East Meets West: Chinese-Canadians' Perspectives on Health and Fitness

Chunlei Lu, PhD¹

John Sylvestre, PhD²

Nancy Melnychuk, PhD³

Jingxian Li, PhD⁴

ABSTRACT

Background: Chinese-Canadians comprise one of Canada's largest and fastest-growing ethnocultural groups. This exploratory qualitative study examined how Chinese-Canadians' views of health and fitness, and their understanding of mainstream Western health care and fitness programs, influence their health behaviours, health beliefs, and use of health care services. This issue is explored against the backdrop of immigration and processes of integration to understand how this immigrant population reconciles conceptions of health acquired in their originating cultures with their experiences in Western society.

Methods: Semi-structured interviews were conducted with 10 first-generation Chinese-Canadians to elicit their views and experiences with the concepts of health and fitness. Interview transcripts were analyzed using an inductive analytic approach involving constant comparison of emerging themes to the data.

Results: The analysis revealed that participants had integrated some Canadian health and fitness practices in their daily lives, particularly in their diet and use of health care services. Nonetheless, Chinese-Canadians retained their view of the superiority of Eastern conceptions of health and health practices. Both positive and negative changes in their health practices attributed to their immigration experiences.

Interpretation: The integration of some Western health and fitness practices does not appear to be based on changes in values and beliefs. The evolution and pattern of Chinese-Canadians' practice of health and fitness is complex over the course of immigration and acculturation. The findings of this study suggest the importance of attending to actual practices as a way of understanding how immigration may affect health behaviour and health status.

Key words: Acculturation; minority groups; attitude to health; physical fitness

La traduction du résumé se trouve à la fin de l'article.

1. Department of Preservice Education, Brock University, St. Catharines, ON

2. School of Psychology, University of Ottawa, Ottawa, ON

3. Department of Secondary Education, University of Alberta, Edmonton, AB

4. School of Human Kinetics, University of Ottawa

Correspondence and reprint requests: Chunlei Lu, Department of Pre-service Education, Faculty of Education, Brock University, 500 Glenridge Avenue, St. Catharines, ON L2S 3A1, Tel: 905-688-5550, ext. 5343, Fax: 905-641-5229, E-mail: Lu@brocku.ca

Shifting patterns of immigration present challenges and opportunities to host countries. Canada has great potential to learn how the values and expectations of newer citizen and refugee groups affect their use of health services and the possibility for the mutual accommodation of the newcomers' and the existing service system's practices. This paper describes an exploratory study of Chinese-Canadians' perspectives on health beliefs and practices. The study examines the accommodations they have made in their beliefs and practices as a result of their experiences in Canadian society.

Chinese perspectives on health and health practices differ considerably from common Western perspectives. Chinese-Canadians bring with them a mix of philosophical, cultural, and religious beliefs, as well as values, symbols, rituals, and practices informed by a syncretic blending of Confucianism, Buddhism, and Daoism.^{1,2} Concepts such as qi and yin-yang are unique features of the Chinese view of health. According to traditional Chinese medicine (TCM), weak, stagnant, and imbalanced yin-yang qi give rise to health problems.³ Humans are regarded as an integrated part of nature, and therefore, protecting and maintaining the integrity of the human-nature unity is fundamental to health.

These views contrast with a Western perspective influenced by Cartesian philosophy positing a distinction between mind and body. The primary explanatory model of illness in Western medicine focuses on abnormalities in the structure and function of bodily organs and systems.⁴ Western perspectives draw distinctions between everyday life and special categories of health-related behaviours and beliefs. Western health psychology identifies categories of "health-enhancing" (e.g., exercise, accident-prevention, diet) and "health-compromising" (e.g., smoking, drinking)⁵ behaviours that are distinct from everyday behaviour. Health-enhancing behaviours (such as exercise) may require special skills, knowledge, equipment, clothing or time, to be enacted. The likelihood of performing health behaviours is attributed to predisposing health beliefs. Various social-cognition models have been proposed to explain how combinations of health beliefs and other cognitive events (e.g., perceptions, intentions) translate into the perfor-

mance of particular health behaviours.^{6,7} Though popular, these models have been challenged in terms of their ability to predict health behaviour, and the extent to which they reflect the cognitive processes that actually underlie health-related choices.⁶

Chinese culture does not distinguish between health-related and other forms of behaviour. Instead, everyday conduct is directed toward maintaining yin-yang balance. When imbalance arises, there are a number of courses of action that may restore balance. Although these actions may involve activities considered health behaviours, they may also be activities from social, work, financial, and relationship arenas.⁸ Despite attempts to import Western health belief models to the study of people of Chinese descent,^{9,10} it would be useful to conduct more exploratory research to identify the cognitive or social factors that Chinese Canadians consider in their health decisions.

