

# Tongan food and cultural profile: dietetic consultation guide



*This resource is a guide for dietitian/nutritionists to provide culturally appropriate and effective services to Tongan community members. It follows the ADIME format and provides information about the food and food practices of people from the Kingdom of Tonga who have settled in Brisbane (Australia).*

*The profile follows the chronological steps in individual case management.*

*These include:*

- 1. Booking a client appointment**
- 2. Preparation for the consultation**
- 3. Assessment**
- 4. Diagnosis**
- 5. Intervention**
- 6. Monitoring and evaluation**

## 1. Booking a client appointment

### Key considerations

- Family is the core of Tongan culture. Communicate to the client that family members are welcome to attend the appointment, especially for female clients. At the same time, be aware that discussion of sensitive topics between genders and in the presence of family members may not be appropriate.
- Keep in mind that Tongan clients may be late for appointments. Suggesting that clients arrive earlier than the designated appointment time may be a strategy to address this.
- Tongan clients may understand English, but it may be difficult for them to respond in English. This is most common for older people. Check with each client if they would prefer an interpreter.

## 2. Preparation for the consultation

### Working with an interpreter

It is important that a trained and registered interpreter be used when required. The use of children, other family members or friends is not advisable. Health services must consider the potential legal consequences of adverse outcomes when using unaccredited people to 'interpret' if an accredited interpreter is available.

If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to the appointment. There are many online orientation courses available, and Queensland Health has produced guidelines for working with interpreters, which can be [accessed here](#).

## Traditional greetings and etiquette

English	Tongan	Pronunciation
Hello	<i>Malo 'e lelei</i>	Mah-loh-eh-leh-lai
Thank you	<i>Mālō</i>	Mah-loh
Goodbye* (said by the person staying)	<i>Alu ā</i>	Ah-loo-ah
Goodbye* (said by the person going)	<i>Nofo ā</i>	Noh-foh-ah

\* 'Goodbye' isn't straight forward in Tongan. There is a different phrase used for one staying and one going. For example:

1. In an outpatient clinic, the dietitian would say "*alu ā*" to farewell the patient. The patient would respond "*nofo ā*", because the dietitian is staying and the patient is leaving.
2. For a consultation at the hospital bed, the dietitian would say "*nofo ā*" as they farewell the patient. The patient would respond "*alu ā*", because in this situation the dietitian is leaving and the patient is staying.

Most Tongan clients appreciate hearing these greetings, as it demonstrates an interest in their culture.

- Maintaining eye contact is generally acceptable; however, some clients may look away to show respect. A person may avert their eyes when talking with an older person.
- Be relaxed and friendly while maintaining formality.
- Older generations are seen as deserving of more respect from others.
- Discussion about sexual topics is considered taboo.

## Background

<b>Religion</b>	Tongans are predominantly Christian from a number of denominations. The Tongan 2011 Census found that the Free Wesleyan Church is the dominant Christian denomination, with 36% of the population affiliated to this church. This is followed by the Church of Latter Day Saints (18%), the Roman Catholic Church (15%), and the Free Church of Tonga (12%). <sup>1</sup>
<b>Language</b>	Tongan and English are the main languages spoken in Tonga. Literacy for people over five years of age was 98% in 2011, with 86% being literate in both Tongan and English. <sup>1</sup>
<b>History of conflict</b>	Tonga has been involved in little conflict despite longstanding interaction and trade with surrounding nations. European arrival did not affect the sovereignty of the Kingdom of Tonga, which has never been colonised.
<b>Migration history</b>	Tongan people have traditionally migrated directly to Australia, especially to study, since the 1970s. It is common for Tongan migrants to arrive via New Zealand.
<b>Gender roles</b>	Women generally take on domestic responsibility in the home, while men are seen as the heads of the families and the key decision makers.
<b>Household size</b>	Generally, people live in large households, which may include extended family. According to the 2011 Tongan Census, the average household size in Tonga is 5.7. <sup>1</sup> In Australia in 2011, 36.5% of Tongan households were comprised of six or more people. <sup>2</sup>
<b>Population in Australia</b>	The latest Australian Census in 2011 recorded 9,208 Tongan-born people in Australia, and 25,096 people identified Tongan ancestry. <sup>3</sup>

