

## Chapter 2. Overview of Chinese Culture

This chapter provides an overview of Chinese culture in terms of ethnicity, language, communication, religion, food and dress, social structure, family, gender, values, education, literacy, socioeconomic status, traditional health care beliefs and practices, and health care-seeking behaviors. Readers are cautioned to avoid stereotyping Chinese on the basis of these broad generalizations. Chinese culture, as all others, is dynamic and expressed in various ways, owing to individual life experience and personality. Some Chinese living in the United States may be more or less acculturated to mainstream U.S. culture.

### Ethnicity

People of Chinese descent originate primarily from the People's Republic of China; the Republic of China (Taiwan); and China's Special Administrative Regions, Hong Kong and Macau (Central Intelligence Agency, 2005; Chang & Kemp, 2004). In mainland China, the Han Chinese constitute 95% of the population, and they are the largest ethnic group in the world (Do, 2000).



Two elderly women in China.  
© 1986 Andrea Fisch. Courtesy of Photoshare.

The Han, commonly called Chinese in English, are known as *Han-ren* in China and Taiwan (X. Liu, 2004). The remaining 5% of mainland China's population is composed of 55 other indigenous ethnic groups. Many of the groups do not consider themselves Chinese; they inhabit northwestern and western China, inner Mongolia, and border regions around India, Nepal, Afghanistan, Russia, Central Asia, and Vietnam (Do, 2000).

### Language and Communication

Because of the numerous ethnic groups, many distinct languages and dialects are spoken in mainland China. The Chinese language dialect, Mandarin, is the most widely spoken (by 70% of Chinese) and is the official language in Taiwan and the People's Republic of China. Mandarin is taught in all schools; therefore, even those who speak other dialects understand some Mandarin (K. Lin, 2003).

Cantonese, another major dialect, is spoken in Hong Kong, Vietnam, Malaysia, Singapore, Christmas Island, and the Guangdong province of mainland China. The Hakka dialect is spoken in Malaysia, Indonesia, and Brunei; the Hokkien dialect is spoken in Malaysia and Singapore (Chang & Kemp, 2004; Queensland Health, 2003). Other dialects include Xiang, Min, Gan, and Wu (Chang & Kemp, 2004). Though all dialects are written using the same characters, not all dialects are mutually intelligible (Chin, 2005).

## Suggestion



- Not all Chinese dialects are mutually intelligible. To avoid dialectal discordance, know the region of the patient's birthplace before requesting an interpreter.
- Avoid asking "yes or no" questions. To elicit a patient's understanding of his or her diagnosis, treatment, or other health issues, ask open-ended questions that call for more than a simple one-word response.

Among the Chinese, communication styles often reflect cultural values. Direct eye contact with authority figures and elders is usually avoided, as this conveys disrespect. On the other hand, direct eye contact between members of the opposite sex may be considered flirtatious (Chin, 2005). Shaking hands is a common way to greet people, though a nod or slight bow is acceptable. Like many Asian cultures, the Chinese typically communicate indirectly and rarely say no directly. Rather, they may nod politely to avoid confrontation. Silence may be difficult to interpret, because it can convey respect, disagreement, or lack of understanding. Additionally, touching is uncommon, though it is acceptable in a health care setting if the clinician first explains the need (Chin, 2005).

## Religion

Religion, including the philosophical systems of Taoism and Confucianism and beliefs derived from Buddhism, Catholicism, Protestantism, and Islam, plays a significant role in the lives of many Chinese. Taoism emphasizes the relationship between people and nature and is a significant influence on Chinese culture. Confucianism, which serves as the basis for social and interpersonal relationships, advocates reverence in the family and benevolence in government administration (X. Liu, 2004). Confucianism suggests that harmony is achieved through proper relations, such as child to parent or student to teacher (Chang & Kemp, 2004; Chin, 2005).

## Suggestion



- Recognize that Chinese society is based on a patriarchal system. Clinicians may need to involve the head of a household in discussions, although permission should be sought from the patient.
- To allay a patient's concerns about stigma, always emphasize confidentiality and privacy.

