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Accessing sexual and reproductive health care and information: Perspectives and recommendations from young Asian American women

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ABSTRACT

Objectives: Understanding the influence of culture on how sexual and reproductive health is perceived and addressed in Asian American communities is important for the effective provision of care and health information. This study aimed to explore how and when sexual and reproductive health information is shared within Asian American families and communities, barriers and facilitators to accessing sexual and reproductive health care and information for young Asian American women, and their recommendations to improve access.
Methods: Qualitative data were collected through six focus groups conducted with a total of 33 young Asian American women.
Results: The majority of participants reported that stigma created a barrier to discussing these topics within their families and communities, and discussed ways in which they confidentially seek out care and information. Responses varied with respect to participants' preferred means of increasing access to care and information; some recommended strategies that would increase communication about these issues in their families and communities, while others expressed a desire to maintain confidentiality.
Conclusions: These findings suggest that diversified strategies are needed to connect Asian American women with sexual and reproductive health care and information in order to meet their varied preferences, including strategies that are community-driven and culturally appropriate.

Introduction

Asians are now the fastest-growing racial group in the United States, and make up approximately 6% of the total population. Nearly three-quarters of Asian American adults were born abroad, meaning that the majority of this group is composed of recent immigrants and their children [1]. Understanding the influence of culture on how sexual and reproductive health is perceived and addressed in Asian American communities is important for the effective provision of care and health information.

In many traditional Asian cultures, sexuality is generally considered an inappropriate subject to be discussed with others, and topics such as sexual and reproductive health may be avoided in Asian American families and communities [2]. Limited research suggests that Asian American parents may communicate with their children about sex less frequently than parents in other racial/ethnic groups [3–5], and they are perceived by their children to provide very little information about sexual topics [6,7]. Research also suggests that lower use of sexual health-related care in Asian American communities may be related to cultural factors, in addition to barriers such as lack of insurance and discrimination [2,8]. Additionally, Asian American adolescents have reported being reluctant to discuss sexual and reproductive health issues with healthcare providers due to concerns about confidentiality [9]. These factors may create challenges for healthcare providers seeking to connect Asian American patients with sexual and reproductive care and information.

An intergenerational communication gap may be negatively affecting some Asian American adolescents' sexual and reproductive health. As young Asian American women become more acculturated to U.S. norms, the likelihood that they will become sexually active increases [10]. Asian American adolescents have been found to delay sexual intercourse relative to their peers; however once sexually active they are just as likely to engage in risky sexual behavior [11–14]. Rates of some sexually-transmitted infections (STIs) are increasing for Asian American women under 25 years old, and Asian American women have lower rates of STI screening than other groups [8]. Evidence suggests that sexual health interventions are more

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effective when tailored to specific populations [15], and efforts to promote sexual and reproductive health among young people should consider the cultural contexts of Asian American families and communities.

Although some research has examined barriers to sexual and reproductive health care and information for Asian American populations (e.g., Vietnamese Americans, Chinese Americans, Indian Americans, etc.), few studies have engaged young Asian American individuals to share their recommendations for increasing access to sexual and reproductive health care and information [4,9]. This paper describes findings from six focus groups that were conducted with young Asian American women in 2012 and 2013. The focus groups explored how and when sexual and reproductive health information is shared; barriers and facilitators to accessing sexual and reproductive health care and information; and young Asian American women's recommendations to improve access.

Methods

Research design

This study took a qualitative approach to exploring young Asian American women's experiences and recommendations related to discussing sexual and reproductive health and accessing care and information. A local health department in the Denver metro area contracted with a research organization to develop a focus group protocol asking about participants' experiences and recommendations, as well as a questionnaire that gathered supplemental data on demographics and health behaviors. Prior to beginning data collection, the instruments were piloted with two Asian American community members who met focus group participant eligibility criteria, and were subsequently revised to improve their clarity.

