

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

Pakistani Community Needs Assessment Summary Report

RESEARCH TEAM

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BACKGROUND

In July 2007 MAAHS conducted two focus groups with 17 Pakistani members of the Ahmadiyya Muslim community. One group was conducted with 13 Pakistani men and the second group was conducted with four Pakistani women. Due to their cultural practice, Pakistani people preferred having separate focus groups for men and women. Participants represented several age groups: four participants were in their 20s, two in their 30s, two in their 50s, three in their 60s, and six over 65 years of age. Most participants (ten) came to the United States with employment visas or invitations from their family. Approximately half of the participants had a college education, either a Bachelor's (2), Master's (3), or Doctoral degree (3). About 12 participants were employed. Most held professional jobs as veterinarians, physicians, engineers, accountants, and others. Most participants (13) had health insurance at the time of the focus group.

1 | HEALTH CONDITIONS

a. General Health Issues

According to the Pakistani focus group participants, hypertension, diabetes, and arthritis are common ailments of the Pakistani community. Although hypertension is very prevalent in the community, the condition might be ignored by individuals who may be reluctant to take appropriate medication to control it. Diabetes was also mentioned as a disease prevalent in the community that could be attributed to lifestyle factors such as diet and poor physical activity.

Both groups of men and women identified arthritis and joint problems as two of the most prevalent health issues in the community. Although they are unaware of the root cause of it, they mentioned obesity and aging as possible risk factors. According to participants, hepatitis, although common in Pakistan, is not prevalent in the Montgomery County community. Other health conditions, such as heart disease and high cholesterol, were mentioned a few times and did not appear to rank high in their health priorities.

b. Mental Health Issues

Participants reported that overall mental health issues, including problems between husband and wife, are a private issue seldom shared with people outside the household. This might result in great levels of stress among family members. According to participants, many Pakistanis would deny ever suffering from a mental health condition. However, the community is opening up to talk about these issues and some would seek the support of the missionary, who serves as a counselor, or seek professional therapy. They suggested that any mental health counseling the County promotes should have therapists that speak either Urdu or Hindi.

Young Pakistanis might be particularly susceptible to stress that could develop into depression, according to some participants. They explained that young Pakistanis growing up in the United States might feel pressure from their families to follow Pakistani culture while living in an American context. Some Pakistani youths might not be able to participate in activities popular among their cohort such as going to the mall, dating, and going to the prom, among others. This might result in feelings of not fitting in with their classmates. Also, female participants recalled their frustration with people questioning their attire of choice (long pants and covered arms). Young Pakistanis rely on a strong support network composed of their closest friends and older siblings to support them when they experience stress.

c. Vulnerable Groups

Seniors: According to participants, seniors in the Pakistani community are well taken care of by their families. They explained that seniors are never left alone. They usually live with their son or daughter, and the family ensures that all their needs are addressed. They did not consider depression or any other mental health issue prevalent among Pakistani seniors.

Children and Adolescents: Participants describe Pakistani youth as being relatively healthy with few health problems. In terms of substance use and abuse, the use of alcohol and any other drug goes against Islamic doctrine; therefore, they are strongly discouraged. They acknowledged that it is possible that a very small percentage of Pakistani college students have used alcohol or drugs, but it will be hidden from other community members. Smoking, on the other hand, is not forbidden by Islam, but in general is not supported by the community. Female smokers are particularly frowned upon, while for men it is more acceptable. Some

participants mentioned that smoking is common for their generation, and a way for young Pakistanis to manage stress.

Participants also consider that Pakistani youths lead a healthy reproductive life. In their community, abstinence until marriage is strongly encouraged and supported by their religious values. Therefore, mistimed pregnancies during adolescence or sexually transmitted infections are not prevalent. Participants also explained that due to cultural or faith practice in their community, even among married women or friends, they do not openly talk about sexual and reproductive health. Some participants raised concerns about sexual health education in public schools and questioned how they should manage this subject with younger siblings or daughters if they decide not to allow their children to attend these classes. Others recalled not having access to this information until they reached late adolescence.

