

Reflections from the Asian youth health & wellbeing Forum

**Presented by Vishal Rishi
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Overview

- Introductions
- Background – Forum objectives and participants
- Reflections from the youth forum
- A way forward

Definition of "Asian" in NZ



The term 'Asian' encompasses people from a vast area- Japan in the east to Afghanistan in the west and of the 354,549 Asians in NZ, 248,364 were born in Asia.

Asian population

- The Asian ethnic group was **New Zealand's fourth largest major ethnic group** after European, Māori, and Other Ethnicity, totalling 354,552 people (9.2 percent) in 2006.
- There was **a high proportion of young adults** in the Asian ethnic group, with 3 in 10 people (31.0 percent) aged between 15 and 29 years.
- **Two-thirds of people** (66.1 percent or 234,222 people) who identified with one or more Asian ethnic group(s) **usually lived in the Auckland Region**.
- **Almost 1 in 5 people** (18.9 percent or 234,222 people) **in the Auckland Region** identified with one or more Asian ethnic group(s), the highest proportion of all the regions.

Reflections from the 9th annual Asian forum – Asian youth health & wellbeing



Reflections from the 9th annual Asian forum – Asian youth health & wellbeing

- More than 130 organisations, service providers and individuals attended
- Among facilitators & speakers there were representatives from The Ministry of Youth Development, The Office of Ethnic Affairs, East Health Trust, WONS, AUT , The University of Auckland and a youth champion
- Well evaluated

Forum objectives were to:

- Provide a platform to share strengths and challenges – service providers, Asian youth and the wider community
- Raise health awareness and support Asian youth to be nurtured
- How effectively “we” as community/service providers can address Asian youth issues?

Few slides from presenters

- **Ministry of Youth Development – Susan Wauchop**
- **AUT – Dr Elaine Rush and Dr Scott Duncan**
- **WONS – Ruth Davy**
- **East Health Trust – Dr Denis Lee**



Acknowledgments - Ministry of Youth Development

- This presentation draws heavily on the recently published Report from the Youth 2000 Survey series: Youth 07: The Health and Wellbeing of Secondary School Students in New Zealand: Results for Chinese, Indian and other Asian Students”.
- Its authors are: Parackal, S. Ameratunga, S. Tin Tin, S. Wong, S. and Denny, S.
- The study was carried out by the Adolescent Health Research Group at the University of Auckland and is published by the University of Auckland.

Who is “Asian”?

- Youth 2000 Survey series uses the Stats NZ definition. Its “Asian” report describes students from diverse ethnicities:
 - Chinese (41%)
 - Indian (28%)
 - Korean (15%)
 - Japanese (7%)
 - Filipino (8%)
 - Cambodian (4%)
 - Other Asian (13%)



Asian youth strengths

- Culturally adept and adaptable
- Multi-lingual
- Very positive about school and education
- Healthy, with relatively low risk lifestyles
- Eat dinner regularly with their families
- Strong spiritual beliefs
- Nearly all have friends and have fun with them

Young Asians do better than non Asians on many measures

- Half are **bilingual** and 19% speak three or more languages
- **Less likely to engage in risky** or antisocial behaviour e.g. drinking, smoking
- They are **more positive about school**
- 68% report **eating meals with their families** compared with 51% of non Asians
- Indian students have the **most fun** with their families!
- Young Asians are **less likely to be overweight** than young non Asians

One of the key issues

Asian students have higher rates of depression (13.5%) compared to their New Zealand European counterparts (9.3%)

Some other areas where non Asians do better

- On some measures of **family life**, non Asians were slightly more positive
- **Exercise**: non Asians are more likely to engage in recommended levels of physical activity
- **Safer sex**: non Asians are more likely to use contraception and condoms

What we know is important for young people's wellbeing

- Connection to family
- Engagement with school
- Having teachers who care
- Feeling safe
- Eating well and exercising
- Involvement in collective out-of-school activities

Areas for focus (1)

- **Time with parents:** most young people say they would like to spend more time with their parents
- **Parental involvement in school life:** finding ways to get more parents involved with school
- **Community connections:** creating more youth friendly places where young people can go for advice and support
- **Nutrition and exercise:** making it easier for young people to make better choices.

