Asian Cultural Values & Health Beliefs & the Impact They Have on Decisions Around Nutrition and Physical Activity: A Local Example of A Culturally Appropriate Approach

ANA Asian Forum, 2015
24 November 2015
Sorrento in the Park,
One Tree Hill Domain, Auckland
Presenter: Sue Lim,
Operations Manager Asian Health Services

Scope & Limitations

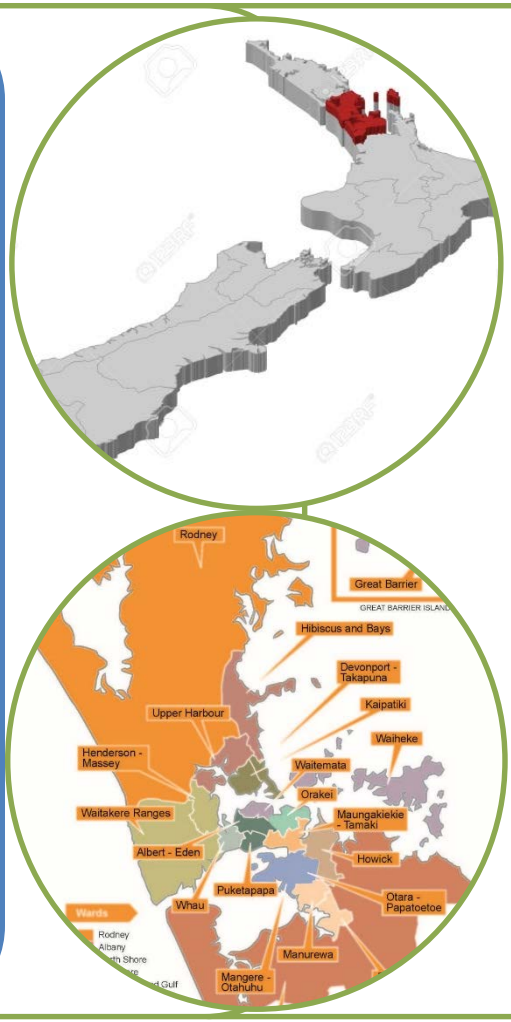
- Scope of presentation
  - Cultural values, beliefs and practices relating to nutrition and physical activity in East Asian and South-East Asian
- Limitations
  - 'Culture' is dynamic and transitional and is not limited to ethnic or racial make-up
  - Information provided in this presentation is generalised and for informational purposes

Overview

- Introduction
  - Asian population
  - Diversity
- Cultural Values
- Health Beliefs and Practices
- Overseas literature reviews: Cultural appropriate approaches for health promotion
- Local example: culturally appropriate health promotion intervention
- Summary

Demographics: Asian Population (Census 2013)

- NZ: 2/3rd of the Asian population lived in the Auckland Region
- Asian ethnic group is 3rd largest ethnic group in NZ
- European 74%, Maori 14.9%, Asian 11.8%, Pacific Peoples 7.4%
- Asian ethnic group almost doubled in size since 2001 (6.6%)
- Top 6 Asian Ethnic Groups: Chinese, Indian, Filipino, Korean, Other South East Asian, Japanese



Auckland Region: 20.9% (298,554) of the population was Asian

Asian ethnic group is 2nd largest ethnic group in Auckland

Top 6 Asian spoken languages: Chinese, Korean, Hindi, Gujarati, Japanese and Thai

13.6% of Asian not English speakers (Chinese 19%, Korean 12% and Indian4 %)

