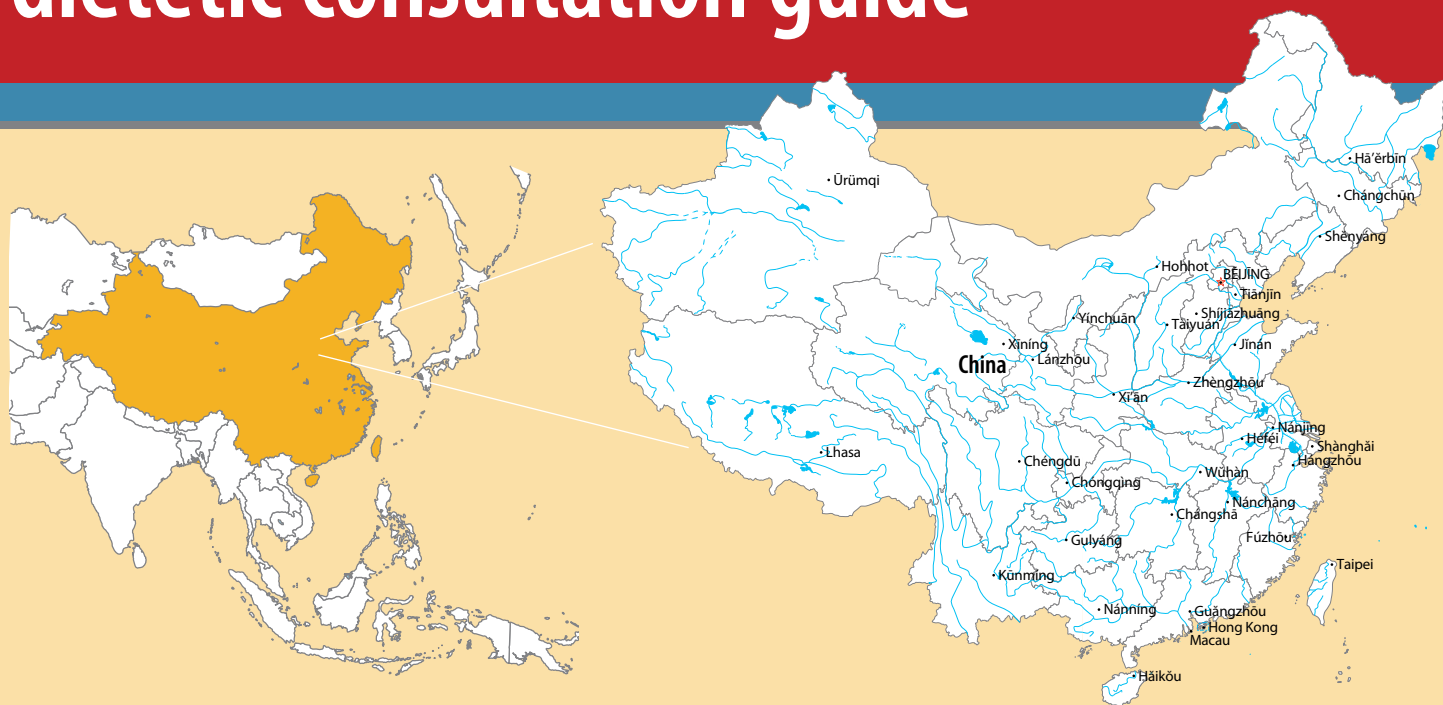


# Chinese food and cultural profile: dietetic consultation guide



*This resource is a guide for dietitian/nutritionists to provide culturally appropriate and effective services to Chinese community members. It follows the ADIME format and provides information about the food and food practices of people from the People's Republic of China 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

- Interpreters:
  - Enquire if the client would feel more comfortable at the appointment if an interpreter is present.
  - When seeking an interpreter for a Chinese client, it is important to determine the client's preferred language as many distinct dialects are spoken.
- Family is the core of Chinese culture. Communicate to the client that family members are welcome to attend the appointment. Female clients may prefer to bring someone when visiting health professionals.

