

An Asian Perspective and the New Zealand Treasury Living Standards Framework

Dr Sue Yong, Auckland University of Technology

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DISCLAIMER

This paper is part of a series of discussion papers on wellbeing in the Treasury's Living Standards Framework. The discussion papers are not the Treasury's position on measuring intergenerational wellbeing and its sustainability in New Zealand.

Our intention is to encourage discussion on these topics. There are marked differences in perspective between the papers that reflect differences in the subject matter as well as differences in the state of knowledge. The Treasury very much welcomes comments on these papers to help inform our ongoing development of the Living Standards Framework.

The views expressed in this paper are solely the author's views and are not those of Auckland University of Technology (AUT).

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DISCUSSION PAPER 18/10**

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Standards Framework

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AUTHORS

Dr Sue Yong – Senior Lecturer in Accounting and Tax
PhD, MMS, BEcons(Hons), CA
Accounting Department
Faculty of Business, Economics and Law
Auckland University of Technology
Private Bag 92006, Auckland, New Zealand
Email sue.yong@aut.ac.nz
Telephone +64-9-921 9999 extension 5721

PEER REVIEWERS

Dr Marcus Ho
Dr Smita Singh

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NZ TREASURY

New Zealand Treasury
PO Box 3724
Wellington 6008
NEW ZEALAND
Email information@treasury.govt.nz
Telephone 64-4-472 2733
Website www.treasury.govt.nz

Executive Summary

The New Zealand Treasury has developed a Living Standards Framework (LSF) to assess the impact of government policies on intergenerational wellbeing. The Treasury is committed to incorporating New Zealand's diverse cultural perspectives into the LSF framework (Frieling, 2018, p. 2). This report is a starting point for discussions on ways to include an Asian perspective in the LSF.

The paper references work by academics, health practitioners, and experts in New Zealand and overseas since the LSF is based on the OECD approach. As one of the four largest demographic groups in New Zealand, projected to be the second largest by 2026, a New Zealand Asian perspective on the LSF is critical. The Asian culture strongly values collectivism, often with hierarchical relationships and distinct gender roles. Collectivist cultures strongly emphasize the needs and goals of the group as a whole over the needs and desires of individuals. In such cultures, relationships with other members of the group and the interconnectedness between people play a central role in each person's identity and wellbeing. The Confucian teachings which emphasise diligence, perseverance, frugality, responsibility and recognition of the hierarchical orderings of relationship have also heavily influenced the Asian cultural values and perceptions of wellbeing. Hence, from the view of the LSF, the Asian culture place much emphasis on Social and financial/physical capital.

The Asian population is currently experiencing a number of issues related to the determinants of wellbeing, including health (mental health, non-communicable diseases and access to health services) and immigration (employment difficulties). Experiences of perceived discrimination also heavily impact their wellbeing.

The paper proposes that indicators are needed on *1) social cohesion, settlement and sense of belonging, 2) radical acceptance and cultural recognition, 3) employability, and 4) accessing government services such as English proficiency, health care and interpretation services*. These are attempts to take into consideration the Asian cultures unique set of values and their distinct determinants of wellbeing.

This is a starting point for further discussions of incorporating the wellbeing of Asian New Zealanders. Both qualitative and quantitative data were drawn from various sources to identify these indicators.

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An Asian Perspective and the New Zealand Treasury Living Standards Framework

Section 1: Introduction

New Zealand is a multicultural society with many ethnic groups. This trend is reflective of developed Western nations including Australia, Canada, the United Kingdom (UK) and the United States of America (US). The main reasons for the significant increase in cultural diversity in New Zealand were owing to globalisation, labour mobility and favourable and relatively permissive immigration policies from the mid-1980s (Ongley, 1996; Spoonley & Bedford, 2012). Since the late 1880s, there have been small pockets of Chinese and Indian communities and therefore cultural diversity has been a feature of New Zealand.

Statistics New Zealand categorises the country's population into six main ethnic groups which are Europeans, Māori, Asian, Pacific Peoples, Middle Eastern, Latin American and African (MLEAA) and Others. The Asian and Pacific groups are the two fastest growing ethnic groups since 2001 (Statistics New Zealand, 2014). The Asian group comprised people from the continent of Asia. Asians are people from China in the north to Indonesia in the south and from Afghanistan in the west and Japan in the east. However, it excludes people from the Middle East, central Asia and Asian Russia (Statistics New Zealand, 2013b). Hence, the Asian group comprises North, East, South and South East Asian ethnicities but excludes people from the Middle East, Russia and Central Asia. In contrast, the frequent colloquial usage of term "Asian" in New Zealand normally refers to Chinese and other East and South East Asian ethnicities but not South Asians and Indians (Ip & Friesen, 2001). This current report follows the definition of Asian by Statistics New Zealand.

The New Zealand Treasury first released the LSF in 2010, and the LSF has undergone some developments over time, most particularly in 2016 when it became more focused on the capitals. The LSF has been developed to account for the collective impact of policies on intergenerational wellbeing (New Zealand Treasury, 2018, p. 1). The LSF is a mechanism to support government agencies to be more cohesive in ensuring public policy on wellbeing, spending and other government interventions is aligned to improve intergenerational wellbeing. The LSF builds on the OECD's approach to wellbeing. The Treasury's approach to the LSF is framed using four capitals as indicators of long-term wellbeing. The work on the LSF is focused on a wellbeing approach that can improve the quality of policy advice and government services.

Owing to the cultural diversity of the New Zealand population (Pio, 2010), different LSF reports have been written to target the three largest ethnic groups of Māori, Pacific Peoples and Asian. The importance of incorporating different cultural perspectives into the LSF framework is to ensure their meaningfulness and relevance across different cultures in New Zealand society (Frieling, 2018, p. 2). Culture has been recognised as

a factor shaping individual and societal wellbeing throughout the work on the LSF (Frieling, 2018, p. 2). This report therefore specifically examines the issues pertaining to the wellbeing of the Asian group by accounting for their cultural differences.

