

Culturally Sensitive Dementia Care

Asian/Pacific Islander Cultures

There are many ethnocultural groups, which fall under this very broad category. Included among Asian/Pacific Islanders Americans (APIA) are Chinese Americans, Japanese Americans, Filipino Americans, Vietnamese Americans, Cambodian Americans, Korean Americans, Hawaiians, Samoans, other Pacific Islanders and multiple other Asian groups.

These diverse groups emigrated to the United States for several reasons, including economic opportunities, political persecution, and education.

Chinese were the first Asians to immigrate to the US. They came as a source of cheap labor in the mid-nineteenth century. Due to the Exclusion Act of 1882, their immigration was sharply curtailed and completely eliminated by the 1924 Immigration Act. Many Chinese came to this country following World War II after the Communist take-over of China and most arrived after 1965 when immigration quotas by race was eliminated.¹

Japanese Americans starting immigrating to Hawaii in large numbers in the 1880s and the 1890s. Initially, somewhat fewer restrictions were placed on their immigration than for Chinese, but in 1924, they too were forbidden entry.²

The generations of Japanese immigrants have distinct names: issei (1st) who were born in Japan and married in the US between 1907 and 1924; nisei (2nd), born in the US between 1910 and 1940; sansei (3rd), born mostly between 1940 and 1965; and yonsei (4th), born in the US after 1965. Unlike the other Asian groups, most Japanese Americans (70%) were born in the US and are the most assimilated of the Asian populations.³

Koreans immigrated to the US as early as 1903 to escape the rule of the Japanese. They were denied entry until after the Korean War, when they were allowed to immigrate in small quotas. The quotas were lifted in 1965.⁴

Filipinos started to immigrate to Hawaii around 1909 and to the US mainland in 1920. The nearly 100,000 who came in the first wave were primarily agricultural

¹ Takeuchi DT, Young KN. (1994). Overview of Asian and Pacific Islander Americans. In: A Provider's Handbook on Culturally Competent Care: Asian and Pacific Island American Population. (1999). Kaiser Permanente National Diversity Council. . p 2-10.

² Ibid.

³ Ibid

⁴ Ibid

workers who never married or had children. They were considered American nationals because at the time the Philippines were a territory of the US. In 1930, a quota of 50 Filipinos per year was imposed, raised to 100 after World War II, and entry was allowed to war brides. The 1965 Immigration Act ended restrictions.⁵

Nearly 40% of Asian Americans live in California, where they make up 12% of the population. However, in Hawaii, Asians comprise 62% of the population. Other states with large Asian populations are: Alaska, New York, New Jersey, Texas, Illinois and Washington. The metropolitan areas with the greatest percentage of Asians are: Honolulu, San Francisco/Oakland, San Jose, Fresno and Los Angeles.

Asians represent 4% of the American population. Elderly people among these diverse groups, similar to other older minorities are expected to increase in the future.

Religion, Spirituality and Belief Systems

- Religious beliefs and practice are central to Asian- American's life.⁶
- Buddhism promotes a spiritual understanding of disease causation. Illness is believed to be punishment for transgression. Groups that are influenced by Buddhist beliefs include Chinese, Japanese, Korean, Vietnamese, Laotian, Hmong, Mien, Cambodian and East Asians. With the exception of East Indians, the health beliefs of these groups are affected by Taoism.⁷
- Confucianism is an ethical belief system and stresses respect for authority, filial piety, justice, benevolence, fidelity, scholarship and self development.⁸
- Ayurveda principles govern the health beliefs and behaviors of East Indian. Ayurveda is an East Asian Indian medical system based on Hindu philosophy.⁹
- Chinese traditional concepts of health also maintain that good health is achieved through a balance of two dynamically opposing forces. According to Taoism, the universe is composed of two forces, the yin and the yang. Yin, the female force, is represented by darkness, softness and cold. Yang, the male force, is represented by light, strength and heat. The human body is also made up of these two forces as different parts of the body denote either a yin or a yang.¹⁰

⁵ Ibid

⁶ Ibid

⁷ Ibid

⁸ Ibid

⁹ Ibid

¹⁰ Ibid

- The majority of Korean Americans are Christian (predominately Protestant) or Buddhist.¹¹

Help-Seeking Methods for Asian-Pacific Islanders and Cultural Guidelines

- Korean elderly may find it very hard to ask for help from individuals or agencies, such as home-care or case management.
- Language barriers prevent access to health care information and other services.
- Do not assume that physical contact is acceptable or desired.
- Speak softly when addressing an elder and look into their eyes. Staring is considered disrespectful.
- Strong taboos exist in the Chinese culture. Approach with care. These topics can include: illness, death and dying, hospitals, family problems and police stations. This is vitally important around the Chinese New Year. Seeking a medical evaluation around this time can be unlucky. (Lee, 1982)
- The family provides most care for elders. Traditional long-term care is often disregarded. (Boult & Boult, 1995; Douglas & Fujimoto, 1995)
- Filial piety operates to foster respect and obligation to individual family members, especially one's parents. (Tempo & Saito, 1995)
- Among traditional Chinese American families, it is the expectation of parents that they will be taken care of in later years by the eldest son and his wife, or by another offspring. (Elliott, Di Minno, & Lam 1996)
- Filipino American families may also be reluctant to seek services for impaired elders due to perceptions of stigma and the shame of having an impaired family member. (Phillips 1996)
- Strong internal cultural mechanisms help shape their support system, which includes having values that address the care and support of elderly family members.

Alzheimer's Disease

- Among most, APIA groups, Alzheimer's disease and other forms of dementia are perceived as forms of mental illness with shame attached. (Takamura, 1991)
- This sense of shame extends beyond the diagnosed individual to the entire family. (Braun, Takuma & Forman 1995)
- The behavioral symptoms of dementia are seen as a natural consequence of aging. (Braun, Takamura & Forman 1995)
- Traditional Chinese attitudes believe the symptoms of AD to be exacerbated by migration and culture shock. (Elliott, Di Minno, & Lam, 1996)

¹¹ Ibid

- When the course of dementia includes hallucinations, delusions, paranoia and suspiciousness, it is viewed as mental illness in the Chinese American community. (ibid.)
- Family caregivers who are unable to care for an impaired family member may suffer shame and loss of face if other members of the Chinese American community perceive that the family has not cared adequately for the impaired elder. (ibid.)
- Loss of face and shame are equally evident in the Japanese-American community. (Tempo & Saito)
- Traditional Japanese Americans may view AD as a form of mental illness, and therefore shameful to the family if this condition becomes known to people outside the family. (ibid.)

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