## Health profile in Australia

<b>Life expectancy</b>	No data is available for Tongan-born Australians. In Tonga, life expectancy is 74 years for males and 69 years for females. <sup>4</sup>
<b>New arrivals</b>	Of the total number of Tongan-born migrants to Australia, 69.4% arrived in Australia prior to 2001, 8.6% arrived between 2001 and 2006, and 13.4% arrived between 2007 and 2011. <sup>3</sup> Many Tongan people may have migrated to New Zealand before arriving in Australia.
<b>Chronic disease</b>	Tongan people are at an increased risk of overweight and obesity, type 2 diabetes, and cardiovascular disease, hypertension, stroke and chronic kidney disease.
<b>Oral health</b>	Tongan people may be at increased risk of dental caries and decay, especially children, due to increased added sugar consumption from soft drinks, snacks and convenience foods. <sup>5</sup>
<b>Social determinants of health and other influences</b>	Permanent residents in Australia can enrol for a Medicare Card. This allows access to the Enhanced Primary Care Program and other primary health programs and services. For those entering Australia via New Zealand under the Trans-Tasman Travel Arrangement, arrivals after 2001 are not entitled to social security unless a permanent visa has been issued and a two-year waiting period served.

## Traditional food and food practices





### Religious and cultural influences

The vast majority of Tongans are Christian. Religious dietary practices can differ between denominations. Some Tongans follow a vegetarian diet or omit meat on certain religious days or events (such as Fridays during Lent).

### Traditional meals and snacks

<b>Breakfast</b>	Common breakfast items include white bread or hard white crackers with butter/jam or <i>topai</i> (boiled flour dumplings) sweetened with sugar or <i>heu heu</i> (porridge made with white flour in water and boiled coconut milk).
<b>Main and other meals</b>	Meals consist of three components: <ul style="list-style-type: none"> <li>• Starch: <i>Kumala</i> (sweet potato), <i>talo</i> (taro), <i>ufi</i> (yam), <i>manioko</i> (cassava), <i>mei</i> (breadfruit), <i>siaine</i> (banana, green) or <i>hopa</i> (plantain).</li> <li>• Meat: Mutton, beef, chicken, fresh fish, tinned corned beef or tinned fish. Eggs may be eaten at any time of the day. They are generally boiled or fried, but may be scrambled, made into an omelette, added to dishes like potato salad and fried rice, or included in baked goods.</li> <li>• Vegetables: <i>Lu</i> (taro leaves) or <i>pele</i> (a large, leafy green plant of the hibiscus family).</li> </ul>
<b>Fruit and vegetables</b>	These include pawpaw, banana (ripe), avocado and mango.
<b>Snacks</b>	Snacks are not commonly consumed.
<b>Beverages</b>	Drinks include <i>niu mata</i> (young drinking coconut), <i>vei halo</i> (cooked young coconut milk boiled in coconut water) and <i>otai</i> (a variety of fruits, usually watermelon or green mango, shredded into coconut milk with or without added sugar and ice).
<b>Celebration foods and religious food practices</b>	<ul style="list-style-type: none"> <li>• For feast days, an <i>umu</i> (traditional underground oven) may be used to cook a variety of foods.</li> <li>• Celebration foods include: suckling pig cooked on a spit; <i>lu sipi/pulu/kapa pulu</i> (taro leaf parcels with onion; coconut cream and meat of choice – usually mutton, beef or tinned corned beef); <i>ota ika</i> (raw fish salad with coconut milk); <i>vei halo</i> (a dessert consisting of green coconut baked in an <i>umu</i>); <i>vai lesi</i> (cooked ripe pawpaw); or <i>vai siaine</i> (cooked ripe banana) in coconut milk.</li> </ul> <p><i>Kava</i> is a bitter-tasting drink made from dried powder of the kava root mixed with water. It is consumed during ceremonies, and socially by men. Drinking <i>kava</i> can produce muscle relaxation, sleepiness and a feeling of well-being. Long-term use can lead to liver damage, weight loss and apathy.</p>

