

Caring for Asian Children:

An Overview of Working with Asian Families

In New Zealand's 2023 Census, ethnicity is defined as a measure of cultural affiliation, not race, ancestry, nationality, or citizenship. It is self-perceived, meaning individuals identify with the ethnic groups they feel they belong to. The term "Asian" in this context includes people with origins in East Asia, South Asia, Southeast Asia, and Central Asia.

East Asia includes China, Japan, Korea, Mongolia, and Taiwan. South Asia covers the nations India, Pakistan, Bangladesh, Sri Lanka, Nepal, Bhutan, and the Maldives. Southeast Asia encompasses the countries Indonesia, Thailand, Vietnam, the Philippines, Malaysia, Singapore, Myanmar, Cambodia, Laos, Brunei, and Timor-Leste. Central Asia refers to the countries Kazakhstan, Kyrgyzstan, Tajikistan, Turkmenistan, and Uzbekistan.

This document is written for health providers caring for Asian children, young people and their families. It provides a brief overview of the Asian population as well as Asian traditional family values, health beliefs and practices. It also highlights key service barriers or issues, best practice approaches, cultural competency framework, and where and how to access additional tools, resources, and training.

1. Asian population profile

- The Asian population makes up 17.3% (861,576 individuals) of the total New Zealand population ⁴.
- The largest groups within the Asian population include Chinese, Indian, Filipino, Korean, Japanese, Sri Lankan, Cambodian, and Vietnamese ⁴.
- Auckland has a high Asian population with 31.3% of the Auckland population identifying as Asian ⁴.
- Language, culture and unfamiliarity with New Zealand health and social services are major barriers for Asian families accessing services for their children.
- According to the 2018 census, the top five Asian languages spoken in New Zealand are Mandarin, Hindi, Yue (Cantonese), Sinitic, Tagalog and Punjabi ². These languages reflect the diverse Asian communities in the country.
- About 12% of the total population were born in Asia ⁴.
- Asian groups have a median age of 33.8 years ⁴.
- There were 178,296 children under 15 years old of which 59,142 were aged 0-4 years ⁴.
- Rates of interethnic marriage are significantly higher in Asian populations in the 1.5 generation and among the New Zealand born than in the overseas born. The term 1.5 generation refers to people who were born overseas and settled in New Zealand at a young age ¹.



2. Best practice for caring for Asian children, young people and their families includes:

- Gaining insight into the current ethno-demographic patterns, trends, health determinants, healthcare utilisation, and key health status within Asian populations.
- Providing culturally appropriate care for Asian families through undertaking cultural competency training.
- Using professional interpreters effectively.

- Knowing how to communicate cross-culturally, for example knowing how to address parents and grandparents appropriately.
- Understanding Asian cultures including the importance of family, religious traditions, gender roles, filial piety, respect for authority, views of health and illness, and traditional treatments.
- Knowing how to elicit information about cultural and ethnic identity, explanatory health beliefs, use of traditional medicines, traditional child rearing practices, views about disability and mental health etc.
- Using cultural assessment tools for diagnosis and treatment; and implementing cultural awareness-assessment-negotiation techniques when working cross-culturally to achieve the best outcomes for the child and family.

3. Key issues you need to be aware of:

- Recognise how migration and the refugee experience influence the health and mental wellbeing of children and families.
- The family may lack knowledge about navigating the New Zealand health and disability system and could require guidance and education.
- Provide language appropriate information where available.
- Refer to cultural support services where available.
- Parents and grandparents may need interpreters.
- Offer practical assistance when necessary, including help with transportation, financial support, and housing needs.
- Acknowledging and honoring Asian family structures, cultural values, and traditional health beliefs and practices promote effective collaboration and foster meaningful engagement between practitioners and families.
- Recognise the challenges and dynamics that may be associated with intergenerational and interethnic marriages.

4. What do you need to do to be culturally competent?

To work successfully with Asian children and young people and their families, a healthcare worker needs to demonstrate the appropriate attitudes, awareness, knowledge and skills:

I. Attitudes

- A willingness to understand your own cultural values and the influence these have on your interactions with patients.
- A commitment to the ongoing development of your own cultural awareness and practices and those of your colleagues and staff.
- A preparedness not to impose your own values on patients.
- A willingness to appropriately challenge the cultural bias of individual colleagues or systemic bias within health care services where this will have a negative impact on patients.

