

# Chinese Australians

- In the last half of the 19<sup>th</sup> Century, a large number of China-born people came to Australia fleeing civil disorder, famine and floods in southern China<sup>2</sup>. Many China-born people were also attracted to Australia by the discovery of gold<sup>2</sup>. At the time of the 1861 Colonial Census, China-born people in Australia numbered 38,258 and comprised 3.4 per cent of the population<sup>2</sup>.
- From 1901 to 1973, during the period of the *White Australia Policy*, the immigration of China-born people to Australia declined. By 1947, the number of China-born people in Australia numbered only 6404<sup>2</sup>. By 1976, after the dismantling of the *White Australia Policy*, the number had risen to 19,971<sup>2</sup>.
- During the past 30 years, Chinese people have arrived in Australia from Malaysia, Singapore, Hong Kong, Vietnam and elsewhere in Indochina. More recently, immigrants have arrived from Taiwan and the People's Republic of China (PRC)<sup>4</sup>. At the time of the 2006 Census, the number of China-born people in Australia had risen to 206,590 and included a number of China-born overseas students<sup>2</sup>.
- The term *Chinese* covers a diverse range of communities and individuals, sometimes having no more in common than ancestral heritage<sup>4</sup>.
- **Ethnicity:** Han Chinese comprise 91.9 per cent of the population of China. Other ethnicities include: Zhuang, Uygur, Hui, Yi, Tibetan, Miao, Manchu, Mongol, Buyi and Korean<sup>5,6</sup>.
- **Language:** Mandarin is the official language of China and is widely spoken in the PRC and Taiwan<sup>4,6</sup>. Cantonese (Yue) is spoken and widely understood in Hong Kong, the Guangdong province of the PRC, Vietnam, and among many people

Population of China-born<sup>1</sup> people in Australia (2006 Census): 206,590<sup>1</sup>, Chinese ancestry: 669,901<sup>1</sup>

Population of China-born people in Queensland: 15,059<sup>1</sup>, Chinese ancestry: 71,139<sup>1</sup>

Population of China-born people in Brisbane<sup>1</sup>: 11,419

Gender ratio (Queensland): 81.9 males per 100 females

Median age (Australia): The median age of China-born people in 2006 was 39.3 years compared with 46.8 years for all overseas-born and 37.1 for the total Australian population<sup>2</sup>.

## Age distribution (Queensland)<sup>1</sup>:

Age	Per cent
0-19	7.2%
20-39	45%
40-59	30.5%
60+	17.3%

## Arrivals – past five years (Source – Settlement Reporting Database<sup>3</sup>)

Year	Australia	Queensland
2006	21,866	1858
2007	22,707	1813
2008	23,176	1728
2009	23,561	1744
2010	16,220	1032

from Malaysia, Singapore and Christmas Island<sup>4</sup>. Other languages include: Shanghaiese (Wu), Fuzhou (Minbei), Hokkein-Taiwanese (Minnan), Xiang, Gan and Hakka dialects<sup>5,6</sup>.

- **Religion:** China is officially atheist<sup>5,6</sup>. Ancestor worship is widely practiced<sup>5,6</sup>. A small percentage of the population are Daoist (Taoist), Buddhist, Muslim and Christian<sup>5,6</sup>. Confucianism, although not strictly a religion, has an important role in the Chinese way of living<sup>7</sup>. Confucianism emphasises mercy, social order and fulfilment of responsibilities<sup>7</sup>.

#### Language and religion in Australia (2006 Census for China-born)

- The main languages spoken at home by China-born people in Australia were:
  - Mandarin – 59.4 per cent
  - Cantonese – 29.3 per cent<sup>2</sup>.
- The main religions of China-born people in Australia were:
  - No religion – 57.8 per cent
  - Buddhism – 17.6 per cent
  - Catholic – 3.8 per cent<sup>2</sup>.

