

IN FOCUS: A SUMMARY OF THE ASIAN AMERICAN COMMUNITY GROUP REPORTS

Indonesian Community Needs Assessment Summary Report

RESEARCH TEAM

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BACKGROUND

Between May and June 2007, the research team conducted two focus groups with a total of 18 Indonesian members of the Christian and Muslim communities to assess their health needs. The team also conducted an in-depth interview with an Indonesian physician who works with the community. Each focus group was comprised of nine participants—five males and four females each.

In terms of age distribution, the Christian group had three people in their 30s, four in their 40s, one in their 50s and one was a senior over the age of 65. Most of the participants in the Christian group held high school diplomas, two held a Bachelor's or an Associate's degree, and two had a Master's degree. They were employed in a variety of jobs including administrative assistant, government official, supervisor, and service technician. Most participants arrived in the United States in the 1980s and only three arrived recently, after 1991.

Participants in the Muslim focus group were also diverse in terms of age. There were two participants in their 20s, three in their 30s, two in their 40s, and two in their 50s. Most participants (five) did not hold a high school diploma, two were high school graduates, and two held a Master's degree. Participants in this group were employed as babysitters, workers in the cooking or cleaning services, a technician, an administrative assistant, and an engineer. Most participants arrived in the United States after 1991.

1 | HEALTH CONDITIONS

a. General Health Conditions

According to focus group participants, the Indonesian community in Montgomery County has been primarily afflicted with hypertension, diabetes, heart disease, stroke, and arthritis. They attribute these health conditions mainly to their eating habits and to chronic stress. The participants described their diet as consisting of many fried foods, a substantial amount of white rice, sugar and sweets. This traditional diet, combined with an Americanized diet, is considered responsible for weight gain, increasing obesity rates, and high cholesterol. Moreover, many Indonesians face financial stress trying to support their families. Participants attribute this source of stress as a significant contributor to hypertension.

Other health concerns that were commonly mentioned in both groups were arthritis among young and seniors alike, allergies and cramping in the legs and arms. Participants also mentioned that smoking, particularly clove cigarettes, was very common among men in their community. Although many Indonesians quit smoking after moving to the United States, it was a habit formed back in Indonesia. Participants discussed how Indonesians tend to avoid physician visits. Consistent with other Asian American groups, Indonesians usually seek medical care when they are very sick. Seeking preventive care or screening services is not common in Indonesia. Therefore, once symptoms appear, the person might have already developed a serious chronic condition.

b. Mental Health

Focus group participants did not identify mental health as a serious concern in their community. They acknowledged the stress that they suffer originates from working long hours and multiple jobs. However, they generally felt that the religious community and their religion played an important role in providing solace and social support. According to the participants, mental health issues are usually kept private and not shared with people outside the family. The physician we interviewed supported this and mentioned that, compared to non-Asian patients, Indonesians usually do not share with others their mental health concerns.

c. Special Populations

Seniors: According to the participants, the Indonesian community in Montgomery County is relatively new and there are not many seniors. However, some participants mentioned that seniors usually keep to themselves and might experience loneliness.

Children and Adolescents: Focus group participants did not mention major health conditions for children and adolescents. However, they expressed concern about the stress adolescents endure when they navigate between two cultures. Participants acknowledged that Indonesian cultural values being taught to children might clash with the American culture, and this might

contribute to mental health problems in their children. Between focus groups there was a general disagreement whether weight was a major issue for Indonesian children and adolescents. All participants agreed that sexual health issues, such as adolescent pregnancies and infections, were not an issue in their community. Participants mentioned that their culture is very strict regarding sexual encounters prior to marriage. Likewise, they considered that drugs and alcohol abuse were not a problem given the strict cultural rules against this behavior.

Women: As with other Asian American communities, Indonesian women usually keep health issues private, particularly those dealing with reproductive and sexual health. Therefore, there was a general unawareness of specific women's health issues prevalent in the community. Most female participants mentioned that preventive care and screenings considered more intimate, such as Pap smears, mammograms and breast self examinations, were seldom done by Indonesian women. Although women with insurance tend to receive more frequent screenings, many do not receive such care. Some of the explanations they offered were lack of knowledge, and lack of comfort receiving such screenings. Women without health insurance receive even less screening due to financial difficulties for preventive services. Also, health screenings, and particularly Pap smears and mammograms, are not common in Indonesia. Moreover, given that the Indonesian culture promotes abstinence, most unmarried young women do not get Pap smears or visit gynecologists until after they get married or get pregnant. Many women expressed the need for information about the importance, purpose, and recommended schedule for a variety of health screenings, and where to go for screenings. They also expressed a preference for female physicians for this type of care. Most female participants, including the interviewee, did not consider domestic violence a major concern among Indonesian families. They mentioned that domestic violence is very common in Indonesia; however, they have not heard of many cases in Montgomery County.