Diversity

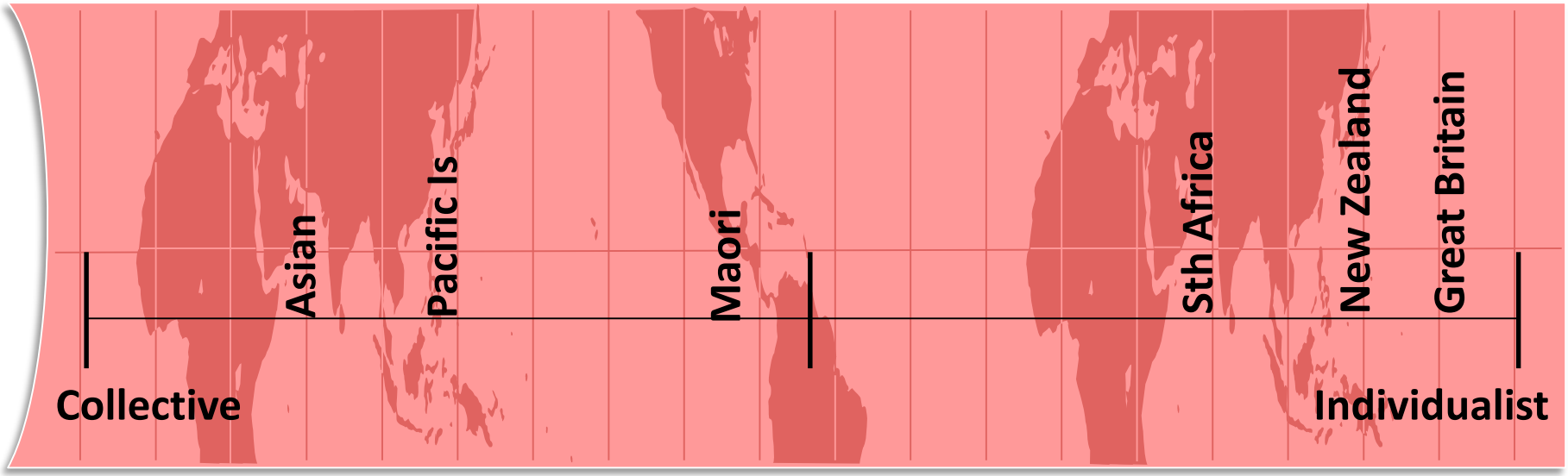
Level 2 Asian Categories

Other Asian (Code 44)	Indian (Code 43)	Chinese (Code 42)	South East Asian (Code 41)	Asian NFD* (Code 40)
Japanese Korean Afghani Sri Lankan NFD* Sri Lankan Tamil Sri Lankan NEC* Sinhalese Bangladeshi Nepalese Pakistani Tibetan Eurasian Asian NEC*	Indian NFD* Bengali Fijian Indian Gujarati Tamil Punjabi Sikh Anglo Indian Indian NEC*	Chinese NFD* Hong Kong Chinese Cambodian Chinese Malaysian Chinese Singaporean Chinese Vietnamese Chinese Taiwanese Chinese NEC*	Southeast Asian NFD* Filipino Cambodian Vietnamese Burmese Indonesian Laotian Malay Thai Southeast Asian NEC Other SE Asian	Asian NFD*

Exploring Cultural Values

Individualism v Collectivism

- Individuals are concerned about consequences of action for themselves, not others
- Collectivists primarily view themselves as members of a group

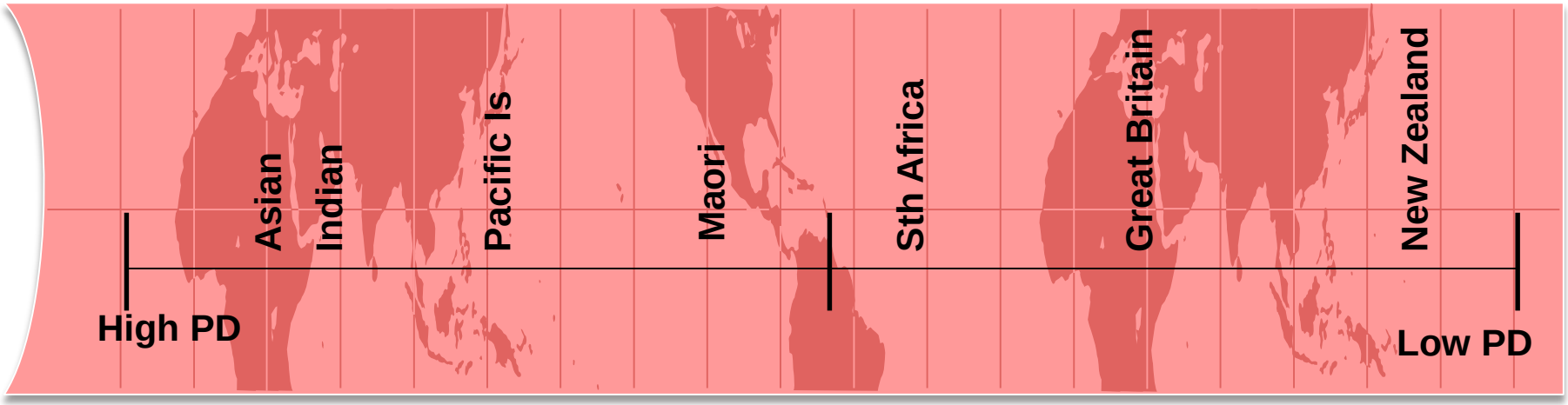


Geert Hofstede's Dimensions of Culture

(Adapted primarily from http://spectrum.troy.edu/~vorism/hofstede.htm and http://www.nwlink.com/~donclark/leader/culture2.html)