## Common traditional foods

<p><b>Sapasui</b></p>		<p>This dish is made from vermicelli with meat. It usually contains cubed meat such as mutton, beef or pork cuts or tinned corned beef, and sometimes includes frozen vegetables. It is generally seasoned with large amounts of soy sauce.</p>
<p><b>Lu Pulu</b></p>		<p>This dish is made from corned beef (generally canned) with onions and coconut cream and is wrapped in taro leaves. It is traditionally baked in an <i>umu</i> but can be baked in a household oven. Beef can be substituted for mutton or lamb.</p>
<p><b>Ota ika</b></p>		<p>This is made from white fish soaked in lemon juice with coconut milk. It is generally served as a side dish with fresh vegetables.</p>
<p><b>Faikakai</b></p>	 <p><b>1. Faikakai topai</b></p>  <p><b>2. Faikakai mali mali</b></p>	<p><i>Faikakai</i> are dumplings with a sweet sauce. The sweet sauce consists of boiled sugar and coconut milk. Dumplings are made by cooking tapioca starch with or without vegetables. Dumpling varieties include:</p> <ol style="list-style-type: none"> <li>1. <i>Topai</i>: Plain dumplings made from white flour.</li> <li>2. <i>Mali mali</i>: Dumplings made from flour and pumpkin.</li> </ol> <p><i>Faikakai Ngoua</i> (ngo-ah) is another type of <i>Faikakai</i>. It is made from <i>kumala</i> (sweet potato) or <i>talo</i> (taro) leaves cooked with wheat or <i>manioke</i> (cassava) flour.</p>
<p><b>Keke isite</b></p>		<p>These are fried dough balls made from sugar, flour, water and coconut milk. They are usually eaten without any accompaniments.</p>

Other common traditional foods include *Lu* (taro leaves), *kumala* (sweet potato) leaves, *pele* (Pacific spinach), *hopa* (plantain), *talo* (taro), *manioke* (cassava), *ufi* (yam), *kape* (alocasia or giant taro) leaves (top leaves only; lower leaves and stem contain high levels of oxalates and can be poisonous), and mutton flaps, which are very high-fat offcuts from the rib area of mature sheep.

## Food habits in Australia

<b>Food practices</b>	<p><b>Meal patterns:</b> The main meal is usually consumed in the evening and a smaller meal during the day. Breakfast consumption is a regular practice.</p> <p><b>Eating practices:</b> Food is typically consumed using cutlery and plates in Australia.</p>
<b>Adaptations to diet in Australia</b>	<p><b>Substitute foods:</b> Traditional meat cuts such as mutton flaps may be substituted with other meats more commonly available. Canned corned beef is available in supermarkets in Australia, and brands familiar to Pasifika communities are available from specialty stores. The specialty brands may be higher in fat and/or sodium.</p> <p><b>Changes to diet:</b> After arrival in Australia, many Tongans increase their consumption of meat, soft drinks, and fast foods such as KFC and McDonalds, accompanied by a decrease in seafood and vegetable consumption. There is a perception that Western foods are associated with social popularity.</p>
<b>Cooking methods</b>	<p>The main cooking methods are baking, deep frying, pan frying and boiling.</p>
<b>Shopping/meal preparation</b>	<p>Female family members are responsible for cooking and shopping. <i>Umus</i> (traditional underground ovens) and suckling pig on the spit are prepared by male family members.</p>
<b>Food in pregnancy</b>	<p>Most pregnant women will continue to eat the same foods as before their pregnancy. Vitamin and mineral supplementation during pregnancy is widely practised in Australia; however, some women may include more green fruits in their diet. Pregnant women may avoid some varieties of seafood that have a very strong flavour (e.g. oysters) because it is believed that the strong flavour will cause discomfort to the foetus. Similarly, they may also avoid consuming 'fizzy' (carbonated) drinks because they believe that the 'gas' will cause discomfort to the foetus. Cravings for particular foods and beverages are commonly reported.</p>
<b>Breastfeeding and first foods</b>	<p>Infant feeding practices of Tongans in Australia are unknown. In Tonga, common practices are as follows:</p> <p><b>Breastfeeding:</b> The mean duration of exclusive breastfeeding is 4.5 months, and five months for predominantly breastfeeding.<sup>6</sup> Breastfeeding tends to be prolonged in urban areas. Artificial formula is used in both rural and urban areas.</p> <p><b>Beliefs relating to breastfeeding:</b> There is a general belief that if the mother eats well, then the baby who is breastfeeding will also eat well. For this reason, breastfeeding women may avoid extremely salty and fatty foods, including tinned corned beef and fatty cuts of meat.</p> <p>Older female relatives may recommend hot milky drinks, particularly hot cocoa (cocoa powder, milk and sugar) and/or Milo, to increase milk supply, resulting in some women having up to five cups per day, while tea and coffee are discouraged. Some women are aware that there is a link between breastfeeding and a reduced risk of developing breast cancer.</p> <p><b>Introduction of solids:</b> Weaning begins earlier for mothers from rural areas than it does for those from urban areas. Women may chew food and then feed it to infants as their first solid food.<sup>7</sup> Monetary concerns are a main constraint in determining the types of complementary foods provided.</p>

# During the consultation

## 3. Assessment

### Key considerations

- **Anthropometry:** Confirm with the client that taking measurements such as waist circumference is acceptable. In the past, BMI charts were developed for Polynesians with two-point higher BMI cut-offs for weight categories (e.g. healthy weight: 22–27 kg/m<sup>2</sup>) due to different body composition; however, a number of implementation issues have arisen and their use is currently being reviewed by WHO.
- **Meal patterns:** How meals are defined varies between cultures. It is important to ask more generally about when food and beverages are consumed throughout the day rather than set meal patterns (breakfast, lunch and dinner).

