

Tobacco use varies widely among Asian and Pacific Islanders in US

18 April 2014, by Stephanie Stephens



While past research has shown that, as a whole, Asian Americans and Native Hawaiian/Pacific Islanders living in the U.S. smoke at a lower rate than the national average, a new study in American Journal of Health Behavior finds significant differences in tobacco use when analyzed by specific Asian or Pacific Islander ethnicity.

Dramatic social, demographic and <u>behavioral</u> <u>differences</u> exist between Asian American (AA) and Native Hawaiian/Pacific Islander (NHPI) groups, said lead study author Arnab Mukherjea, Dr.P.H., M.P.H., who was a postdoctoral scholar at the Center for Tobacco Control Research & Education at the University of California, San Francisco at the time of the study.

The researchers questioned previously used "onesize-fits-all" approaches, suggesting that downplaying differences may hinder culturallyappropriate interventions for the leading cause of premature illness and death worldwide.

Using data from the 2009-2010 National Adult Tobacco Survey, the research found that among Asian subgroups, smoking rates of Native Hawaiian/Pacific Islander, Korean and Japanese people were actually comparable, if not higher, than in the U.S. mainstream population. In addition, Koreans demonstrated relatively high rates of hookah or water pipe use and Native Hawaiian/Pacific Islanders smoked cigars more often, relative to the non-AANHPI population.

"With respect to gender differences, we've previously noted that males exhibit the brunt of cigarette smoking and females don't partake because of cultural norms and social stigma," Mukherjea said. "Our study actually shows those presumptions aren't necessarily valid, especially among Filipinos, Japanese, and Native Hawaiians/Pacific Islanders. In Chinese Americans, the pattern is actually reversed, with females reporting higher rates—maybe because of acculturation or women asserting more independence from traditionally-prescribed gender roles."

Overall, tobacco use by most of the Asian American and Native Hawaiian or Pacific Islanders tended to be light and intermittent, he said. "We do wonder what sort of strategy should be used to target that irregular use pattern." Generally, AANHPI groups reported less nicotine dependence and a high prevelance of wanting to quit or making at least one quit attempt, but a lower prevalence of receiving advice to quit from a health professional than non-AANHPI groups.

"In this important study, Mukherjea and authors bring much needed attention to the continuing burden of tobacco disparities in the diverse Asian American, Native Hawaiian and Pacific Islander communities," said Rod Lew, M.P.H. and executive director of Asian Pacific Partners for Empowerment, Advocacy and Leadership.

"While the data set includes only English speakers, and therefore may underestimate tobacco use for



Asian American males, it provides a critical breakdown of smoking among Native Hawaiians and Pacific Islanders.

Furthermore, the data on the narrowing gender disparity between AANHPI men and women shed light on a revealing trend of increasing rates of smoking among Asian American women. We must address what the data hidden in a larger data set tell us about continuing tobacco inequities in the AANHPI community."

Mukherjea, who is South Asian, said that because of broad cultural labels, it's often frustrating to do research within one's own ethnic community. He recommends further research into how interventions target the cultural context of <u>tobacco</u> use.

"At the very least, mainstream strategies aren't sufficient for addressing this public health issue in such a large and growing population," he said.

More information: "Asian American, Native Hawaiian and Pacific Islander Tobacco Use Patterns." Mukherjea, Arnab; Wackowski, Olivia A.; Lee, Youn Ok; Delnevo, Cristine D. *American Journal of Health Behavior*, Volume 38, Number 3, May 2014, pp. 362-369(8) dx.doi.org/10.5993/AJHB.38.3.5

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