

# VIETNAMESE IN THE UNITED STATES

## HISTORY

Most Vietnamese in the U.S. come from what was once the Republic of Vietnam, known as "South Vietnam," which had its capital at Saigon. Their government, allied with the United States, collapsed under military pressure from communist North Vietnam. Between 1975 and today, Vietnamese have come to the U.S. by a variety of means and for a number of reasons.

After Saigon came under communist control, many ex-military, government officials and Vietnamese who had worked for the U.S. during the war were resettled throughout the U.S. Thousands of Vietnamese, including former U.S. government employees, were detained in harsh "reeducation camps" for years. As conditions in Vietnam worsened, many fled to refugee camps in other parts of Asia or were reunited with family abroad. An estimated 100,000 were later released to join family members overseas. Today most Vietnamese come in the U.S. via ordinary immigration channels.<sup>1</sup>

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## DEMOGRAPHICS

The U.S. Census Bureau estimates that in 2000 nearly 1,123,000 Vietnamese lived in the United States<sup>2</sup>.

## HEALTH STATUS

It is difficult to characterize the health status of Vietnamese. 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 Vietnamese health status.

## MATERNAL AND CHILD HEALTH

Starting prenatal care as early as possible during a pregnancy is believed to promote healthier birth outcomes for both the mother and infant. Vietnamese women in 1992-1993 were slightly less likely to begin prenatal care in the first trimester than whites (79% vs. 82%).<sup>3</sup>

The practice of breastfeeding, which provides immunological protection to infants, is uncommon among many Southeast Asian women. Evidence suggests that most Vietnamese women believe that formula-feeding was more popular in the U.S. and many believed formula-feeding to be healthier than breastfeeding.<sup>4</sup>

## CHRONIC DISEASES

### Cancer

Top 5 Most Commonly Diagnosed Cancers in Vietnamese in the United States, 1991-1995<sup>5</sup>

Females	Males
breast 21%	lung 18%
cervix 11%	liver 13%
colon/rectum 9%	prostate 11%
lung 9%	colon/rectum 10%
thyroid 7%	stomach 7%

Studies have shown that Southeast Asians have 18% higher lung cancer rates than Whites.<sup>6</sup>

Research indicates many Vietnamese American women have misconceptions of breast and cervical cancer and many are unaware of cancer screening tests. A study in San Francisco of adult Vietnamese women found:

- 52% believed there was little one could do to prevent cancer,
- 39% thought that breast and cervical cancer could be caused by poor hygiene,
- 55% did not know that having a family history was a risk factor for breast cancer, and
- 14% had never heard of breast self-examination.<sup>7</sup>

A survey of Vietnamese women in California found that only 30% had ever had a mammogram and only 53% a Pap test. Factors that were associated with having one or more of the tests included age (among women <40 years old), number of years in the U.S., having ever married, and having health insurance. Factors associated with not receiving a test included having a Vietnamese doctor, being unemployed, and being of Chinese-Vietnamese background. Improving use of cancer screening tests requires a two-prong approach directed at both Vietnamese consumers and Vietnamese doctors.<sup>8</sup>

## INFECTIOUS DISEASE

### Hepatitis B

A survey of 1,508 Vietnamese households in three metropolitan U.S. areas found that rates of children having all three hepatitis B vaccinations ranged from 14% to 24% in Dallas, 10% to 26% in Houston, and 18% to 38% in Washington, D.C. These low immunization rates among children and adolescents warn of a generation which, too old to benefit from infant programs and school entry laws, could grow into adulthood without the protection of immunization.<sup>9</sup>

### Tuberculosis

Compliance with TB drug therapy depends not only on trust

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between a patient and provider, but also on the sociocultural environment of the patient. In a study of Vietnamese American clients with courses of preventive drug therapy for inactive TB, three factors in particular were found to influence compliance or non-compliance: 1) cultural interpretations of the therapy's side effects as "hot"; 2) the role of family members and peers; and 3) community perceptions of the drug treatment<sup>10</sup>.

