

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

## Young Adult Community Needs Assessment Summary Report

### RESEARCH TEAM

Maryland Asian American Health Solutions (MAAHS)  
University of Maryland College Park School of Public Health

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## BACKGROUND

Between June and July 2007, the research team conducted two focus groups to assess the health and health care needs of the younger generation (18-30 years of age) of Asian Americans living in Montgomery County, Maryland. Findings from both focus groups were combined and are reported jointly. Collectively, a total of 17 individuals (12 female and five male), participated in these focus groups. The Korean, Cambodian, Chinese, Taiwanese, Vietnamese, Thai, and Indonesian communities were represented in this sample. Fourteen of the participants were in their 20s, two individuals were in their 30s, and one person was in his teens. Their arrival times to the United States varied. One person came between 1981-1990, three people came between 1991-2000, four people came after 2001, and nine people identified that they were born in the United States. In terms of religion, eight of the participants identified themselves as Christians, two identified themselves as Buddhist, and one identified himself as "other." Sixteen of the participants identified themselves as single. In terms of educational background, nine people held a Bachelor's degree, one had an Associate's degree, and seven had their high school diploma. Most were employed in a variety of jobs including assistant project manager, program assistant, medical assistant, executive assistant, sales associate, advisor, intern, receptionist, and marking coordinator. Researchers decided to conduct focus groups with young adults because their health needs and concerns might be different from that of adults. Moreover, 1.5 and second generation individuals might have different health access barriers than first generation adults.

## 1 | GENERAL HEALTH CONDITIONS

Different from other focus groups the team carried out—where participant ages ranged from 20s to 70s and health concerns mainly focused on chronic diseases such as heart disease, diabetes, arthritis, and cancers—this discussion focused mainly on mental health (please refer to the “mental health” section for more detailed information), accidents, dental care, nutrition/physical activity, sexual health, and substance abuse.

**Diet:** In regard to nutrition and physical activity, the group had mixed responses on which subgroup tended to have a less healthy lifestyle—the children that were born in the United States or the children that have immigrated to United States from their home country. Some participants said that Asian Americans born in the United States are more active and healthier. Their diet includes a variety of vegetables and meat. However, others believed that Asian Americans born in the United States were more likely to have unhealthy nutritional habits because of the easy access to foods with high fat or caloric content. In addition to a love for fast food, these younger participants apparently eat a lot of meat and not enough vegetables. The group’s comments suggest that personal diet and eating habits are based on a few criteria, namely convenience and parental food preferences and cooking habits. The diet of younger-generation Asian Americans differs from the traditional diet because the lifestyle of the younger generation has become more fast-paced. Because the younger generation lives busy lives trying to balance between work and/or school, it becomes difficult to find time to cook meals or find healthy options on campus. It is more convenient to eat what is readily available or easily obtained, which does not always result in healthy food choices. Secondly, an individual’s diet may be influenced by parental food choices.

Some of the participants said that they still lived at home, where the parents are the main meal providers. The food the parents cook somewhat dictates what the individual eats; therefore, if the parents cook unhealthy food, the individual will eat unhealthy food. A few participants mentioned that they do make an effort to eat healthy when they can, for example buying skim milk, wheat bread, and organic produce. In terms of cooking for oneself, one participant mentioned that the foods they are learning to cook for themselves are not necessarily the traditional foods from the home county. Again, this is because sometimes the traditional foods take a long time to prepare, and with a busy schedule, these individuals are more likely to opt for a meal that is easily and quickly prepared, and at times, the healthiest option is not always chosen.

**Physical Activity:** The group connected the obesity epidemic to a lack of knowledge about nutrition, a habit of eating foods with high fat content, and a lack of physical activity. There were different responses to the subject of if and how often Asian Americans engage in physical activity. When asked which gender participated in physical activity more often, the group

had mixed responses. Some said that males participated more and others said females. The responses also differed in what type of physical activities each gender participated in. Some said that males partake in organized sports more often than females, but one respondent said that females engaged in organized sports just as much as males. Aside from organized sports, women also enjoy “health activities,” such as going to the gym, lifting weights, yoga, and Pilates. In terms of how often younger-generation Asian Americans engage in sports or physical activity, the answers ranged from very often to rarely. Participation in sports now may be related to how often the individual played sports in his childhood. In some Asian American families, sports were not often the first type of extracurricular activity that is encouraged by Asian American parents, and at times, they were discouraged. It was not unusual that the parents would concentrate their child’s activities on academic or musical pursuits. Perhaps because some individuals are not active in their childhood, they continue that habit through adolescence and adulthood. A few of the women explained that with all their other work or family-related responsibilities they cannot find time to go to the gym and when they do, the gym has already closed.

