

SOUTH ASIANS IN THE UNITED STATES

HISTORY

South Asia includes the countries of India, Pakistan, Bangladesh, Nepal, Burma, Sri Lanka, Afghanistan, Bhutan and the Maldives; people of South Asian origin trace their ancestry to one of these countries. During the last 200 years, due largely to the influence of the British Empire, South Asians migrated to many parts of the world. As a result of this migration, the South Asian diaspora is incredibly vast; many South Asians now living in the United States have an established history in countries such as Fiji, Kenya, British Guyana, South Africa, and parts of the Caribbean, as well as in England and Australia. Over 300 languages are spoken in South Asian countries; South Asians in the U.S. speak many of these languages, including Bangla, Burmese, Gujrathi, Hindi, Nepali, Punjabi, Sinhalese, Tamil, and Urdu. There is also a tremendous diversity in religious practices, with Buddhism, Hinduism, Islam, Jainism, Sikhism, Zoroastrianism, and Christianity being the most common religions.

In recent years, South Asians have entered the U.S. in increasing numbers on work visas related to the technology industry.

South Asians arrived in the United States during four major immigration waves. In the late 1800s and early 1900s, small groups of Sikh and Muslim farmers migrated to the U.S. and settled along the West Coast, many intermarrying with the Mexican population in California. However, the vast majority of South Asians in the U.S. arrived only in the last 40 years. The 1965 Immigration and Naturalization Act opened the doors to immigration for many people from around the world, allowing foreign-born professionals into the country in much higher numbers than ever before. The Immigration Reform and Control Act of 1986 made it easier for family members and low-skill laborers to enter the country. In recent years, South Asians have entered the U.S. in increasing numbers on work visas related to the technology industry. While not technically immigrants, many of these hi-tech workers hope to eventually be able to adjust their status and remain in the U.S.

DEMOGRAPHICS

The U.S. Census Bureau estimates that in 2000 nearly 1.9 million South Asians lived in the United States¹. This number includes data from only certain South Asian communities.

HEALTH STATUS

It is difficult to characterize the health status of South Asians. Many studies do not differentiate between the various ethnicities studied. Small sample sizes make it difficult to generalize research findings. Finally, in some cases, data are just not available. For these reasons, the data contained here provide only a rough estimate of South Asian health status.

MATERNAL AND CHILD HEALTH

Approximately 80% of South Asian women in the United States receive prenatal care in the first trimester, compared to 82% of white women.² Women who immigrated to the U.S. from India are more likely to give birth to a low birth weight infant than white women and women in other ethnic groups.³ One study found that Asian Indian women breast feed for a shorter duration than white women and are more likely to rely on family networks for information on feeding rather than to seek advice from health professionals.⁴ Research also indicates that the pattern of growth among Indian fetuses may be different from that found among British fetuses, and that the average length of pregnancy may be shorter among Indian women.⁵

CHRONIC DISEASES

Cardiovascular Disease

Heart disease is a major cause of death and disability among South Asians. High rates of coronary artery disease have been found among South Asians who have migrated to countries outside of South Asia.^{6,7}

- British studies have found differences in risk for heart disease even among South Asian groups, with Bangladeshis and Pakistanis having more risk factors than Asian Indians.⁸
- In the U.S., Asian Indian men have been found to have a rate of heart attacks that is nearly three times higher than the general U.S. population (7% vs. 3%), although they are slightly less likely to suffer from hypertension (14% vs. 19%).⁹
- Although some South Asians in the U.S. are vegetarians, a vegetarian diet does not appear to alleviate heart disease risk.¹⁰
- The high rate of heart disease among South Asians in the U.S. and other Western countries is thought to be partly the result of lifestyle changes due to Westernization, which may also be responsible for higher rates of heart disease among urban populations in India compared to rural communities.⁷

Asian Indian men have been found to have a rate of heart attacks that is nearly three times higher than the general U.S. population.

Cancer

South Asians experience higher rates of cancer in the United States than in their native countries.¹¹ The California Cancer Registry indicates that while the three leading cancer sites for South Asian men (prostate, colorectal, and lung) are the same as among men from most other racial and ethnic groups, cancer sites among South Asian women do not follow the same pattern. While the leading cancer site among women of all ethnicities is the breast, the second and third most common cancers among women in most ethnic groups are colorectal and lung cancer. After breast cancer, South Asian women, however, are more

likely to be diagnosed with ovarian and uterine cancer.¹² International studies have found that South Asian immigrants are also at high risk for oral cancer due to high rates of chewing paan (tobacco).¹³ Anecdotal evidence shows that screening rates for cancer among South Asians, particularly among women, are lower than among other populations.¹⁴

Diabetes

Diabetes has been found to be a major problem among South Asians still living in Asia, as well as among South Asians who have immigrated to other countries. In the United States, one study found that South Asian immigrants were 7 times more likely to suffer from Type 2 diabetes than the general population (prevalence rate of 8% vs. 1%).⁹ Diabetes is also a significant risk factor for heart disease among this population.¹⁰ South Asian women in the U.S. have also been identified as having a higher risk for gestational diabetes, which occurs during pregnancy.¹⁵

South Asian immigrants were 7 times more likely to suffer from Type 2 diabetes than the general population.