Among religions in China, Buddhism has an estimated 66–100 million followers and is the most widely practiced (Central Intelligence Agency, 2005; U.S. Department of State, 2007). Ancestor worship is also frequently practiced, especially during major holidays, such as Chinese New Year (Chang & Kemp, 2004; Chin, 2005). An estimated 1%–2% of people practice Islam (G. Z. Liu, 2001; U.S. Department of State, 2007), and approximately 3%–4% practice Christianity (Central Intelligence Agency, 2005). According to official estimates, there are roughly 15 million Protestants and 5 million Catholics in China, though unofficial estimates are much higher (U.S. Department of State, 2007). After immigrating to the United States, many Chinese convert to Christianity (Chin, 2005; G. Z. Liu, 2001).

## Food and Dress

Food has special significance in Chinese culture. Focus is often placed on texture, flavor, color, and aroma (K. Lin, 2000). Though diet varies by region, vegetables are an important part of the diet in every region. In the North, the main staples are wheat, corn, millet, and fresh vegetables. When fresh vegetables are unavailable, preserved cabbage, potatoes, and radishes are substituted. In the South, rice and sweet potatoes are staples, and fresh vegetables are usually available year round (X. Liu, 2004).



A mother and child plant rice in China.  
© 1988 Andrea Fisch. Courtesy of Photoshare.

Red meat, fish, and poultry are also important in the Chinese diet, though soybeans and tofu are often substituted as a protein source. Among the Chinese, lactose intolerance is common and contributes to calcium deficiency, especially common among elderly Chinese women (K. Lin, 2000; X. Liu, 2004). Malnutrition is also prevalent in China; nutrition-related chronic diseases cause nearly 15,000 deaths every day (X. Liu, 2004). Iron deficiency and iron deficiency anemia are the most widespread nutrition deficiency problems, particularly among women and children (X. Liu, 2004).

The traditional Chinese garment for women is called the *qipao* in Mandarin or *cheongsam* in Cantonese. Although originally designed as a long, loose robe with slits for ease of movement, later designs included shorter lengths and fitted waistlines. The modern *qipao* is made of silk or cotton and has a high collar, short sleeves, and a slit on the side (Yu, Kim, Lee, & Hong, 2001).

For men, traditional clothing is a tunic or jacket (*sam*) over trousers (*koo*). The jacket is fastened with buttons or ties across the chest and down the right side (Yu et al., 2001). The Chinese also may wear amulets, including jade or a rope around the waist, for luck and good health (Chin, 2005). Though elements of traditional Chinese dress are fashionable in many Asian and Western cultures, most Chinese no longer wear traditional costume (Yu et al., 2001).

## Social Structure, Family, and Gender

Traditional Chinese culture values the family over individual well-being and personal rights. Values that form the social foundation of Chinese society include humility, emotional self-control, filial piety through reverence for parents, family recognition through achievement, and conformity to norms that avoid bringing shame to the family (Chang & Kemp, 2004). Extended families are common, and two or three generations often live in the same household (Chin, 2005).

Chinese society is traditionally patriarchal and hierarchical. Elders are highly respected and are addressed by their title and last name (Chin, 2005). Eldest males make most decisions, and females assume a subordinate role to men. When a woman marries, she becomes part of her husband's family (Chin, 2005). Older women have considerable power and often make family and household decisions (Chin, 2005; Queensland Health, 2003). Additionally, older children tend to have authority over younger children (Chang & Kemp, 2004; McLaughlin & Braun, 1998; Queensland Health, 2003). In general, families are private and may not discuss family-related matters with non-family members (Chang & Kemp, 2004).



Two elderly women wear three-inch lotus shoes in rural China. The ancient custom of foot binding, banned in 1911, has caused severe disabilities for many elderly women, even in today's China. © 1989 Henrica A.F.M. Jansen. Courtesy of Photoshare.

### Suggestion



- Keep in mind that the traditionally patriarchal and hierarchical structure of Chinese society may mean that younger females play a subordinate role to men.
- Older women may have considerable power and may make family and household decisions.