Power Distance

The extent to which members of a culture expect and accept that power is unequally distributed

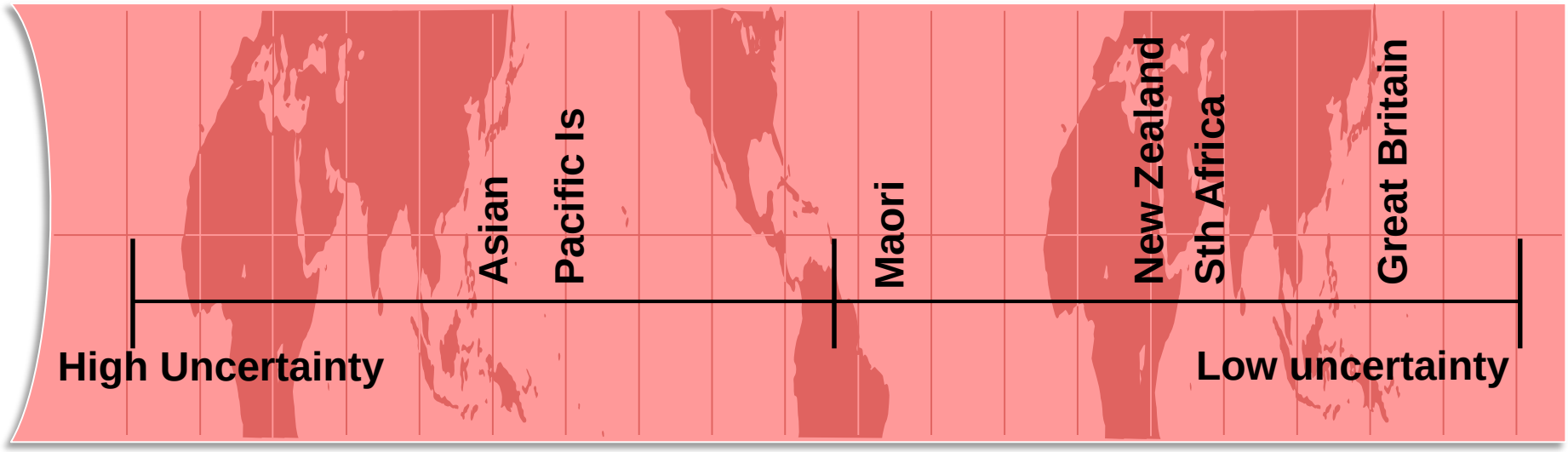


Geert Hofstede's Dimensions of Culture

(Adapted primarily from http://spectrum.troy.edu/~vorism/hofstede.htm and http://www.nwlink.com/~donclark/leader/culture2.html)