**Weight Issues:** When discussing nutrition and physical activity, weight issues were also a topic brought up. The participants mentioned that these weight issues may stem from a skewed perception of what “normal weight” is supposed to look like. The average Asian American male and female tend to have smaller body frames compared to their non-Asian counterparts. Negative comments about weight issues from strangers or acquaintances may result in the individual feeling that there is something wrong with them, even if they are at the “normal weight.” Vulnerable situations like this can lead to eating disorders. A few participants pointed out that Asian American parents put excessive pressure on their children, both male and female, to uphold a certain image, including one that is stereotypically “slim.”

**Premarital Sex:** The group mentioned that it was more common to engage in premarital sex compared to the older generation. The younger generation also said that they hide this aspect of their lives from their parents. The communication between the younger and older generation about topics such as dating exists. Sexually transmitted infections are not very common because the individuals use protection and/or are in steady relationships. Teenage pregnancy is seen as a very taboo topic. Dating violence was described as having more emotional abuse than physical.

**Substance Abuse:** Substance abuse was spoken of in terms of smoking, drinking, and drug use. Men are more likely to smoke compared to women, but it is unclear how much more. Many college-aged individuals were identified as a group that smoked, with some of them going through about a pack a day. Some participants mentioned that if an individual’s parents smoked, it is easier for the individual to have the habit as well. The group also mentioned that

drinking is common within this generation. Social drinking is present, as well as drinking with the intention of getting drunk. When comparing the drinking habits of men and women, the group had different responses. Some participants said that men were more likely to drink than women, since in some cultures, female drinking is frowned upon. However, women drinking just as much as men was another viewpoint that was offered. The group mentioned ecstasy and cocaine as the “hottest drugs” in one community, and they are usually found in the clubbing scene where an Indonesian source is already present.

## 2 | MENTAL HEALTH CONCERNS

There were mixed responses when participants were asked to prioritize mental and physical health. One participant said that the family may be more concerned with physical health. Mental health is seen as something that the individual has control over, and therefore if something is wrong, it is seen as the individual’s fault. In contrast, if the same individual gets sick or has an accident, those circumstances are seen as outside the individual’s control and therefore do not have a negative stigma attached to them. A participant mentioned that she divided mental health concerns into two different types: ones due to neurological problems or hormonal imbalance and ones due to emotional issues that cannot necessarily be treated by medication. In a context where some Asian parents regard physical health as more important than mental health, perhaps they would be more open to seeking help for mental health issues related to neurological problems or a hormonal imbalance.

### a. Discrimination and Adjustment to Culture

The group mentioned that recent immigrants may experience a huge culture shock when moving from their home country to the United States. Without a complete and comfortable command of the English language, the immigrants may feel isolated and depressed because they cannot participate in conversations in school. Because the Asian American populations in some of the Montgomery County high schools can be small at times, some younger generation Asian Americans feel that the other students treat them differently. This discrimination may cause stress to the individuals, and may have impact on their mental or physical health. The group feels that there is an expectation of them, from either family or outside parties, to fulfill the Asian stereotype of being perfectionists in all aspects of life.

### b. Family Pressures and Expectations

As mentioned in reports of other Asian American communities, the seniors or parents are mostly taken care of by their children. This expectation could be a source of stress, and perhaps depression later on, for the younger generation. The group mentioned being a source of transportation and translation as part of their responsibilities. According to the focus group participants, the expectation of being geographically close to parents and/or taking care of

them may impact an individual's future plans such as academic pursuits, career paths, and geographic location. The parents heavily stress to the younger generation the importance of a practical educational degree, in hopes that it will help them get a more financially secure job in the future. The group feels that there is an expectation on them to fulfill the Asian American stereotype of being perfectionists in all aspects of life.

For some people, the daily struggle of dealing with a cultural as well as generational gap can cause some stress. One participant pointed out that in the Asian American culture, there are not as many ways of being accepted as a "good" son or daughter. While some cultures value artistic ability or performance in sports, the traditional values of the Asian American culture usually revolve around academic performance. However, the parental expectations of the child may differ depending on which Asian country they originate from. The East Asian American populations (Chinese, Japanese, Korean, etc.) have been established in the United States much longer than the Southeast Asian American populations (Thai, Vietnamese, Cambodians, etc.). The group suggested the reasons for immigrating to the United States may have an impact on parental expectations. For the East Asian cultures, the expectations usually revolve around academic success and high paying jobs. On the other hand, the Southeast Asian cultures come to the United States perhaps only to escape the turmoil in their home country, and therefore, they may seek only to establish a life here which may or may not include getting advanced degrees. Although the stereotype of controlling Asian parents does exist, some participants did acknowledge that this situation was not the case for everyone and some families have parental expectations that are not as rigid.