Women: When asked about domestic violence, female participants mentioned that they do not consider it common in their Ahmadiyya community. They acknowledged that in Pakistan, marital abuse might be prevalent. However, here in the County, women have more resources to seek help. They also explained how the social support network in the community would support and intervene with the family if they learned a woman is being victimized.

2 | HEALTH SERVICE UTILIZATION

a. Access Barriers

Pakistani participants mentioned that Pakistanis with health insurance do not have major problems accessing health services. Those who have insurance are also more likely to have regular screenings. However, seniors, recent immigrants, and visitors, among others, might not be able to afford health insurance. They mentioned that a physician community member volunteers his time to offer health services at the Ahmadiyya mosque every Friday. The Muslim Community Center (MCC), a Sunni mosque in Silver Spring, supported in part by the Montgomery PCC funding, has an established free health clinic that serves the community at large.

Barriers common to other Asian American groups, such as language and transportation, appear less a concern to this community. Participants stated that most Pakistanis have a good command of English. They also stated that the Ahmadiyya community has a good social network that responds in case a community member needing transportation to the physician's office.

b. Preventive Services

Female participants raised concerns about Pakistani women's hesitance in getting screenings such as Pap smears and mammograms. They explained that women might not feel comfort-

able having their bodies examined by a physician. Moreover, many are not aware of such screenings, their recommended schedule, or their importance. Some felt that Pakistanis often mistrust physicians and are wary about taking too many medications or undergoing unnecessary medical tests. Some might also manage health issues through prayer to avoid using health services. According to the participants, Pakistanis use an array of alternative medicine and home remedies. Acupuncture and homeopathy are apparently very popular in the community, as well as herbal remedies.

3 | RECOMMENDATIONS

a. Health Education

Participants suggested that education concerning preventive care and screenings is important and would be welcomed by the community. Some of the screenings they would like to learn about and have access to are blood pressure, cholesterol levels, prostate cancer, mammograms, flu shots, bone density tests, blood glucose for diabetes screening, as well as weight and body mass index monitoring. They also recommend receiving support from the County to have mobile medical and screening units provide these services to mosque members. Some participants mentioned that children relay health information they learn in school to their family. They suggested that continuing health education courses at school is a potential education channel for the community at large.

b. Disseminating Health-related Information

Health fairs and community-based activities would be the most appropriate ways to reach the community and disseminate health information. These activities will greatly benefit those individuals who are unaware of screening and preventive care, those who are reluctant to visit a physician, and those who lack health insurance. The mosque also serves as a meeting place for community members and thus is the recommended location to hold health-related activities. Participants recommend that any activity conducted at the mosque should be planned for Friday afternoons or Sundays as these are the days the community attends the mosque.

To relay health-related information to the community at large, participants recommended several channels such as the TV station broadcast from the Ahmadiyya mosque, the Pakistani TV channel (GEO and PTV), postings in Pakistani grocery stores' bulletin boards, and through County mosques. They also mentioned that the Ahmadiyya mosque would kindly offer free space to conduct health education and health-related activities. However, they suggest contacting them in advance to schedule education session since there are many activities constantly being scheduled at the mosque.

SUMMARY

The MAAHS conducted two focus groups with Ahmadiyya Pakistani community members. According to participants, hypertension and diabetes are common ailments of the Pakistani community that might be attributed to diet and poor physical activity. Arthritis and joint problems were also mentioned as prevalent among many community members, although the root causes were not known. Mental health issues are seldom discussed by community members and many might be reluctant to share these issues with anyone outside the household. However, they considered that youths might be susceptible to acculturative stress while growing up in a culture different from the culture taught at home.

Lack of health insurance and a mistrust of physicians are important barriers for seeking appropriate medical care. Participants mentioned that some community members do not have health insurance and thus are unable to receive timely screening services. However, many of those who have health insurance might prefer avoiding Western health services and in turn use alternative medicine such as acupuncture and homeopathy. In order to improve the health and well-being of the Pakistani community, members suggest conducting health education as well as health fairs through various mosques to reach the community it serves. They suggest disseminating information about health services and other health related announcements via several Pakistani media channels, local mosques, and grocery stores.