available to immigrant women who don't speak English proficiently. "You would assume all women know about Planned Parenthood, but with immigrants and young [Asian American] women, it's not necessarily part of our everyday," she says.

As state law after state law attempts to restrict women's reproductive choices, reproductive health is more important now than ever. In Asian American communities in particular, a number of obstacles exist to accessing reproductive health. Language, for one, is a barrier to receiving reproductive health services — according to National Asian Pacific American Women's Forum (NAPAWF), more than 60 percent of the Asian immigrant population is limited English proficient (LEP), and 40 percent of all AAs say they speak English less than "very well." "It's embarrassing to have to relay your sexual history to a family member translating for you, who is often a child," says Priscilla Huang, project director at NAPAWF. "They don't want to put their children through that."

Lack of health insurance remains a problem for AA women seeking all types of health care, including abortions. Over one third of AA women under age 65 have no health insurance, forcing many to seek health care from community clinics and non-profit and public hospitals, according to NAPAWF. Many AA women work in low-wage jobs, such as garment workers, that don't provide health coverage. And Korean Americans are most likely to be uninsured of any racial or ethnic group.

Reproductive health data needs to be disaggregated to show the gaps in sex education. Chinese American and Japanese American women tend to be highly educated with high incomes, so "the model minority myth kicks in," says Huang. "They're taken care of, so people don't bother to educate or outreach to those groups around sexual health." But that data obfuscates the reality of high rates of unintended teen pregnancy in lower income Asian communities. In California, Laotian teens have the highest unintended pregnancy rate, followed closely by Hmong women and women from Guam.

Part of that problem is that reproductive and sexual health is not a topic often discussed in AA families. According to NAPAWF, one study found that more than half of young AA women felt uncomfortable talking about reproductive health with their mothers, and more than one-third never discussed pregnancy, sexually transmitted diseases, birth control and sexuality in their households. For this reason, parental notification and consent laws are especially detrimental to young AA women seeking abortions.

Nakae talks about the horror stories of young AA women who take matters into their own hands rather than notify their parents prior to an abortion. "I've heard of young women going to desperate measures to harm their bodies to self-induce abortion," Nakae says. "Coming from immigrant families, young women would certainly not want to tell their parents. The reality is that they will run away from home, or be disowned or abused if they tell their parents."

Asian American women often don't have the same level of access as white women, so reproductive justice is more than just having the choice to have an abortion. "Just because there is a health clinic with abortion services, doesn't mean all people can access it," Nakae says. "There are language and transportation issues, or simply the issue of women feeling empowered." She says the pro-choice movement today is too narrow. "They're so focused on keeping abortion legal that they don't think about women who can't access abortion even when it is legal. 'Pro-choice' is not a concept

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Silent Killer: Hepatitis B

Imagine a virus that is transmitted in the same ways as HIV, but is 50 to 100 times more infectious, and can be prevented with a vaccine that costs less than 60 cents a dose. Then imagine that the incidence rate for such a virus for foreign-born Asian Americans is 100 times greater than for white Americans.

You don't need to stretch your imagination very far — the hepatitis B virus (HBV) is a real threat, one which Samuel So, director of the Asian Liver Center at Stanford University, calls "the greatest health disparity between Asian and non-Asian Americans."

An estimated 1.4 million Americans are chronically infected with HBV, and more than half are AAs. As many as one in 10 AAs are chronically infected with HBV, and what's scarier is that two-thirds of HBV cases have no or unrecognized symptoms, so most people who become chronically infected never know it.

So founded the Asian Liver Center 10 years ago because of "the total lack of awareness" by both the public and healthcare professionals about HBV. "It's almost a forgotten global epidemic," he says. The Center's goal is nothing short of global eradication of the vaccine-preventable disease through outreach and education, advocacy and research.

Hepatitis B is the primary source of liver cancer — 60 percent of liver cancer in Asian Americans is caused by chronic HBV infection. Yet the disease remains in the shadows because it is not an acute infection and there are no symptoms.

For Asians, HBV is most commonly transmitted from mother to child at birth. Data from the Centers for Disease Control and Prevention shows that about 70 percent of the 23,000 pregnant women who tested positive for chronic hepatitis B in this country in 2002 are AAs. The Asian Liver Center created the first brochure on pregnant women and HBV (available at liver.stanford.edu/) and has distributed 40,000 copies in one year.

Babies must be vaccinated for HBV at birth, a three-shot series over six months that is so effective at preventing HBV and liver cancer that the World Health Organization calls it the first anti-cancer vaccine. Vaccinations for children under 19 are free by federal law. Yet only one in 10 AA children now aged 15-19 have received HBV vaccines, despite national recommendations targeting these children dating as far back as 1982. "We need to break that cycle of transmission to the next generation," So says.