The purpose of this report is to discuss the following five issues:

1. to explain the rationale for the New Zealand Treasury's Living Standards Framework
2. to identify the composite of people categorised as "Asians" in the New Zealand context
3. to discuss the uniqueness and cultural values of the Asian group
4. to identify their wellbeing issues in terms of migration, racial prejudice and health
5. to identify some recommendations that are targeted to address wellbeing concerns for the Asian group.

Prior literature from media, academic, health and government sources was used to answer the above issues. As this report relies on secondary data, there are some strengths and limitations associated with this approach (Liyanage & Andrade, 2012). Nevertheless, this report aims to initiate discussions around the wellbeing of Asians in New Zealand. It has been projected that the Asian group will be the second largest ethnic group in New Zealand by 2026 (Statistics New Zealand, 2017) and surpassing the Māori population.

The structure of the report is as follows. The next section provides some information on the LSF. This is followed by a discussion on the background and cultural information of the Asian group in New Zealand. Section 4 discusses some literature pertaining to Asians living in New Zealand and developed nations. Section 5 concludes, and Section 6 suggests several indicators to be considered for Asian well-being.

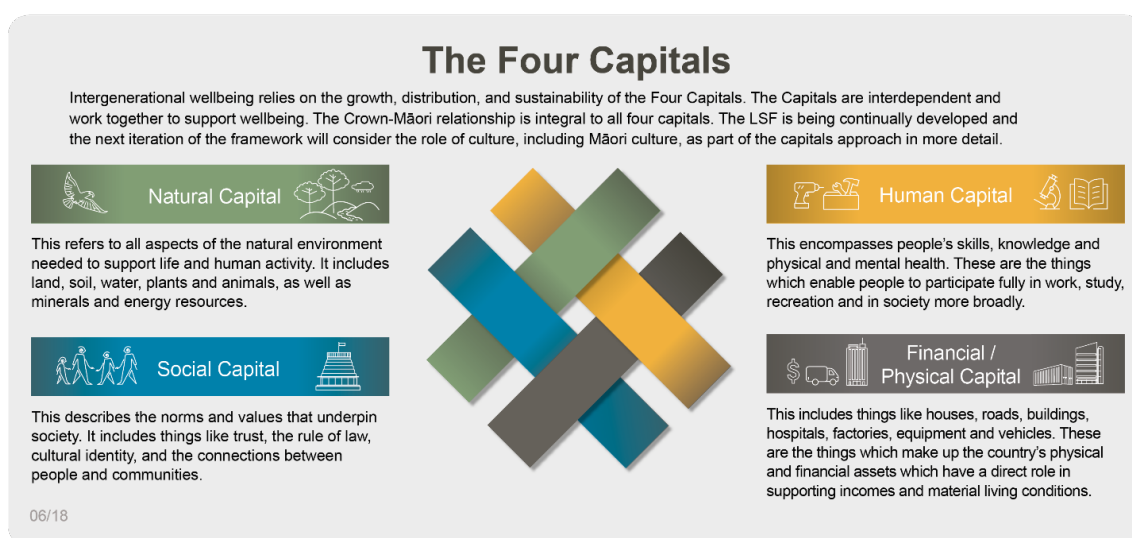
Section 2: Treasury's Living Standards Framework (LSF)

The New Zealand Treasury recognises the importance of the diverse outcomes of government interventions. The LSF formalises this by drawing on OECD analysis starting with four capitals to organise indicators of sustainable intergenerational wellbeing. The LSF distinguishes between current wellbeing and the sustainability of current wellbeing outcomes, which is represented by four capitals. These four capitals are interdependent and work together to support wellbeing. They are:

1. **Natural capital:** refers to all aspects of the natural environment needed to support life and human activity. It includes land, soil, water, plants and animals as well as minerals and energy resources.
2. **Social capital:** describes the norm and values that underpin society. It includes things like trust, the rule of law, cultural identity and the connections between people and communities.
3. **Human capital:** encompasses people's skills, knowledge and physical and mental health. These are the things which enable people to participate fully in work, study, recreation and in society more broadly.
4. **Financial/Physical capital:** this includes things like houses, roads, buildings, hospitals, factories, equipment and vehicles. These are the things which make up the country's physical and financial assets which have a direct role in supporting incomes and material living conditions (New Zealand Treasury, 2018, p. 2).

These capitals are depicted in Figure 1 below.

Figure 1 – The Living Standards Framework (New Zealand Treasury, 2018, p. 2)



As the Framework incorporates more data it will inform answers to questions regarding:

1. whether or not the four capitals are growing and likely to be sustained
2. social and demographic inequalities in wellbeing
3. how the flow of current benefits impacts on long-term outcomes
4. the impact of resource allocation decisions on current or long-term wellbeing (New Zealand Treasury, 2018, p. 2).

The LSF is needed to address the limitations of using income as a proxy for wellbeing. It is also a practical method to be used in identifying how policy advice would improve if the imperfect measure of wellbeing (income) was brought together with other data in a single framework. By using a method beyond income, the four capitals therefore put sustainable, intergenerational wellbeing at the core of the system. In the language of the State Sector Act 1988, the health of the four capitals is a way of assessing how well agencies are delivering their “stewardship role” for New Zealand public policy (New Zealand Treasury, 2018, p. 4).

The Treasury aims to improve on income and physical and financial wealth indicators of wellbeing by using a dashboard approach to ensure all dimensions are clearly represented and cover all areas of wellbeing. The chosen method should also provide good coverage of all generally recognised aspects of wellbeing. This includes health, income, environment and social connection (New Zealand Treasury, 2018, p. 6). This current report is to initiate discussion regarding the wellbeing of the Asian group residing in New Zealand by examining the areas of their health, income and social connection.

Section 3: New Zealand Asians: Background and cultural values

People residing in New Zealand who identify with an Asian ethnicity are people with origins from the continent of Asia. The continent of Asia comprises many different countries including China, India, Korea, Indonesia, Philippines and Japan etc. The different Asian countries have dissimilar cultures, traditions and religions. Consequently, migrants from the Asian countries also bring along with them their different cultures, traditions and religions to New Zealand.