### **HIV/AIDS**

A survey of Vietnamese American college students on HIV/AIDS awareness found:

- Female students were more knowledgeable than male students
- Sexually active participants were less knowledgeable than those who were not sexually active
- Respondents were not comfortable discussing their HIV and safe sex concerns with their sexual partners.<sup>11</sup>

Data from Orange County, California found substantial numbers of sexually active, unmarried Vietnamese respondents who never use (17-40%) or only sometimes use (10-32%) condoms. Additionally, 49% of respondents stated that they did not have enough information about AIDS to protect themselves.<sup>12</sup>

### **MENTAL HEALTH**

In spite of the enormous diversity of the Asian American and Pacific Islander (AAPI) population, many mental health studies continue to consider AAPIs as a single ethnic category, often leading to incorrect conclusions. For example, when Asian Americans in a mental health program in King County, Washington were treated as a single group, they were found to have a lower level of functioning difficulty than their white counterparts. However when treated separately, only one of the five AAPI ethnic groups had a significantly lower level.<sup>13</sup>

For Southeast Asians (Vietnamese, Cambodian and Lao), regardless of ethnicity and number years in the U.S., premigration trauma and refugee camp experiences were significant predictors of psychological distress even five years or more after migration. In addition, Vietnamese women may be more likely to experience distress than their male counterparts.<sup>14</sup> Surveys of Vietnamese American men in San Francisco, Alameda, and Santa Clara county, and the city of Houston found that men who were the least proficient in English, poorer, unemployed or disabled, veterans and those living in Houston were more likely to be depressed.<sup>15</sup> Other studies indicate that Vietnamese middle school students were 1.5 times more likely than white students to report suicidal thoughts.<sup>16</sup>

### **HEALTH BEHAVIORS**

#### ***Tobacco Use***

Vietnamese boys have been found to be less likely than other students to smoke cigarettes in middle school, but more likely to smoke in high school.<sup>17</sup>

#### ***Diet***

Compared to the overall proportion of overweight individuals in the population as a whole (57%), Vietnamese men and women had much lower rates of being overweight (17% and 9% respectively). However, among the foreign-born, the risk of being overweight or obese increases as more years are spent in the U.S. This may indicate that the proportion of overweight or obese individuals will increase with more U.S.-born Asian

Americans as well as longer duration in the U.S.<sup>18</sup>

### **ACCESS TO CARE**

#### ***Lack of Health Insurance***

Having health insurance has a significant impact on the ability to get care, as well as the kind of care people receive. While very

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little national data exists on the level of health insurance coverage for Vietnamese Americans, analysis of Current Population Survey data by the UCLA Center for Health Policy Research has found that in 1997, Southeast Asians as a group had one of the highest rates of uninsurance among AAPI groups (27%), almost

two times higher than the rate among non-Latino whites (14%). While Southeast Asians are much more likely to be covered by Medicaid (18% vs. 6% among whites), reflecting their high rate of poverty and the refugee status of many Southeast Asians in the U.S., the disparity in coverage rates still exists. Much of this difference may be accounted for by their low rate of health coverage through their employment (49% compared to 73% among whites).<sup>19</sup> In California, estimates of health insurance coverage shows rates similar to national data for Vietnamese Americans, ages 0-64 years: 29% are without health insurance, 48% receive coverage through their employment, and 17% receive Medicaid coverage.<sup>20</sup>

#### ***Linguistic and Cultural Barriers***

Cultural issues significantly impact community health. Unfortunately, few programs are designed to build upon cultural assets and community strengths. Hmong place tremendous importance on spirituality, family life, and tradition. Viewing these beliefs as cultural strengths, and, for example, incorporating spirituality or Hmong 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.<sup>21</sup> 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.

### **RESOURCES**

- Southeast Asia Resource Action Center (SEARAC)  
[www.searac.org](http://www.searac.org)  
(202) 667-6449
- Ethnic Specific Health Care Beliefs and Practices  
[http://www.baylor.edu/~Charles\\_Kemp/asian\\_health.html](http://www.baylor.edu/~Charles_Kemp/asian_health.html)

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<http://www.4woman.gov/owh/pub/woc/toc.htm>

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