So says chances are that more than half of AA women over 21 years of age have not been vaccinated, so AA women should be tested to see if they are a hepatitis B carrier or if they have been vaccinated. They should do so especially because they tend to date AA men, for whom liver cancer ranks as a leading cause of cancer death in California.

For So, the choice to take the test couldn't be easier. "It's just a one-time test, and then you don't even have to worry about who you date," he says. "Just do it."

Leading Cause of Death: Cancer

In 1991, Susan Shinagawa found a lump in her right breast. She went to a surgeon who told her she had nothing to worry about since she was "too young" (34 years old at the time) and had no family history of the disease. What's more, he told her, "Asian women don't get breast cancer."

A second opinion two months later proved that surgeon wrong. Shinagawa underwent surgery to remove the lump, followed by chemotherapy. In 1997, Shinagawa had a recurrence of breast cancer in her right breast, and in 2001, they found cancer in her left breast. "I have no boobs now, but I talk a lot," says Shinagawa, now an advocate for cancer prevention in minority populations.

Since 1980, cancer has been the leading cause of death for AA women in the U.S., according to the Intercultural Cancer Council. In fact, Asian American females are the

first American population to experience cancer as the leading cause of death.

However, most cancer research data aggregates Asian American populations together, so the 70 percent of the AA population who emigrate from countries with the lowest breast cancer rates in the world mask the fact that Asians born in the U.S. have as high an incidence rate for breast cancer as white American women, the group that has long had the highest incidence rates for breast cancer among all ethnic and racial groups. In fact, statistics show that native Hawaiian women have a breast cancer incidence rate of more than 1.5 times that of Caucasians. But Shinagawa says this information is hidden when data is aggregated. "There are over 70 different ethnic groups aggregated in Asian Pacific Islander data, which means it produces no useful information," she says.

Exacerbating this problem is the misconception that Asian American women simply don't get breast cancer, a notion that Shinagawa says is rampant. "It's still a very taboo subject," she says. "Many immigrants think that if you don't think about cancer, it won't happen to you." According to NAPAWF, less than half of AA women over the age of 50 get regular mammograms.

And it's not only breast cancer — Asian and Pacific Islander women have higher incidence and mortality rates of stomach and liver cancer than any other ethnic or racial group. Moreover, certain cancers are more prevalent among different AA ethnic groups. While breast cancer incidence in Japanese American women approaches that of white Americans, cervical cancer is a significant health problem for Korean American women and invasive cervical cancer rates are much higher in Hmong women. It is the most commonly occurring cancer in Vietnamese American women, occurring at a rate five times higher than in white American women.

In fact, cervical cancer is relatively rare in the U.S., but for AA women,

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lack of knowledge about preventative care contributes to higher rates of cervical cancer. While Pap smears reduced U.S. deaths from cervical cancer by 70 percent, a significant number of Korean Americans have never heard of a Pap smear. More than half of Vietnamese American women have never had one, according to NAPAWF, and in fact, many cannot correctly explain what it is used for. Again, language and cultural barriers are factors. Studies have shown that those who require interpreters at the doctor's office receive fewer Pap smears and mammograms. The stigma associated with Pap smears also breeds the misconception that they are invasive and unnecessary, says NAPAWF.

In 2006, the FDA approved a cervical cancer vaccine that is 100 percent effective in preventing the human papillomavirus (HPV), the most common sexually transmitted disease in the U.S. that causes 70 percent of all cervical cancer cases. The vaccine, safe for girls and women ages 9 through 26, brings hope for reducing cervical cancer rates for AA women.

Still, messages about cancer are not targeted at Asian communities, or when they are, they are not done in a way that is respectful and appropriate for those communities. "We often want to take an English message for a white audience and translate it directly into another language," Shinagawa says. "It doesn't work that way. There still aren't enough messages about cancer reaching AA communities."

Mental Health and Suicide

Within days of the suicide of journalist and historian Iris Chang in 2004, the number of calls to the Asian Community Mental Health Services spiked. Most were from women. While tragic, Chang's death brought some much-needed attention to the issue of mental health in Asian American communities.

Mental health problems affect AA women both young and old. AA women over the age of 65 have the highest suicide mortality rate among all racial/ethnic groups, while AA teens and college students have higher rates of suicide and depressive symptoms than all other racial/ethnic groups. The suicide rate among elderly Chinese American women has been found to be 10 times higher than for white elderly women, according to the National Asian American Pacific Islander Mental Health Association (NAAPIMHA).