Uncertainty Avoidance

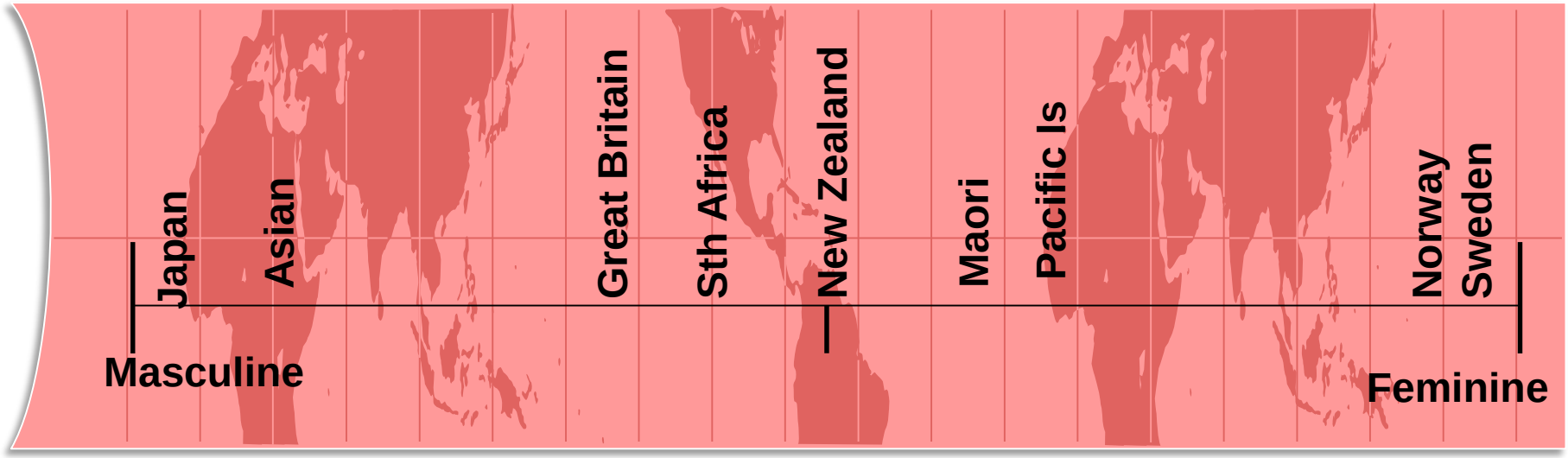
The degree to which members of a culture feel threatened by unpredictable, uncertain or unknown situations



Geert Hofstede's Dimensions of Culture
(Adapted primarily from http://spectrum.troy.edu/~vorism/hofstede.htm and http://www.nwlink.com/~donclark/leader/culture2.html)

Masculinity vs Femininity

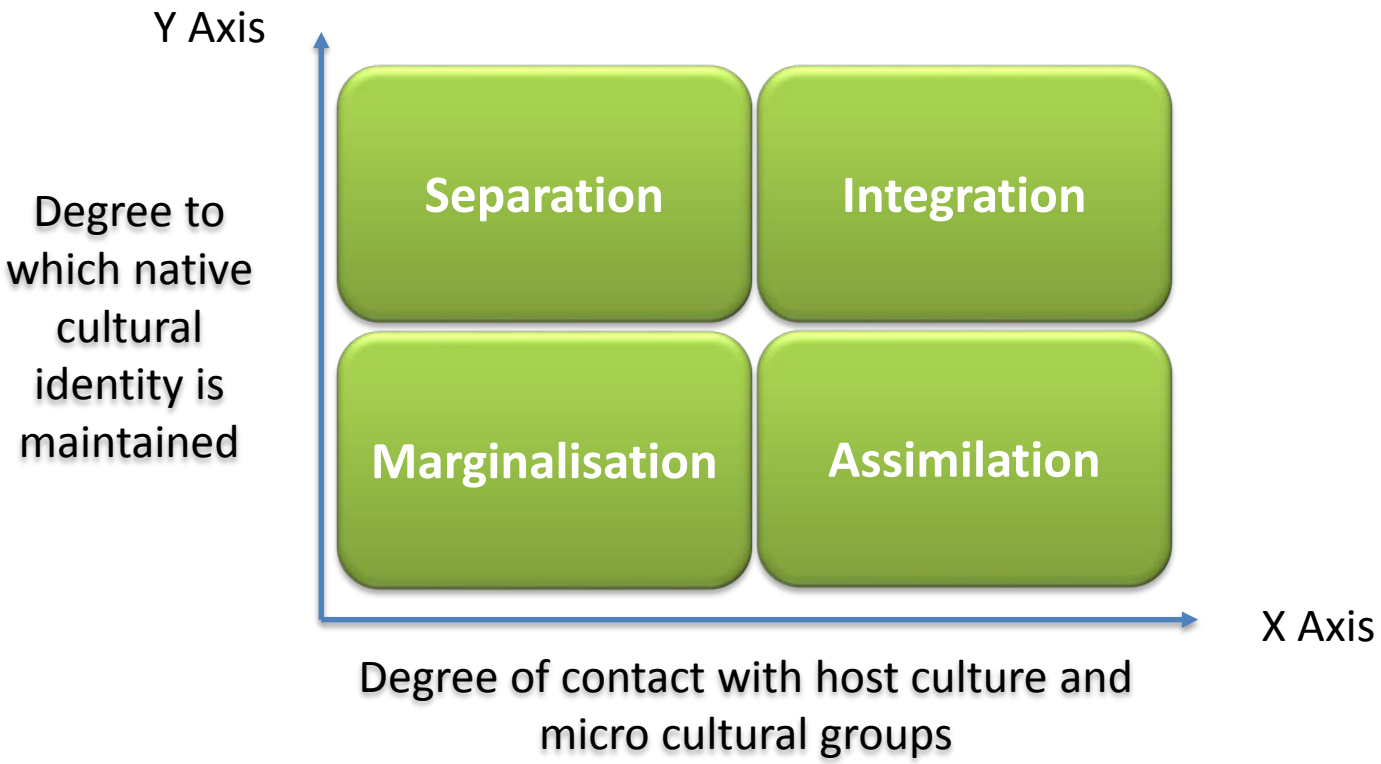
- Feminine = Quality of life
- Masculine = Quantity of life
- Gender roles within a society



