

## Working With Southeast Asian Clients: Suggestions From the Field

Yu Xu, PhD, RN, CTN

**S**outheast Asian Americans are of a unique group with distinctive psychosocial and health behaviors. The term refers to Asian Americans who come from Burma, Cambodia, Laos, Malaysia, the Philippines, Thailand, and Vietnam. This column concerns three ethnic groups of Southeast Asians, namely, Vietnamese, Cambodians, and Laotians. These three groups have a short immigrant history. They resettled in this country after the Indochina conflict in the 1970s and 1980s as refugees. California, Massachusetts, Minnesota, and Louisiana claim to be top destinations for their settlement. Mainly because of closely knit family and social networks, Southeast Asians tend to live in clusters or enclaves.

One perpetuating myth is that Asians, including Southeast Asians, are in relatively good health as a whole. The myth that Asians are the model minority and are healthy, prosperous, and enjoy success with few problems is widespread. Although Asians score well on certain health indicators compared to some other racial/ethnic groups, they are challenged by their own set of health risks. Furthermore, a closer look reveals that the health status of Asian Americans is polarized. In other words, there is a dichotomy regarding the health status among the various segments of the Asian population, very much like educational attainment and family income (Lin-Fu, 1988; Yoon & Chien, 1996). Vietnamese, Cambodians, and Laotians, as a segment of the Asian American population, are at the

lower end of the spectrum in terms of educational attainment and family income and are among the most economically disadvantaged groups in this country.

There are alarming racial and ethnic health disparities. A case in point is cancer control:

- Southeast Asian men have one of the highest smoking rates among all ethnic/racial groups in the United States (U.S. Department of Health and Human Services, 1998);
- Southeast Asian women have higher invasive cervical cancer incidence rates and lower Pap smear testing frequencies than most other ethnic groups in the United States (Taylor et al., 1999);
- Vietnamese men have the highest rate of liver cancer for all racial/ethnic groups (Miller et al., 1996);
- Lung cancer rates among Southeast Asians are 18% higher than among White Americans (Coultas et al., 1994);
- Asian and Pacific Islander women, including those from Southeast Asia, have the lowest rates of breast cancer screening (Carey Jackson et al., 2000; McPhee et al., 1997; Phipps, Cohen, Sorn, & Braitman, 1999; Taylor et al., 1999; Tu et al., 2000).

In addition, tuberculosis, posttraumatic stress disorder, and certain gastrointestinal disorders caused by certain

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*Author's Note:* Address correspondence to Dr. Yu Xu, Department of Community/Mental Health Nursing, College of Nursing, University of South Alabama, Mobile, Alabama 36688; e-mail: yxu@usouthal.edu.

parasites have disproportionately affected Southeast Asians.

Grounded in firsthand experience in Bayou La Batre, Alabama, since 1998 and a working knowledge of the three groups, this column provides an account of their psychosocial characteristics, cultural beliefs, and health behaviors and makes suggestions regarding how to provide culturally competent care to Southeast Asian Americans.

### Psychosocial Characteristics

*Religion.* Religion plays a pivotal role in the lives of many Southeast Asians. Buddhism is the endogenous religion for the three Southeast Asian groups. Although many elderly people are devoted believers of Buddhism, an increasing number of young Southeast Asians are becoming Christians, primarily Catholics. For many Southeast Asian communities, one of the first things done after settling down in this country was to build a temple for worship. The money for the temple usually came from donations of community residents, businesses, and other supportive agencies.

*Work ethics.* Vietnamese, Cambodians, and Laotians are known for their hard-working work ethics. It is not uncommon that their workday starts at 4 or 5 a.m. in the seafood industry in which the majority of Southeast Asians are employed in Bayou La Batre. School-age children are also expected to help out with family finances by working in the seafood processing shops before and/or after school and during the summer. Because of family financial constraints and pressures, many children may not have the opportunity to capitalize their potentials.

*Collectivistic orientation.* According to Hall's (1976) taxonomy, Southeast Asian cultures are collectivistic in nature. In other words, the needs of the family, work unit, or the community take precedence over individual needs. It is shocking to mainstream Americans to learn that Vietnamese in Bayou La Batre can pay off a house with cash considering that they have a meager family income. The secret for such purchasing power is that the Vietnamese pull in resources from family and friends. The most amazing part is that all of these transactions are conducted without a single, signed contract.

*Secrecy and fear of strangers.* Primarily because of the residual effects of living under an authoritarian Com-

munist regime, Southeast Asians, in general, do not like to deal with strangers, particularly Whites. In addition, they are fearful of governments and do not want them to know some of their economic and social activities, which may be considered borderline or even illegal by the official rules.

### Health-Related Issues, Behaviors, and Practices

*Model patients.* Oftentimes, Southeast Asian clients are quiet, polite, and agreeable and have few requests regarding their needs. However, such impressions may be misleading because the gut feelings may be disguised, very often through the unconscious cultural programming that has become second nature through socialization. It would be a big mistake to assume that the seeming quietness indicates that all their needs have been met. In fact, Asians, including Southeast Asians, have higher expectations of others. They prefer people to detect their needs before having to make them known explicitly. Further, the chance for miscommunication with Southeast Asians is increased with their typically indirect communication pattern. The situation is further compounded by their habitual smiling, nodding, and the "yes" answer even when they have no clue of what is being said. The "yes" in most cases only means, "I heard you," and it does not indicate consent or agreement. These verbal and nonverbal behaviors are reflective of collectivistic and high-context cultures (Hall, 1976).

