



Chinese

A Guide for Health Professionals

This profile provides an overview of some of the cultural and health issues of concern to Chinese migrants who live in Queensland, Australia. This description may not apply to all Chinese as individual experiences may vary. The profile can, however, be used as a pointer to some of the issues that may concern your client.

Chinese

Introduction

The term “Chinese” covers a diversity of communities and individuals, sometimes having no more in common than ancestral heritage. Many Chinese in Australia are descendants of people who migrated here more than one hundred years ago, and their health beliefs and profiles are often little different from Anglo-Celtic Australians.

Chinese settlement has taken place in Australia from the mid 19th century, with most people coming from southeast China (Guandong). Over the past 20 years, other Chinese have arrived from Malaysia, Singapore, Hong Kong, Vietnam and elsewhere in Indochina. More recently, immigrants have arrived from Taiwan and the People's Republic of China (PRC).

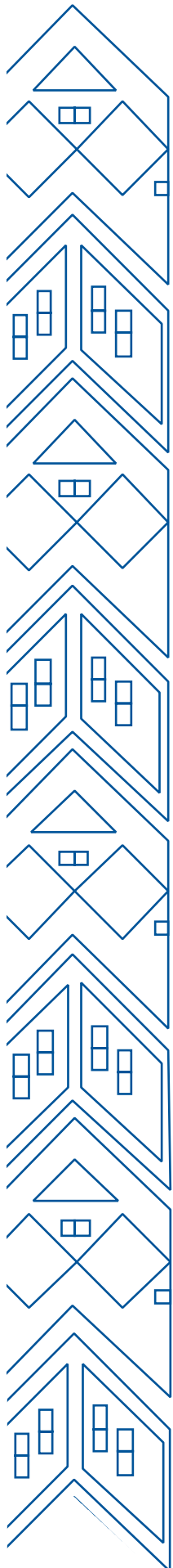
Mandarin is spoken in the People's Republic of China and Taiwan, and is quite widely spoken in Malaysia and Singapore. Cantonese is the language of many Chinese from Hong Kong, Guandong province of the PRC, Vietnam and many from Malaysia, Singapore and Christmas Island. Hokkein is quite widely used among those from Malaysia and Singapore while Hakka is commonly used in Malaysia, Indonesia and Brunei. Teo-chieu is spoken by the majority of Chinese from Thailand.

Patient Interaction

- ⊙ Social roles may influence interactions, because of the potential for “loss of face”. Loss of face brings shame to the whole family.
- ⊙ Chinese people tend not to talk about their problems, especially psychosocial ones, because they assume that Westerners will not understand their culture or experiences.
- ⊙ For many Chinese people avoiding eye contact, shyness and passivity are cultural norms.
- ⊙ Many people will avoid saying “No” because they consider it impolite.
- ⊙ Open discussion about sexuality is often considered “taboo”.
- ⊙ A doctor of the same sex is preferred by most Chinese; this is particularly true for women.
- ⊙ Many people visiting a health care provider will expect tangible evidence of treatment, such as a prescription.

Some points to consider when interacting with more recently arrived Chinese clients are:

- ⊙ In order to find an appropriate interpreter you will need to ascertain which Chinese dialect your client speaks.



- ⊙ Your client may have traditional beliefs, or follow both traditional and biomedical beliefs, or be in the process of integrating the two cultures.
- ⊙ Try to elicit your client's own understanding of their illness. Listen to and accommodate their explanation of their illness even if it seems unusual to you.
- ⊙ Avoid the use of Australian idiomatic expression. Many Chinese people, particularly those from old British colonies, will have learned English (or some English) but they will probably be unfamiliar with the Australian accent or idiom.
- ⊙ Communicate with family members and involve them in the treatment plan.

Health in Australia

Major health issues are not well documented, but overall mortality as measured by the standardised mortality ratio is low compared with the general Australian population. Details of cancers among Australian Chinese are unavailable, however, data for recent Chinese migrants indicates that the most common cancers are lung, breast, colon, stomach and pancreas in women, and lung, liver, colon stomach and nasopharynx in men. This latter cancer has a high incidence among men from PRC (among whom there is also a high prevalence of smoking) and is common in women from Hong Kong.