The Asian ethnic group is one of the fastest growing in New Zealand. In 2013, 11.8% of the New Zealand population recorded having an Asian ethnicity, which is a 33% increase from the 2006 Census (Statistics New Zealand, 2018a). A large majority of them reside in Auckland and they have a relatively young age distribution. They also have higher overall education levels but they experienced lower income levels compared with the European group. They are becoming more established in New Zealand and staying in the country longer (Statistics New Zealand, 2013a, 2018b). There are growing concentrations of Asians in the Auckland region owing to large settlements of Asian migrants who arrived after 1986. The Korean group had the highest concentration in the Auckland region in 2013. This region was also home to at least two-thirds of Chinese, Indians, Afghani, Pakistani and Bangladeshi (Ho, 2015, pp. 113–114).

Among skilled migrants, there has been a decline over recent years in the number of Chinese migrants and an increase in Indian, South Korean, Filipino and Fijian migrants (Joseph, 2016; Mehta, 2012). China, India and South Korea are the three most common source countries for international students in Auckland. Asian migrants are generally more qualified than their New Zealand-born counterparts owing to the immigration entry requirements based on qualifications (Bartley & Spoonley, 2008). Over the last two decades, Asians have migrated to New Zealand with the hope of better work and education opportunities for themselves and their families (Department of Labour, 2010; Ho, Cheung, Bedford, & Leung, 2000). The majority of the North Asians (such as the Chinese) have no religious affiliation although 20% are Christian and 10% are Buddhist. More than half of South Asians (such as the Indians) are Hindu, and other common religions practised include Islam, Christianity and Sikhism (Statistics New Zealand, 2018a). Other life-guiding principles adopted by the Chinese are Taoism and Confucianism (Ho, 2015; Yong & Martin, 2017). The vast majority of Korean and Filipino are Christians while Buddhism is predominant amongst the Cambodians and Sri Lankan (Ho, 2015). Hence, the Asian group is not culturally homogeneous but rather diversified. Despite this, policies targeted at the Asian group contain some generalities for the group. This same generality is used in this report with the objective to initiate discussions as to what “matters” to the Asian group despite their differences.

General information of the Asian group

Defining who is “Asian” in New Zealand raises multifaceted issues when considering their wellbeing as there is great variation between the Asian subethnicities. Hence a common aggregation in research using the term “Asian” does not account for the cultural, language, religion, socioeconomic and migration differences. The 2013 Census Ethnic Group profiles provide an overview of the different ethnic groups living in New Zealand. An ethnic group is made up of people who have some or all of the following:

- a. a shared culture, such as traditions, customs, beliefs or language
- b. a common ancestry or history
- c. a similar geographic, tribal or clan origin.

Asian and their profile under Statistics New Zealand is made up of 34 subethnic groups as listed in Table 1 in Appendix 1. Each of these 34 subethnic groups have different demographic details in terms of level of qualifications, living locations, country of origin and median incomes as per the 2013 Census.

As shown in Table 1, the people grouped under the generic label of “Asian” are very diverse owing to their ethnic origins, place of birth, qualifications and median age and incomes. It also shows that 28 of the 34 subethnic Asian groups had 50% or more residing in the Auckland region. It is also claimed that 67% of all Asians lived in Auckland (Ho, 2015). Auckland is also the preferred place to study by Asian international students (Ip & Friesen, 2001). The median age for most Asian subethnic groups is less than 30 years old. The youngest is the Eurasian group at 20.3 years and the oldest is 49.6 years from the Anglo Indian group. The latest New Zealand health and population survey found that the majority of all Asians are more likely to have a university Bachelor or postgraduate degree (Scragg, 2016, p. 15). They also receive less government income support compared with other ethnic groups.

A significant proportion of Asians are born overseas which means they are predominantly migrants to New Zealand. This partly explains the high level of formal qualifications achieved across the subethnic groups. This is pertinent when New Zealand’s immigration policy attributes a considerable number of points for educational level (Ip & Friesen, 2001; New Zealand Immigration, 2018). As they are predominantly migrants, there may exist the “healthy migrant” effect (Constant, Garcia-Munoz, Neuman, & Neuman, 2015). A healthy migrant effect occurs among first generation immigrants whereby migrants tend to have better health status than locally-born citizens. This is largely owing to health screening of immigrants and the self-selection of younger, fitter and more qualified applicants considering immigration. Consequently, New Zealand Asians have better health outcomes compared with other New Zealanders in terms of life expectancy and lower than average adult potentially avoidable mortality rates (Mehta, 2012, p. 3). Unfortunately, the “healthy migrant” effect can be short term as it abates over time with the process of acculturation (ie, assimilation of unhealthy behaviours in the host country).

Cultural values of the Asians

The cultural diversity of New Zealand is reflective of the changing trend experienced by other nations brought on by globalisation (Stahl, Miller, & Tung, 2002) and lax immigration and emigration barriers (Spoonley & Bedford, 2012). Nations are becoming more diverse and “virtually every nation state of the world is a multicultural one made up of a number of groups” (Naylor, 1996, p. 93). Like most OECD countries, there are four dominant ethnic groups in New Zealand, namely the European, Māori, Asian and Pacific Peoples. Of the four ethnic groups, the Pacific Peoples and Asians are the more recent migrants compared to Europeans (Anglo-Saxon descent) who arrived in the nineteenth century and Māori who are the indigenous people (Henry, 2007; Pio, 2010).

Research has classified Asians as collectivistic in comparison to Europeans, who are generally more individualistic (Begley & Tan, 2001; Podsiadlowski & Fox, 2011). Individualism celebrates the individual ownership of resources, status and wealth obtained through personal achievement and efforts (McGrath, MacMillan, & Scheinberg, 1992) whereas collectivism is founded on sharing resources with families and others within in-groups (Triandis, Bontempo, Villareal, Asai, & Lucca, 1988). Economic self-interest, self-actualisation and the cultivation of personal interests is highly prized by individualists, compared with the social harmony, consensus and sense of belonging prized by collectivists (Cohen, 2007).