Despite this, controlling for a lifetime prevalence of mental illness, Asian Americans are less likely to use mental health services than white Americans, says NAAPIMHA. Mental health problems are often seen as frivolous or nonexistent in the AA community. "Asians say 'It's not a problem in our community,'" says Dr. Helen Hsu, clinical supervisor at Asian Community Mental Health Services. Yet statistics show rates of mental health disorders in the AA community to be consistent with rates worldwide. "We're no different. We just don't talk about it," Hsu says.

Many Southeast Asian refugees are at risk for post-traumatic stress disorder (PTSD) associated with trauma experienced before and after immigrating to the U.S. One study found that 70 percent of Southeast Asian refugees receiving mental health care met diagnostic criteria for PTSD, according to NAAPIMHA.

Asian American women have a "cultural tendency to internalize things instead of externalize them," says Hsu. "Clients will come in with physical complaints instead of complaining about others."

Studies show that those who do seek care for mental illness are often diagnosed with more severe illnesses than other racial or ethnic groups, which suggests that stigma and shame are deterrents to accessing services. "There are incredible amounts of unnecessary suffering — it doesn't have to be that way," Hsu says. Nor do they have to feel like they are alone. "Everyone knows a friend or relative who has had some sort of mental health problem."

Little-Known Disease: Osteoporosis

There may be no use crying over spilled milk, but for Asian American women, there are plenty of reasons to be concerned about osteoporosis, a disease caused by lack of calcium. More than one-fifth of Asian American women suffer from osteoporosis, and 65 percent have low bone mineral density, one of the major signs of the onset of osteoporosis. Asian American women are most at risk because they tend to be lighter in weight, have smaller bones, eat low-calcium diets, and suffer from lactose intolerance, which can make it difficult for them to get enough calcium.

Osteoporosis is a disease where the bones become weak, and there are no symptoms until a fracture occurs, commonly in the hip, spine or wrist. Fractures of the spine can cause stooped posture, a hump on the upper back and height loss. Hip fractures are particularly serious, as 30 percent of victims will die within one year and 50 percent will face long-term loss of mobility. Yet, according to the National Institute of Arthritis and Musculoskeletal and Skin Diseases, in 2003 only 11 percent of Asian American women in California between ages 40 and 64 had taken a bone density test, a safe and painless test that is like an X-ray, but with much less exposure to radiation.

Asian American women most at risk for osteoporosis are postmenopausal, have low body weight, consume a diet low in calcium, and engage in inadequate physical activity. Postmenopausal women are at highest risk because bone loss occurs more quickly in older age and because levels of estrogen, a hormone that protects bone density, have decreased.

Osteoporosis is not a normal part of aging, and it can often be prevented through a lifetime of healthy bone behaviors. A few ways of battling the disease include getting enough calcium and vitamin D, exercising regularly, and refraining from smoking and excessive alcohol, says the National Asian Women's Health Organization.

Many Asian American women, especially those who are recent immigrants to the U.S., face cultural and linguistic barriers to osteoporosis preventative education, screening and treatment. Asian women have less knowledge about osteoporosis and lower calcium intakes than Caucasian women. In fact, 73 percent of postmenopausal Asian women consume less than the recommended daily calcium intake. On the other end of the generation spectrum, a 2002 study of AA college students showed that 19 percent chose fate, luck or chance as the cause of osteoporosis, including 38 percent of Hmong students. ❁

Other Emerging Issues in AA Women's Health

■ Nail salon workers

According to Priscilla Huang of NAPAWF, Asian American women — mostly immigrant — account for 40 percent of all nail salon workers in the U.S.; that figure jumps to 80 percent in California (mostly of Vietnamese descent). Proponents say there is an increase in reported cases of respiratory problems, birth defects, and other alarming health problems among Vietnamese American women arising from long-term exposure to chemicals and poor ventilation in nail salons.

■ Obesity

Low-income Asian and Pacific Islander children in California are becoming overweight at an alarming rate. The percentage of low-income Asian and Pacific Islander children in California who are overweight more than doubled between 1994 and 2003, from 7 percent to 15 percent. According to research reported at the 5th Asian American Cancer Control Academy this past October, low-income Asian and Pacific Islander children will soon catch up to low-income white, black and Latino children with respect to the proportion of those who are overweight or obese.

■ Diabetes

An estimated 2.4 percent of Asian and Pacific Islander women have diabetes, the fifth leading cause of death among AA women between the ages of 45 and 64. Native Hawaiians are 2.5 times as likely to have diabetes than their white counterparts. South Asian American women have the highest gestational diabetes rate in the country, with a prevalence rate of 56.1 per 100,000.

■ Hypertension

More than 25 percent of women in the AA community have high blood cholesterol and 8.4 percent have high blood pressure. The prevalence of hypertension is high among Vietnamese American women (14%), Filipino American women (10%), and elderly Chinese American women (34%).

— LWM