## 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](#).<sup>1,2</sup>

## Traditional greetings and etiquette

### Common phrases in Mandarin

English	Mandarin	Pronunciation
Hello. How are you?	<i>Ni hao</i>	nee how
Good morning	<i>Zao shang hao</i>	jao shang how
Goodbye	<i>Zai jian</i>	zai jen

English	Mandarin	Pronunciation
Yes	<i>Shi</i>	sher
No	<i>Bu shi</i>	boo sher
Thank you	<i>Xie xie</i>	shea shea

NOTE: Some Chinese people may feel that saying 'no' is impolite. They may answer 'yes' to questions, acknowledging that they are listening rather than agreeing.

## Background

<b>Ethnicity</b>	There are around 20 ethnic groups in China, with 91.6% of the population identifying as Han Chinese and 1.3% identifying as Zhuang. Other ethnic groups make up the remaining 7.1% of the population. <sup>3</sup>
<b>Religion</b>	In 2011, the major religions amongst Chinese-born people were Buddhism and Catholicism. Approximately 63.2% didn't follow a religion. <sup>4</sup>
<b>Language</b>	The main languages spoken at home by Chinese-born people in Australia are Mandarin and Cantonese. <sup>5</sup> Other major Chinese languages/dialects include Hokkien, Hakka, Shanghainese (Wu) and Teo Chew. <sup>3,6</sup> There are two written forms of the Chinese language: Traditional and Simplified.
<b>Migration history</b>	Chinese immigration to Australia commenced almost 200 years ago, until it was restricted by the White Australia Policy. This policy was abolished in 1973 and was followed by a large increase in the number of Chinese migrants settling in Australia. In the 1980s, Australia began promoting education to fee-paying overseas students, resulting in an increase in the numbers of Chinese people settling in Australia, and this continues to increase. <sup>7</sup>  Many people from a Chinese background migrate to Australia from a number of different countries such as China, Hong Kong, Malaysia, Singapore, Vietnam, Cambodia, Indonesia and others. Therefore, people from a Chinese background may have other cultural influences on their diet.
<b>Gender roles</b>	Within the Chinese community there are no clear or specific gender roles. Gender roles around food preparation, cooking and shopping differ between families and can be dependent on living arrangements. Gender roles seem to be determined by individual family preference rather than cultural influence.
<b>Household size</b>	In 2010, the average size of the family household in China was 3.1 persons. <sup>8</sup> This information is unknown for Chinese people living in Australia; however, household composition is available. In Australia, 2011, 70.9% of people born in China lived in one-family households, 5.1% lived in multiple-family households, 11.8% lived in single-person households, and 12.3% lived in group households. <sup>5</sup>
<b>Population in Australia</b>	In 2011, 866,200 people reported having Chinese ancestry. <sup>9</sup> At the 2011 Census, 319,969 Chinese-born (excluding SARS* and Taiwan-born) people were living in Australia. <sup>5</sup> The largest population of Chinese-born people lived in NSW (156,034), followed by Victoria (93,896) and Queensland (27,036) <sup>4</sup> , and populations were concentrated in large cities such as Sydney, Melbourne and Brisbane. <sup>10</sup>

\* Special Administrative Regions of China such as Hong Kong and Macau.

## Health profile in Australia

<b>Life expectancy</b>	In China, the life expectancy is approximately 75 years. <sup>11</sup> Life expectancy is higher for women than men. Australian life expectancy for Chinese migrants is approximately 82 years. <sup>11</sup>
<b>New arrivals</b>	In 2011, Chinese people were the third-largest group of overseas-born residents, contributing to 1.8% (319,000) of Australia's population. <sup>12</sup> Chinese migrants are considered to be relatively new arrivals to the country, with median length of residence being eight years. Chinese migrants live in highly urbanised areas in Australia. <sup>12</sup>
<b>Chronic disease</b>	In China, chronic disease is thought to make up 79% of all deaths – 33% from cardiovascular disease, 17% from chronic respiratory disease, 20% from cancer, 1% from diabetes and 8% from other chronic diseases. Risk factors include diet, physical activity and the use of tobacco products. <sup>13</sup>
<b>Oral health</b>	<p>In Australia, many people from a culturally and linguistically diverse background can experience difficulties in accessing dental services, as with other health services, and therefore may experience negative effects on their oral health.<sup>14</sup> Further information about the oral health of people with a Chinese background living in Australia is unknown.</p> <p>In China, oral health practices vary significantly according to urbanisation and province. Knowledge of causes and prevention of dental diseases can be low. Some people from a Chinese background may pay no attention to signs of dental caries if there is no pain.<sup>15</sup></p>
<b>Social determinants of health and other influences</b>	Poor English language skills may deter some Chinese migrants from using mainstream healthcare services. This group may also be at risk of poorer social and economic outcomes, which may further impact on their ability to access healthcare.

