

Introduction to Special Issue by Guest Editor, SeonAe Yeo^a

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“Asians and Pacific Islanders and Global Health”

If a goal of global health is to achieve equity in health in the world, the state of health among Asians and Pacific Islanders is characterized by high heterogeneity.

I am reading a book, *The Buddha in the Attic*, written by Julie Otsuka (2012). Otsuka, in a poetic style, tells us about collective experiences of Japanese immigrants in the J-town in San Francisco from early 20th century to post World War II. Otsuka uses pronouns—they, us, she, and he, throughout the book to describe picture brides, poverty in their home towns in Japan, their life in America as fruit pickers, gardeners, maids, domestic violence, and sex workers. Pronouns make Japanese immigrants at the time faceless “others.” Pronouns relate readers somehow closer to “their” rejections by their own children who speak perfect English and betrayal from neighbors during World War II. If the geographic location, time, and history in the story are masked, they and us can be a story of immigrants from anywhere, including South America, Africa, middle east, or eastern Europe.

If the primary health care needs of immigrants and refugees are emergency care, that for ethnic/racial minority citizens are preventive care for chronic illness. The words, *global health*, encompasses both in geographic and historic spheres. Many Asians/Pacific Islanders are immigrants, expatriates, and the majority and minority residents around the world. Asians/Pacific Islanders are said to be model minority citizens in communities and refugees in shelters (Jang et al., 2017). Asians/Pacific Islanders are wealthy professionals and poor immigrants with their hopes in and for their children. Asians/Pacific Islanders are health care professionals tending patients with sexually transmitted illness and Asians/Pacific Islanders are patients with shameful illnesses receiving care from professionals who can only speak perfect English and see the pathology of a disease.

Global health is the health of populations in

the global context with the goal of achieving equity in health for all people worldwide. With the words, global health, we, nurses, understand the meanings of health-illness identified by patients in the context of temporal, geographical, economical, and gender spheres. Studying one subgroup of Asians/Pacific Islanders health behaviors and experiences of illnesses can be complex and interwoven with the layers of the spheres in and around them. The collection of narratives in this issue appear distinctively different to each other. There seems to be no relevance to each other. Yet, when readers view health behavior as the combination of population characteristics such as language proficiency, acclimatization to the society and human's adaptability to health of a given time, readers will see emerging commonalities through historical, economical, and political viewpoints about heterogeneous Asians and Pacific Islanders. This special issue presents five studies from geographically, linguistically, economically, and culturally different authors. A common thread runs through these differences: a desire to be validated for own view of health-illness associated behaviors. The results of the studies may surprise “others” as to how different we are; the results of the studies may validate the heterogeneity amongst Asians and Pacific Islanders.

The first study explored how young Filipinos talk about sexual behaviors with their parents in the United States and the Philippines within religious environments. Low levels of parental communication were associated with an increased report on the lack of condom use, multiple sex partners, and engaging in casual sex in the Philippines. Similar high-risk behaviors were reported among young Filipinos in

^aUniversity of North Carolina at Chapel Hill, USA

Corresponding Author:

SeonAe Yeo, WHNP-BC, PhD, FAAN
Professor
University of North Carolina at Chapel Hill
School of Nursing
Email: syeo@email.unc.edu



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the United States, who engage in less of organizational religious activities but no association with how much young Filipinos talk about these topics with their parents.

The second study addresses Vietnamese American women's beliefs and perceptions on cervical cancer, its screening, and the vaccines. Forty Vietnamese American women in Portland, Oregon, participated in focus groups. Fear and misunderstanding, and culturally unique beliefs about reproductive health dominated the discussion among Vietnamese American women. Women believe in cleanliness through vaginal and/or perineal washing as primary prevention for cervical cancer. Women experience intense emotions of fear or shame of having their cervix examined. Women continue to believe that the vaccine for human papillomavirus is not safe for children. Some women relied heavily on their informal social networks of family, friends, or community for reproductive health knowledge and behaviors.

The third study reports how subgroups of Asians (Filipino, Chinese, Asian Indian, Other Asian) visit emergency rooms in the United States. The authors found that Filipinos were more likely to have an emergency department visit compared to Chinese and other Asians (non-Asian Indian).

The fourth study reports rare interviews with patients with glioblastoma, aggressive form of a brain tumor, during its progression-free period of survival. The authors captured how patients with terminal illness desired to gain stability in daily life by incorporating frameworks propositioned by scholars from the globe (Kelinman, Mishel, Philip, Sizoo, etc.). The authors surmised that patients tried to find equipoise by reevaluating themselves and trading off something to gain other things for the stability.

The fifth study reports the prevalence of physical activities and potential determinants with healthy pregnant women in metropolitan Tokyo and

its vicinity, Japan. Physical activity (and healthy eating) is important for pregnant women and critical to reduce the risk of excessive weight gain in relation to the obese epidemic in many parts of the world. It has a different meaning where the adult women's obese rate (BMI ≥ 30 kg/m²) is 3.5% and one in four young women (aged 20-25 years) are underweight (BMI < 18.5 kg/m²; Tanaka & Kobuko, 2005). The authors report that women with the notion of their target gestational weight gain are much more likely to engage in exercise and sports, though the overall activity prevalence of pregnant women was similar to pregnant women in the United States.

These papers examined questions in Asians/Pacific Islanders. Yet, diverse populations with specific background and factors in an effort to demonstrate universality that enable us to strategize for best practice in providing personalized care for "them."

Declaration of Conflicting Interests

The author(s) declared no potential conflicts of interest concerning the research, authorship, or publication of this article.

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