

ACT Health Community Profile

China

There is great diversity and change within communities and people do not fit into a pre-determined and unchanging cultural box or stereotype. The information presented here will not apply to all people from China¹ in Australia and this profile should be considered as guidance only. For example, while the 2011 Census provides useful and reliable data on a large number of characteristics, the dynamic nature of the communities means that important demographic changes may have occurred since 2011.

Key things to know:

- The China-born population in the ACT is one of the **largest** overseas-born communities and is growing.
- The two most common languages spoken by China-born people in the ACT are **Mandarin and Cantonese**.
- It is very important to provide an **interpreter** when needed, and to make sure the interpreter speaks **the right language**.
- Chinese family names are usually placed before first names, although some people now place their family names last. It is considered respectful to ask a patient what their **preferred name** is, rather than guessing.
- People from China may be **unfamiliar** with the Australian health system.
- China-born people may wish to take **traditional medicines** or eat special foods to help them recover from certain illnesses.
- China-born people may be at an increased risk of certain conditions including **hepatitis B**.
- People from China, especially women, may prefer to be seen by health staff of the **same gender**.
- **Cost** of services or treatments may be a concern for China-born people. Make sure patients know about out-of-pocket costs up front.



For an interpreter, call **131 450** for the Translating and Interpreting Service (TIS).

If you don't know your TIS client code, contact the Multicultural Health Policy Unit by phone on (02) 6205 1011 or email at multiculturalhealth@act.gov.au.

¹ Excludes people born in Taiwan (28,628 people in Australia in 2011) and China's Special Administrative Regions (SARs) Hong Kong (74,955 people) and Macau (2,268 people).

China

2011 Census data: China-born people

Population (Australia):	318,969 people ⁱ
Population (ACT):	6,592 people ⁱ
Gender ratio (Australia):	80 males per 100 females ⁱⁱ
Median age (Australia):	The median age of China-born people was 35 years compared with 45 years for all overseas-born people ⁱⁱ and 37 years for the total Australian population. ⁱⁱⁱ

Age distribution of China-born people (ACT, 2011):ⁱⁱ

Age (years)	Number	Per cent
0-19	698	11
20-39	3,876	59
40-59	1,473	22
60+	544	8

China-born arrivals, past five years^{iv}

Year	Australia	ACT
2009	29,256	505
2010	25,657	454
2011	24,980	471
2012	25,783	477
2013	22,884	376

Migration history

In the second half of the nineteenth century, a large number of China-born people came to Australia fleeing civil disorder, famine and floods in southern China and attracted by the discovery of gold. In 1861, China-born people in Australia numbered 38,258 and comprised 3 per cent of the population.

From 1901 to 1973, during the period of the White Australia Policy, immigration from China to Australia declined, reaching 6,404 in 1947. By 1976, the number had risen to 19,971. Following active marketing by the Australian Government in the mid-1980s, the number of China-born private overseas students coming to Australia rapidly increased from 38 in 1983 to 16,642 in 1990.

The China-born population is one of the largest country-of-birth groups in Australia and it is concentrated in large cities, such as Sydney, Melbourne and Brisbane. It should be noted that a significant proportion of people from some other countries, for example, Singapore, Malaysia and the Philippines, are also of Chinese ancestry.^v

Ethnicity

Han Chinese comprise 92 per cent of the population of China. Other ethnicities include: Zhuang, Uighur, Hui, Yi, Tibetan, Miao, Manchu, Mongol and Tuji.^{vi}

Language

Mandarin is the official language of China and is widely spoken in the People's Republic of China (PRC) and Taiwan. Cantonese (Yue) is spoken and widely understood in Hong Kong, the Guangdong province of the PRC, Vietnam, and among many people from Malaysia, Singapore and Christmas Island.^{vii} Other languages include: Shanghainese (Wu), Fuzhou (Minbei), Hokkien-Taiwanese (Minnan), Xiang, Gan and Hakka dialects.^{viii}

Religion

China is officially atheist. Small proportions of the population are Buddhist (18 per cent), Christian (5 per cent), and Muslim (2 per cent).^{ix} Ancestor worship is widely practiced.^x Confucianism, although not strictly a religion, has an important role in Chinese life. Confucianism emphasises mercy, social order and fulfilment of responsibilities.^{xi}

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Ancestry, language and religion in the ACT (2011 Census data)ⁱⁱ

The most common ancestry responses[†] of China-born people in the ACT were:

Ancestry	Percentage of population
Chinese	97
English	2
Russian	1
Australian	0.6
Tibetan	0.2

An additional 8,575 people in the ACT, who were not born in China, identified Chinese ancestry.

The most common languages spoken at home by China-born people in the ACT were:

Language	Percentage of population
Mandarin	71
Cantonese	14
Chinese (not further defined)	8
English	5
Russian	1

China-born people in the ACT spoke English at the following levels of proficiency:

Proficiency	Percentage of population
Very well	32
Well	44
Not well	14
Not at all	4
Not stated/not applicable	6

The most common religions of China-born people in the ACT were:

Religion	Percentage of population
No religion (nfd)	72
Buddhist	11
Western Catholic	2
Baptist	2
Christian (nfd)	2

Communication and respect

Many distinct Chinese dialects are spoken by Chinese Australians.^{xii} It is recommended that health care providers seeking an interpreter for a patient should first find out the particular dialect spoken by the patient.^{xiii}

For some China-born people, avoiding eye contact and shyness have been traditional cultural norms. Chinese Australians may mask discomfort or other unpleasant emotions by smiling, or avoid saying the word 'no' to be polite.^{xiv,xv} However, many China-born people in Australia no longer follow these norms.