Utilisation of Health Services

- ⊙ Use of hospitals is low, and use of doctors is very low especially by women.

- ⊙ Mental health services appear to be under-utilised. Denial and delay while traditional treatments are tried may result in late presentation to mental health services or the need to involve the police for involuntary admission.
- ⊙ The idea of a checkup when one is not ill will seem strange to many Chinese people.

Health Beliefs and Practices

Food, illness and medications are classified, according to the perceived effects on the body, as "hot" or "cold". Health is believed to be a balance of positive (yang) and negative (yin) energy in the body. Chi refers to the life force or energy in the body.

Many Chinese people, when they are ill or pregnant, assume a "sick role", in which they depend heavily on others for assistance. This means that when working in a rehabilitation setting health care providers may be seen as uncaring because they encourage independence rather than catering directly to the wishes of the client.

Some Chinese may attribute illness to:

- ⊙ Disharmony of body elements, eg an excess of "hot" or "cold" foods.
- ⊙ Moral retribution by ancestors or deities for misdeeds or negligence.
- ⊙ Cosmic disharmony as may occur if a person's combination of year of birth, month of birth, day of birth and time of birth (the "Eight characters") clash with those of someone in their family.
- ⊙ Interference from evil forces such as malevolent ghosts and spirits, or impersonal evil forces.
- ⊙ Poor Feng Shui, ie the impact of the natural and built environment on the fortune and wellbeing of inhabitants.

Many people will use traditional Chinese medical treatments including acupuncture, acupressure and Chinese herbs. Dietary therapy and supernatural healing (through a fortune teller, Feng Shui man or temple medium) may also be used.

Modern versions of traditional medicines are available through Chinese grocery stores in all major Australian cities.

Psychosocial Stressors

unemployment

High profile Chinese Australians have created an impression of wealth and success. However, many Chinese work much longer hours than average, and they may live in communities where housing is overcrowded and of poor quality. Many people are unemployed, trapped in "dead-end" jobs, or are limited by poor English ability.

The prospects for business or economic migrants are better, but a drop in social and occupational status is not uncommon.

Family structure

The traditional view of the Chinese family is one of an extended family with children, parents and grandparent living together. A more recent phenomenon in family structure is the "Astronaut Family". These families have migrated to Australia, generally as business migrants, with the husband returning to the country of origin to continue business there. For extended periods of time, the family unit consists of the wife and children living in Australia, and the husband living overseas and visiting when time permits.

Racial discrimination

Because the Chinese are in the category of a "visible minority", they may feel permanently marginalised, especially if they have experienced either subtle discrimination and negativism or outright

racism. This feeling may be exacerbated by recent trends in Australian politics.

Language barriers

As the Chinese and English languages are so different and many Chinese work such long hours, there are significant difficulties facing many new immigrants in learning English. In addition, because there are many Chinese languages and dialects, Chinese may not even understand one another, increasing their sense of isolation and frustration.

Mental Health

Mental health problems are often related to social and psychological stress, and this may be intensified by financial insecurity and a tendency to repress feelings. There is a tendency to somaticise their social and psychological problems. Vocabulary to express psychosocial issues may be limited.

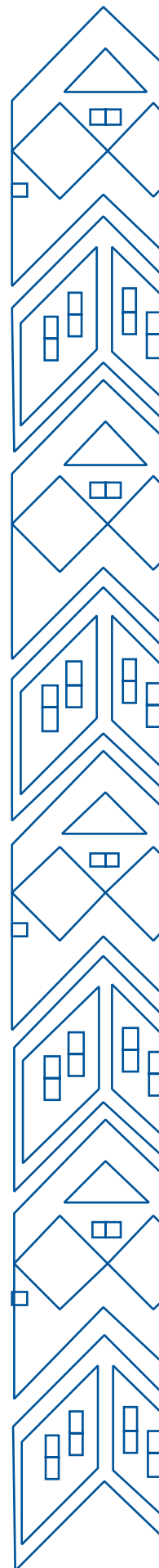
People are often Chinese are often reluctant to embrace psychological exploration or intervention. Traditional treatments may be used together with or instead of Western drugs. However this is not usual among educated urban Chinese.