Over a two-year period from 2012 to 2013, six focus groups were facilitated with a total of 33 women. The focus groups ranged from three to eleven participants. A purposive sampling method was used in order to assess perspectives of the target population. Eligibility criteria required participants to be women of Asian descent, between 15 and 24 years old, living in the Denver metro area, and able to speak and understand English due to the unavailability of translation services.

Participants were recruited through contacts with local educational and community organizations, email listservs, flyers, and social media. Recruitment materials asked participants to engage in a "discussion about women's health." Twenty organizations were contacted to help facilitate recruitment, and flyers were posted at 32 locations, including colleges, neighborhoods with large Asian American populations, and storefronts. The majority of participants were recruited through their involvement with educational institutions or community organizations, and so, as a group, they were likely more highly educated and engaged with community organizations than the broader Asian American population. It is possible that this education and engagement made them more knowledgeable about and willing to discuss sexual and reproductive health topics. In an effort to recruit a more diverse sample during the second round of focus groups, the research team intentionally targeted women who may be less engaged in such institutions by posting more flyers in Asian American neighborhoods and storefronts. However, no participants were successfully recruited by these flyers.

All participants underwent an informed consent process in which they were told the purpose of the study, that participation was optional and that they could discontinue at any time, and that their responses would be kept confidential. They were given the opportunity to ask questions, and then signed a consent form. Guardians of participants younger than 18 years old also signed a consent form. Participants received a $50 gift card for their participation in 2012, and a $25 gift card in 2013.

Each focus group lasted about 90 minutes, and was conducted by a trained facilitator from the research team in a small conference room. Before the discussion, participants were asked to complete the supplemental questionnaire. Discussions were audio-recorded while an assistant moderator took notes. All researchers who were present during the focus groups were women, and did not have any previous relationship with the participants. The facilitator was a member of the Asian American community. The focus groups had a semi-structured design, allowing the facilitator to gather information on key topics of interest while also allowing the participants to steer the discussion toward topics they felt were important.

Analysis

Focus groups were audio-recorded and manually transcribed, and transcripts were subsequently reviewed for accuracy. The research team integrated deductive and inductive approaches to qualitative data analysis: preliminary codes were developed based on a review of the existing literature and research questions (how sexual and reproductive health care and information is obtained, barriers and facilitators to such care and information, and participant recommendations to improve access). During the process of coding the first two transcripts, the research team refined the coding structure to improve clarity and address emerging themes.

Two members of the research team used NVivo qualitative data analysis software (QSR International Pty Ltd. Version 10, 2012) to code focus group transcripts. Both coders were research professionals experienced in qualitative analysis. Inter-rater reliability was calculated after the coders had analyzed the first two transcripts (33% of the data) and revised the codebook, with a kappa of 0.86 across all codes indicating strong agreement. The coders then separately analyzed the remaining transcripts. Focus group data were aggregated by code and further analyzed to identify subthemes, and key findings were summarized. Findings and recommendations were later reviewed with an Asian American community coalition to ensure their accuracy and usefulness.

Results

Participant demographics

In total, 33 women participated in focus groups during 2012–2013. Participants ranged from 15 to 24 years of age, and the average age was 20.1 years. Within a single focus group, the age difference between the youngest and oldest participant ranged from three to five years. All women were of Asian descent, and over half (52%) indicated that their country of origin was the United States. The rest identified their countries of origin as Vietnam (18%), Korea (15%), India (6%), Pakistan (3%), Canada (3%), and Malaysia (3%).

At the time of the focus groups, nearly half of participants (49%) indicated that they were either in college or had completed college. Two participants (6%) had completed a graduate degree and one (3%) had completed an Associate's Degree. The remaining participants had completed 9th grade (3%), 10th grade (9%), 11th grade (15%), and 12th grade (15%). The majority of participants (85%) indicated their occupation as "student," four (12%) indicated other occupations,[1] and one (3%) indicated no occupation. Over half of participants (52%) indicated that their relationship status was single; the rest indicated that they were dating or in a relationship (44%), or married

[1] Other occupations included "quality control analyst," "family service worker," "program assistant," and "information technology."