Geert Hofstede's Dimensions of Culture

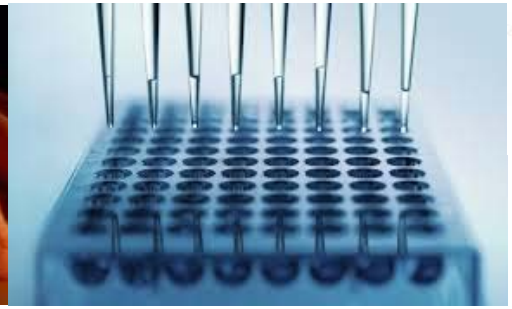
(Adapted primarily from http://spectrum.troy.edu/~vorism/hofstede.htm and http://www.nwlink.com/~donclark/leader/culture2.html)

Acculturation



Adapted from J.W. Berry “Psychology of Acculturation. Neuliep (2003).

Western and Eastern Health Beliefs and Practices in relation to Nutrition and Physical Activity



Explanatory models of health and wellness and illness

"The only cure you believe in, cures." Tamil Proverb

Different cultures have different ways of understanding health and wellness and illness.

How health, wellness and illness are explained is strongly influenced by cultural values.

"The explanatory model of a particular illness consists of signs and symptoms by which the illness is recognised; presumed cause of the illness and prognosis is established. These are interpreted by individuals and or significant others and on labelling the problem proceed to address it appropriately through recommended therapies" (Olenja, 2003).

The success of health promotion intervention and compliance will depend to a significant degree on the formation of a collaborative model that is acceptable to client.

Western Biomedical Model

- The **scientific and western biomedical model** is based on disease causation and believes that medicine is the art and science of healing.
- Examples
  - Surgery
  - Therapy
  - Rehabilitation
  - Evidence-based practice
  - Psychology
  - Diagnostic services

Ton & Lim (2006)

Supernatural Model

Supernatural Model (ancestors, stars, spirits, environment (feng shui), karma)

- Supernatural beliefs relate to the influence of a ‘power’ or ‘powers’ considered beyond nature.

Treatment examples

- Restitution to another person
- Rituals and prayers for forgiveness
- Ceremonies to appease spirits, deities or God

Ton & Lim (2006)

Spiritual / Religious Model

Spiritual / Religious Model - ill deeds, karma, fate, neglect in practice

- Good health occurs when one is fulfilling the requirements of one's faith, while poor health means one has not been true to their faith.

Treatment Examples

- Reading religious texts, praying
- Exorcism
- Attending religious events

Ton & Lim (2006)

Humoral / Body Balance Model

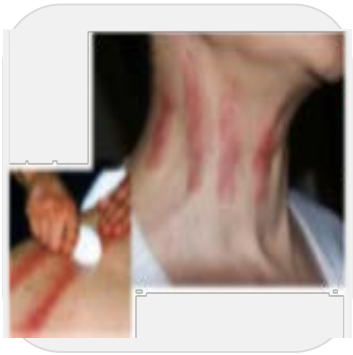
- (earth, air, fire, water). Based on the theory that the human body is filled with four basic substances called **humours** – blood, yellow bile, black bile and phlegm.