Generally, collectivistic Asians are able to access in-group resources but they are required to fulfil a group’s obligations. In individualist cultures, precedence is given to business consideration over relationships, whereas in collectivist Asian cultures, personal and business relationships are integrated (Hofstede, 1984). Owing to their collectivistic orientation, Asians generally possess high social capital and have social and business networks (Joseph, 2016; Yong & Martin, 2017). These networks provide information, exchanges and sometimes referrals for employment (Joseph, 2016). Contributions from extended families in terms of labour, finances and emotional support for the Asian migrant typify their collectivistic traits (Friesen, 2015). The interactions amongst collectivistic Asians are characterised by trust, communal sharing within in-groups, reciprocity and relationship building (Hui & Triandis, 1985; Tung, 1996). They clearly distinguish between “insiders and outsiders” (Fulop & Richards, 2002, p. 275) and they show allegiance to the groups to which they belong (Hui & Triandis, 1985). Hence, from the LSF point of view, Asians generally possess high social capital owing to their relationships and social connections.

“Saving face” to the Asians is important as it is more than esteem or self-respect (Tung, 1996) and they take measures to prevent failures (Yang, 1991). This is because failure brings a “loss of face” (Redding & Ng, 1982) and it “shames the [individual] due to its public nature, loss of social status and the sense of letting the family down” (Begley & Tan, 2001, p. 539). The seriousness of failure for some equals castigation and ruin (Ray, 1994). Hence, Asians are particularly sensitive to any stigmas and they avoid them as much as possible to “save face”. This is particularly important for collectivistic Asians as they emphasise social connections and relationships.

The literature has shown that overseas ethnic Chinese, Japanese and Koreans are heavily influenced by Confucian teachings which emphasise diligence, perseverance, filial piety, frugality, responsibility and recognition of the hierarchical orderings of relationships (Gupta & Hanges, 2004; Hofstede & Bond, 1988). These practices have led to high saving rates and increased wealth accumulation (Hampden-Turner &

Trompenaars, 1996; McGrath, MacMillan, Yang, & Tsai, 1992). They are obsessed with wealth accumulation to protect against precarious environments (McGrath, MacMillan, Yang et al., 1992) and to “provide security for future generations” (Gupta & Moore, 2008, p. 13). Asians are also highly secretive, adaptable, undertake pragmatic decisions and can expect family contributions (Bjerke, 2000; Zheng, 2002). Hence, from the point of view of the LSF, Asians place much emphasis on the financial/physical capital.

New Zealand on the whole has one of the lowest power distance (PD) rankings and Asians, as a group, rank high in PD. PD is defined as “the extent to which the less powerful members of institutions and organisations within a country expect and accept that power is distributed unequally” (Hofstede & Hofstede, 2005, p. 46). In high PD societies, they accentuate power differences between the members of society, and the more powerful members (authority figures) normally assume a paternalistic role in which they are to be respected, revered and not to be questioned (Hofstede, 2001). According to Hofstede and Hofstede (2005), the high PD of some Asian countries, especially those of ethnic Chinese, can be traced back to traditional Confucian teachings on hierarchical and unequal relationships (Ahlstrom, Chen, & Yeh, 2010; Gupta & Moore, 2008). These “relationships contain mutual and complementary obligations, for example, the junior partner owes the senior respect and obedience, and the senior owes the junior partner protection and consideration” (Hofstede & Hofstede, 2005, p. 64). Confucian traditions such as “respect for elders, the importance of family, and the primacy of relationships are thought to influence the structure and decision making in ethnic Chinese firms” (Ahlstrom et al., 2010, p. 343). On the other hand, English-speaking Western countries, such as New Zealand, are influenced by Protestant values which, in varying degrees, are non-hierarchical (Hofstede & Hofstede, 2005).

Masculinity–femininity traits are closely associated with emphasis placed on work goals or on relationship goals (Hofstede, 2001). Masculinity refers to masculine values of “performance and visible achievement [which] are emphasised relative to traditional feminine values of relationships, caring and nurturing” (Tsakumis, Curatola, & Porcano, 2007, p. 138). Like New Zealand, Asian countries ranked high for masculinity. Asians are highly performance oriented and the growth of Asian societies “has been driven by merit-based performance” (Gupta & Moore, 2008, p. 4). Research has shown that some Asians living in New Zealand undertake quite distinct gender roles. Males are generally expected to provide for the family whereas females provide nurture and care (Mehta, 2012). Hence, the key cultural differences identified amongst Asians are their hierarchical with unequal relationships and collectivistic orientation with quite distinct gender roles. Their emphasis on financial/physical capital is also another distinctive feature.

Section 4: Asian migrants in New Zealand and OECD countries

This section discusses three main issues that are pertinent to the Asian group. They are: health and wellbeing; migration issues and considerations; and racial prejudice. Drawing on the LSF conceptual framework, these issues affect the human, social and financial/physical capitals. These three are major issues for the Asian group and are by no means exhaustive. They are discussed at depth in the next three subsections.

Health and wellbeing

Generally, the Asian group has shown good health relative to other ethnic groups in New Zealand. In the 2012 study, it was revealed that the Asian group had better health outcomes compared with the European group in terms of: better life expectancy; lower adult all-cause mortality rates; lower cancer mortality; lower congestive heart failure hospitalisations; and lower levels of family violence (Mehta, 2012). This health advantage may be owing to the “healthy migrant” effect where the health of the migrants is, at least in the short term, better than that of the host countries (Wong, 2015). This was attributable to the strict health screening of immigrants. Unfortunately, the “healthy migrant” effect diminishes with their length of stay in the host country. In the process of acculturation, some may adopt unhealthy habits thus causing health problems.

Several studies have shown the short-term negative impacts of migration on the psychological wellbeing, especially those who do not speak English proficiently and for those who are unemployed (Mehta, 2012; Renzaho, 2016). Some Asian youth are experiencing conflicting identities and feelings of neither belonging in New Zealand nor their country of origin thus leading to mental health concerns (Rasanathan et al., 2006; Wong, 2015). Furthermore, Asian migrants faced concerns relating to cultural differences in dealing with mental health, disability, care for the elderly and family violence (Mehta, 2012; Singh, 2018). These concerns are highly stigmatised in the Asian culture and therefore they could be undermined and underreported (Mehta, 2012).

