

Culture and Social Support as Determinants of Health of Chinese Canadians

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## **Introduction**

The increasing understanding and acceptance of multiculturalism in Canadian society results, in part, from Canada's growing immigrant population. The proportion of visible minorities in Canada is on the rise, with a 13.4% increase between 1996 and 2001 (Statistics Canada, 2003). Since 1999, the majority of immigrants entering Canada have been Chinese, Indian, and Filipino (Citizenship and Immigration Canada, 2009). With a population of over one million, Chinese represent the largest group of visible minorities in Canada (Statistics Canada, 2003).

In 2008, 14% of permanent resident immigrants to Canada were "family class" immigrants from the Asia and Pacific region, many of whom had the potential to strengthen the social capital of their communities as skilled professionals (Citizenship and Immigration Canada, 2009). In that same year, nearly another 30% of permanent resident immigrants to Canada from the region were "economic" immigrants who were ready to invest in the Canadian economy (Citizenship and Immigration Canada, 2009). The impact of Chinese immigrants on Canada is profound. For example, with the influx of Chinese immigrants, the city of Richmond, British Columbia, has experienced a transformation in its ethnicity and neighbourhoods (Ray et al., 1997). Furthermore, from 1996 to 1998, Asian immigrants contributed significantly towards the investment of \$831.5-million in Canada by economic immigrants (Citizenship and Immigration Canada, 1999).

Chinese Canadians are an integral part of society, and this article examines culture and social support as determinants of health of Chinese in Canada. Culture strongly influences behaviour and cognition. This is especially important as individual concepts of health and illness are dependent on culture. Social support enables interpersonal interactions between individuals, which fosters caring relationships and improves health and quality of life. Cultural differences create meaning and influence methods for seeking social support. The interaction of culture and social support plays a role in determining the health of Chinese Canadians, and influences factors such as one's likelihood to access the health care system and seek physical examination.

## **Definitions**

Stein and Rowe (1989) define culture as a "[l]earned, nonrandom, systematic behavior that is transmitted from person to person [and] from generation to generation." Culture is both systemic and

systematic. It is systemic in that it interconnects with social systems, and systematic in that it is not random, but predictable and orderly. Serving both an integrative and functional purpose, culture can create a sense of identity and belonging, often aligning groups towards a specific cause or viewpoint.

According to Cassel (1976), social support offers "[f]eedback from a primary group that is health protective, during times of stress." Social support is created through interpersonal interactions and can be experienced in the forms of emotional, informational, and instrumental support. For example, emotional social support being conversing with a friend; informational support being seeking health-related knowledge from neighbours; instrumental support being receiving financial support during times of economic hardship.

### **Mechanisms**

The health beliefs of Chinese Canadians, especially those of the older generation, are categorised into three primary divisions: beliefs about traditional health practices, beliefs about traditional medicine, and beliefs about preventive diet (Lai & Surood, 2009). In a study, Lai and colleagues (2009) measured the health beliefs of older Chinese in Canada against a list of twelve statements on topics such as health maintenance, the use of traditional Chinese medicine (TCM), and eating habits. The content of the questionnaire strongly reflects major traditional Chinese views of health (Lai et al., 2003). An example of such a statement is "[t]raditional Chinese herbal medicine can cure the root of the disease, whereas Western medications only cure the symptoms" (Lai & Surood, 2009).

The results of this study indicate that questions concerning diet, such as "soup is good for health," and the use of TCM, such as "traditional Chinese herbal medicine has fewer side effects than Western medication," reported high levels of agreement from Chinese Canadian participants (Lai & Surood, 2009). There was a strong correlation between younger age and stronger agreement with the use of TCM. As well, older Chinese Canadians with a lower level of education agreed more strongly with Chinese beliefs about overall health, traditional health practices, TCM usage, and traditional preventive diet (Lai & Surood, 2009). Furthermore, those born in Canada reported a lower level of agreement with traditional health practices, as compared to those born in Hong Kong (Lai & Surood, 2009). In contrast to the Western bio-medical model, these results suggest that Chinese Canadians view health and illness through a traditional holistic model, which directly influences their health.

The expressions and meanings of social support have been viewed as being specific to culture (Norbeck et al., 1997). Expressions of acceptable support, behaviours, and independent versus collectivist orientations are reflected by the impact of culture (Badr et al., 2001). Especially for new immigrants to Canada, networks of social support enable access to information, goods and services, and help maintain a connection with the country of origin (McMichael & Manderson, 2004). Stewart and colleagues examined social support in new Chinese immigrants to Canada, specifically assessing their definition and understanding of social support, methods of accessing social support, and differences in support-seeking methods and support resources (Stewart et al., 2008).

Stewart et al. (2008) found that social support is defined in a variety of ways by immigrants. While some described social support as any form of help or assistance, most incorporated specific examples in their interpretations and depended on past personal experiences (Stewart et al., 2008). Chinese immigrants related to the concept of social support as either formal assistance from the Canadian government -- a familiar concept in China -- or informal help from family and friends -- the norm in a collectivist culture (Stewart et al., 2008). In particular, one subject stated that "most Chinese's notion about help is something tangible" (Stewart et al., 2008). This study suggests that Chinese view social support primarily as a government responsibility, while also valuing support that is more practical in nature (Stewart et al., 2008). The authors concluded that "these perceptions reflected the inadequacies of existing formal supports for employment and social integration" (Stewart et al., 2008). Only by understanding social support through a cultural context can we further improve systems of support for immigrants to Canada, ultimately improving the health of the population.