Ton & Lim (2006)

Humor	Season	Element	Organ	Qualities	Ancient Name	Modern Name	Myers-Brigg Type Indicator	Ancient Characteristics
Blood	spring	air	liver	warm & moist	sanguine	artisan	SP	courageous, hopeful, amorous
Yellow bile	summer	fire	gall bladder	warm & dry	choleric	idealist	NF	easily angered, bad tempered
Black bile	autumn	earth	spleen	cold & dry	melancholic	guardian	SJ	despondent, sleepless, irritable
Phlegm	winter	water	brain/lungs	cold & moist	phlegmatic	rational	NT	calm, unemotional

Balance Model:
Health and Wellness and Healing Practices

- Tai Chi (Korean is called Taekgyeon)
- Chinese Folk Dance
- YogaCupping
- Moxibustion
- Pinching
- Steaming
- Balm
- Acupuncture
- Acupressure or Massage
- Herbs
- Patent medicines
- Qi Qong (Chi Kung)
- Ayurvedic Medicine



Cultural Meaning About Food

- Some believes in **food values to maintain the principle of maintaining the balance** of various elements in the body
- Some believes food as **preventive medicine**
- **Socialisation** – food is perceived as a way to interact with family, friends, community and a way of social bonding
- Food and **Religion**

  Islam – halal food and no intoxicants in medications or preparations; fasting month

  Sikh – forbids the eating of beef and pork

  Hindus – most practising Hindus are vegetarian

  Buddhism – many Buddhists are vegetarian

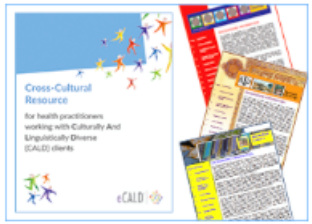
Cross-cultural resource for health practitioners working with CALD clients - www.eCALD.com

<table>
<tr><th></th><th colspan="2">Chinese</th><th>Korean</th><th>Vietnamese</th><th>Cambodian</th><th>Laotian</th></tr>
<tr><td rowspan="5">Traditional Family values influencing decisons</td><td colspan="3">Filial Duty</td><td>Family and mutual dependence is valued over independence</td><td colspan="2">Filial Duty</td></tr>
<tr><td colspan="5">Father and sons are heads of household and decision makers</td><td>Filial respect & reverence to ancestors is important</td></tr>
<tr><td colspan="5">Nuclear family</td><td>Patrilineal and extended</td></tr>
<tr><td colspan="3">Eldest sons inherit family leadership</td><td>Respect for elders and those in authority</td><td>Males and females equally respected</td><td>Elder Males and females equally respected</td></tr>
<tr><td></td><td></td><td></td><td></td><td></td><td></td></tr>
<tr><td rowspan="3">Health beliefs influencing nutrition and physical activity</td><td>Chi</td><td>Kior chi</td><td></td><td></td><td></td></tr>
<tr><td>Ying & yang</td><td>Um & yang</td><td>Am & duong</td><td colspan="2">Humoral imbalance</td></tr>
<tr><td colspan="5">Western concepts of disease causation</td></tr>
<tr><td rowspan="3">Spirituality</td><td colspan="5">Buddhism/Christianity</td></tr>
<tr><td colspan="4">Confucianism, Taoism & Shamanism</td><td>Muslim</td><td></td></tr>
<tr><td colspan="6"></td></tr>
</table>

Resources

- Cross Cultural Resources
- Translated Information
- Publications
- Migrant and Refugee Services
- Cultural Competence Assessment Tools
- Festive Calendar

Cross Cultural Resource [e-toolkit]



Title: Cross Cultural Resource for Health Practitioners working with Culturally and Linguistically Diverse (CALD) clients

E-Toolkit resource

The aim of this resource is as follows:

1. The first is to enhance awareness around cultural competence issues, what cultural competence means and what it constitutes.
2. The second is to provide information to assist practitioners in developing a relevant set of skills for culturally competent practice. For this purpose we have included a self-assessment for cultural competency development, pre-interview checklists and interview guidelines, communication tips and greetings for each culture, tables comparing various aspects of Asian and Western cultures, and how to work effectively with interpreters **(Chapter 1)**.
3. The third aim is to provide some brief background information on seven Asian cultures that will assist practitioners in their attempts to develop rapport, build relationship and provide an effective and appropriate service **(Chapter 2)**.
4. The fourth aim is to provide general information about Middle Eastern and African cultures and some brief background information on 3 Middle Eastern cultures and 4 African cultures that will assist practitioners in their attempts to develop rapport, build

Overseas Literature Review: Culturally appropriate approaches for Health Promotions

Asian Motivators for Health Promotion

- Collectivism cultural characteristic
  - Interdependent
  - Conformity
  - Filial piety, submission
- Avoidance
- Choice
- Self-regulation
- Group automony
- Group identity
- Physical Pleasure
- Self-effacement
- Other oriented self-efficacy
- Social Harmony

