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Title: Asian migrants' lived experience and acculturation to western health care in rural Tasmania

Running Title: Asian migrant's health acculturation

Abstract

Objectives: The study was designed to explore the lived experience of Asian migrants' health care seeking behaviour in Tasmania, to discern the acculturation process by which Asian migrants are enabled to use the health system, and to identify strategies which assist migrants to understand and use the health system better.

Methods: Qualitative research was adopted. Semi-structured interviews were conducted with 36 Asian migrants residing in North, South and North West Tasmania which were recruited through purposive sampling.

Results: Six main themes emerged from the interviews: the acculturation process, interactions with the health care system, access issues, culturally appropriate health care, positive health care in Tasmania, and suggestions for improving health care.

Conclusions: The findings indicated that Asian migrants' views affected their health care seeking behaviours due to the lack of information, poor communication, limited access and choices in Tasmania. Interestingly, those married to local Tasmanians had the shortest trajectory to health system acculturation. The study recommended developing health and wellbeing for Asian migrants by increasing access to information regarding navigating the health system and improving access to and awareness of language services. In addition, ensuring adequate, appropriately written, culturally specific and congruent information should be available to assist migrants' transition into a new health care system. Lastly, greater cultural awareness within the health profession to meet the needs of culturally specific individuals and communities is required when they seek care.

KEY WORDS: access, acculturation, behaviour, Asian migrant, rural health

Introduction

Culturally and linguistically diverse (CaLD) communities in large Australian cities are cohesive and dense ethnically distinct populations that allow cultural traditions, socio-cultural norms, health experiences and beliefs to endure¹⁻⁵. However in Tasmania, Asian migrants constitute only 1.3% (n=6153) of the total population (n=476,481). As such 56.5 % (n=3478) of this diverse demographic live within the inner regional area of Hobart. The remainder of the population are scattered and at times in isolated rural areas of Tasmania⁶.

Migrants from sparse, less cohesive and ethnically diverse groups behave differently to their counterparts in larger Australian cities. They are less likely to access and use health services, compounded by poor understanding by health care providers of how migrants conceptualise and experience health, illness and health care^{3, 7}. While smaller migrant populations in Tasmania may allow acculturation to occur more quickly, these migrants are more likely to encounter language and cultural barriers. Especially when dealing with new health beliefs and the health care system creating confusion, disappointment and adverse mental health⁷⁻⁹.

Asian migrants in Tasmania often face language and cultural barriers including increased confusion and anxiety as they enter the unfamiliar territory of the health care system⁷. Yet, insights into the health beliefs of Asian migrants in Tasmania, particularly in regional areas, remain absent with very little comparable research conducted^{3, 7, 10}.

This study was conducted to identify the acculturation process by which Asian migrants are enabled to use the health system. The study attempted to identify the strategies which assist Asian migrants to understand the health system better and improve their use of it. More specifically, the study aimed to investigate migrant cultural views on health, particularly the influence of their cultural backgrounds on health seeking behaviour in their new country, and to identify means of increasing uptake and use of health care in rural Tasmania.

What is already known on this subject

- Smaller migrant populations encounter language and cultural barriers when dealing with new health beliefs and health care systems, creating confusion, disappointment and poor mental health.
- Migrant communities in other remote regions of Australia continue to experience limited development of culture specific specialist services including a lack of culturally competent health workers and translated health information.
- Migrants return to their country of origin for medical treatment due to issues of access, cultural preference and an inability to adapt to their new country's health system.
- Knowledge of Asian migrant health experiences in Tasmania, particularly in regional areas remain absent and not well understood by health care providers.

What this paper adds

- The findings provide additional knowledge relating to health access and utilisation by ethnically distinct migrant populations. It provides greater direction for primary health care delivery by identifying barriers to health seeking and health access for ethnic minorities in Tasmania and similar sparse and less cohesive culturally and linguistically diverse (CaLD) communities elsewhere in Australia.

Methods

The exploratory research design was used to investigate health seeking of Asian migrants in Tasmania^{11, 12}. In addition this study adopted the tenet of phenomenology to investigate and analyse the lived experience of Asian migrant's health seeking behaviour when living in Tasmania¹³. The principles of phenomenology were used to generate methods of understanding which views world of lived experience as a fundamental source of research and are not attainable through other research methodologies^{13, 14}.

Purposive snowball sampling and semi-structured interviews were used to allow increased flexibility and to ensure key issues were identified^{15, 16}. The participants were interviewed in English once in October 2010 and March 2011. Ethical approval for the research was endorsed by the Social Sciences Human Research Ethics (Tasmania) Network and the Curtin University Human Research Ethics Committee.