When taking a diet history, be sure to check the following:

Prompt	Why?
<input type="checkbox"/> Amount and type of vegetables consumed	Eating large amounts of starchy vegetables is common; however total vegetable consumption (especially from greens and other coloured vegetables) is often low.
<input type="checkbox"/> Amount and types of fruits consumed	Fruit consumption may be low or high depending on preferences. Check the form of fruit consumed (e.g. as fruit juice/fruit drink in <i>otai</i> rather than whole fruit).
<input type="checkbox"/> Amount of added oil and fats to foods	Large amounts may be used for cooking and flavouring.
<input type="checkbox"/> Amount of coconut cream used and type (full or reduced fat)	Coconut cream is incorporated in many traditional foods.
<input type="checkbox"/> Amount of added sugar to foods and beverages	Large amounts of sugar may be used in traditional foods like <i>topai</i> and beverages like <i>otai</i> , and also added to tea, coffee, cocoa or Milo.
<input type="checkbox"/> Amount of sweet foods consumed (e.g. biscuits, cakes and celebration foods)	Consumption may be high.
<input type="checkbox"/> Use of salty items (e.g. soy sauce, canned fish and canned corned beef)	High consumption of salty seasonings and canned foods is common.
<input type="checkbox"/> Amount of salt added in cooking and at the table	Use may be high.
<input type="checkbox"/> Takeaways/soft drink consumption	Consumption may be high, especially for younger people. High sugar, high fat 'Western' foods are considered desirable.
<input type="checkbox"/> Amount, type and cooking method of meats	Fatty cuts of meat may be frequently used. Fat may not be trimmed prior to cooking.
<input type="checkbox"/> Snack frequency, type and amount	Snacking behaviours may become more common in Australia.
<input type="checkbox"/> Portion sizes (especially of discretionary foods)	Portion sizes may be large.
<input type="checkbox"/> Dietary changes due to cultural or religious events	Meat may be avoided by members of some religious groups.

## 4. Diagnosis

The following examples may be used as a guide for common PESS\* statements. 'Problems' are taken from the *Nutritional Diagnosis Terminology eNCPT 2014*, which is available free in the members' section of the Dietitians Association of Australia website.

	Examples of common <u>P</u> roblems (P) for PESS* statements	Common (A) <u>E</u> tologies (E) for PESS* statements
<b>Overweight and obesity</b>	<ul style="list-style-type: none"> <li>Excessive energy intake (NI-1.3)</li> <li>Excessive oral intake (NI-2.2)</li> <li>Excessive fat intake (NI-5.6.2)</li> <li>Unintended weight gain (NC-3.4)</li> <li>Overweight/obesity (NC-3.3)*</li> </ul> <p>* Please note that this is due to the different body composition of Pacific Islanders. See <a href="#">anthropometry</a>.</p>	<ul style="list-style-type: none"> <li>Consumption of large portion sizes of high carbohydrate foods (e.g. taro) (NI-5.8.2)</li> <li>Consumption of large portion sizes of energy dense foods (e.g. coconut cream, canned corned beef) (NI-2.2, NI-NI-1.3, NC-3.3, NC-3.4)</li> <li>Lack of structured meal times (NI-5.8.4)</li> <li>High intake of foods high in saturated fat (e.g. coconut cream, untrimmed meats, and deep fried, home cooked and takeaway foods) (NI-5.7.3, NI-5.6.2)</li> </ul>
<b>Type 2 diabetes</b>	<ul style="list-style-type: none"> <li>Inconsistent carbohydrate intake (NI-5.8.4)</li> <li>Excessive carbohydrate intake (NI-5.8.2)</li> <li>Intake of types of carbohydrate inconsistent with needs (specify e.g. high consumption of high GI starches such as white rice) (NI-5.8.3)</li> </ul>	<ul style="list-style-type: none"> <li>Preference for highly seasoned foods and large amounts of salt added during cooking and at the table (NI-5.10.2)</li> </ul>
<b>Cardiovascular disease</b>	<ul style="list-style-type: none"> <li>Excessive fat intake (NI-5.6.2)</li> <li>Intake of types of fat inconsistent with needs (specify e.g. high saturated fat intake) (NI-5.6.3)</li> <li>Excessive mineral intake – sodium (NI-5.10.2)</li> </ul>	<ul style="list-style-type: none"> <li>Traditional diet with low intake of high iron foods and no supplementation (NI-5.10.1)</li> <li>Short duration of stay in Australia and unfamiliarity with government generated dietary guidelines and health promotion campaigns (NB-1.1)</li> </ul>
<b>Chronic kidney disease</b>	<ul style="list-style-type: none"> <li>Excessive mineral intake – sodium (NI-5.10.2)</li> <li>Excessive fluid intake (NI-3.2)</li> <li>Excessive protein intake (NI-3.2)</li> </ul>	<ul style="list-style-type: none"> <li>High consumption of takeaway foods (NI-1.3, NI-5.6.2, NI-5.10.2)</li> <li>Reliance on traditional knowledge and little access to government generated dietary information or campaigns (NB-1.1)</li> </ul>
<b>General</b>	<ul style="list-style-type: none"> <li>Food- and nutrition-related knowledge deficit (NB-1.1)</li> <li>Inadequate mineral intake – iron (NI-5.10.1)</li> <li>Impaired ability to prepare foods/meals (NI-2.4)</li> <li>Inadequate fibre intake (NI-5.8.5)</li> </ul>	<ul style="list-style-type: none"> <li>Low consumption of fibre containing foods, such as fruit, vegetables and wholegrain foods (NI-5.8.5)</li> </ul> <p><b>Note:</b> it is important to identify the underlying cause/s of eating behaviours.</p>