## Suggestion



- Be aware that traditions, such as ranking family over the individual and the need to avoid loss of face, may affect an individual's approach to health care and medical decision making.
- Whenever possible, provide language-appropriate information, such as pamphlets appropriate to the literacy level of the patient.

In China, sons are valued traditionally more than daughters and are perceived as an investment in the future (Lai-wan, Eric, & Hoi-yan, 2006). A son is considered a breadwinner (Chin, 2005), while a daughter, because she becomes part of a husband's family upon marriage, is often viewed as a drain on limited family resources (Lai-wan et al., 2006). The preference for sons, combined with China's 1979 "One Child Only" policy, which restricts families to a single child regardless of sex, has produced a society that is "missing girls," because female fetuses are often aborted (Do, 2000). However, resistance by Chinese families and international objections to the "One Child Only" policy have led to exceptions, including allowing couples in rural areas with a firstborn female to have a second child and allowing ethnic minority couples to have more than one child (Hardee, Xie, & Gu, 2003; Lai-wan et al., 2006). Despite traditional views and restrictions on childbearing, the role of females in Chinese society continues to evolve.

## Education and Literacy

In Chinese culture, education is valued highly and considered essential for success. Children who do poorly in school are viewed as bringing shame upon their families (Chin, 2005). In mainland China, 90.9% of the population is literate (defined as the ability to read and write and aged 15 years or older). Literacy rates are approximately 10% higher for males than females (95.1 and 86.5, respectively) (Central Intelligence Agency, 2005).



Children at a day care center near Beijing.  
© D. Hinrichsen. Courtesy of Photoshare.

According to the U.S. Census Bureau, 6% of Chinese living in the United States speak English in the household, and 93% speak Chinese or another Asian/Pacific Islander language (2000). Additionally, almost 71% of foreign-born Chinese living in the United States have a high school diploma or higher, and nearly 43% have a bachelor's degree or higher (U.S. Census Bureau, 2000).

## Common Values

Although the Chinese have diverse beliefs and values, many maintain traditional values long after acclimation to Western society. These include Confucian-based values such as harmony in interpersonal relationships, the emphasis of family over the individual, respect for elders, a high value placed on formal education and literacy, and the value of sons over daughters (Chin, 2005; X. Liu, 2004; Postgraduate Medical Council of New South Wales, n.d.). The concept of “face,” or dignity, prestige, and status in the eyes of others, is also very important in Chinese culture. Face can be given, taken away, earned, or lost on the basis of one’s actions or behavior, and one individual’s wrongdoing can result in an entire family’s loss of face (Chin, 2005). Because stigma associated with illness may cause a family’s loss of dignity, it can influence health behaviors and medical decision making.



A woman happily holds her infant in China. © 1986 Andrea Fisch. Courtesy of Photoshare.

persons (Reeves & Bennett, 2004). Nearly 18% of Asian Americans do not have health insurance, compared with 11.2% of non-Hispanic whites. Among the adult Chinese population aged 18–64 years, 20% are uninsured, compared with 14% among non-Hispanic whites of the same age group (Asian & Pacific Islander American Health Forum, 2006).

## Socioeconomic Position in the United States

For more than a century, Chinese from many socioeconomic backgrounds have immigrated to the United States, and the primary goal in immigrating has been economic survival (G. Z. Liu, 2001). Among Chinese families in the United States, about 7% have an annual income less than \$10,000; however, the median income (\$52,600) is slightly higher than that of the general U.S. population (\$50,000). Approximately 11.5% (compared with 9.2% among the general U.S. population) of Chinese families lived below the 1999 poverty line (U.S. Census Bureau, 2000).

In addition, Chinese are less likely than the general U.S. population to have finished high school; 71% are high school graduates or higher, compared with 80.4% of the general U.S. population (U.S. Census Bureau, 2000). In 2000, the average Chinese household in the United States was 2.90

## Traditional Health Beliefs and Practices

The traditional Chinese approach to health and illness focuses on the balance between body, mind, and spirit, commonly expressed as *yin* and *yang*. Balance may be internal and external, hot and cold, or emptiness and excess (Chin, 2005; X. Liu, 2004). *Yin* and *yang* are viewed as dynamic, complementary, and not necessarily oppositional. They symbolize the principle that for every action there is an equal and opposite reaction (Ehling, 2001). Because one cannot exist without the other, imbalance can lead to illness (Chang & Kemp, 2004).