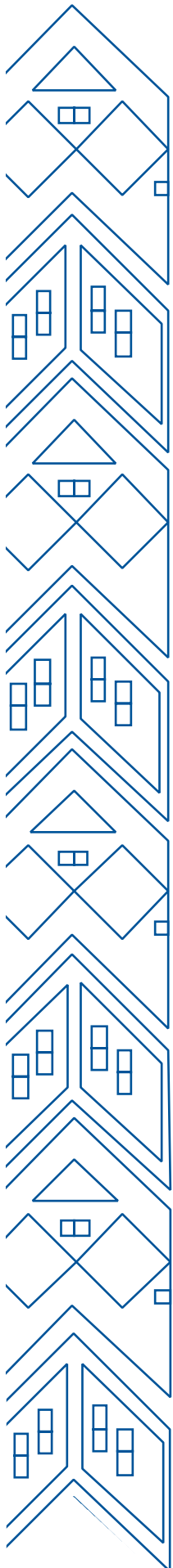
Maternal and Child Health

Pregnancy

Language difficulties, lack of information about facilities and services, and lack of developed support networks, may make pregnancy and birth in the Australian health care system difficult.

Pregnancy and especially childbirth are believed to disturb the balance of "hot" and "cold" required for good health. Because of this, a number of dietary and behavioural practices are customary to keep the mother and baby physically healthy.





Childbirth

- ⊙ Many people believe that a woman should not cry out or scream during labour.
- ⊙ Some women may observe a period of confinement after birth, during which women should rest, dress warmly, limit showers, and eat only "hot" foods.
- ⊙ These ideas conflict with Western medical ideas which recommend early ambulation and showering after birth.
- ⊙ Women may experience distress if not given a choice between cultural traditions and Western practices.

Infant feeding

In Australia, Chinese women may have difficulty with breastfeeding because of lack of family support and language difficulties, and may give up sooner than they would otherwise.

Child rearing

Women are often expected to follow certain traditional practices advocated by older female relatives. However, practical constraints mean that many Chinese women opt for an approach to child-rearing which combines practices from both Australian and Chinese culture.

Women's Health

Some Chinese women may not be familiar with breast self-examination or screening, Pap smears or pelvic examination, or may have different ideas about the appropriate age for the commencement of screening.

Resources

Queensland Ethnic Affairs Directory 1997.
Department of the Premier and Cabinet.
Office of Ethnic and Multicultural Affairs.

Cathay Club
Tel: (07) 3252 9066

Brisbane Migrant Resource Centre
Tel: (07) 3844 8144

Ethnic Community Council of Queensland
Tel: (07) 3844 9166

Logan City Multicultural
Neighbourhood Centre
Tel: (07) 3808 4463

Ethnic Communities Council Gold Coast
Tel: (07) 5532 4300

Multicultural Information Network Service
Inc. (Gympie)
Tel: (07) 5483 9511

Migrant Resource Centre Townsville-
Thuringowa Ltd.
Tel: (077) 724 800

Translating and Interpreting Service
Tel: 131 450

Acknowledgments

This profile was developed by Pascale Allotey, Lenore Manderson, Jane Nikles, Daniel Reidpath and Jo Sauvarin at the Australian Centre for International and Tropical Health and Nutrition at The University of Queensland on behalf of Queensland Health. It was developed with the assistance of community groups and health care providers. This is a condensed form of the full profile which may be found on the Queensland Health INTRANET - QHIN <http://qhin.health.qld.gov.au/hssb/hou/hom.htm> and the Queensland Health INTERNET <http://qhin.health.qld.gov.au/hssb/hou/hom.htm>. The full profile contains more detail and some additional information. It also contains references to additional source material.

Material for this profile was drawn from a number of sources including various scholarly publications. In addition, *Culture & Health Care (1996)*, a manual prepared by the Multicultural Access Unit of the Health Department of Western Australia, was particularly useful.