*Self-treatment.* Because of concern for health care costs, distrust in Western medicine, and the more pronounced side effects of synthetic pharmaceutical agents, Southeast Asians tend to seek self-treatment before considering activation of formal health care services. Self-treatment may include consultation with family and friends, self-diagnosis, and taking medications that were originally prescribed for another family member for conditions that were perceived as the same or similar. Self-treatment may delay their entry into the health care system, thereby sometimes missing the best or early opportunities to treat a condition. Other times, the delay is so long that the condition is in the advanced stage and too late to treat.

*Home or endogenous remedies.* There are many traditional remedies for treating a variety of conditions that have been passed on for generations and that are effective to Southeast Asians. Among them, coining and

cupping are perhaps the two most frequently used modalities. Coining is a procedure in which an American quarter is attached to a wooden handle and is used to scrape body parts such as the upper chest, upper back, and upper arms. One session lasts anywhere from 10 to 30 minutes until bluish stripes appear. Cupping is a procedure in which a series of glass jars are put upside down on the back after oxygen is exhausted by fire. The negative pressure created helps keep the jars in place. Raised reddened areas the size of the glass jar opening appear after the treatment. Coining and cupping are commonly performed to alleviate pain and treat the common cold. The issue raised by these culture-based modalities is that both could have been mistaken for physical abuse, especially if they are performed on children. Therefore, nurses, especially those working in school settings, emergency rooms, and in social services, should be educated accordingly. For health care providers, the practice of criticizing, disapproving, or even alleging abusive charges is inappropriate and constitutes cultural imposition according to Leininger (1978).

*Polypharmacy.* Polypharmacy is the health practice whereby the client is taking prescribed medications from more than one health care provider, usually one endogenous and one Western. The issue is that neither health provider is informed that the client is concurrently seeking medical care from someone else. The cultural values of Southeast Asians that lead to such health-seeking behaviors render this practice especially dangerous. *Face* is a pivotal psychosocial concept in Southeast Asian cultures that underpins many behaviors. From the Southeast Asian perspective, one should tell neither health care provider because doing so would make both providers lose face because of a perceived mistrust or lack of confidence in their competencies. Therefore, at the first service contact, health care providers need to be aware of this potential issue, inquire sensitively, and educate clients about the potential dangers.

*Lack of health promotion and disease prevention.* Because of financial constraints, lack of health insurance, low educational attainment, and isolation from the mainstream society as a result of language and geographical barriers, health promotion and disease prevention practice for Southeast Asians in Bayou La Batre tend to take a backseat. Moreover, the fear of finding an abnormal condition through early screen-

ings and detections poses another culture-based barrier for improving their health status. For example, during a recent survey of cancer risks in Southeast Asians, the researcher observed that the incidence rate of cancer for the target population appeared much lower than expected. Later, informants for the researcher explained that Southeast Asians may deny a diagnosis of cancer for themselves or family members because cancer is culturally perceived as equivalent to terminal disease or even death.

*Logistic barriers for health care.* Lack of English proficiency and transportation present the two most common practical barriers for Southeast Asians seeking health care services, especially for the elderly. The Office of Minority Health under the Department of Health and Human Services issued the *National Standards for Culturally and Linguistically Appropriate Services in Health Care* in 2000 (Xu, 2001). However, there are regional differences, and it takes time for the guidelines to trickle down to the grassroots level. For example, the Mobile County Health Department and the Mostelar Medical Center, a federally funded clinic that is the only health care facility in the Bayou La Batre community, are the two health care providers that have Vietnamese on staff to serve as designated interpreters besides other roles. In many cases, younger children have to function as interpreters to make the best out of the situation. However, there are issues with children serving as interpreters: (a) Children may not be able to interpret or translate because of a lack of health knowledge and language competency, and (b) some sensitive situations are inappropriate for children to function as interpreters or translators such as spousal abuse and sexually transmitted diseases. For these reasons, the national standards (U.S. Department of Health and Human Services Office of Minority Health, 2000) specifically rule out using children as interpreters or translators unless requested by the family.

## Conclusion

The faces of Americans are changing. As the 2000 Census has revealed, Hispanics and Asians are the two fastest growing racial/ethnic and linguistic groups in the U.S. population. According to the Bureau of Census projection, minorities as we know them today will become majorities in 2050, hence the new term *emerging majorities*. Asians as a group are highly heterogeneous. Asians include approximately 32 ethnic and national groups and speak nearly 500 languages and dialects.

Each subgroup has its aggregate-specific health risks and challenges. In addition, there is a bipolar distribution pattern with regard to the health status among Asians, similar to income and education. Most important, the Asian holistic health culture is distinctive from the Western biomedical health culture (Xu, Sun, Xu, & Zhang, 2001). To provide culturally competent care, it is an increasing imperative for health care providers to hone their competencies. Moreover, culturally competent care will also contribute to the reduction and ultimate elimination of racial and ethnic health disparities, which is one of the two overarching goals of *Healthy People 2010* (U.S. Department of Health and Human Services, 2000).

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*Yu Xu, PhD, RN, CTN, is an assistant professor at the University of South Alabama College of Nursing.*