Chinese family names are generally placed before first names.^{xvi} However some Chinese Australians have adopted the Australian style of naming and have changed the order of their names, placing their surnames last.^{xvii}

Health in Australia

In 2012, average life expectancy in China was 75 years (74 years for males, 77 years for females) compared to 83 years for the total Australian population (81 years for males, 85 years for females).^{xviii}

Age-adjusted mortality rates for all cancers combined declined for Chinese migrants in Australia between 1981 and 2007 and were lower than Australian-born rates for most cancers.^{xix}

A study of stroke risk factors among Chinese-Australian stroke patients (including people with Chinese heritage born in Australia) found that smoking rates were lower than English-speaking background Australian patients, but diabetes was more common, and Chinese-Australians were less likely to be receiving treatment for hypertension and atrial fibrillation (abnormal heart rhythm).^{xx}

Hepatitis B and tuberculosis are more common among China-born people in Australia than Australian-born people.^{xxi,xxii}

[†] At the 2011 Census, up to two responses per person were allowed for the ancestry question. These figures represent people that identified the given ancestry in either response.

China

Health beliefs and practices

In traditional Chinese medicine, *qi* or *chi* refers to the life force or energy in the body. Illness is believed to result from an imbalance of *yang* (male, hot, positive *qi*) and *yin* (female, cold, negative *qi*) in the body. Many Chinese Australians classify food, illness and medicines as hot or cold according to the perceived effects on the body.^{xxiii} The classification of foods as hot or cold may be unrelated to temperature and taste. For example, seafood is classified as cold even if it served hot or with chilli.^{xxiv}

Some Chinese Australians may also attribute illness to:

- 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 forces; and/or
- poor *feng shui* (i.e., the impact of the natural and built environment on the fortune and wellbeing of inhabitants).^{xxv}

Many Chinese Australians use traditional Chinese medical treatments including acupuncture, acupressure and Chinese herbs, sometimes in conjunction with Australian medical treatments. Dietary therapy and supernatural healing (through a fortune teller, *feng shui* practitioner or temple medium) may also be used. Traditional medicines are widely available in Australia.^{xxvi}

Many Chinese Australians visiting a health care provider will expect tangible evidence of treatment, such as a prescription. Chinese people, especially women, usually prefer to be examined by a doctor of the same sex. 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.^{xxvii}

A 1999 study found that Chinese Australians often emphasise the importance of the role of the family in liaising between health professionals and patients with cancer. In particular, it was often preferred that health professionals do not disclose a poor prognosis directly to patients, but to approach this issue with close family members first. This was seen as important to maintain the patient's hope and optimism, which plays an important role in fighting disease.^{xxviii}

Social determinants of health

The overall literacy[‡] rate in 2010 in China was 95 per cent (98 per cent for males, 93 per cent for females).^{xxix}

In 2011, 59 per cent of China-born people aged 15 years and over in Australia had some form of higher non-school qualifications compared to 56 per cent of the total Australian population. Of the China-born aged 15 years and over, 16 per cent were still attending an educational institution. The corresponding rate for the total Australian population was 9 per cent.

Among China-born people aged 15 years and over, the participation rate in the labour force was 57 per cent and the unemployment rate was 11 per cent. The corresponding rates in the total Australian population were 65 per cent and 6 per cent respectively.

The median individual weekly income in 2011 for China-born people in Australia aged 15 years and over was \$328, compared with \$538 for all overseas-born and \$597 for all Australia-born. The total Australian population had a median individual weekly income of \$577.^{xxx}

A 2009 study, based on job applications using ethnically distinguishable names, showed that people with distinctively Chinese names were subject to discrimination in applying for jobs. People with Chinese names had to apply for more jobs to receive the same number of interviews as people with Anglo-Saxon names and those with names of more established migrant groups, such as Italian, even if they had the same work history and education.^{xxxi}

[‡] People aged 15+ years who can read and write.

China

Utilisation of health services in Australia

There is some evidence that the use of hospital, public health and general practitioner services is relatively low among Chinese Australians. Research in the 1990s identified several barriers to health service usage for Chinese Australians, including 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. Many Chinese Australians also had a strong preference for Chinese-speaking general practitioners.^{xxxii}

Health care professionals have observed that these barriers have decreased and health service access for Chinese Australians has generally improved since the 1990s.^{xxxiii}

Chinese Australians have been shown to have low utilisation of mental health services. Barriers to accessing mental health services for Chinese Australians include low mental health literacy, communication difficulties, stigma, confidentiality concerns, service constraints (such as insufficient bilingual staff and long waiting times) and discrimination.^{xxxiv}

Adapted by ACT Health Multicultural Health Policy Unit (2014) from Queensland Health Multicultural Services (2011) *Chinese Australians: Community Profiles for Health Care Providers*. Brisbane: State of Queensland (Queensland Health).

A full list of references is available on request from the Multicultural Health Policy Unit at multiculturalhealth@act.gov.au or (02) 6205 1011.

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