## Traditional food and food practices

China is a very diverse country with a large number of regions and a mix of urban and rural populations. There are six main regions, and food preparation is distinct to each of these regions: Peking (Beijing), Canton, Sichuan, Shanghai, Hokkien and Northern China. Due to the differences between regions, the information in this guide may not be applicable to all Chinese people.

### Religious and cultural influences

In Chinese communities living in Australia, religion rarely impacts upon diet. The British colonisation of Hong Kong from 1898 to 1997 has led to slight westernisation of some food practices. Some people with a Chinese background may have grown up in countries other than China and may have other cultural influences on diet.






### Traditional meals and snacks

<b>Breakfast</b>	Hot foods such as rice porridge ( <i>congee</i> ), noodles, dim sum, dumplings, steamed buns, pickles, egg, meat or fish are eaten. People from Northern China may have pickled vegetables and roasted peanuts with <i>congee</i> .
<b>Main and other meals</b>	<p>Lunch may comprise of hot foods such as rice or noodles and two to three dishes such as soup, a meat dish, vegetable or tofu dish. Each dish is prepared separately so that it is easy to share. In China, a sandwich is not considered to be a meal.</p> <p>Dinner is generally considered to be the main meal. It can be made up of hot foods similar to lunch but with extra dishes.</p>
<b>Fruit and vegetables</b>	<p>Commonly eaten vegetables include <i>wombok</i> (Chinese cabbage), <i>bok choy</i>, <i>pak choy</i>, <i>gai lan</i> (Chinese broccoli), <i>choy sum</i>, baby corn, cucumber and tomato.</p> <p>Common fruits include durian, star fruit, dragon fruit, longan, oranges, lychees, grapes, apples, mandarins, peaches, rambutans, apricots, pineapples and bananas.</p>
<b>Snacks</b>	Packaged foods such as biscuits or chips are commonly eaten, as well as street foods such as steamed buns, meat skewers or noodles.

## Traditional meals and snacks – continued

<b>Beverages</b>	Hot drinks such as Chinese green tea, coffee and tea are commonly consumed. It is uncommon for people with a Chinese background to drink alcohol frequently or in large amounts. If consumed, wine and beer may be preferred types of alcohol.
<b>Celebration foods and religious food practices</b>	Most special occasions will include some form of traditional foods, which are shared with the whole family. Chinese New Year is the most important event and many dishes such as chicken, fish and seafood are served in large portions to be shared. Dishes served on such occasions may convey a particular meaning, such as bringing wealth and health in the coming year. It is also common on traditional holidays or special occasions to consume cakes from glutinous rice and mooncake at the Mid-Autumn festival (see table below for description). Religion rarely impacts on diet in China.

## Common traditional foods

<b>Roasted Peking duck</b>		This is a famous dish from Beijing. The duck skin and meat are usually sliced into small pieces and eaten with scallion, cucumber and sweet bean sauce, and rolled up in a pancake.
<b>Sweet and sour pork</b>		Pork is diced and stir-fried in sweet and sour sauce made up of sugar, ketchup, vinegar and soy sauce. This is usually cooked with capsicum and pineapple.
<b>Mapo tofu</b>		Silken tofu is accompanied by minced ground beef and cooked in a spicy and hot pepper seasoning.
<b>Dumplings</b>		Dumplings are often filled with beef, pork or chives. They can be steamed or fried and are usually dipped in black vinegar mixed with chilli sauce.
<b>Mooncakes</b>		These round pastries are approximately 10 cm in diameter and 3 cm high with a thin crust. They are usually filled with red bean or lotus seed paste but may also contain yolks from salted duck eggs. They are eaten during the Mid-Autumn Festival and, more recently, used as a present for business clients and relatives.

