Asian Cultural Values & Health Beliefs & the Impact They Have on Decisions Around Nutrition and Physical Activity: A Local Example of A Culturally Appropriate Approach
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 Indian 4%)
## Diversity

### Level 2 Asian Categories

<table>
<thead>
<tr>
<th>Other Asian (Code 44)</th>
<th>Indian (Code 43)</th>
<th>Chinese (Code 42)</th>
<th>South East Asian (Code 41)</th>
<th>Asian NFD* (Code 40)</th>
</tr>
</thead>
</table>
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
Power Distance

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

Geert Hofstede's Dimensions of Culture
Uncertainty Avoidance

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

Geert Hofstede's Dimensions of Culture
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


Y Axis
Degree to which native cultural identity is maintained

X Axis
Degree of contact with host culture and micro cultural groups

- Separation
- Integration
- Marginalisation
- Assimilation
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.
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 - 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 (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)*

<table>
<thead>
<tr>
<th>Humor</th>
<th>Season</th>
<th>Element</th>
<th>Organ</th>
<th>Qualities</th>
<th>Ancient Name</th>
<th>Modern Name</th>
<th>Myers-Brigg Type Indicator</th>
<th>Ancient Characteristics</th>
</tr>
</thead>
<tbody>
<tr>
<td>Blood</td>
<td>spring</td>
<td>air</td>
<td>liver</td>
<td>warm &amp; moist</td>
<td>sanguine</td>
<td>artisan</td>
<td>SP</td>
<td>courageous, hopeful, amorous</td>
</tr>
<tr>
<td>Yellow bile</td>
<td>summer</td>
<td>fire</td>
<td>gall bladder</td>
<td>warm &amp; dry</td>
<td>choleric</td>
<td>idealist</td>
<td>NF</td>
<td>easily angered, bad tempered</td>
</tr>
<tr>
<td>Black bile</td>
<td>autumn</td>
<td>earth</td>
<td>spleen</td>
<td>cold &amp; dry</td>
<td>melancholic</td>
<td>guardian</td>
<td>SJ</td>
<td>despondent, sleepless, irritable</td>
</tr>
<tr>
<td>Phlegm</td>
<td>winter</td>
<td>water</td>
<td>brain/lungs</td>
<td>cold &amp; moist</td>
<td>phlegmatic</td>
<td>rational</td>
<td>NT</td>
<td>calm, unemotional</td>
</tr>
</tbody>
</table>
Balance Model: Health and Wellness and Healing Practices

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

- Some believe in **food values to maintain the principle of maintaining the balance** of various elements in the body.
- Some believe 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
<table>
<thead>
<tr>
<th>Traditional Family values influencing decisions</th>
<th>Chinese</th>
<th>Korean</th>
<th>Vietnamese</th>
<th>Cambodian</th>
<th>Laotian</th>
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<tbody>
<tr>
<td>Filial Duty</td>
<td>Family and mutual dependence is valued over independence</td>
<td>Filial Duty</td>
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<tr>
<td>Father and sons are heads of household and decision makers</td>
<td>Filial respect &amp; reverence to ancestors is important</td>
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<tr>
<td>Nuclear family</td>
<td>Patrilineal and extended</td>
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<tr>
<td>Eldest sons inherit family leadership</td>
<td>Respect for elders and those in authority</td>
<td>Males and females equally respected</td>
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<tr>
<td>Health beliefs influencing nutrition and physical activity</td>
<td>Elder Males and females equally respected</td>
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<tr>
<td>Chi</td>
<td>Kior chi</td>
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<tr>
<td>Ying &amp; yang</td>
<td>Um &amp; yang</td>
<td>Am &amp; duong</td>
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<tr>
<td>Western concepts of disease causation</td>
<td>Humoral imbalance</td>
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<table>
<thead>
<tr>
<th>Spirituality</th>
<th>Buddhism/Christianity</th>
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<tbody>
<tr>
<td>Confucianism, Taoism &amp; Shamanism</td>
<td>Muslim</td>
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</tbody>
</table>
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 relationship and provide an effective and appropriate service.
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 autonomy
- Group identity
- Physical Pleasure
- Self-effacement
- Other oriented self-efficacy
- Social Harmony

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

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

Country of birth, Language, Religion Ethnic group

Participants’ health care/Research exposure their social environment and heterogeneity within the participant groups

Adapt Different Approaches
- Collaborative Working
- Team
- Endorsement
- Materials
- Messages
- Delivery
- Relevance
- Evidence base

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

### One month post-quit date

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<th>67 (72.0%)</th>
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<td><strong>Total</strong></td>
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### Three months post-quit date

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<td><strong>Total</strong></td>
<td><strong>93</strong></td>
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### One month post-quit date

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<td><strong>Total</strong></td>
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### Three months post-quit date

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<th>50 (61.0%)</th>
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<td>Relapsed</td>
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<tr>
<td>Lost to follow up</td>
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<tr>
<td>Not ready to quit</td>
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<tr>
<td><strong>Total</strong></td>
<td><strong>82</strong></td>
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<td><strong>82</strong></td>
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</table>

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

<table>
<thead>
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<th>Appointment type</th>
<th>561 (69.6%)</th>
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<tr>
<td>Phone, email</td>
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<tr>
<td>Face-to-face</td>
<td></td>
</tr>
<tr>
<td>Individual</td>
<td>196 (33.1%)</td>
</tr>
<tr>
<td>Family</td>
<td>37 (15.7%)</td>
</tr>
<tr>
<td>Group</td>
<td>3 (1.3%)</td>
</tr>
<tr>
<td>Cancelled</td>
<td>4 (0.7%)</td>
</tr>
<tr>
<td>Did not attend</td>
<td>9 (1.6%)</td>
</tr>
</tbody>
</table>

### Appointment DNA (Did not Attend) Rate

1.1%
Summary

- Cultural differences exist

- Cultural values and culture may shape different expectations around lifestyle choices, and may influence decisions around nutrition and physical activity

- Extra pressure may exist 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
• Olenja A, PhD Associate Professor, Department of Community Health, College of Health Sciences, University of Nairobi
Thank you