It has been found that, in New Zealand, the Indians and South Asians experience a rise in the prevalence of diabetes and cardiovascular diseases (Mehta, 2012). This trend is consistent with overseas findings of South Asians who have migrated to other developed countries. In New Zealand, the prevalence of type 2 diabetes amongst the Indians is owing to their sedentary lifestyle, altered nutrition, psychological factors related to migration, stress at work and depression (Jowitt, 2014; Jowitt, Lu, & Rush, 2014). Cardiovascular diseases among South Asians in the UK experienced 40% to 50% higher mortality rates compared with the European population (Patel & Shah, 2005). South Asians in the UK also have a four- to six-fold higher risk of developing type 2 diabetes compared with their European counterparts. They are also more likely to have a sedentary lifestyle and to be overweight (Knight et al., 1992). The increased risk of cardiovascular diseases, diabetes and sedentary lifestyle practices among South Asians is also found in the US and Canada (McKeigue, Miller, & Marmot, 1998).

Other health concerns include high risk of stroke amongst Chinese migrants (Knight et al., 1992) and low birth weight for Indians (Mehta, 2012). It has been reported that the top three leading causes of potentially avoidable mortality across the Asian group are

cardiovascular diseases, diabetes and lung cancer (Mehta, 2012, p. 22). This is partly owing to the lower proportion of adult Asians eating fruits and vegetables three times or more per day (Scragg, 2016, p. 19). They are also less physically active (doing at least 30 minutes of moderate activity, or 15 minutes of vigorous activity, on five of the previous seven days). Therefore, they are more likely to be sedentary compared with the Europeans (Scragg, 2016, p. 23).

It is reported that the proportion of Asians who drank alcohol in the last 12 months, or who were obese and overweight, was higher in those who were born in New Zealand or had lived here for more than 10 years. Both Asian children and adults were less likely to have visited a dentist or oral health worker within the last 12 months compared to the European group (Scragg, 2016). The most common chronic diseases in Asian children were asthma and eczema (Scragg, 2016, p. 38). Access to health services is particularly low among Asian adults who have recently arrived in New Zealand (less than five years) (Scragg, 2016, p. 61). There is also a lower proportion of Asians using public hospital services (such as emergency department, out-patient etc.) in the last 12 months compared with the European group (Scragg, 2016, p. 49). The percentage of Asians who used health services was substantially higher among those who had lived in New Zealand for more than five years or were born here. Hence, this affects their human capital from the point of the LSF.

Interviews with health providers revealed other “hidden” health issues that exist amongst the Asian group. They include: high anecdotal rates of smoking among Asian (particularly Chinese); mental health issues; sexual health issues, particularly around termination of pregnancy among Asian students; family violence; and immigration and settlement stress (Mehta, 2012; Nyika, 2017). Further health concerns were: lack of care for health of older Asian people; disability stigmatisation; and patient safety (Mehta, 2012; Singh, 2018).

Many older Indians who are living alone or with family members are experiencing social isolation, elder abuse and financial abuse (Singh, 2018). This is partly caused by language and settlement difficulties (Mehta, 2012; Singh, 2018). There is also an expectation that Asian families will look after and care for their older relatives at their home. This expectation can exert significant pressure and stress on migrants who are contemplating putting their older members in rest homes. Family violence amongst Asians includes dependency on an abusive partner to support immigration applications, social isolation, lack of familiarity with local culture and language and the dominant position of men in some traditional cultures (Mehta, 2012, p. 4; Nyika, 2017). It is shown that domestic and family violence has affected a considerable number of Asian immigrant families in the US and the UK. However, the issue is heavily stigmatised and therefore under-reported (Macey, 1997; Mehta, 2012, p. 4; Midlarsky, Venkataramani-Kothari, & Plante, 2006).

Mental health issues are a major concern among Asian populations worldwide. A US survey found that a significant number of Asians suffered from depression and anxiety and therefore mental health issues are more common amongst Asians than what is reported (Spencer, Chen, Gee, Fabian, & Takeuchi, 2010). The survey found that

Asian Americans experienced an increasing rate of psychiatric disorder and yet they are less likely to seek mental health services than Europeans. The common sources of stress that affected their overall mental health were:

- parental pressure to succeed academically
- it is a taboo to discuss mental health concerns and therefore Asians tend to deny and dismiss their symptoms
- obligated to fulfil family obligations and expectations
- discrimination owing to their cultural background
- difficulty in negotiating two different cultures and developing an identity for themselves.

Instead of seeking professional help for their mental health conditions, many Asian Americans sought help from their personal and social networks and religious community members. To them, the biggest barrier is the negative stigma surrounding mental health issues and a lack of awareness of available resources and services. Language barriers reinforce the problem. Furthermore, mental health conditions are often misdiagnosed among the Asians, which leads to underutilisation of mental health services. This condition therefore affects their social, human and financial capitals.

Many New Zealand health providers recognised the main cultural differences of Asians in terms of their hierarchical relationships and collectivistic cultural values, the importance of religion and the stigmatisation of certain health issues such as mental health and family violence. Language difficulties and a lack of knowledge of the New Zealand health system were barriers for some Asians to appropriate healthcare services. Other barriers included cultural differences in assessment and treatment, lack of cultural competency among health professionals, stigma associated with health issues, concerns about lack of confidentiality, transport difficulties and cost issues (Mehta, 2012). Hence, many do not know how to access appropriate assistance for their health issues. These health and wellbeing concerns therefore affect the human, social and financial capital for the Asian group.

Several suggestions have been put forward by health professionals to address the health issues and concerns for the Asian group. First, more targeted health promotion around preventative behaviours and specific health issues such as cardiovascular diseases and diabetes is needed. Health promotion among Asian communities, such as healthy eating, adequate physical exercise, being smoke-free and cervical screening, should be considered (Wong, 2015).