Coburn, C, L., Weismuller, P, C. (2012). Asian Motivators for Health Promotion. Clinical Practice Department. Journal of Transcultural Nursing 23(2) 205– 214

Barriers to Lifestyle Change in Migrant South Asian Populations

- Who influence dietary decisions
- Expectation of the roles within the family
- The meaning of physical exercise
- The view on body types
- Belief of cooking method
- Disease attribution – fatalism
- Accessible of food
- Acculturation

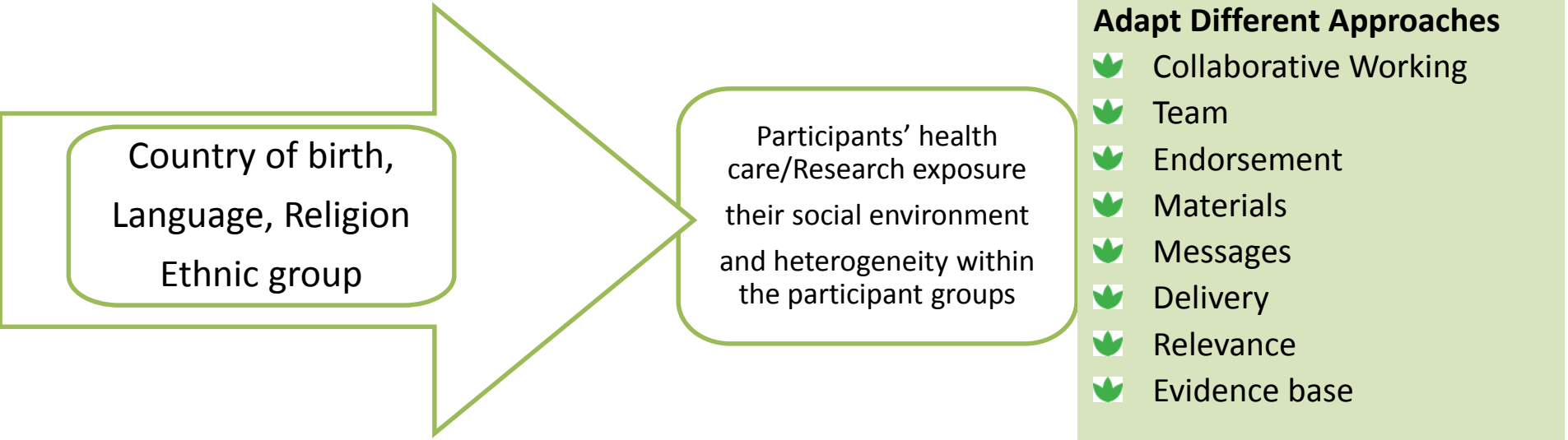
Patel, M., Philips-Ceasar, E., Boutin – Foster, C. (2012). Barriers to Lifestyle Behavioral Change in Migrant South Asian Populations. Immigrant Minority Health (2012) 14:774–785

This study has shown that interventions that have recruited husbands to participate can overcome the traditional resistance to dietary change from male family members.

Providers need to gain an understanding of the cultural importance of the South Asian diet as well as the cultural barriers to physical activity in order to suggest feasible ways to make changes to lifestyle factors.

Adaptation Approaches

From a fixed dimensions to encompass more contextual dimensions



Davidson, E, M., Liu, J, J., Bhopal, R., White, M., Johnson, M, R, D., Netto, G, Wabnitz, C., & Sheikh, A. (2013). Behaviour Change Interventions to Improve the Health of Racial and Ethnic Minority Populations: A Tool Kits of Adaptation Approaches. The Milbank Quarterly. 91(4) 811–851

A Local Example

The Eight C's Framework for Health Promotion Interventions(Asian Smokefree Communities)

March 2007

The Eight C's Framework for Health Promotion Interventions(Asian Smokefree Communities)

- **Community engagement** to assist in developing a culturally specific approach
- **Collaborative partnership** between primary health, public health, Asian health and the HGT
- **Combination** of smoking cessation and smokefree promotion as a package of intervention for clients
- **Culturally responsive** approach including family-oriented services with translated resources
- **Capacity building** of the Asian workforce
- **Communication support** for non-English speaking Asian clients with the provision of interpreters
- **Community-based** service and outreach
- **Collecting of client information** to support monitoring and evaluation to inform future planning

Wong, G., 2007. Evaluation of ASC: Asian Smokefree Communities Pilot. Commissioned by ASC Steering Group, Auckland.