II. Awareness & Knowledge

- An awareness of the limitations of your knowledge and openness to ongoing learning and development in partnership with patients.
- An awareness that general cultural information may not apply to specific patients and that individual patients should not be thought of as stereotypes.

- An awareness that cultural factors influence health and illness, including disease prevalence and response to treatment.
- Being sensitive and respectful to patients and understanding their cultural beliefs, values and practices. For example, many Chinese women prefer a doctor of the same sex.
- An understanding that patients' cultural beliefs, values and practices influence their perceptions of health, illness and disease; their health care practices; their interactions with medical professionals and the health care system; and treatment preferences.
- An understanding that the concept of culture extends beyond ethnicity, and that patients may identify with several cultural groupings.
- Gaining knowledge of the common beliefs, values, behaviors, and health practices of the cultural groups frequently encountered by practitioners, along with knowing how to apply this knowledge effectively in clinical settings, is essential for fostering better patient care.

III. Skills

- The ability to establish a rapport with patients of other cultures.
- The ability to elicit a patient's cultural issues which might impact on the doctor-patient relationship.
- The ability to recognise when your actions might not be acceptable or might be offensive to patients.
- The ability to use cultural information when making a diagnosis.
- The ability to work with the patient's cultural beliefs, values and practices in developing a relevant management plan.
- The ability to include the patient's family in their health care when appropriate.
- The ability to work cooperatively with others in a patient's culture (both professionals and other community resource people) where this is desired by the patient and does not conflict with other clinical or ethical requirements.
- The ability to communicate effectively cross culturally. Recognise that the verbal and nonverbal communication styles of patients may differ from your own and adapt as required.
- Work effectively with interpreters when required.
- Seek assistance when necessary to better understand the patient's cultural needs.

5. What are some key Asian traditional family values?

- Asian families are often tightly bonded and may reside as extended family units, encompassing grandparents, parents, and children.
- Traditionally, husbands and fathers are the head of the household and the decision-makers (including healthcare decisions).
- The grandparent's role in raising the children is a highly valued link to culture, religion and heritage.
- Honour, duty and filial love towards parents and family are very important.
- Child rearing may be oriented towards accommodation, conformity, dependence and affection. For example, Chinese women often face pressure to adhere to traditional customs and practices, typically encouraged by older female family members ³.



- Religion (e.g. God's will/karma)/philosophical perspective (e.g. Confucianism/Taoism - humoral/body balance) plays an important role in attribution, symptom formation and management.
- The doctor may be seen as an authority and highly respected.
- Informed consent may be a family decision.

6. What are some Asian traditional health beliefs and practices?

- Asians may adopt a holistic perspective, viewing health as a balance of 'Life Force' or 'Body Balance,' influenced by religious, spiritual, and supernatural elements. Additionally, physical, environmental, social, economic, mental, and hereditary factors are often perceived as interconnected and mutually dependent in shaping overall wellbeing. For instance, in Chinese beliefs, food, illnesses, and medications are classified according to their perceived effects



on the body as either “hot” or “cold.” Maintaining health involves achieving a balance between the positive (yang) and negative (yin) energies within the body. Chi is regarded as the essential life force or energy that flows throughout the body³.

- It is vital to assess health beliefs and practices on an individual basis. Some Asians may have fixed views about health beliefs, others may have ill-defined views and may not be able to articulate their beliefs or practices or the reasons for such practices. Some may have no reliance on traditional practices. Others may revert to more traditional practices when Western medicine does not work. And younger people may seek Western medicine only.
- Body Balance/Humoral
 - The belief in “body balance” or humoral practices considers the existence of external influences affecting health. The four main elements are wind, heat, dampness and toxins, which can exist in every type of activity, environment or food. If the body has an excess of any one of these elements, or a disruption of internal harmonies, it can lead to ill health. To overcome this, patients may take herbal teas or medicines to reduce the effect of heat in their bodies.
 - Usually, alternative medicines or treatments are used to target the root cause of a disease or to re-establish body balance. The types of alternative treatments used are daily diet, herbal teas, herbal tonics/medicines, supplements, homeopathy, relaxation, qi qong, tai chi, *coining*, *qua sha*, acupuncture, acupressure, Traditional Chinese Medicine or *Ayurvedic* Medicine.
- Environmental/Superstition
 - In some Asian cultures there are strong beliefs in fate or predestination and therefore the use of techniques such as Feng Shui, Palmistry or fortune telling is common. The purpose of these techniques is not only to increase or bring good luck to a person, but also to find out how to avoid bad luck and to enhance health, wealth and prosperity.