Second, further health education around the structure of the New Zealand health system amongst the migrants is needed. Asian communities require culturally appropriate written information regarding the structure of the New Zealand health system with wide dissemination amongst the Asian community. Educating general health practitioners and nurses on the key health needs of Asians should be considered as part of their continuing professional development (Mehta, 2012; Scragg, 2016).

Third, there is a need to improve on the cultural competence of health professionals and services and further development of the Asian workforce. Cultural competence

training and resources should be made available to the health workforce. One strategy is to allocate more resources to develop the Asian health workforce. An example is providing scholarships to encourage training health professionals to be familiar with Asian cultures. More bridging courses are also desirable, particularly in the health and allied health fields, to enable overseas qualified Asian professionals to register and participate in the workforce (Mehta, 2012).

Fourth, there is a need to provide Asian-targeted health services. Examples of targeted health services for Asian are:

- more Asian-focused cardiovascular diseases and diabetes nurses and practitioners
- expansion and further development of existing Asian mental health services
- providing early intervention for family violence, through provision of information in a community setting about the issues and available services
- providing a safety haven for family violence victims
- providing more culturally appropriate residential care facilities for older Asian people (Mehta, 2012; Scragg, 2016).

Fifth, there is a need to reduce cultural and language barriers to appropriate healthcare for Asian people (Mehta, 2012). Some recommendations to reduce barriers include:

- increased awareness among health service providers regarding the benefits of using qualified interpreters and the Language Line offered by the Office of Ethnic Communities
- offering more English courses to new migrants and integrating them into New Zealand culture
- increased awareness of community and public services to reduce social isolation among migrants
- providing social networking with other groups to further reduce social isolation.

The above suggestions aim to improve the social, human and financial capitals for the Asian group.

Migration issues and considerations

Asians migrate to New Zealand for four main reasons. They migrate to New Zealand because of the clean, green environment; its political stability relative to their country of origin; better employment opportunities; and education for their children and themselves (Department of Labour, 2010; Ip & Friesen, 2001). Most migrants from China qualified under the “general category” where skills, education and youth count most, while many migrants from Hong Kong and Taiwan qualified under the “Business Investment Policy” where transferable capital and business track record count most. Hence most Chinese migrants are slightly younger than the Hong Kong and Taiwanese migrants (Ip & Friesen, 2001, p. 222).

The economic situations in which many Asian migrants have found themselves after arriving in New Zealand affected their behaviour, their migration arrangements and their ability to cope. The significant issues relate to unmet expectations of employment with a considerable gap between the economic expectations pre and post migration. While many expected a reduction in income on arrival in New Zealand, most did not expect it to be as severe as it was (Ho et al., 2000). A large number were unable to obtain similar jobs/professions like that of their country of origin (Ip & Friesen, 2001). This is because their professional qualifications are not recognised as comparable with the local qualifications (Bartley & Spoonley, 2008; Ip & Friesen, 2001). In addition, many highly qualified migrants failed to find employment even if their skills were recognised. Difficulties in getting employment were also related to language problems, lacking local work experience and racial prejudice. There is evidence of employers' prejudice against applicants without local experience, or candidates who have a foreign accent (Ho et al., 2000; Ip & Friesen, 2001, p. 225). Consequently, many experienced severe decrease in income resulting from unemployment and underemployment thus affecting their financial and human capitals.

To partly address the drastic drop in income, a strategy has been adopted by some Asian subethnic groups. For example, a common family strategy practised by Hong Kong Chinese and Taiwanese middle-class migrants was the strategy of "astronauting" where one or more parents returned to their country of origin to work, leaving their children to be educated here (Chui, 2008; Ip, 2006). This is a deliberate strategy of living in two (or more) countries in order to maximise lifestyle, education, employment, business and travel opportunities for family members (Ho, 2015, p. 109). The "astronaut" migration phenomenon in which family breadwinners return to their homelands for better paid jobs while leaving their families in the host countries is not unique to New Zealand (Ip & Friesen, 2001, p. 222). "Astronauting" strategy is also commonly found amongst Chinese, Hong Kong and Taiwanese migrants in Australia (Pe-Pua & Australia Bureau of Immigration Multicultural and Population Research, 1996).

Migrants from China and India are mobile and they spent 75% or more of their residence absent from New Zealand. Indians in the older age group (45–64 and 65+) were more likely to spend lengthy periods absent. However, migrants from China – those aged younger than 16 years or in the 25–44 and 45–64 age groups – were more likely to have spent three-quarters or more of their time absent since taking up residence overseas. This contrasts starkly with the South Korean and Filipino who have almost zero or little absent days from New Zealand (Ho, 2015, pp. 110–111). The Taiwanese group has the longest absent days followed by Hong Kong migrants.

Transnational mobility has intensified through the course of life especially with young Asian and Chinese female skilled migrants (Ip & Liu, 2008). Unlike their parents' generation who chose return migration as a strategy to cope with problems of unemployment and underemployment, young Asians are now opting to relocate to their home countries or migrate to another country in search of more career opportunities and higher incomes (Ho, 2015). Another prominent feature of transnational families is the movement of older members (normally parents). Rather than living in one location, older people (usually parents) are increasingly mobilised between two or more locations to visit spatially dispersed family members and to provide care to children and grandchildren (Ho, 2015, p. 109).

It has been claimed that there is a lack of support given by the Government to migrants for whom English is not their first language. Many felt that they were sold an idealised version of the real New Zealand (Ip & Friesen, 2001). Failure of the Government to provide an adequate settlement policy was seen as the most fundamental oversight. Many felt disillusioned that they were encouraged to migrate to New Zealand but the Government does not have policies in place to help immigrants to settle and fit in. This is especially so when the immigration policy used the points system under which highly educated migrants came but were not able to find appropriate employment. They are hoping that the Government could do more to prepare for their arrival and to help with integration.

Educating New Zealanders about Asian culture is important, and it will work towards a settlement policy (Mehta, 2012). Recently, the Government introduced the Ministry of Business, Innovation and Employment's (MBIE's) New Zealand Migrant Settlement and Integration Strategy. It is a significant all-of-government approach to settlement support for migrants. Furthermore, there are also the Welcoming Communities initiatives, co-led by MBIE and the Office of Ethnic Communities, and implemented by several local councils. Unfortunately, none of the councils belonged to the Auckland region where a large majority of the Asians reside. Hence this issue affects the financial and social capitals of the Asian group.