Some Chinese may believe that physical illness stems from an imbalance of *yin* and *yang*, whereas mental illness is due to a lack of emotional harmony (Chin, 2005). Illness also may be caused by fate or interference from ancestors or others in the spirit world who seek revenge for wrongdoing or lack of self-control in behavior (McLaughlin & Braun, 1998; Postgraduate Medical Council of New South Wales, n.d.).

Others among the Chinese may believe illness is influenced by consuming specific foods or medicines (Chang & Kemp, 2004; K. Lin, 2000). The appropriately balanced diet, including the five traditional flavors (sour, bitter, sweet, pungent, and salty), is known as “health through proper diet” (X. Liu, 2004). Before seeking Western treatment, traditional Chinese often will use specific foods, herbs, and special soups to treat illness (K. Lin, 2000). Because both food and illness can be classified as “hot” (*yang*) or “cold” (*yin*), to restore balance, a *yang* illness is usually treated with *yin* foods, and vice versa. Because of this belief, some Chinese who are diagnosed with tuberculosis (TB) may ask if certain foods will affect their illness and treatment. (See Appendix E for a short glossary of food classifications.)

## Suggestion



- Illness is traditionally thought to be caused by an imbalance of “hot” and “cold” and influenced by consuming specific foods or medicines that counterbalance the illness.
- Western medicine is often considered “hot.” Be prepared for patients to ask what they should or should not eat as part of treatment.

In the prevention, diagnosis, and treatment of disease, traditional Chinese medicine focuses holistically on the relationship between the body and environmental, social, and geographical factors (Chang & Kemp, 2004; X. Liu, 2004; Spector, 1996). Traditional Chinese medicine emphasizes prevention and determining the root cause of a disease once it develops (X. Liu, 2004). Traditional treatments include acupuncture, acupressure, massage, and the use of compounds (e.g., herbs and metals) (Chang & Kemp, 2004; Postgraduate Medical Council of New South Wales, n.d.). Many Chinese believe good health is promoted through exercise, eating a balanced diet, and maintaining harmony with family and friends (Chin, 2005).

When treating illnesses, the Chinese may rely on traditional medicine to restore balance or *qi* (pronounced “chee”) (Ehling, 2001). *Qi*, the body’s life force and energy, is believed to travel through the body and connect the organs by meridians accessible at specific points on the body. To address symptoms, a therapist treats the points to access the body’s *qi*. Each point can have multiple functions, and different points can be used in conjunction as part of treatment for acute and chronic ailments.

Treatment of acute conditions often results in nearly immediate relief, whereas treatment of chronic conditions usually requires more time to restore balance. The two main therapies associated with this treatment are acupuncture and acupressure. In acupuncture, extremely fine needles are inserted just below the skin on the body points. Acupressure uses the same points, but therapists massage them one or two at a time. Acupressure usually has milder effects than acupuncture (Ehling, 2001).

Traditional Chinese medicine classifies TB as a disease caused by a deficiency in the lungs of *qi* and *yin*, and by an invasion of evil (*xie*) comparable to the concept of bacterial infection in biomedical terms (Ho, 2006). Traditional practitioners may describe TB as *feibing*, *fei jie he*, or *feilao*, terms that relate to lung disease. Though no equivalent biomedical term for TB exists in traditional Chinese medicine, *fei jie he* is generally used for an infectious lung disease that requires isolation (Ho, 2006). To treat TB, traditional practitioners may suggest Western antibiotics in conjunction with traditional medicine. Traditional practitioners generally do not dispute the effectiveness of antibiotics; however, they may consider that the holistic approach warrants traditional treatment to restore the deficiencies in *yin* and *qi* associated with TB (Ho, 2006).



A woman with her child tends farm in China.  
© 1986 Andrea Fisch. Courtesy of Photoshare.