### Communication

- Many distinct Chinese dialects are spoken by Chinese Australians<sup>4</sup>. It is recommended that health care providers seeking an interpreter for a patient should first find out the particular dialect spoken by the patient<sup>8</sup>.
- Chinese Australians usually greet each other by shaking hands<sup>9</sup>.
- For many China-born people, avoiding eye contact, shyness and passivity are cultural norms<sup>4</sup>. However, a smile, good eye contact and politeness are expressions of sincerity.
- Chinese Australians may avoid saying the word *no* because they consider it impolite<sup>4</sup>.
- Chinese Australians may commonly mask discomfort or other unpleasant emotions by smiling<sup>9</sup>.
- Chinese Australians may be accustomed to being addressed by their title and surname (e.g. Mr or Mrs), job title (e.g. Manager), professional qualification (e.g. Engineer) or educational qualification (e.g. Bachelor).

- In many cases, family names are generally placed before first names<sup>9</sup>. However some Chinese Australians have adopted the Australian style of naming and have changed the order of their names, placing their surnames last<sup>10</sup>. Chinese surnames usually only have one syllable<sup>10</sup>.

### Health in Australia

- Average life expectancy in China is 74.7 years (male 72.7, female 76.9) compared to 81.7 years for all people living in Australia (male 79.3, female 84.3)<sup>5</sup>.
- China-born males in Australia have been shown to have a higher overall mortality and China-born females a slightly lower overall mortality than Australia-born people<sup>11</sup>.
- The major causes of mortality for China-born people in Australia include ischaemic heart disease, cancer and cerebrovascular disease<sup>11</sup>.
- Major cancers for China-born males in Australia include nasopharynx, lung, intestines, rectum, stomach and liver<sup>11</sup>. Major cancers for China-born females in Australia include lung and stomach<sup>11</sup>.
- Worldwide, Chinese women have higher rates of suicide than women of other nationalities<sup>12</sup>.

### Health beliefs and practices

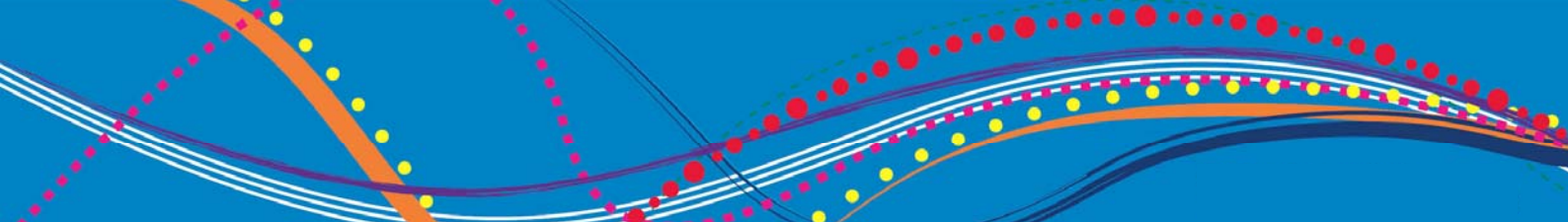
- Many Chinese Australians classify food, illness and medications as *hot* or *cold* according to the perceived effects on the body. A proper balance of these elements is required to maintain good health<sup>7</sup>. The classification of foods as *hot* or *cold* is unrelated to temperature and not always related to taste<sup>10</sup>. For example, seafood is classified as cold even if it served hot or with chilli<sup>10</sup>.
- Illness is believed to result from an imbalance of *Yang* (male, positive energy, hot) and *Yin* (female, negative energy, cold) forces in the body. *Chi* refers to the life force or energy in the body<sup>7</sup>.