Social outcomes from racial bias

It has been reported that Asians have suffered significant racial prejudice (One News, 2012). Most Asians considered themselves to be victims of an ethnically motivated verbal attack (Scragg, 2016, p. 15). They also considered themselves to be less likely to be treated fairly by a health professional owing to their ethnicity. Some also felt that they have been treated unfairly at work or refused a job because of their ethnicity. Some Asians also experienced unfair treatment when renting or buying a house because of their ethnicity.

In another study, it was found that 50% of the Asian participants claimed they had experienced minor cases of social friction or prejudice in New Zealand (Ip & Friesen, 2001, p. 226). Of those who had experienced it, 50% said that it had only happened once and the remaining 50% said that it had happened more than once. Common forms of racial prejudice are found when they are:

1. driving
2. on the street – being shouted at and treated rudely while shopping
3. rejected for employment and job application
4. wanting to find rental accommodation
5. reported in the media. A negative profile of Asian immigration is fuelled by the media when they report controversial headlines of “Asians buying properties” and “Asian invasion” (One News, 2012)
6. in public discussion. Some public discussion, such as the use of an “immigration card” during the 1996 election, with Asian immigration as a political football.

Recent surveys showed the lack of awareness of New Zealanders towards Asians and Asia (Asia New Zealand Foundation, 2013, 2018). This lack of cultural awareness can sometimes create misunderstanding towards the Asian group. It has resulted in difficulties such as lower incomes and employers' prejudice (Ip & Friesen, 2001). To address these difficulties, some professionals become New Zealand students to gain local qualifications and credibility (Ho, 2015; Joseph, 2016). As the overall economic outcomes for some Asian migrants in New Zealand are relatively poor, it encourages them to maintain transnational activities (Bartley & Spoonley, 2008; Ip & Liu, 2008). Another strategy that Asians used is to win goodwill by being law abiding and behaving well in public (Ip & Friesen, 2001, p. 231). Other integration systems include active participation by parents with their children's school activities such as helping with library, sports teams, canteens, parent-teacher associations, school boards of trustees and joining church and volunteers for charitable works. This is to build bridges with the host country.

To determine whether the Asian group is able to integrate into New Zealand society depends partly on their success in forging a Kiwi identity. The more integrated they are into the local customs and traditions by interacting with the host country, the greater likelihood of them identifying themselves as New Zealanders instead of Asians. In addition, the more welcomed, included and recognised they feel, the more likely it is for them and their children to regard New Zealand as their home or as a major station of their transnational network. This would therefore enhance their financial, social and human capitals.

Section 5: Conclusion

The Asian group is one of the fastest growing ethnic groups in New Zealand. The composition of the Asian group is made up of diverse subethnic groups with differing cultures, religions, countries of origin, median age and incomes. They predominantly reside in Auckland and are generally highly qualified and skilled. The majority of the Asians are born overseas and they migrate to New Zealand in search of better work and education opportunities. They also have relatively good health outcomes partly owing to the “healthy migrant” effects. However, it is shown that migrants who have been acculturated in New Zealand or born in New Zealand have more health problems compared with new migrants. Common health concerns for the Asian group include cardiovascular diseases, diabetes, lung cancer, termination of pregnancy among international students, mental health and family violence. Owing to the cultural differences of the Asians, recommendations including Asian-targeted health services should be considered.

Besides health issues, there are also concerns relating to their migration experience and racial prejudice. These issues need to be accounted for in order to address the wellbeing of Asians in New Zealand. Cultural awareness by New Zealanders of the Asian customs and traditions would be a first step in integrating Asians into the New Zealand context. This aligns with the need to incorporate different cultural perspectives within the LSF (Frieling, 2018). Another recommendation is for Asians to integrate and participate in social, charitable and community activities to reduce their social isolation. In doing so, it would enhance their social capital which is vital for the Asian group.

This report attempts to make a contribution towards understanding the distinct wellbeing needs of the Asian group and to provide a resource for current and future planning of services for the Asian population in New Zealand. It also provides a point of discussion of issues that are pertinent for the wellbeing of Asians. As shown in this report, more can be done to improve the wellbeing of the Asian group as suggested by the LSF. The section below suggests several indicators to be considered for Asian wellbeing.

Section 6: Asian wellbeing indicators

Based on the discussion so far, there are several ways in which Asian perspectives can be integrated into the LSF. These include:

1. better and more communication with Asian community groups regarding health and welfare issues and the availability of government resources and services
2. informing the Asian community on how to access government services and resources via communication channels such as Asian television, radio, newspaper and websites
3. taking into account the cultural differences within the subethnic Asian groups. For example, “saving face” is more of a concern for the Chinese, Korean, Japanese, Indian, Bangladeshi and Pakistani but less so for the Filipino group
4. taking into account the cultural differences and wellbeing needs between Asian skilled migrants, international students and Asian refugees as they migrate to New Zealand for different reasons
5. taking into account the wellbeing needs of Asians who reside in Auckland and other regions in New Zealand.

Given the above, there are several suggested indicators that may be pertinent to the Asian group. This is not an exhaustive list but rather a guide for further discussion and feedback. Focusing on a selected few will allow other indicators to be explored once feedback is received. These indicators are:

1. Social cohesion, settlement and a sense of belonging
2. Racial acceptance and cultural recognition
3. Employability
4. Accessing government services such as English language proficiency, healthcare and interpretation services (for those for whom English is not their first language).

We invite your feedback on the relevance and suitability of these indicators in this paper.