Although less common in the West, herbal therapy is one of the oldest Asian treatments. The major difference between herbal and Western drug therapy is that herbal therapy uses the whole plant, animal, or mineral substance, whereas a drug uses the active ingredient extracted from the substance (Ehling, 2001). Traditional herbal medicines come in various forms, including prepackaged pills, freeze-dried granules, or loose mixtures for brewing tea (Ehling, 2001).

## Suggestion



- Recognize that among Chinese the traditional, holistic approach to health and illness may include treatments such as acupuncture, acupressure, herbal therapies, and massage.
- Whenever possible, acknowledge traditional alternative treatments and accept their complementary use.

## Health Care-seeking Behaviors

Among the Chinese in the United States and in China, delays in care seeking are not uncommon (K.-M. Lin & Cheung, 1999; Ma, 1999; Zhang, Tang, Jun, & Whitehead, 2007). In China, people may delay seeking care because of the lack of affordable care. In 1997, the Chinese government reformed the urban health insurance system to create a single, standardized system and increase coverage, especially for the urban employed (Xu, Wang, Collins, & Tang, 2007). Over the next 5 years, however, no significant effect on coverage was noted, particularly among rural dwellers, who make up 80% of the population and whose TB prevalence is higher (X. Liu, 2004; Xu et al., 2007; Zhao, Zhao, & Liu, 2003). Lack of health insurance and increased cost of care owing to the changes in the health care infrastructure have resulted in a severe lack of affordable TB services in rural China and, consequently, in delays in seeking care (Zhang et al., 2007).





A woman threshes wheat in China.  
© 1988 Andrea Fisch. Courtesy of Photoshare.

In China, care seeking often involves choosing from many resources. Because the People's Republic of China awards Chinese and Western medicine the same status, people may use either treatment practice or a combination of both (X. Liu, 2004). Although traditional practitioners focus primarily on Chinese medicine during formal schooling, they also receive basic training in Western medicine. Thus, traditional practitioners can treat and cure patients using methods from both systems (X. Liu, 2004).

Chinese in the United States also may use a combination of traditional and Western health care and even travel back to China or Taiwan for treatment (Chang & Kemp, 2004; Ma, 1999). People who immigrated 40–60 years ago tend to believe strongly in folk medicine and traditional healing, while newer immigrants tend to combine traditional and Western practices (Chin, 2005).

Some Chinese may rely upon family as the first and sometimes only source of health care and may make health decisions on the basis of what is best for the family rather than themselves (Chang & Kemp, 2004). Other Chinese may use traditional home remedies for minor illnesses such as colds, but seek care from medical providers for more serious diseases, such as heart disease, cancer, hepatitis, and TB (Chin, 2005; Ma, 1999). Chinese immigrants may prefer to consult physicians of their own ethnic background, and women may prefer same-sex providers (Ma, 1999; Queensland Health, 2003).

## Suggestion



- Chinese patients may wear amulets for good health. If possible, clinicians should avoid removing these articles during consultation.
- Recognize concerns about stigma and conduct consultations in settings that ensure privacy.

Some Chinese feel that Western medicine focuses too specifically on the ailing part of the body rather than on the root cause of the disease, as in traditional Chinese medicine. As a result, some choose Western health services for acute illnesses, but choose a doctor of Chinese medicine for a more holistic approach (X. Liu, 2004). In the United States, whether Chinese use Western health services may be affected by health insurance status and the high cost of services (Ma, 1999). People with health insurance more likely use Western health services. For people without health insurance, however, the emergency room is often their only source for health care and is a last resort option (Ma, 1999). Some Chinese may be apprehensive about Western care because of a lack of understanding of the health care system. Furthermore, transportation difficulties and communication and cultural differences, especially those associated with health beliefs, may deter some Chinese from using Western health services (Ma, 1999).

## Suggestion



- Lack of health insurance can hinder efforts to obtain health care in the United States. Emphasize the availability of free or low-cost medications at public health departments.
- Recognize that barriers to seeking mental health care may be related to stigma, lack of insurance, and lack of culturally appropriate services.