How much parental pressure an individual receives may depend on birth order, i.e. the first born receives the most pressure from the parents to succeed, whereas the subsequent children may not feel it as much. However, even though they are not the firstborn child in the family, they can still feel pressure to succeed from their friends or other family members.

### **c. Accessing Mental Health Services**

Similar to the participants of the older generation Asian Americans, the majority of the group of younger generation Asian Americans tends not to see professional help as a means of addressing mental health. Only a few participants mentioned ever having counseling. Although some non-Asian cultures have become accustomed to mental health issues and addressing them, the Asian culture has not reached that point yet. Asian American children may be reluctant to tell their parents that they may need to see a mental health professional for fear that the parents will not see the need to go. One participant mentioned that perhaps this is a matter of communication and comfort thresholds—what the child sees as stress may not coincide with what the parents see as one. Some Asian American families do not express feelings as much, and this situation may result in an individual being unable to communicate

what is troubling them, and when and how to ask for help. As an alternative to professional help such as psychologists or therapists, it was mentioned that the younger generation Asian Americans would rather ignore the problem, internalize it or confide in other trusted sources, i.e. close friends, significant others, religious communities, etc. They usually do not discuss their personal problems with their parents out of fear that their concerns will only add stress to the adults.

Two barriers interfere with accessing mental health services: cost and a negative stigma associated with seeking professional mental health help. The group mentioned that they did not want to pay to talk to someone about their problems; they could talk to other trusted sources for free, whether they are friends or people from the religious community. Even if the mental health services were free, they would still not seek professional help because of the negative perception society has on this issue. Professional counseling is not at the forefront of possible solutions for this generation regarding depression or other mental health issues.

### **3 | HEALTH SERVICES UTILIZATION**

It was mentioned in this discussion that the utilization of health services is highly dependent on the health insurance status of the individual's parents. If the parents have health insurance, then health care services are sought, but otherwise, they are not. Fortunately, with the increased exposure to healthy lifestyle messages, the younger generation Asian Americans want to utilize what resources they have, i.e. health insurance benefits, to better their health. They feel that they have a better understanding of general health issues and how to navigate through the American health care system, compared to their parents' generation. It was stated that health care for some Asians is not seen as important because it is not seen as a priority in one's home country. Immigrants sometimes will carry that mentality when they move to the United States. A mentality shift towards an emphasis on the importance of preventive care, especially for sexual and women's reproductive health, needs to be addressed to ensure that people begin to value their health more.

### **4 | RECOMMENDATIONS**

The participants recommend that the County set up community events such as health fairs and events for seniors to partake in. Asian American communities may already have large community gatherings throughout the year, and the County can perhaps piggyback on these events as health outreach opportunities. The events for the seniors ensure that the individuals have a chance to interact with people their own age as well as feel less isolated from their

community. The group also suggested that the County make confidential hotlines available for Asian American youth to have someone to talk to. They noted that they have seen similar hotlines advertised on television, but none of them were geared toward Asian Americans. Similarly, they recommended hiring more Asian American counselors on campuses because Asian American youth may find them easier to relate to and capable of understanding the stress they are under. Another participant proposed an online support group or forum where Asian American youth can anonymously post their thoughts or read other postings. In this technological age, the idea of communicating with a counselor through instant messenger was also brought up. The group cautioned that initiating any in-person counseling or support group needed to be a gradual process because of the culture's inclination to be private about personal problems. The group suggested that announcements of any health or mental health programs should be through schools and cultural or faith-based organizations in the community. Having conveniently accessible help may have an effect on an individual's health-seeking behavior. If the individual perceives the help to be too far away or too troublesome to obtain, they may be reluctant to seek it. Finally, an increase in translator availability was proposed to help individuals effectively communicate with physicians or other health care professionals.

## **SUMMARY**

Lifestyle health concerns related to diet, nutrition, and physical activity were mentioned as important issues in this group. Smoking, drinking, and drug use is present among this age group. High parental expectations and the culture shock associated with moving to the United States were identified as sources of much stress among the younger generation of Asian Americans. The cost and negative stigma associated with accessing mental health services deter individuals from using them. Instead, the group said that they would rather go to other trusted sources to talk about their problems. The group mentioned that individuals whose parents have health insurance are more likely to utilize these services. Recommendations to the County include health fairs, health education programs (such as peer educators), more events for the senior population, and an increased number of available translators to help non-English speaking individuals communicate with health care professionals. To address mental health concerns, the group suggested hiring more Asian American counselors and professionals as well as offering more avenues to express an individual's thoughts and feelings, for example through support groups or anonymous online communities.