- Some Chinese Australians may attribute illness to:
  - disharmony of body elements (e.g. an excess of *hot* or *cold* foods)
  - moral retribution by ancestors or deities for misdeeds or negligence
  - cosmic disharmony which may occur if a person's combination of year of birth, month of birth, day of birth and time of birth (the *eight characters*) clash with those of someone in their family
  - interference from evil forces such as malevolent ghosts and spirits, or impersonal evil forces
  - poor *Feng Shui* (i.e. the impact of the natural and built environment on the fortune and wellbeing of inhabitants)<sup>4</sup>.
- Many Chinese people assume a *sick role* when they are ill or pregnant in which they depend heavily on others for assistance. As a result, health care providers may be seen as uncaring if they encourage independence rather than catering directly to the wishes of the client<sup>4</sup>.
- Chinese Australians emphasise the importance of the role of the family in liaising between health professionals and patients with cancer<sup>13</sup>. Chinese Australian patients with cancer prefer a confident and clear diagnosis and treatment recommendations<sup>13</sup>.
- Many Chinese Australians will use traditional Chinese medical treatments including acupuncture, acupressure and Chinese herbs. Dietary therapy and supernatural healing (through a fortune teller, *Feng Shui* practitioner or temple medium) may also be used<sup>4</sup>. Modern versions of traditional medicines are widely available in all major Australian cities.
- Many Chinese Australians use traditional Chinese medicine in conjunction with Australian medical treatments<sup>4</sup>.

- Many Chinese Australians visiting a health care provider will expect tangible evidence of treatment, such as a prescription<sup>4</sup>.
- Chinese people usually prefer to be examined by a doctor of the same sex; this is particularly true for women<sup>4</sup>.

## Social determinants of health

- The overall literacy<sup>iii</sup> rate in 2007 in China was 91.6 per cent (men 95.7 per cent, women 87.6 per cent)<sup>5</sup>.
- Proficiency in English<sup>iv</sup> in Australia (2006 Census)<sup>1</sup>:
  - 68 per cent of China-born men and 63 per cent of China-born women reported that they spoke English well or very well
  - 24 per cent of China-born men and 26 per cent of China-born women reported that they did not speak English well
  - eight per cent of men and 11 per cent of women reported that they did not speak English at all.
- At the time of the 2006 Census, 55 per cent of China-born people aged 15 years or older had some form of higher non-school qualification<sup>v</sup> compared to 52.5 per cent of the total Australian population<sup>2</sup>.
- The participation rate in the workforce (2006 Census) was 56.3 per cent and the unemployment rate was 11.2 per cent compared to the corresponding values of 64.6 per cent and 5.2 per cent in the total Australian population<sup>2</sup>. The median weekly income for China-born people in Australia aged 15 years or older was \$242 compared to \$466 for the total Australian population<sup>2</sup>.
- A 2009 large-scale audit discrimination study based on job applications using ethnically distinguishable names showed that people with Asian sounding names were subject to discrimination in applying for jobs. People with Asian sounding names have to apply for more jobs to receive the same number of interviews as



people with Anglo-Saxon sounding names and those with names of more established migrant groups such as Italian, even if they have the same work history and education<sup>14</sup>.

### **Utilisation of health services in Australia**

- There is little research in Australia on the utilisation of health services by Chinese Australians. There is some evidence that the use of hospital and public health services and general practitioners is low in Chinese Australians<sup>15</sup>.
- Many Chinese Australians have a strong preference for Chinese-speaking general practitioners<sup>15</sup>.
- Research in the 1990s identified barriers to health service usage for Chinese Australians. Barriers included insufficient interpreter services, low use of preventative services such as pap smears and breast screening, and a lack of knowledge about the existence and role of ethnic health workers<sup>15</sup>. Health care professionals have observed that these barriers have decreased and health service access for Chinese Australians has improved since the 1990s<sup>10</sup>.
- Chinese Australians have been shown to have low utilisation of mental health services<sup>16</sup>.
- Barriers to accessing mental health services for Chinese Australians include low mental health literacy, communication difficulties, stigma, confidentiality concerns, service constraints and discrimination<sup>16</sup>.

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It should be noted that there is great diversity within communities and people do not fit into a pre-determined cultural box or stereotype. The information presented here will not apply to all Chinese Australians and this profile should be considered in the context of the acculturation process.

<sup>i</sup> China-born population statistics excludes those from the Special Administrative Region (SARs) and Taiwan.

<sup>ii</sup> Brisbane is defined as Local Government Area of Brisbane in ABS Census data.

<sup>iii</sup> Literacy is defined as those aged 15 and over who can read and write.

<sup>iv</sup> Missing and not-stated responses to this question on the census were excluded from the analysis.

<sup>v</sup> Non-school qualifications are awarded for educational attainments other than those of pre-primary, primary or secondary education.