### **Evidence**

The effects of culture and social support interact to influence Chinese Canadians' likelihood of accessing annual physical examinations. Lai and Kalyniak (2008) reported a lower rate of physical examinations in Chinese Canadians aged 55 years and older as compared to the rest of the Canadian population.

For this population, culture plays an important role in the use of annual physical examinations (Lai & Kalyniak, 2008). Many Chinese come from an environment where utilising preventive health measures was uncommon or inaccessible, and physician visits were only made when symptoms of illness become evident (Lai & Kalyniak, 2008). As a result, they may not be accustomed to or aware of

the potential health benefits of a physical examination (Lai & Kalyniak, 2008). A lack of physicians or health care infrastructure in their homeland may further contribute to the lowered use of this preventive service (Lai & Kalyniak, 2008).

Social support was identified as a significant enabling factor that predicted the use of annual physical examinations in Chinese Canadians (Lai & Kalyniak, 2008). Enabling individuals to exchange information about the entitlement and benefits of using annual physical examinations, social support played an important role in facilitating better access to this preventive health measure (Lai & Kalyniak, 2008). For example, a lower rate of physical examination usage was associated with a decreased involvement in the Chinese community, highlighting a lack of social support (Lai & Kalyniak, 2008). As well, married individuals exhibited higher rates of physical examination usage, a reflection of the effect of stronger social support on accessing preventive health services (Lai & Kalyniak, 2008).

### **Intervention**

In order to better understand the cultural variations that influence one's beliefs towards health and illness, a greater emphasis on the cultural competence training of health care and human service professionals is necessary. For example, a study by Flores and colleagues (2000) shows the need for increased cultural competence training as none of the Canadian medical schools, at the time of the survey, offered a course that specifically addresses cultural issues. Through cultural competence training, by increasing one's awareness, knowledge, skills, and encounters towards cultural-specific perspectives of health, a greater multicultural understanding can be accomplished in better serving the population.

At a macroscopic level, since culture influences the definition and understanding of social support, and because large groups of visible minorities such as the Chinese view social support as a government responsibility, it is important for policy makers to understand these influences in order to make the most appropriate decisions that lead to improvements in the health of the population. Social agencies would also benefit from understanding the significance of the forms of social support which particular cultural groups receive, as some value tangible support more greatly than other forms of support.

**Conclusion**

We have discussed culture and social support as determinants of the health of Chinese Canadians. By discussing the determinants' definitions, mechanisms, evidence, and possible intervention, we have established a relationship between the determinants and the health of Chinese Canadians.

This article was examined through the conceptual frameworks of Interdisciplinary Health and Human Services (IHHS) 200 -- Understanding the Sociocultural Determinants of Health -- at the University of British Columbia, a course taught by Dr. Jim Frankish. Through this course, the author had an opportunity to understand the health of populations from a sociocultural perspective and interact with students and the instructor. Through learning about the determinants of health from a population level, the author has come to appreciate the impact of upstream factors on health: health care is but a small piece of the puzzle, and sociocultural determinants such as socio-economic status, early childhood development, and education have crucial roles to play. This course has truly broadened the author's perspectives. From the numerous in-class videos to an opportunity for community service learning to discussions on equity in society, the author acknowledges that much was learned in a highly enjoyable manner.

## References

- Badr, H., et al. (2001). Weaving social support and relationships together. *Personal relationships: implications for clinical and community psychology*. Chichester: John Wiley and Sons Ltd.
- Cassel, J. (1976). The Contribution of the social environment to host resistance. *American Journal of Epidemiology*, 104(2).
- Citizenship and Immigration Canada. (1999). *Business immigration — program statistics 1998*. Unpublished raw data.
- Citizenship and Immigration Canada. (2009). *Facts and Figures 2008: Immigration Overview: Permanent and Temporary Residents*. Ottawa, ON: Citizenship and Immigration Canada.
- Flores, G., Gee, D., & Kastner, B. (2000). The Teaching of cultural issues in U.S. and Canadian medical schools. *Academic Medicine*, 75(5), 451-455.
- Lai, D. W. L., & Kalyniak, S. (2005). Use of annual physical examinations by aging Chinese Canadians. *Journal of Aging and Health*, 17(5), 573-591.
- Lai, D. W. L., & Surood, S. (2009). Chinese health beliefs of older Chinese in Canada. *Journal of Aging and Health*, 21(1), 38-62.
- Lai, D. W. L., Tsang, A. K. T., Chappell, N., Lai, D. C. Y., & Chau, S. (2003). Health and well-being of older Chinese in Canada. Calgary, AB: Faculty of Social Work, University of Calgary.
- McMichael, C., & Manderson L. (2004). Somali women and well-being: social networks and social capital among immigrant women in Australia. *Human Organization*: 1-30.
- Norbeck, J.S., et al. (1997). A randomized trial of an empirically-derived social support intervention to prevent low birth weight among African American women. *Social Science and Medicine*, 43,

947–954.

Ray, B., Halseth G., & Johnson B. (1997). The changing ‘face’ of the suburbs: issues of ethnicity and residential change in suburban Vancouver. *International Journal of Urban and Regional Research*, (21), 75–99.

Statistics Canada. (2003). *Canada’s Ethnocultural Portrait: The Changing Mosaic*. Ottawa, ON: Statistics Canada.

Stein, P.L., & Rowe, B.M. (1989). *Physical anthropology*. New York: McGraw-Hill.

Stewart, M., Anderson, J., Beiser, M., Mwakarimba, E., Neufeld, A., Simich, L., & Spitzer, D. (2008). Multicultural meanings of social support among immigrants and refugees. *International Migration*, 46(3), 123-159.