## Food habits in Australia

<b>Food practices</b>	<p><b>Common foods:</b> Common seasonings include light soy sauce, dark soy sauce (fermented for longer), sesame oil, five-spice powder, oyster sauce, rice wine, ginger and garlic. Potato starch is used for thickening and coating meat or fish before frying. Tapioca starch and corn flour can be a substitute.<sup>16</sup></p> <p><b>Meal patterns:</b> Consumption of three meals per day is common (breakfast, lunch and dinner). Dinner is usually the main meal.</p> <p><b>Eating practices:</b> It is common to share a number of dishes at the main meal. There are usually a variety of bowls and plates for rice, soup and vegetable/meat dishes. Ingredients for dishes are cut into small pieces so there is no need for cutting at the table. The entire family living in the household eats the main meal together at the table, and everyone starts the meal at the same time. Chopsticks, knives and forks are the common eating utensils used. Flat-bottomed spoons are used to eat soup.</p>
<b>Adaptations to diet in Australia</b>	<p><b>Substitute foods:</b> Access to basic traditional foods is quite high, but the variety of Chinese food items such as vegetables is much lower and may be difficult to source; hence many older Chinese migrants grow their own Chinese vegetables at home to ensure variety.</p> <p><b>Changes to diet:</b> Some Chinese may now consume toast for breakfast and a sandwich or salad for lunch, and dairy consumption may have increased after migration to Australia. Fresh fish consumption may decrease after migration to Australia due to a decrease in its availability. Some snack foods may be adopted after moving to Australia, including potato chips, corn chips and chocolate.</p>
<b>Cooking methods</b>	<p>Steaming, stir-frying, frying and boiling. Traditional Chinese food may have additional oil added during cooking. Oven use may increase in Australia. Cooking in ovens is uncommon in China.</p>
<b>Shopping/meal preparation</b>	<p>Shopping and meal preparation may vary within each household and between families. The older members of the family are usually responsible for shopping and meal preparation (mother, father, grandmother and grandfather).</p>
<b>Food in pregnancy</b>	<p>Pregnant women are encouraged to continue to work up to the end of pregnancy as it is believed to ensure an easier birth. Some mothers are superstitious and will adhere to a strict diet during pregnancy, which means the exclusion of a number of different foods; e.g. watermelon is considered too 'cold', lychee is considered too 'hot', and crab and pawpaw are thought to cause birth defects. Pregnant women avoid 'cold' and raw foods.</p>
<b>Breastfeeding and first foods</b>	<p>After the birth, mother and baby may observe a period of confinement, refrain from eating 'cold' foods and have to be kept warm. They are usually cared for by the mother-in-law.</p> <p><b>Breastfeeding:</b> There is limited information regarding breastfeeding rates of Chinese women in Australia. In 2006, of 282 Chinese who gave birth in Queensland Health facilities, 68% exclusively breastfed, 24% breastfed and formula-fed and 8% exclusively formula-fed.<sup>17</sup></p> <p>In China, colostrum is often discarded and breastfeeding may not begin until milk has come in. Approximately 98% of infants are breastfed at some time, and 59.4% of mothers initiate breastfeeding early (within one hour of birth). Rates of exclusive breastfeeding at six months and continued breastfeeding at one and two years of age are low.<sup>18</sup> Mothers tend to supplement babies with formula after a few months, as chubby babies are considered strong and healthy.</p> <p><b>Introduction of solids:</b> Some common first foods that babies are fed include rice porridge, stewed fruit, mashed meat and vegetables, and infant rice cereal fortified with a range of vitamins and minerals (e.g. <i>Nestum Infant Cereal</i>).</p>