\* PESS: Problem, (A)Etiology, Signs and Symptoms

For the Signs and Symptoms (SS) for PESS statements, use standard clinical measurements. Make sure the Signs and Symptoms relate to the identified Problems and not their (A)Etologies.

## 5. Intervention

### Nutrition education

<b>Motivating factors for a healthy lifestyle</b>	Tongans are part of a collectivist culture. Motivating factors may include being fit and healthy in order to fulfil family, community and/or church obligations, as well as to be able to look after children.
<b>Preferred education methods</b>	<p><b>Need for interpreters:</b> English proficiency may be high, but some clients may prefer a Tongan interpreter and this can result in better behavioural outcomes.</p> <p><b>Types of resources:</b> Ask clients about their preferences. For older Tongans, translated and culturally tailored resources are likely to be more effective.</p> <p><b>Counselling style:</b> Clear and direct advice on dietary treatment is often preferred. Negotiating dietary options with the client can be perceived as the dietitian lacking knowledge or confidence in their practice.</p>
<b>Literacy levels</b>	Literacy for people in Tonga over five years of age was 98% in 2011, with 86% being literate in both Tongan and English. <sup>1</sup>
<b>Health beliefs</b>	Some people tend not to link disease with food intake and may have a casual attitude towards the benefits of healthy eating behaviours.

## 6. Monitoring and evaluation

### Methods for monitoring

- Family and community are integral components of Tongan culture, with the individual being seen in the context of their family and community. Therefore, the perceived ability of the client to fulfil these roles may be a useful way to measure change and reinforce the benefits of continued dietary compliance. Examples include being able to work, appropriately care for one's family, or to support the community.
- Relationship building is important. A phone call between appointments may assist in building trust and rapport, and may increase the likelihood of the client returning to the service.
- Check whether the client has access to transport (especially if referring to an outpatient clinic); otherwise phone follow-up may be more appropriate.
- If required, confirm the client's preference for having an interpreter present at their next appointment. For short follow-up consultations, telephone interpreting services may be more appropriate.
- Encourage men to bring their wives to attend follow-up appointments so they can support dietary change, as women often shop for and prepare meals.
- Be aware that clients may provide positive answers regarding compliance out of politeness. For this reason, it is important to explain the purpose of the review and ask probing questions on behaviour change. Stress that there are no right or wrong answers, to encourage open conversation without fear of judgement.

### Additional resources

- Queensland Health *Working with Interpreters: Guidelines* ([http://www.health.qld.gov.au/multicultural/interpreters/guidelines\\_int.pdf](http://www.health.qld.gov.au/multicultural/interpreters/guidelines_int.pdf)).
- To find out more about multicultural health, Queensland Health's Multicultural Health page has information for the public and for health workers, including the *Multicultural health framework*. Go to <http://www.health.qld.gov.au/multicultural/default.asp>



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