The interviews were voice recorded, transcribed, coded, and analysed for emerging themes, patterns of living and behaviour^{13, 17}. This was achieved through thematic analysis using QRS-NVivo v9.0 software¹⁸. The participants included 9 males and 27 females aged from 19 to 72, from different Asian backgrounds, of various marital status and varied English levels in rural areas of Tasmania. The data analysis emphasised the participants' experiences of health, illness including healthcare seeking and access in Tasmania and their country of origin.

Results

The thematic analysis methodology identified Asian migrant health seeking behaviour and acculturation with the health system, identified how migrants interacted with the health care system both positively and negatively including access and culturally appropriate health care issues, and lastly revealed how migrants perceived and managed their experiences around health and health seeking in rural western society with suggestions made for improving use of health care in Tasmania.

The acculturation process

A timeframe could be identified by each participant where they felt acculturated sufficiently with the health system to use it confidently. The average timeframe was two to three years and up to four years. “It depends how you handle things and also if you let yourself get involved with the community” (Filipino participant 3). Interestingly, those who were married to locals had the shortest trajectory to health system acculturation, where a husband or wife assisted a migrant to understand and use the health system successfully.

Those who were single or married to an Asian migrant had the longest trajectory to health system acculturation. These migrants require greater targeting to improve health acculturation. Nevertheless, all migrants’ acculturation process increased rapidly and was aided through a major health event which a family member or the individual had experienced, such as the birth of a child or serious illness.

Around two thirds (67%) of the participants reported their health care seeking behaviours had changed once migrating to Tasmania. This emulated the literature, which demonstrated as migrants length of stay increased acculturation, health seeking and use of health professional services also increased^{19, 20}. The participants who experienced the greatest change tended to be from low-income countries such as India and the Philippines, in contrast to participants from wealthier countries, such as Japan, South Korea, Malaysia, and Singapore, who did not report significant changes in their health seeking behaviours.

Interactions with the health care system

Thirteen of the 36 participants were users of traditional medicine at the time they migrated. This had reduced to only two participants at the time of the study. All 36 used western medicine at the time of the study.

Migrants had both positive and negative experiences in their interactions with health care services in Tasmania. Positive experiences were more likely to be reported by migrants from developing countries such as mainland China, India, Philippines and Sri Lanka, where health care provision remains under-resourced and of a generally poor quality^{21, 22}. On the other hand, negative experiences were more likely to be reported by those from wealthier countries such as Japan, South Korea, and Malaysia. Negative views included the long drawn out process in seeing a specialist, the perceived poor quality and rude attitudes of certain health professionals, and the use of out-dated medical procedures.

For many participants, interacting with and navigating through the health system seemed complex and confusing. The lack of appropriate information in their own language was cited by those with relatively poor English. Many were unsure if the hospital or GP was their primary health provider for simple conditions such as a cold. “I am unsure if I can go to the hospital or need to look for a GP” (Indonesian participant).

Confusion also arose when requiring specialist care as many participants were initially unsure of the process. This acted as a deterrent in seeking the appropriate care for ongoing unresolved health issues. “I went to see the specialist first, but no, I had to see the GP first. It was confusing” (Filipino participant 11)

As a result of these interactions, many participants voiced an increased stress and anxiety due to this change in health care provision experienced in Tasmania. Some were surprised at the contrast between Tasmania’s health system and those in large Australian cities. Many felt

because of these frustrations their only option was to travel to Sydney or Melbourne for treatment and care, with a large number stating they had or would travel to their country of origin for more complex treatment, which phenomenon is reverberated throughout the literature as an ongoing issue²³.

Interestingly, most of those married to Australians were less confused with the health system and how to seek care. This finding is consistent with the literature as there is evidence those married to Australians experience less stress in adapting to life in Australia, and experience fewer problems with access to health services and their health²⁴.

Access issues

Problems with accessing health care were recurring issues articulated by participants, with the difficulty in seeing a GP immediately the most common issue. In one case, a Chinese participant was turned away from Accident and Emergency until he had registered with a GP. Another participant stated “I had to travel all the way to Burnie when I was ill” (Sri Lankan Participant). The 140km trip was taken to access a GP who was taking on new patients as the participant was unsuccessful in obtaining a local GP.

Poor mental health was expressed to be a stigmatised health issue where participants were less likely to seek health care. These health issues were rather treated within the family due to the taboo or shame associated with such health issues within certain Asian cultures, particularly in India and Sri Lanka. Similarly, women preferred going to a female GP for gynaecological concerns.