# During the consultation

## 3. Assessment

### Key considerations

- **Anthropometry:** Confirm with the client that taking measurements, such as waist circumference, is acceptable.
- **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"/> Region of China from which client originated	This may affect types of foods consumed, e.g. more noodles consumed in Northern China than rice.
<input type="checkbox"/> Amount and types of fruits consumed	Fruit consumption may be high or low depending on preferences.
<input type="checkbox"/> Amount and type of vegetables consumed	Vegetable consumption may vary depending on preferences. Ask older Chinese migrants if they have a home garden and what vegetables are grown.
<input type="checkbox"/> Amount of added oil and fats to foods	Large amounts may be added to cooking.
<input type="checkbox"/> Amount of added sugar to foods	Some regions of China add sugar to many dishes, including vegetables.
<input type="checkbox"/> Amount of sweet food consumed (e.g. biscuits, cakes and celebration foods)	Consumption may be high or increased after migrating to Australia.
<input type="checkbox"/> Amount of added salt to foods	Pickling is a common preservation method. Soy sauce and other commonly used seasonings contain large amounts of sodium.
<input type="checkbox"/> Takeaways/soft drink consumption	Takeaway consumption may have increased after migrating to Australia.
<input type="checkbox"/> Dietary changes due to cultural or religious events	There may be an increase in certain foods during festive seasons, e.g. new year celebrations.
<input type="checkbox"/> Portion size (especially for rice or noodles)	Large quantities may be consumed at each meal; meals are shared and therefore it may be difficult for clients to estimate portion sizes.
<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"/> Influence of traditional beliefs about 'hot', 'cold' and 'neutral' foods	Traditional food beliefs may limit the intake of some foods. Dietary advice may need to take account of these beliefs to increase compliance.



## 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>Problems (P)</u> for PESS* statements	Common (A) <u>Etiologies (E)</u> 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> </ul>	<ul style="list-style-type: none"> <li>Consumption of large portion sizes of high carbohydrate foods (e.g. rice, <i>congee</i>, noodles) (NI-5.8.2)</li> <li>Consumption of large portion sizes of energy dense foods (e.g. fatty meats, added oils to cooking) (NI-2.2, NI-NI-1.3, NC-3.3, NC-3.4)</li> <li>High intake of foods high in saturated fat (e.g. untrimmed meats, deep-fried home cooked and takeaway foods) (NI-5.7.3, NI-5.6.2)</li> <li>Preference for highly seasoned foods and large amounts of salt or salty sauces added during cooking and at the table (NI-5.10.2)</li> <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> <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> <li>Low consumption of fibre containing foods, such as fruit, vegetables and wholegrains (NI-5.8.5)</li> </ul> <p><b>Note:</b> It is important to identify the underlying cause/s of eating behaviours.</p>
<b>Type 2 diabetes</b>	<ul style="list-style-type: none"> <li>Excessive carbohydrate intake (NI-5.8.2)</li> <li>Inconsistent carbohydrate intake (NI-5.8.4)</li> <li>Intake of types of carbohydrate inconsistent with needs (specify e.g. large consumption of rice and no other carbohydrate) (NI-5.8.3)</li> <li>Overweight/obesity (NC-3.3)</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>	
<b>General</b>	<ul style="list-style-type: none"> <li>Food and nutrition-related knowledge deficit (Chinese food and health beliefs: 'hot' (heating, warming) and 'cold' (cooling) foods) (NB-1.1)</li> <li>Excessive mineral intake (sodium from added sauces and pickling) (NI-5.10.2)</li> <li>Inadequate fibre intake (NI-5.8.5)</li> </ul>	

\* 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)Etiologies.

## 5. Intervention

### Nutrition education

<b>Motivating factors for a healthy lifestyle</b>	Many Chinese people are motivated to live a healthy lifestyle for their individual wellbeing, the prevention of illness, weight maintenance and to live longer. The Chinese belief in the importance of family may also be a major motivator for staying healthy.
<b>Preferred education methods</b>	<p><b>Interpretation:</b> It is important to clarify with the client if he/she would prefer an interpreter to be present, and also to verify the language or dialect preferred.</p> <p><b>Types of resources:</b> Older Chinese migrants may prefer print materials. Younger generations may prefer web links and the opportunity to do their own research.</p>