2 | HEALTH SERVICE UTILIZATION

a. Access Barriers

According to almost all participants, health care is considered to be very expensive in the County. Many Indonesians in the County do not have health insurance and usually visit the doctor only in emergencies or when a condition becomes serious. They were particularly concerned about seniors who were retired but did not qualify for Medicare and did not have insurance. Although they were able to afford one visit to the physician, they weren't able to continue with treatment for a chronic illness or visit specialists. Participants mentioned that most Indonesians do not have health insurance because they could not afford having insurance for themselves or for all the family members. An additional challenge is needing a social security or tax identification number. Some, however, do receive insurance through their employers.

When Indonesians decide to visit medical facilities they usually face language barriers. Some respondents found that although they spoke English, it was difficult to communicate effectively with physicians and use proper medical terms.

Traditional medicine is a common practice, according to the participants. Some of the most popular remedies include herbs, oils, and balms which are prepared in teas and rubbed against the skin. Some of these are yamu (herb), talon, pithu, red fruits, minyak kayu putih, buah merah, and tiger balm, which are widely used by other Asian American groups. Despite the wide use of these remedies, most participants acknowledged that they would seek medical care if the problem persists for three days or more.

b. Preventive Services

The Indonesian participants all agreed that it is a common practice in Indonesia to go to the physician only when one is very sick. Therefore, many Indonesians in Montgomery County seldom have regular medical screenings for health conditions common to the Asian American community such as cholesterol and blood pressure, among others. The interviewee further explained that many patients without health insurance would refuse some screenings because of the expense.

c. Physician Preference

Participants mentioned that if they do not have health insurance they would rather visit an Asian or Indonesian physician in their community. According to them, these physicians usually accept people without insurance and charge a more reasonable price that they can afford and will help them with their prescriptions. Many also go to other community health clinics that offer less expensive care, but face long waiting times. In terms of a gender preference, women tend to prefer a woman physician for gynecology and obstetrics. However, some mentioned that recent immigrants might also prefer female physicians for other general care as they feel more comfortable.

3 | RECOMMENDATIONS

a. Health Education

Both groups expressed the need of receiving health education on a variety of topics. First, they would like to learn more about leading a healthy lifestyle by learning about appropriate screening and preventive health services, preparing balanced and healthy meals, and becoming physically active. They also wanted information about causes, symptoms, and prevention for major chronic illness, such as hypertension, cancer, heart disease, and diabetes. Some respondents were interested in learning more about how to communicate effectively with their

children about health topics, particularly about sex. They mentioned that children were learning about sexual health in school and they need to be prepared as parents to address the issue and answer questions. They want to learn basic health terminology to improve their communication with their health care provider, to be able to express how they feel, and to indicate whether they understand what the physician is telling them. Finally, they would like to learn more about obtaining health insurance, particularly less expensive health insurance options.

b. Disseminating Health-related Information

Focus group participants felt that the best way to disseminate information to the community was via natural helpers and community social networks. When asked about the best way to disseminate information, they suggested strong collaboration and involvement with community members. They used the term “gotong royong,” which means working together to help the community to describe a preferred approach to health education. They suggested creating ties between County officials and community leaders to plan and carry out health related activities, such as presentations about health topics and discussion forums. The Internet was not considered the channel of choice to reach the community. They suggested, however, having health fairs and more face-to-face contact with the health educator. In order to educate community members, County officials should reach out to a number of Christians and Muslim community organizations. Some of the organizations they suggested are Ichi, Lewat IKI, and IMAAM.net (a Muslim organization).

c. Improve Access to Health Services

Since many Indonesians lack health insurance, most participants suggested improved access to health services by offering low cost health care and access to low cost health insurance. They also suggested improving translation services for the Indonesian population. This is very important when talking to the physician about one’s medical history, allergies, and understanding the physician’s diagnosis and treatment.

SUMMARY

Consistent with other Asian American communities, Indonesians reported hypertension, heart disease, and diabetes as the health issues of greater concern. They also stated that health was a private issue seldom shared with other community members. Therefore, there was a general unawareness of the extent health concerns affected community members. This was particularly the case among women, who were very private about health issues considered more intimate, such as reproductive health and related screenings. Most reported that mental health issues were not a primary concern for them. However, they reported a concern about adolescents and children who are exposed to stress while trying to adapt to a new country and

who live between two different culture and value systems. Indonesians are a relatively new community and there are very few senior community members. Therefore, there are not any particular senior health issues they have observed so far.

Similar to many other Asian Americans, many Indonesians do not have health insurance. This is the main barrier they face when they need medical care. Therefore, many do not receive routine screenings, do not seek care until they are very sick, and most use a variety of traditional remedies to alleviate symptoms. The community members expressed that they are interested in working closely with the County to coordinate health education presentations, health fairs, and other health-related activities in order to increase awareness about healthy lifestyles, the importance of preventive screening, and the symptoms and prevention of chronic illnesses.