My GP told me to have a Pap smear, he did not explain why or what it was, he just told me to do it. I am not comfortable with a male GP, but I am unsure if I can ask for a female to do it... it makes me scared to do it.(Filipino participant 11)

This apprehension and reluctance was more likely to be reported by those with no permanent GP or by those who attended practices with high locum turnover. In addition when migrants experience inequalities in navigating and accessing health care, including seeking health-related information they utilize health care services less frequently, terminate treatment early, and receive inadequate quality health services compared to the non-migrant population^{25, 26}.

Culturally appropriate health care

Closely related to access problems was the lack of culturally appropriate health care. A number of participants with very small family and social networks stated they “intended to move to a more culturally dense community in mainland Australia as they became older”. They felt “Tasmania was ill equipped to cater and care for older Asian migrants, who may be placed in nursing homes”.

It is important for GPs to understand how foods, beliefs and culture affect the people and their health... my GP is not aware of my culture and it is a problem as I cannot talk to him comfortably. I am scared of the medicines and the GP (Philippines participant 11)

Culturally appropriate health care issues have also been highlighted throughout the literature where in other rural and remote regions of Australia migrant communities continue to be small, sparse and less cohesive. These communities also experience limited development of

culture specific specialist services, a lack of culturally competent health workers, including translated health information. These migrants are also unable to access social, health and aged care services and incur added costs associated with travelling long distances to culturally congruent providers or returning to their country of origin for medical treatment^{10, 23, 27}.

Positive aspects of health care in Tasmania

In spite of the negative experiences, participants frequently commented upon the caring nature of the Australian health system in Tasmania, especially in reducing stress, anxiety and creating a feeling of safety with a relaxation of migrant's vigilance of 'trying not to get sick' (Filipino participant 10). The majority of participants felt welcomed and well cared for by their GPs and within the health care system. All health professionals were reported to be pleasant and helpful. Five participants who all shared the same GP felt he was more aware of their cultural needs because of his cultural connectivity with the Asian community. Interestingly, three additional participants stated their GP always gave specific advice because of their cultural background.

Although many Asian migrants felt the health system was more protective and caring, which reduced anxiety when ill, there were other anxieties which occurred due to lack of choice and an inability to access culturally appropriate and timely care. This left Asian migrants less willing to seek care or encouraged them to seek care interstate or overseas and is echoed in the literature^{23, 28}.

Suggestions for improving use of health care

A small number of participants stated to improve the use of health services by Asian migrants in rural Tasmania, they would like to see more multicultural doctors, specifically those from Asian backgrounds or health professionals with a greater understanding of culture, cultural views of health and specific health needs of Asian migrants. Some participants stated they felt Tasmanian health professionals were less exposed to Asian migrants and could benefit from exposure to a wider range of experiences, by completing part of their training in larger Australian cities where greater cultural diversity exists.

Almost all participants believed there was a need to improve information and language services for migrants, drawing on the current inadequate and inhibitory interpretive services. One participant expressed "it is difficult to get interpretive services. It is impossible" (Malaysian participant 2). Eight participants felt it important to improve and make interpretive services more visible to migrants. If interpretive services were unavailable, many participants specified that written information on how best to navigate the health care system or about specific procedures should be accessible through Medicare, general health care settings or at Immigration.

The health system is very different here, you need a GP, without a GP you can't do anything else and you can't visit a specialist without a form from the GP...I think if you mention some very basic information, like what is purpose of a GP and what to do when you need any medical help. (Hong Kong Participant)

A small number of participants highlighted the possible benefit of a cultural advocate-interpreter or community health worker. Much like Aboriginal Liaison Officers, they would

assist migrants to navigate through the health care process. These advocates could support and advise both health professionals and migrants, especially in areas where family networks or large CaLD communities were absent. These advocates would aim to improve trust and communication between unfamiliar health professionals and migrant communities²⁹.

Discussion and recommendations

The results of the study cannot be easily generalised because of the very small, heterogeneous and purposively recruited study sample, however the study did illuminate a number of health care issues and recommendations for improving use of health care by Asian migrants in rural Tasmania. The broad themes which emerge from the data highlight greater acculturation being achieved through:

- More innovative and multi-channel initiatives are needed to address the issue of language barrier in health care provisions for migrants
- Training for health professionals should be directed to include multi-cultural approaches in providing health care services to migrants.
- Cultural advocates, who serve as a link between unfamiliar health professionals and migrant communities, should be a great addition to the current health care system in Tasmania^{10, 23}.

Conclusion

The study has examined Asian migrant's lived experience and acculturation to western health care in rural Tasmania. The findings are comparable to other studies conducted in sparse and less cohesive CaLD communities elsewhere. However, the study adds to existing knowledge of health access and utilisation by migrant populations. It aids to improve access to and greater direction for primary health care delivery in Tasmania and other small, sparse and less ethnically robust communities by identifying barriers for health seeking and improve health access for ethnic minorities.

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