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Appendix 1: Profile of the Asian subethnic groups

Table 1 – Demographic information of the Asian subethnic groups (Statistics New Zealand, 2018a)

Subethnic Asian groups	Numbers (% relative to the total Asian population)	Region lived in (% relative to the total Asian population)	Median age	Where born	Percent of aged 15 years and over with formal qualification	Median income for those 15 years or over
1. Asian, not further defined	4,623 (less than 1%)	Auckland (43.7%)	33.3 years	14.5% born in NZ and 85.6% born overseas	89.3%	\$27,200
2. Southeast Asian	77,730 (1.9%)	Auckland (52.7%)	29.8 years	18.7% born in NZ and 81.3% born overseas	84.5%	\$23,000
3. Filipino	40,347 (1%)	Auckland (50.8%)	30.8 years	14.1% born in NZ and 85.9% born overseas	94.8%	\$30,600
4. Cambodian	8,601 (less than 1%)	Auckland (48.7%)	29.1 years	30.8 % born in NZ and 69.2% born overseas	52.5%	\$16,700
5. Vietnamese	6,660 (less than 1%)	Auckland (65.5%)	27.1 years	23.9% born in NZ and 76.1% born overseas	69.6%	\$13,900
6. Burmese	2,187 (less than 1%)	Auckland (48.1%)	26.4 years	16.9% born in NZ and 83.1% born overseas	62.7%	\$12,200
7. Indonesian	4,137 (less than 1%)	Auckland (60%)	30.2 years	23.5% born in NZ and 76.6% born overseas	93.6%	\$20,300
8. Laotian	1,374 (less than 1%)	Auckland (59.8%)	29.9 years	40.4% born in NZ and 59.6% born overseas	61.7%	\$19,700
9. Malay	4,794 (less than 1%)	Auckland (52.3%)	27.1 years	21.1% born in NZ and 78.9% born overseas	92.9%	\$18,700
10. Thai	8,052 (less than 1%)	Auckland (51.6%)	31.3 years	19.4% born in NZ and 80.6% born overseas	75.5%	\$16,000
11. Chinese	171,411 (4.3%)	Auckland (69%)	31.3 years	26.6% born in NZ and 73.4% born overseas	86.7%	\$16,000
12. HK Chinese	222 (less than 1%)	Auckland (73%)	29.5 years	8.2% born in NZ and 91.8% born overseas	94.1%	\$10,800
13. Cambodian Chinese	129 (less than 1%)	Auckland (72.7%)	40.8 years	31.8% born in NZ and 65.9% born overseas	58.6%	\$17,200
14. Malaysian Chinese	1,848 (less than 1%)	Auckland (65.6%)	31.2 years	14.6% born in NZ and 85.4% born overseas	95.8%	\$26,900

Subethnic Asian groups	Numbers (% relative to the total Asian population)	Region lived in (% relative to the total Asian population)	Median age	Where born	Percent of aged 15 years and over with formal qualification	Median income for those 15 years or over
15. Singaporean Chinese	741 (less than 1%)	Auckland (56.9%)	31.7 years	21.3% born in NZ and 78.7% born overseas	95.6%	\$19,200
16. Taiwanese	5,715 (less than 1%)	Auckland (75.1%)	31.6 years	14.9% born in NZ and 85.1% born overseas	96.5%	\$12,100
17. Indian	155,178 (3.9%)	Auckland (68.5%)	30.1 years	23.5% born in NZ and 76.5% born overseas	89.7%	\$27,400
18. Bengali	165 (less than 1%)	Auckland (70.9%)	24.8 years	18.5% born in NZ and 83.3% born overseas	93%	\$10,300
19. Fijian Indian	10,929 (less than 1%)	Auckland (73.8%)	31.6 years	17% born in NZ and 83% born overseas	88.1%	\$27,900
20. Indian Tamil	303 (less than 1%)	Auckland (53.5%)	41.2 years	24% born in NZ and 76% born overseas	91.8%	\$21,700
21. Punjabi	324 (less than 1%)	Auckland (71.3%)	26.7 years	27.8% born in NZ and 72.2% born overseas	86.8%	\$17,800
22. Sikh	213 (less than 1%)	Auckland (80.3%)	26.7 years	23.9% born in NZ and 76.1% born overseas	81.1%	\$18,100
23. Anglo Indian	327 (less than 1%)	Auckland (52.3%)	49.6 years	28% born in NZ and 71% born overseas	95.1%	\$32,700
24. Sri Lankan	11,274 (less than 1%)	Auckland (61.3%)	33.4 years	14.9% born in NZ and 85.1% born overseas	95%	\$25,200
25. Sinhalese	1,020 (less than 1%)	Auckland (56.8%)	36.3 years	6.8% born in NZ and 92.9% born overseas	97.5%	\$26,200
26. Sri Lankan Tamil	729 (less than 1%)	Auckland (73.4%)	41.6 years	16.5% born in NZ and 83.1% born overseas	91.6%	\$21,400
27. Japanese	14,118 (less than 1%)	Auckland (47.6%)	29.4 years	28.1% born in NZ and 71.9% born overseas	91.7%	\$14,700
28. Korean	30,171 (less than 1%)	Auckland (72.8%)	31.2 years	11% born in NZ and 89% born overseas	93.2%	\$11,500
29. Afghani	3,414 (less than 1%)	Auckland (70.9%)	22.1 years	25.8% born in NZ and 74.2% born overseas	63.7%	\$7,200
30. Bangladeshi	1,623 (less than 1%)	Auckland (67.3%)	28.8 years	23.1% born in NZ and 76.9% born overseas	95.1%	\$16,900
31. Nepalese	1,590 (less than 1%)	Auckland (33.5%)	27.4 years	13.5% born in NZ and 86.7% born overseas	88.2%	\$19,900

Subethnic Asian groups	Numbers (% relative to the total Asian population)	Region lived in (% relative to the total Asian population)	Median age	Where born	Percent of aged 15 years and over with formal qualification	Median income for those 15 years or over
32. Pakistani	3,261 (less than 1%)	Auckland (69.1%)	25.6 years	26% born in NZ and 74% born overseas	92.4%	\$13,700
33. Eurasian	1,365 (less than 1%)	Auckland (46.1%)	20.3 years	49.8% born in NZ and 50.4% born overseas	91.6%	\$24,700
34. Asian, not specified	1,233 (less than 1%)	Manawatu-Wanganui (29.1%)	27.6 years	11.5% born in NZ and 88.5% born overseas	74.6%	\$9,500