Areas for focus (2)

- **Mental health:** drawing attention to the relatively high prevalence (31%) of poor mental and emotional health among young Asian women
- **Sexual health:** fewer Asian students are sexually active than their non Asian counterparts, but encouraging those who are to regularly use condoms or contraception
- **Access to health care:** making health care more “youth friendly” and ensuring that Asian young people know how to access the system

Families

- Young people tell us that families are the most important thing in their lives.
- Families are the most important source of comfort, love and support for young people
- Young people tell us that they would like to spend more time with their mothers and fathers
- For families, this means finding a way to balance demands of the workplace with the needs of children and young people



Ruth Davy,
Trustee, CEO
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*Nursing, Education and
 Health Promotion Services*



Monique Fredatovich
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Health Promotion:

- Cervical screening / Breast Health
- Pamper Days
- Support Maori, Pacific and Asian communities

Clinical Services:

- Mobile van clinics see website wons.org.nz for calendar
- Set clinics around Auckland
- 'Free' smears for Maori, Pacific & Asian women 20-69yrs & due a smear
- Women >30 years & not had a smear in 5 years or more

Health Professional Education:

- Cervical smear taking and Immunisation training

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Screening and Sexual Health

- Cervical screening abnormalities are as high as other high priority populations
- Cervical screening rates are as low as other high priority populations
- STI's: HPV and Chlamydia rates high in Chinese
- 300 plus Asian Sex workers in Auckland
- Violence and sexual abuse are escalating
- Barriers to access are many and often different for each ethnic group

Sexuality

V. Cheung's Research (2005)

56% of Asian students aged 16 – 24
years are sexually active

Sexual Health Education to Youth

- Basic knowledge for youth and parents poor
- Difficulty with current sexual education in schools as too shy & lack of culturally appropriate resources

- "I don't need contraception because we only have sex during the safe time"
- "I'm breastfeeding so I can't get pregnant"
- "I won't get pregnant if my partner pulls out before he comes"
- "I won't get pregnant if I douche after sex"
- "I won't get pregnant because this is the first time having sex"
- "I won't get pregnant if I take a shower or bath right after sex"

Take home points – Dr Scott Duncan

1. Asian adults and children continue to achieve less activity and be more sedentary than other NZ ethnic groups
2. If nothing changes there will be a wave of chronic disease as inactive children become inactive adults
3. Should we shift the focus from physical activity for cardiovascular health to physical activity for brain development?
4. Change will come from within each community, but only if people are willing to lead by example



Slides by Dr Elaine Rush

Myth

It does not matter what you eat as long as you exercise it off!

Fact

There is more to nutrition than calories.
It is not just about Energy in Energy out.
Fitness for life whatever size or shape.

Myth

Chronic diseases mainly affect the rich

Fact

People who are already poor are the most likely to suffer financially from chronic diseases, which often deepen poverty and damage long-term economic prospects.

Myth

Chronic disease mainly affects old people!

Fact

Almost one quarter of chronic disease deaths occur in people under 60y

Myth

What I do does not affect others. I am responsible for my own health

Fact

There are many factors in the environment that we cannot control on our own

On average a New Zealand person will have 7 years of disability in their lives - usually at the end.

Maori and Pacific live on average 7 years less than European in New Zealand

Interactive workshop report back session - Facilitated by Hyeeun (hae-en) Kim

The entire participants will be divided into 2 groups;

Group A : Youth aged 15 years - 24 years

Group B : All above 24 years of age

Group A (Youth group)	Group B (Adults)
Youth subgroup 1: Biological health	Adult subgroup 1: Biological health
Youth subgroup 2: Physical activity and nutrition	Adult subgroup 2: Physical activity and nutrition
Youth subgroup 3: Psychosocial health	Adult subgroup 3: Psychosocial health



Youth subgroup 1: Biological health - Summary of the session (3 bullet points from each question)

Question 1: How confident are you to access/utilize NZ health system specifically in relation to biological health issues?

Question 2: If there are any barriers in relation to question:1 then what do you suggest to overcome those barriers?

Question 3: How would you like the information to be communicated on such sensitive subjects eg: sexual health?

Question 2: What would you like to see/achieve from "train the trainers" sexual health education pilot project?

