

# A PRELIMINARY STUDY OF A HEALTH-PROMOTING LIFESTYLE AMONG SOUTHEAST ASIAN WOMEN IN TAIWAN

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The purpose of this study was to determine and understand the predicting factors of a health-promoting lifestyle (HPL) in Southeast Asian women in Taiwan. One hundred and five Southeast Asian women in Tainan were recruited. Face-to-face interviews with structured questionnaires were used for data collection. The findings showed that, among the six dimensions of HPL, subjects scored highest in self-actualization and lowest in health responsibility. Subjects who could read and write Chinese had a more positive HPL; stepwise regression analysis revealed that the ability to read Chinese could explain 26.2% of the total variance of HPL in Southeast Asian women. The results of this study can help health care professionals understand the HPL and to design appropriate health-promoting educational programs to improve the well-being and overall quality of life of Southeast Asian women in Taiwan.

**Key Words:** Southeast Asian women, perceived health, health-promoting lifestyle  
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Health promotion has become a popular issue in the fields of medicine, public health, and nursing [1,2]. As a result of the "Health for All" appeal by the World Health Organization, many countries have adjusted their medical health care systems to include health promotion in addition to treating disease. Such countries have cited health promotion as an important issue [3]. Health promotion was also suggested as an important way to reach the goal of the "Healthy People 2010" program [4]. Travis pointed out that a health-promoting lifestyle (HPL) should include factors such as self-responsibility, diet, physical perception, and stress management [5]. Walker et al defined HPL as multi-dimensional and spontaneous behaviors and the perception of an individual regarding maintaining or improving health

quality, self-actualization, and self-satisfaction. It consists of self-actualization, health responsibility, exercise, nutrition, interpersonal support, and stress management [6]. Easom stressed that health promotion should go beyond disease prevention [7]. Tapp and Goldental suggested that a healthy lifestyle should include both disease prevention and health promotion [8]. Previous studies have reported that the factors affecting health-promoting behaviors include age, race, education, socioeconomic status, region, perceived health, self-esteem, and cultural adaptation [9–11]. Lifestyles can also influence health and well-being [1]. An HPL may decrease the possibility of premature death and the risk of disease [12] and, thereby, improve overall health [13]. Under pressure from the rising cost of National Health Insurance in Taiwan, health promotion must become the government's policy to reduce medical costs in the near future [14].

According to Taiwan's National Statistics, of the 68,159 foreign female spouses who obtained valid permits before the end of June 2003, 64,671 (94.88%) came from Southeast Asia; they were primarily from Vietnam (42,731, 62.7%) and Indonesia (10,426, 15.3%) [15]. It is estimated that the number

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of Southeast Asian spouses of Taiwanese males will continue to grow. The rapid increase in the number of foreign brides has greatly transformed Taiwan's social and demographic structures. As a result of diverse cultures influencing Taiwanese society, health care professionals will have to provide culturally sensitive and appropriate health care to people of various nationalities.

The transnational marriage presents unique pressures resulting from changes in social relationships, personal roles, language, values, and attitudes. These changes may negatively influence an individual's health [16]. Previous studies found that poor adaptation to stress, lower socioeconomic status, and a language barrier were all health-influencing factors for immigrant women [16–18]. Literature indicates that most Southeast Asian women spouses in Taiwan are disadvantaged minorities with lower socioeconomic status and a lower level of education than the general population in Taiwan [19]. Southeast Asian women in Taiwan suffer from both immigration and transnational marriage-related pressures. In addition, the lower education and socioeconomic status of some of these women have made health issues even more diverse and complicated. Studies have found that stress related to language barriers, socioeconomic status, and difficulties in adapting to a new environment are all health-influencing factors, both physiologically and psychologically, for immigrant women. One such study reported that Thai women who immigrated to the US did not consider themselves to be susceptible to disease and, therefore, rarely engaged in health-promoting and disease preventative behaviors [20]. Similarly, research found that Southeast Asian women who immigrated to the UK did not consider themselves to be at risk for breast cancer and, therefore, did not perform breast self-examinations [21]. As Southeast Asian women in Taiwan typically belong to disadvantaged groups and most intend to have children for the traditional purpose of continuing the family bloodline [22], an HPL is not only important for their own health but will also influence the health of their children, spouses, and families.

At present, research regarding health issues of Southeast Asian women in Taiwan is limited, but a previous study has shown that the development of culturally sensitive health-promoting programs is beneficial for health promotion [23], especially for immigrant women without access to the local health care system. This study explored the HPL of Southeast Asian women in Taiwan and its predicting factors. Ideally, health care providers will be able to use it as a guide in designing suitable health-promoting educational programs at the community level.

## MATERIALS AND METHODS

### Subjects

With the approval of the Department of Health in Tainan, the names of 124 subjects were randomly selected from 520 Southeast Asian women in transnational marriages living in Tainan. Nineteen subjects were rejected because they refused to participate in the study or they could not communicate verbally in Chinese or Taiwanese.

### Instruments

A demographic inventory was used to gather data on nationality, age, education, socioeconomic status, length of stay in Taiwan, number of children, and Chinese language ability. Socioeconomic status was measured using Lin's revision of Hollingshed's two-factor socioeconomic status measure (which is the sum of the occupational index multiplied by 7 and the educational index multiplied by 4); five levels of socioeconomic status were used, with the highest level representing the highest socioeconomic status [24]. A score ranging from 52–55 corresponds to Level I, 41–51 to Level II, 30–40 to Level III, 19–29 to Level IV, and 11–18 to Level V.

Perceived health was measured with a three-item self-evaluation questionnaire about present general health, general health compared with 1 year ago, and general health compared to others of the same age. Each question was scored from 1 (poor) to 3 (good), with a total score ranging from 3 to 9. A higher total score correlated to a greater perception of health. Five experts, one each from the fields of nursing, health education, public health, psychology, and medical sociology, evaluated the questionnaire items and agreed that they measured perceived health and were appropriate for women in Taiwan. Alpha coefficients of 0.81 [25], 0.84 [26], and a 2-week test-retest reliability coefficient of 0.88 [27] supported the instrument's reliability. The alpha coefficient reliability and 2-week test-retest reliability coefficients were 0.85 and 0.88 in the present study.

The Chinese version of the Health Promoting Lifestyle Profile (HPLP) [27], modified from Walker et al [6], was used to measure HPL. This 40-item scale analyzes six areas, including self-actualization, health responsibility, interpersonal support, exercise, stress management, and nutrition. Items were rated on a 4-point Likert scale, ranging from 0 (never) to 3 (always). Possible total scores ranged from 0 to 120, with a higher score indicating a more positive HPL. Five experts from the fields of psychiatry, gastrointestinal medicine, and nursing evaluated the HPL items.

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