

Introduction to Special Edition by Guest Editor, Eun-Ok Im^a

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“Intersectionality” in Asian American Women’s Health

According to the U.S. Census, Asian Americans are the most quickly increasing population in the United States (U.S. Census Bureau, 2011). It is expected that Asian Americans will grow from 5.14 percent of the total U.S. population in 2012 to 7.8 percent in 2050 (U.S. Census Bureau, n.d.). Also, Asian Americans are known to be the ethnic group with the highest income and best education in the United States and are the largest group within recent immigrants (Pew Research Center, n.d.).

With the increasing number of Asian American women, significant health challenges of these women began to be disclosed. Despite stereotypical assumptions on their health (e.g., ideal ethnic minority group, low prevalence of chronic diseases, etc.), these women are exposed to various health risks that are unique to this specific population. Because of their distinctive cultural values and attitudes related to women’s body and health, many of these women did not get routine mammogram or routine Pap smears (Womenshealth.gov, 2016). Embolism and pregnancy-related hypertension happened more often among Asian American women during their pregnancy compared with other racial/ethnic groups (Arons & Agénor, n.d.). The second-generation Asian American women tend to have a higher lifetime rate of suicidal thoughts than the United States total population (Duldulao, Takeuchi, & Hong, 2009). Given this population growth and their unique health challenges and burden, we need a better understanding of their health care needs.

Researchers have recently challenged the “universality” of women’s health that tends to essentialize women’s health care needs regardless of their race/ethnicity, cultural background, age, social class, geographical locations, and sexual identity (Hankivsky et al., 2010). Rather, the researchers began to assert the necessity of considering “intersectionality” in women’s health (Hankivsky et al., 2010). For example, menopausal symptoms have been regarded as a universal women’s health experience that all women go

through in the same way and that could be easily treated with hormone replacement (Avis et al., 2001). However, the assumption on the universality of menopausal symptoms began to be relatively recently challenged (Avis et al., 2001) by findings on racial/ethnic differences in women’s menopausal symptom experience and significant contextual influences on their menopausal symptoms by multiple covariates (Avis et al., 2001; Haines, Xing, Park, Holinka, & Ausmanas, 2005; Im & Chee, 2005; Im, Ko, Hwang, & Chee, 2012; Im, Lee, Chee, Brown, & Dormire, 2010; Im, Lee, Chee, Dormire, & Brown, 2010; Kagawa-Singer et al., 2002; Kardia, Chu, & Sowers, 2006; Kravitz & Joffe, 2011; Llana, García-Portilla, Llana-Suárez, Armott, & Pérez-López, 2012; Lock, 1986; Thurston et al., 2008).

Likewise, this special issue challenges the universality of women’s health by specifically reporting five empirical studies on Asian American women’s diverse, but unique health care needs. Each article shows different and distinctive health care needs of Asian American women (including bone health, depressive symptoms, sleep disturbances, birth outcomes, mental and physical health, and physical activity) compared with other racial/ethnic groups, which highlights uniqueness, diversity, and multiplicity of their health care needs. For example, the article, “Care Coordination in Bone Health Screening Between Individual Behaviors and Health Care Services Among Korean-American Women Across Three Age Groups,” highlights Korean American women’s culturally unique perceptions and behaviors related to bone health, and subsequent differences in the women’s own perception of bone health and health care providers.’ The article, “Asian/White Differences

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in the Relationship of Maternal Age to Low Birth Weight: Analysis of the PRAMS Survey, 2004–2011,” shows how chronic stress due to environmental factors (including discrimination) could negatively influence birth outcomes of Asian Americans in a unique way. The article, “Associations Between Maternal Hormonal Biomarkers and Maternal Mental and Physical Health of Very Low Birth Weight Infants” reports that physical activity of White mothers with very low birth weight infants was higher than non-White mothers including Asian Americans despite higher depressive symptoms of White mothers than non-White mothers including Asian Americans.

Although the topics of the articles are different, all the articles also support the contextual influences of different covariates such as cultural attitudes and beliefs, cultural perceptions of specific health conditions, and the level of acculturation on Asian American women’s health, which makes Asian American women’s health experience unique and complicated. For instance, the article, “Depressive Symptoms and Sleep Disturbances in Korean American Women” showcases the contextual influences of acculturation on women’s health and significant correlations between sleep disturbances and depressive symptoms. Also, the article, “Asian/White Differences in the Relationship of Maternal Age to Low Birth Weight: Analysis of the PRAMS Survey, 2004–2011,” indicates that, because many Asian Americans are immigrants, the weathering effect of chronic stress on this population was closely related to the women’s acculturation process and changed with the women’s age.

Finally, these articles highlight the necessity of various interventions to address health care needs of Asian American women by incorporating their culturally unique attitudes and beliefs. For example, the article, “The Effect of a Culturally Tailored Web-based Physical Activity Promotion Program on Asian American Midlife Women’s Depressive Symptoms,” supports the necessity of incorporating the women’s cultural attitudes toward physical activity and depression into the intervention design to make behavioral changes. Also, the article, “Care Coordination in Bone Health Screening Between Individual Behaviors and Health Care Services Among Korean-American Women Across Three Age Groups” ends with a suggestion for education on risk factors and management of osteoporosis among post-menopausal Korean American women while considering the women’s unique cultural attitudes and beliefs related to bone health.

In conclusion, this special issue includes excellent empirical studies supporting Asian American women’s unique health care needs complicated by multiple contextual factors embedded in their culture. These articles certainly echo the recent assertions of women’s health researchers on “intersectionality” of women’s health (Hankivsky et

al., 2010), which supports uniqueness, multiplicity, and complexity of Asian American women’s health, but challenges the old assumption on “universality” of women’s health.

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