



## Asian Health in Aotearoa

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Do you think you're fit? You can pretend all you like until you get evidence to the contrary. It might be a look in the mirror, but for me it was wearing a pedometer for a week. My illusion of fitness was shattered when I found myself taking part in a walking study done by my colleagues in the Centre for Physical Activity and Nutrition at AUT. The cold, hard facts stared me in the face: I became very aware of how many steps I took each day and, despite my flurry of activity to look good in the study, including some rather aerobic dancing at an African community function, my results after a week were rather poor.

New research shows that I'm not alone and many fellow migrants to New Zealand would be similarly surprised at their actual levels of physical activity, especially in winter. Asian women, and South Asians in particular, have the lowest rate of physical activity and the highest rates of obesity. Asians in general exercise less than the general population. As physical activity is one of the main protective factors against a wide range of diseases, including cardiovascular, diabetes and some cancers, this is a sobering thought.

The Asian Network Incorporated (TANI) commissioned the report, called 'Asian health in Aotearoa', based on the wider New Zealand Health Survey conducted in 2002-2003. Completed by the University of Auckland, it had some interesting findings. The Asians surveyed were made up of Chinese, South Asian, Korean and South East Asians. Information was

collected about their socio-demographics, lifestyle, chronic disease, health service use, self-reported health status and weight and height. We know little about the health of migrants, but as Asians become a larger group in New Zealand, their health status is of increasing interest.

This research makes a worthwhile contribution to our knowledge of the health of the Asian community, whilst also highlighting the differences in health status between groups considered to be Asian. The study found that Asian communities are young with the highest population in the 15-24 age group, which is similar to Maori and Pacific people. Pakeha have high numbers of elderly. On the positive side, Asian men and women had the lowest alcohol consumption and the lowest use of cannabis, but South-East Asian men were more likely to use cannabis than other Asian men. Asian women have low tobacco use while men use at a rate similar to European men. South-East Asians were more likely to allow smoking inside their homes than other Asian people. Contrary to the stereotype, Asians were the highest percentage of groups that claimed to not gamble and when this was broken down, fewer Chinese claimed to not gamble than South Asians but Chinese were more likely to gamble at a casino than other Asian people.

Asians fare poorly on accessing health, maintaining health and treating chronic illness. In terms of access to health care the study

found that Asian people are less likely to have visited a health practitioner (or service) when they were first unwell than other New Zealanders. Then there's screening, I don't know of many people that enjoy being screened, but it's one of those things that rates up there along with going to the Dentist, if you want to enjoy life, it's one of those things that's important to do. The study found that Asian women were less likely to have had a mammography or cervical screening test in the last three years than other New Zealand women. Among people with chronic disease, Asian people were less likely than Europeans to visit a health practitioner (Doctor, specialist, nurse or complementary healer) in the last 12 months which is a big concern. Asians were even less likely to use any type of telephone helpline in the last 12 months than all New Zealanders and the most commonly used helpline was Plunketline.

The reasons for seeing a GP were interesting too. Asians only want to see them for a short term illness or a routine check up rather than for injury or poisoning, or for mental or emotional health reasons compared with other New Zealanders. When you look at chronic disease, the news isn't much better. Asians might have a similar pattern of diabetes to Maori and Pacific Islanders, but once South Asians are separated out they have the highest rates by far. When long term illness is examined, generally Asians have a lower prevalence of chronic diseases compared with the national prevalence for asthma, neck and back disorder, cancer and other long term illness. However, of concern is that South Asians have a higher prevalence of asthma than other Asian people. Interestingly Koreans have a lower prevalence of arthritis than other Asians.

So those are the facts. Asian people aren't great at preventative health (that is doing things like exercising and screening) or maintaining their health or getting help when they need it. Despite being the most highly educated group surveyed

Asians are less likely to have a paid job. They also have the lowest median income of all surveyed and are less likely to receive Government support. Not accessing services that will help them could be in part due to not being aware of what is available for reasons of difference of culture, language and communication meaning that many are struggling on in silence. Long term, Associate Professor Robert Scragg claims that it is impossible to resist the dominant culture. The longer Asians are in New Zealand the more likely they are to smoke and use cannabis.

I think it is time for action, while the report writers recommend that services become more culturally sensitive, it is timely for ethnic communities to support their members to be healthy. Maybe it is time to become more active, to have healthy food when we get together, to include exercise or physical activity as a part of community activities (which I am aware some communities do already). Perhaps we can start with ourselves, do some preventative health care: get that smear test you've been dreading, start walking with your friends or family and debrief about your day, start a walking group, go and see your GP and then give yourself a nice reward, try a low fat option!