## Nutrition education – *continued*

<b>Preferred education methods – <i>continued</i></b>	<b>Counselling style:</b> Older people may prefer group sessions, while younger generations may prefer individualised consultation with health professionals. Some individuals may prefer to attend group sessions, as they may find one-on-one consultations intimidating.																																											
<b>Literacy levels</b>	Within China, literacy rates are very high, with only 4% of the population being illiterate. <sup>8</sup> Literacy rates of Chinese migrants vary, with skilled migrants requiring literacy in English to enter Australia. This is not required of business migrants.																																											
<b>Health beliefs</b>	<p>Health beliefs of people with a Chinese background who were born in Australia may be similar to Australians. Some Chinese people will use Chinese medical treatments including Chinese herbs, acupuncture and acupressure. Due to the reliance on family members when ill and because main meals are commonly shared, it may be necessary to make dietary recommendations suitable for the whole family.</p> <p>Many Chinese people consider health to mean a state of harmony between the forces of Yin (negative energy, cold) and Yang (positive energy, hot). Illness is perceived to be a result of disharmony or imbalance between these forces, and interventions seek to correct imbalances and restore harmony.<sup>19</sup></p> <p>Food, illness and medications are classified as ‘hot’ or ‘cold’ according to the effects on the body, not their temperature or taste.<sup>20</sup> Chinese clients may find it difficult to implement recommendations from nutrition and dietetic professionals if certain foods clash with hot (heating, warming) and cold (cooling) beliefs.</p> <p><b>Hot (heating, warming) and cold (cooling) foods</b></p> <p>Foods are either hot (warming), cold (cooling) or neutral (no effect). It is common for Chinese people to avoid consumption of too many hot foods or too many cold foods at the same time. Neutral foods are neither hot nor cold and are suitable for anybody.</p> <table border="1" data-bbox="338 1070 1497 1886"> <thead> <tr> <th>Warming foods</th> <th>Cooling foods</th> <th>Neutral foods</th> </tr> </thead> <tbody> <tr> <td>Cherries</td> <td>Apple</td> <td>Grapes</td> </tr> <tr> <td>Lychee</td> <td>Banana</td> <td>Plums</td> </tr> <tr> <td>Mango</td> <td>Grapefruit</td> <td>Pawpaw</td> </tr> <tr> <td>Peach</td> <td>Orange</td> <td>Pineapple</td> </tr> <tr> <td>Glutinous rice</td> <td>Lemon</td> <td>White rice</td> </tr> <tr> <td>Butter</td> <td>Tofu</td> <td>Cow’s milk</td> </tr> <tr> <td>Onion</td> <td>Soy bean</td> <td>Olives</td> </tr> <tr> <td>Pumpkin</td> <td>Green tea</td> <td>Potato</td> </tr> <tr> <td>Squash</td> <td>Lettuce</td> <td>Corn</td> </tr> <tr> <td>Chicken</td> <td>Tomato</td> <td>Carrot</td> </tr> <tr> <td>Ham</td> <td>Cucumber</td> <td>Fish</td> </tr> <tr> <td>Prawns</td> <td>Green leafy vegetables</td> <td>Beef</td> </tr> <tr> <td>Lamb</td> <td>Eggplant</td> <td>Pork</td> </tr> </tbody> </table>		Warming foods	Cooling foods	Neutral foods	Cherries	Apple	Grapes	Lychee	Banana	Plums	Mango	Grapefruit	Pawpaw	Peach	Orange	Pineapple	Glutinous rice	Lemon	White rice	Butter	Tofu	Cow’s milk	Onion	Soy bean	Olives	Pumpkin	Green tea	Potato	Squash	Lettuce	Corn	Chicken	Tomato	Carrot	Ham	Cucumber	Fish	Prawns	Green leafy vegetables	Beef	Lamb	Eggplant	Pork
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<b>Access to traditional foods</b>	In Australia, most capital cities and large regional centres with significant Chinese communities have Chinese and/or Asian grocery stores. Home gardening may add significantly to access to traditional vegetables.																																											



## 6. Monitoring and evaluation

### Methods for monitoring

- Confirm the client's preference for having a face-to-face follow-up appointment or an appointment with the dietitian via phone for ongoing monitoring.
- Encourage them to bring a family member to the next appointment if it would make the client feel more comfortable.
- Quality of life and family can be important to Chinese clients. Reinforcement of benefits such as increased energy, feeling of wellbeing and feeling healthy may be an effective way to ensure continued dietary compliance.
- As with any client, health practitioners should ask permission to take anthropometric measurements and explain what will be done before going ahead.
- Translated print material on healthy eating may be beneficial as it can be a preferred method of nutrition education, especially for older generations.
- Links to healthy eating resources online may be beneficial for younger generations.

### 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>
- To source or contact an interpreter, please visit [http://www.health.qld.gov.au/multicultural/interpreters/QHIS\\_work.asp](http://www.health.qld.gov.au/multicultural/interpreters/QHIS_work.asp)

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