Question 4: What TANI can do to support the Asian young people and the service providers so that young people feel confident to access biological health services?

Youth subgroup 1: Biological health - **RESPONSES**

- Practicality of sex Vs Relationships, well-being
- Different aspects of sexual health (+ve and -ve)
- Barriers discussed: cultural, language and religious
- Majority of the youth were much more open to talk to whom they don't know
- Very few were comfortable talking to their parents
- Youth prefer to talk/participate if someone come to them regularly? - e.g. Visit the school once a year, not once in every 5 years
- Texting! - Help lines! Anonymous!

Youth subgroup 2: Psychosocial health - QUESTIONS

Question 1: What are the intergenerational and intercultural gaps you identify? (your relations and openness with your parents or grandparents, extended family and any cultural issues with your peers , other student/youth groups respectively)

Question 2: What are the other factors you could identify which influence your mental wellbeing?

Question 3: How do you cope with the above mentioned issues?

Question 4: How TANI/ other health service providers can work along with you to support your wellbeing in a friendly manner?

Youth subgroup 2: Psychosocial health - RESPONSES

- Wider NZ community has a view of Asian stereotypes, Asian= Bad driver: Don't judge me based on my color, Don't automatically group me.
- Not all of us have connections with our overseas heritage.- Not necessarily a bad thing.
- I may accept my foreign culture but my 'kiwi' friends may not, NZ culture is very individual oriented Vs my culture 'back home' is more family oriented.
- Bi-cultured homes added another dimension.
- Parents expect you to do what job they want of you. Not all families are like this through
- Growing up here I feel strongly independent
My family supports me whatever I choose.

Youth subgroup 2: Psychosocial health - **RESPONSES**

Other factors influencing their mental wellbeing:

- Friendships-good or bad
- Freedom of languages- having the option to speak with the language you feel comfortable
- People not understanding your culture and who you are
Being judged because of your culture ; Stereotypes-assumptions
- Not fitting in. People try to fit you in to a category
- Not socially accepted (within Asian cultures)-relationships with other ethnicities ; Inter and intra cultural conflicts
- How society sees you

- **Sexuality**
- **Academic- Asian parents/up bringing either score 100%= pass anything else is a fail.**

Coping mechanisms:

Music, running, religion, sleeping, eating, face book.

Youth subgroup 2: Psychosocial health - **RESPONSES**

What TANI can do ?

- Mentors (Social + Professional)- that have gone through these cultural/generational issues
- Make it more known to other Asian youth groups
- International students' support groups
- Know who you are, be who you are-Rainbow youth (don't lose your identity)

Youth subgroup 3: Physical activity and nutrition workshop -

QUESTIONS

Question 1: How would you like to incorporate physical activity in your daily life/how service providers could help you to become more physically active?

Question 2: What are the barriers you identify to have healthy food/ what stops you to have healthy diet? (eg: too busy in studies, easy access to junk food, healthy food doesn't taste good, personal choice.....)

Question 3: How TANI/ other health service providers can support you/encourage you to achieve your physical activity targets and help you to have better nutrition intake?

Youth subgroup 3: Physical activity and nutrition workshop - RESPONSES

Barriers

- Lack of public awareness (Negative promotion of unhealthy foods)
- Convenience
- Time
- Prices (Organic/free range)
- Location (availability)
- Cooking skills and nutrition awareness and knowledge of substitutes (e.g. vegetarian red-meat)
- Personal preference: Peer pressure
- Addiction
- Solution? Limiting certain amount of fast food in zones.

How would you like to incorporate physical activity and nutrition in your daily routine?

- House work: Whanau Roaster
- Joining fitness centre sports clubs after school activities
- Skipping/Hula Hoop
- Zumba (Dance)
- Business men/women of every hour or so, take 5 mins for exercise

Chain punching

- Running up to Mt. St John at lunch
- Time Management (making time out)
- Whanau and Friend connection
- Cycling
- Running up the stairs

Ways how other service providers could help you

- Reach out to people (interact)
- Community activities
- Promotion: push play
- Encouragement
- Green Prescription
- More cycling lanes
- Friendly workplaces
- Media Advertising
- Environment

*“Only when all contribute their firewood can they
build up a strong fire”*

– we all have a role to play



Acknowledgements

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Our contact details



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