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Health literacy as the missing link in the provision of immigrant health care: A qualitative study of Southeast Asian immigrant women in Taiwan

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ABSTRACT

Objectives: Language and communication barrier are main contributors to poor health outcomes and improper use of health care among immigrants. The purpose of this study was to explore and understand specific language and communication problems experiences by Southeast Asian immigrant women in Taiwan.
Design: This qualitative study used focus groups and in-depth interviews to uncover the experiences of immigrant women regarding their access to and utilization of health care in Taiwan.
Participants: Eight focus groups were conducted with 62 Southeast Asian immigrant women and 23 individual in-depth interviews with a wide range of stakeholders who had diverse background and intimate knowledge of immigrant-relating health care issues were performed.
Results: Directed content analysis was applied and identified four major themes concerning conditions that influenced immigrant women's use of health information and services: (1) gaining access to health information, (2) navigating in health care delivery system, (3) interactions during health care encounters, and (4) capability of using health information and services. Findings from this study suggest that, without basic language and literate skills, the majority of immigrant women had inadequate health literacy to manage health information and navigate the Taiwan health care system. Interpersonal communication gap between immigrant women and health care providers exists because of lack of health literacy in addition al language and cultural barriers.
Conclusion: With limited language and health literacy skills, immigrant women face numerous challenges in navigating the health care system, interacting with health care providers, and gaining access to proper health care. Future efforts are necessary to enhance individual's health literacy and establish health literate environment.

What is already known about the topic?

- Immigrants are at higher risk for worse health outcomes.
- Language and communication are primary barriers that limit immigrants' access to health care.
- Use of translated health materials and interpreter services is a common strategy used by health care

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providers to remove or reduce language and communication barriers.

What this paper adds

- Translated materials and interpreter services help bridge language differences but are insufficient to resolve the communication challenge in delivering health care to immigrants.
- Interventions that involve immigrant's family and ethnic social network may increase the credibility and effectiveness of the health communication.
- To improve health literacy and health outcome of immigrants, we need to create a supportive health care environment and incorporate a health literacy program into immigrant health policies.

1. Introduction

Immigrants are a vulnerable population and experience many health disparities because of cultural and financial reasons. Language and communication barriers, in particular, are a significant impediment for immigrants to gain access to timely, proper and high quality health care (Britigan et al., 2009; Cooper et al., 2002; Kalengayi et al., 2012; Kandula et al., 2004; Pottie et al., 2008; Priebe et al., 2011; Thomas et al., 2004; Wilson et al., 2005). There is growing recognition that safe and effective healthcare for immigrant minorities requires the provision of interpreting services (Karliner et al., 2007).

Compared to international migration in western developed countries, migration in Asia has received limited research attention, despite the fact that the region has seen a rise in migration since the 1990s (Global Commission on International Migration, 2005). All countries in the region are now influenced to some degree by international migration although the nature and level of that impact varies greatly. In Taiwan, there is a rapid increase in the number of Southeast Asian immigrants in the past decade. These immigrants, especially women, have their unique migration history displaying different family and social contexts from those of other immigrant groups. Over 33% of Southeast Asian women in Taiwan are under the transnational marriage category, and most originate from Vietnam followed by Indonesian (National Immigration Agency, 2013). They move alone to Taiwan quickly after an arranged marriage. These immigrant women are a disadvantaged group, with 68.8% having less than 9 years of education and being in poverty (Dept. of Household Registration, 2004). Their language deficiency and low socioeconomic status challenge their ability to navigate the health care delivery system to seek proper health care.

Recent literature has highlighted inadequate health literacy as another important contributor to health disparities in immigrant populations (Han et al., 2011; Kreps and Sparks, 2008; Larsen, 2007; Nimmon, 2007; Shaw et al., 2009; Todd and Hoffman-Goetz, 2011a; Zanchetta and Poureslami, 2006). Health literacy is broadly defined by World Health Organization (1998) as "the cognitive and social skills which determine the motivation and ability of individuals to gain access to, understand and use information in ways which promote and maintain good health". Health literacy implies the achievement of a level of knowledge, personal skills and confidence to take action to improve personal and community health. Health literacy means more than being able to effectively communicate health information in a written or oral manner.

Inadequate health literacy may limit immigrants' ability to take full advantage of health information and services needed to make appropriate health decisions in the host country. Current research focuses mainly on health literacy issues of immigrants in English-speaking countries, such as the US, Canada, and Australia (Arora et al., 2012, 2013; Britigan et al., 2009; Han et al., 2011; Kreps and Sparks, 2008; Larsen, 2007; Nguyen and Bowman, 2007; Poureslami et al., 2011; Shaw et al., 2009; Simich, 2009; Todd and Hoffman-Goetz, 2011a,b; Zanchetta and Poureslami, 2006). There is little information regarding health literacy in immigrants in non-English-speaking countries. In this study, we used the concept of health literacy to guide our exploration of the specific language and communication problems experienced by immigrant women in Taiwan.

2. Methods

This study was motivated by a professional concern regarding how language and communication challenges and barriers manifest themselves in the lives of Southeast Asian immigrant women in Taiwan, and how they influence immigrant women's ability to gain access to health information, navigate the health care system, and appropriately use health care in Taiwan. The nature of the study was exploratory, as we knew of no prior research that offered sufficient guidance for designing a survey on communication challenges and barriers among immigrant women in Taiwan. Thus, we employed a qualitative research approach to explore immigrant women's experience with the Taiwanese health care delivery system and to identify their challenges in accessing health care. A qualitative design also allowed us to assess nuances of immigrant women's perception of communication challenges and barriers that would have been too circumscribed had we relied on quantitative data.

Specifically, we conducted focus groups with Southeast Asian immigrant women to explore their experience with the Taiwanese health care system, their perceived challenges and barriers to health care access, and assistance and resources that may be helpful to them. To gain a broad and diverse understanding of these issues, we also conducted individual in-depth interviews with other key stakeholders who were familiar with immigrant women and their health challenges. The focus groups and in-depth interviews were conducted primarily in Mandarin Chinese, the official language in Taiwan. As shown in Table 1, the guides for the focus groups and individual interviews differed, to reflect the background of the study participants and to fit the format of discussion and data collection.

Prior to the focus groups and the individual interviews, we explained the purpose of the study and addressed