- Religious and spiritual

Asian groups have very diverse religious belief systems including Christianity, Buddhism, Hinduism, Confucianism and Taoism. It is helpful to have a basic understanding of the family's religion and how this is practiced.

The following are some aspects of the religious/philosophical belief systems which impact on Asian health beliefs and behaviours:

- **Buddhism** is a religious and philosophical system based on the teachings of Gautama Siddharta (also spelled Siddhartha), the Buddha (in Sanskrit, "The Awakened," "The Enlightened"). Mahayana Buddhism, or the "greater vehicle," is practiced in Korea, Vietnam, China, and Japan. Theravada Buddhism is strongest in Sri Lanka, Cambodia, Thailand, Laos and Burma (Myanmar).
- **Confucianism** is a religion/philosophical system, which emphasizes devotion to parents, family, friends, and ancestral worship. Also central to Confucianism is ethicality and the maintenance of justice and peace.
- **Hinduism** teaches the law of behaviour and consequences in which actions in past live(s) affects the circumstances in which one is born and lives in this life (Karma).
- **Islam:** Widely practiced in South and Southeast Asia, Islam emphasizes submission to Allah, prayer, charity, fasting, and pilgrimage to Mecca as key practices of faith.
- **Taoism** is a philosophical/religious system which advocates harmony, simplicity, and selflessness.
- **Other Indigenous Beliefs:** Across Asia, many ethnic groups maintain unique spiritual traditions tied to nature, ancestor worship, and animism.



Belief systems may draw from various religious/philosophical traditions. For example, it is not uncommon for Koreans to incorporate several spiritual practices into their religious belief systems. Among these are Confucianism, Shamanism, Taoism, Buddhism, and Christianity. Shamanism is a belief in good and evil spirits which can be influenced by Shamans, i.e. religious/spiritual practitioners with a special relationship or insight into the spirit world.

- Natural Remedies

- Herbal medicines, teas, and tonics are widely used to address health issues and restore balance. For example, ginseng is popular for its energy-boosting properties.

- Dietary Practices

- Food is often seen as medicine, with specific diets tailored to individual needs based on body type, season, and health conditions.

- Preventive Care

- Many Asian health systems prioritize prevention over treatment, encouraging lifestyle practices that promote long-term health.

7. Asian perceptions of health and illness

There are other factors that may influence patient's perceptions of health and illness which are discussed in the "Caring for Asian Children Resource" accessible via <https://resources.ecald.com/caring-for-asian-children-resource/getting-started/>

These include:

- Expectations of a perfect baby
- Babies head
- Birth and postnatal care
- Infant care
- Male circumcision
- Child disability
- Medications
- Festive seasons
- Food
- Surgery and treatment
- Rehabilitation
- Protective charms
- Paediatric palliative care
- Expressions of grief: loss of a child.



Mindful considerations of the above will help to reduce misunderstanding, family distress, non-compliance with intervention/care, disengagement, and poor patient outcomes or experiences.

8. Conclusion

- Culturally appropriate care for Asian children and their families is central to the provision of quality, equitable and responsive services.
- Gaining skills in cultural assessment including assessing cultural views, behaviours, practices and expectations; and the ability to negotiate a culturally and mutually acceptable outcome, will improve service uptake, treatment compliance, patient experience and reduce misunderstanding and disengagement.
- Being familiar with Asian family values, traditional health beliefs and practices, perceptions of health and illness and expectations of healthcare, will reduce cultural conflict between families and practitioners.

9. Training, tools and resources to assist you in clinical practice

- eCALD® courses offered online, remote-face-to-face, and in-person training. For more details, please visit [Home | eCALD](#).
- eCALD® Cross-Cultural Resources available online [Cross Cultural Resources | eCALD](#).

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