HIV/AIDS

Through 1998, approximately half of all AIDS cases among AAPIs occurred in people born outside the U.S. In 1998, 5% of all AAPI AIDS cases occurred in people born in South Asian countries. In the same year, the CDC found that of all known South Asian AIDS cases in the U.S., 73% were from India, 19% were from Pakistan, 6% were from Bangladesh, and 2% were from Sri Lanka.¹⁶ There are no known formal studies of behavioral risk factors for HIV among South Asians in the U.S. Anecdotal evidence shows that many South Asian women discover they are HIV+ when they begin prenatal care and are tested for HIV as part of routine testing in early pregnancy.¹⁷

MENTAL HEALTH

There are few studies on mental health and depression among South Asians in the U.S. Anecdotally, community based organizations have noted that South Asians are often unwilling to seek mental health services and prefer to try and work issues out within the family. However, attitudes towards counseling among second-generation immigrants are more positive.¹⁸ Suicide rates within the South Asian community, however, are found to be higher than among other populations. Young South Asian women, in particular, have higher rates of suicide than South Asian males and the general U.S. population. Mental illness is not usually described as a precursor to suicide, but family conflict, depression, anxiety, and domestic violence may be contributing factors.¹⁹

HEALTH BEHAVIORS AND VIOLENCE

Smoking rates among South Asians are thought to be lower than among the overall population, and markedly lower in some studies.⁹ Research in Britain shows that while South Asians exercise significantly less than other ethnic groups, they also smoke and drink less alcohol than other populations.²⁰ South Asian adolescents in Britain are also less likely than adolescents of other ethnic groups to smoke or drink.²¹

Domestic violence has been a major problem among the South Asian community; many community-based organizations have

been created around the U.S. to address domestic violence needs among this population. While no national studies have been conducted to document the prevalence of domestic violence among the South Asian community, one study in the Greater Boston area found that 40% of South Asian women surveyed had been subjected to intimate partner violence.²² South Asian women are often reluctant to seek help or report abuse for a variety of reasons. They may be accused of bringing shame on the family, may not be believed by friends and family, and may also have concerns regarding their immigration status.²³

ACCESS TO CARE

Linguistic and Cultural Barriers

Language issues are particularly complex among South Asians due to the sheer number of languages spoken among this population. Language is a major barrier to accessing services for many South Asians in the U.S. In 1990 at least 24% of South Asians are limited-English proficient²⁴. This number is likely to have increased in the past decade due to changes in immigration laws in the late 1980s. The mainstream community in the U.S. still views South Asians as a “model minority” that is highly educated and proficient in English, while the data show a different picture.

Cultural issues significantly impact community health. Unfortunately, few programs are designed to build upon cultural assets and community strengths. South Asians place tremendous importance on spirituality, family life, and tradition. Viewing these beliefs as cultural strengths, and, for example, incorporating spirituality or South Asian traditions into a Western healing regimen could be extremely beneficial. In addition, programs which provide culturally competent nutrition education are likely to be successful in reducing risks for diabetes and heart disease, as they have among other populations.²⁵ Valuing traditional culture and using it to complement Western health practices will help reduce barriers to health care and improve the health of the community.

Lack of Health Insurance

In 1997, approximately 21% of South Asians in the United States were uninsured. Approximately 4% received Medicaid or other public health care coverage, 69% had job-based coverage, and 6% purchased private insurance. 40% of uninsured South Asians had no usual source of care; even 15% of those with insurance felt they had no usual source of care.²⁶

RESOURCES

The following agencies and websites are able to provide additional information regarding the South Asian community:

- SAOWNET
www.umiacs.umd.edu/users/sawweb/sawnet/health.html
- South Asian Public Health Association
<http://www.sapha.net/>

APIAHF would like to thank Neelam Gupta, Javid Syed, Anu Gupta, and Umme Shefa Warda for their assistance in compiling this Health Brief.