One month post-quit date		
Quit	67	67 (72.0%)
Relapsed Lost to follow up Not ready to quit	14 1 11	 26 (28.0)
		93
Three months post-quit date		
Quit	50	50 (53.8%)
Relapsed Lost to follow up Not ready to quit	29 3 11	 43 (46.2)
		93

One month post-quit date *Excluding "not ready to quit"*		
Quit	**67**	**67 (81.7%)**
Relapsed Lost to follow up	14 1	 15 (18.3%)
		82
Three months post quit date *Excluding "not ready to quit"*		
Quit	**50**	**50 (61.0%)**
Relapsed Lost to follow up	29 3	 32 (39%)
		82

All homes (100%) were smokefree after the intervention, an increase of 18.4% from pre-intervention levels.
All but two households had smokefree cars after the intervention, an increase of 60.9%.

Appointment type			
Phone, email		561	561 (69.6%)
Face-to-face	Individual	196 (83.1%)	236 (29.2%)
	Family	37 (15.7%)	
	Group	3 (1.3%)	
	Cancelled	**4**	**9 (1.1%)**
	Did not attend	**5**	

Appointment DNA
(Did not Attend)
Rate
1.1%

Almost all (92.1 %) clients said they would recommend the ASC service to family or friends

Summary

- Cultural differences exist
- Cultural values and culture may shape different expectations around lifestyle choices, and may influence decisions around nutrition and physical acitivity
- Extra pressure may exists due to traditional values and may also act as a barrier to lifestyle changes
- Consider cross-cultural motivators
- Adapt and tailor culturally approaches to the target population

References

- Coburn, C, L., Weismuller, P, C. (2012). Asian Motivators for Health Promotion. Clinical Practice Department. Journal of Transcultural Nursing 23(2) 205– 214
- Davidson, E, M., Liu, J, J., Bhopal, R., White, M., Johnson, M, R, D., Netto, G, Wabnitz, C., & Sheikh, A. (2013). Behaviour Change Interventions to Improve the Health of Racial and Ethnic Minority Populations: A Tool Kits of Adaptation Approaches. The Milbank Quarterly. 91(4) 811–851
- Hofstede, G.J., Pedersen, P. & Hofstede G. (2002). *Exploring culture*. USA: Intercultural Press
- Humorism, http://en.wikipedia.org/wiki/Humorism
- Kirmayer, L.J., Groleau, D., Guzder, J., Blake, C. & Jarvis, E. (2003). Cultural Consultation: A model of mental health service for multicultural societies. *Canadian Journal of Psychiatry, 48* (3), 145-53
- Mahoney, J.S., Carlson, E., Engebretson, C. (2006). A Framework for Cultural Competence in Advanced Practice Psychiatric and Mental Health Education. *Perspectives in Psychiatric Care,* 42(4), 227–237.
- Mehta, S. (2012) , Health needs assessment of Asian people living in the Auckland region. Auckland: Northern DHB Support Agency
- Olenja A, PhD Associate Professor, Department of Community Health, College of Health Sciences, University of Nairobi
- Patel, M., Philips-Ceasar, E., Boutin – Foster, C. (2012). Barriers to Lifestyle Behavioral Change in Migrant South Asian Populations. Immigrant Minority Health (2012) 14:774–785
- Schleicher, E. (2007). Immigrant Women and Cervical Cancer Prevention in the United States: MHS
- Ton, H. & Lim, R.F. ((2006). The assessment of culturally diverse individuals. In R. Lim (Ed.). *Clinical Manual of Cultural Psychiatry (pp3-31).* Arlington: American Psychiatric Publishing Inc
- Chinese system of food cures. Retrieved from http://www.encyclopedia.com/doc/1G2-3435100183.htm
- WDHB. (2010). *CALD Courses and Resources.* Auckland: Waitemata DHB. Retrieved from: http://www.ecald.com
- WDHB. (2014). Cross-cultural resource for health practitioners working with culturally and linguistically diverse clients (CALD), Waitemata District Health Board (WDHB) & Refugees as Survivors New Zealand Trust (RASNZ), New Zealand.. Retrieved from: http://www.ecald.com
- Wong, G., 2007. Evaluation of ASC: Asian Smokefree Communities Pilot. Commissioned by ASC Steering Group, Auckland.

Thank you