7. Asian American Women in Queens

## What disease is the number 1 killer for Asian American women?

**Cancer**: Asian American Pacific Islander (API) women more frequently die from cancer than any other disease, and breast cancer is the most common type for all sub-groups except Laotians. Breast cancer mortality rates have generally declined for all other racial groups in the U.S., but have increased for API women, possibly due to late stage detection. The deadliest cancers for Asian American women were breast, lung, colorectal and liver cancers.

API women have low rates of cancer screening including mammograms and pap smears. A study showed that 26% of Chinese, 21% of Japanese, 28% of Filipinos, 50% of Koreans, and 68% of Indians in the U.S. have never had a mammogram.5

## What roles do Asian American women play in society?

55% of Asian American women (age 16-64) living in Queens are employed, and only 6% unemployed. An additional 39% are not in the labor force (i.e. students, homemakers, seasonal workers).1 Asian women were overrepresented in certain industries in the New York metropolitan area, for example, the apparel manufacturing industry for Chinese, nursing for Filipino, and personal appearance services for Korean.2 In New York City in comparison to other groups, Pakistani and Bangladeshi women participate in the labor force at very low rates (26% and 39%, respectively), while Filipino women participate at especially high rates (69%).3

## How does violence impact Asian American women?

The true prevalence of violence against Asian American women (whether sexual assault, intimate partner violence, or elder abuse) is unknown, as survey estimates vary widely and underreporting is a problem. While domestic violence is a problem for all cultures and races, it is clearly a priority for Asian American women as well, since they have one of the highest rates of fatality from domestic violence in the U.S. As is true for countries all over the world, many Asian countries are patriarchal societies with specific gender expectations for women. Asian women sometimes blame themselves for the abuse and do not seek help because they want to avoid conflict, worry about overall family welfare including that of their children, and believe they must simply endure the abuse.

Asian immigrant women may also be especially vulnerable due to high rates of limited English proficiency, lack of familiarity with American social service systems, lack of local support from friends and family, lack of economic independence, and lack of culturally and linguistically appropriate services available. Having moved to a foreign country where they are socially isolated, they may be forced to depend on their spouses for everything.5,6 Furthermore, some immigrants are tricked and coerced into sexual slavery through human trafficking networks in Queens and spreading across the East Coast.7 Community-based organizations such as New York Asian Women's Center provide these women with culturally competent and linguistically appropriate refuge and care.6

## Talking about a taboo subject: Reproductive Health

**Not talking about it**: Cultural taboos often make it difficult for Asian Americans to openly discuss sex and reproductive issues. API women are least likely among all groups to discuss sexually transmitted infections with their physicians, and are less likely to disclose sexual history or request information and services. This highlights the importance of sex education for API women.

**Reproductive choices**: API women have higher rates of sexually transmitted infections than their male counterparts, and the incidence of these infections for women under 25 has been increasing. Less than 40% of API women who are sexually active use contraceptives regularly, which puts them at risk for acquiring or transmitting infections or becoming pregnant. Furthermore, the numerous barriers that Asian immigrants may face in health care such as language barriers, lack of health insurance, and lack of culturally competent services, also apply to women seeking reproductive health services. Although most Asian women are pro-choice, uninsured low-income women may not have access to safe abortions.

**Prenatal care**: As an aggregate group, API women have favorable trends for birth outcomes with lower rates of infant mortality. However, trends vary by sub-group. Only 56% of Laotian women in the U.S. receive prenatal care, and Southeast Asian women experience greater risk for delivering low-birthweight infants who are at greater risk for mortality.5

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