REFERENCES

- ¹ United States Census Bureau, Census 2000. Summary File 1 (SF 1) 100-Percent Data. Table PCT 5: Asian Alone with One Asian Category For Selected Groups.
- ² Office of Women's Health, U.S. Dept of Health and Human Services, "Women of Color Health Data Book." <http://www.4woman.gov/owh/pub/woc/toc.htm>
- ³ Fuentes-Afflick, E., Hessol, NA., 'Impact of Asian ethnicity and national origin on infant birth weight,' *American Journal of Epidemiology*, 1997. 145(2): 148-55.
- ⁴ Kannan, S., Carruth, BR., Skinner, J., 'Infant feeding practices of Anglo American and Asian Indian American mothers,' *Journal of the American College of Nutrition*, 1999, 18(3): 279-86.
- ⁵ Mathai, M., Thomas, S., Peedicayil, A., Regi, A., Jasper, P., Joseph, R., 'Growth pattern of the Indian fetus,' *International Journal of Gynecological Obstetricians*, 1995 Jan;48(1):21-4.
- ⁶ Sheth, T., Nair, C., Nargundkar, M., Anand, S., Yusuf, S., 'Cardiovascular and cancer mortality among Canadians of European, South Asian and Chinese origin from 1979 to 1993: an analysis of 1.2 million deaths,' *CMAJ* 1999 Jul 27;161(2):132-8.
- ⁷ Dhawan, J., 'Coronary heart disease risks in Asian Indians,' *Current Opinions in Lipidology* 1996; 7(4): 196-8.
- ⁸ Bhopal, R., Unwin, N., White, M., Yallop, J., Walker, L., Alberti, KG., Harland, J., Patel, S., Ahmad, N., Turner, C., Watson, B., Kaur, D., Kulkarni, A., Laker, M., 'Heterogeneity of coronary heart disease risk factors in Indian, Pakistani, Bangladeshi, and European origin populations: cross sectional study,' *British Medical Journal* 1999, 319(7204):215-20.
- ⁹ Enas, EA., Garg, A., Davidson, MA., Nair, VM., Huet, BA., Yusuf, S., 'Coronary heart disease and its risk factors in first-generation immigrant Asian Indians to the United States of America,' *Indian Heart Journal* 1996 48(4):343-53.
- ¹⁰ Chuang, CZ., Subramaniam, PN., LeGardeur, Y., Lopez, A., 'Risk factors for coronary artery disease and levels of lipoprotein(a) and fat-soluble antioxidant vitamins in Asian Indians in U.S.A.,' *Indian Heart Journal* 1998 50(3): 285-91.
- ¹¹ Winter, H., Cheng, KK., Cummins, C., Maric, R., Silcocks, P., Varghese, C., 'Cancer incidence in the South Asian population of England,' *British Journal of Cancer*, 1999. 79(3-4): 645-54.
- ¹² American Cancer Society, California Cancer Registry. *California: Cancer Facts & Figures*, 1999.
- ¹³ Summers, RM., Williams, SA., Curzon, ME., 'The use of tobacco and betel quid ('pan') among Bangladeshi women in West Yorkshire,' *Community Dental Health* 1994 Mar;11(1):12-6.
- ¹⁴ South Asian Network, Special communication 8/01.
- ¹⁵ Berkowitz, GS., Lapinski, RH., Wein, R., Lee, D., 'Race/ethnicity and other risk factors for gestational diabetes,' *American Journal of Epidemiology*, 1992. 135(9): 965-73.
- ¹⁶ CDC Presentation on Asians and AIDS, 1998. Provided by Jen Kim, Asian and Pacific Islander Coalition on HIV/AIDS, New York City.
- ¹⁷ Sheth, L., Presentation on Data Limitations, First National Meeting on HIV/AIDS Prevention in the South Asian Population in the U.S., Los Angeles, 8/01.
- ¹⁸ Panganamala, NR., Plummer, DL., 'Attitudes toward counseling among Asian Indians in the United States,' *Cultural Diversity in Mental Health* 1998, 4(1): 55-63.
- ¹⁹ Patel, SP., Gaw, AC., 'Suicide among immigrants from the Indian subcontinent: a review,' *Psychiatr Serv*, 1996 May;47(5):517-21.
- ²⁰ Lip, GY., Luscombe, C., McCarry, M., Malik, I., Beevers, G., 'Ethnic differences in public health awareness, health perceptions and physical exercise: implications for heart disease prevention.' *Ethnic Health* 1996, 1(1): 47-53.
- ²¹ Williams, R., Shams, M., 'Generational continuity and change in British Asian health and health behavior,' *Journal of Epidemiologic Community Health* 1998. 52(9):558-63.
- ²² Raj, A., 'Intimate partner violence against South Asian women in Greater Boston,' *Journal of the American Medical Women's Association*, 2001.
- ²³ Emerging Communities: A health needs assessment of South Asian women in three Northern California counties. National Asian Women's Health Organization, 1996.
- ²⁴ 1990 Census, United States Census Bureau
- ²⁵ Hughes, C., 'Traditional Hawaiian diet programs: a culturally competent chronic disease intervention,' *Pacific Health Dialog* 5(2): 328-331.
- ²⁶ *Racial and Ethnic Disparities in Access to Health Insurance and Health Care*, April 2000. UCLA Center for health Policy Research and Henry J. Kaiser Family Foundation.