Although general cultural differences can be instructive, the dynamic inter-relationship between Chinese Canadians and the dominant Canadian culture must also be considered. As these groups interact over time, there is the potential for mutual influence. The blending of philosophical, cultural, and religious beliefs that characterize Chinese culture, may contribute to the distinguishing fact that Chinese immigrants tend to be more integrated than other newcomer groups.¹¹ At the same time, they also tend to be resistant to the pressures of assimilation, in which migrants relinquish their cultural identity and adopt the host culture.¹² In contrast, integration refers to processes through which immigrants continue to maintain their traditional culture while still adopting some aspects of the dominant culture.¹³ Thus, whereas many Chinese Canadians participate successfully in everyday Canadian life, they do not necessarily see themselves as part of the mainstream culture.

Currently, there is little research on Chinese-Canadian immigrants' health beliefs and practices. This exploratory study was conducted to address this gap, and to inform the design of a larger funded study on the topic by providing a more in-depth understanding of the relevant issues and concepts. Specifically, the study examined how Chinese-Canadians' health and

fitness beliefs, and their understanding of mainstream Western health care and fitness programs, influence their health behaviours and use of services. These issues were explored against the backdrop of immigration and processes of integration to understand how this immigrant population reconciles conceptions of health acquired in their originating cultures with their experiences in Canada. We specifically sought to understand whether Chinese-Canadians have maintained or adopted Canadian health practices and to identify the factors that may influence resistance or adoption of the practices and values of the mainstream culture.

METHOD

Participants

Ten individuals (five males, five females) were recruited to participate in a large city in western Canada. The recruitment criteria included first-generation Chinese-Canadians (born in China) between the age of 25 and 50. An information/invitation letter was distributed to the Chinese community in the city. The first 10 people who responded to the letter, and who met the criteria, were included in the study. The average age was 39 (range 29-50, SD=7.4). Five were Canadian citizens and five were permanent residents. They had spent an average of 8.2 years residing in Canada (range 0.5-20 years, SD=7.21). All were married and eight had children.

Qualitative interviews

A qualitative research method was used to facilitate an inductive study of health beliefs and practices in this sample. Semi-structured interviews were conducted to provide an opportunity for participants to speak relatively unconstrainedly about their beliefs and practices. Interviews were conducted by the lead author in the participants' homes. The interviews asked participants to describe their views of health and fitness, and how their views might contrast with the dominant Canadian culture. The interviews were conducted in Chinese and lasted approximately 1.5 hours. The interviews were transcribed verbatim. All participants were subsequently asked to verify the accuracy of the interview transcripts. This study was approved by the research ethics board of the University of Ottawa

(first author's institution at time of study). Confidentiality and anonymity were ensured throughout this study.

Data analysis

The interview transcripts were analyzed using an inductive analytic approach involving constant comparison of emerging themes to the data.^{14,15} No pre-established conceptual framework or theory was used to guide the analysis. Four steps were followed for the data analysis: a) reading and rereading each transcript to understand the participants' views; b) reading and rereading responses to the same interview questions across all 10 transcripts; c) grouping similar responses into categories and sub-categories; and d) summarizing similar categories into emergent and coherent themes through frequent comparison to transcript data.

Two authors who were fluent in both Chinese and English worked independently to analyze the interview transcripts. Then the two authors confirmed and disconfirmed the summaries, categories, and themes. Third, the written findings in English were discussed by the four authors and were sent out for review by four leaders in the Chinese community in a large city in eastern Canada. Finally, the four authors discussed the feedback from the Chinese community leaders, and eventually reached agreement on the final themes.

RESULTS

The presentation of the results consists of an examination of 1) how the participants have integrated patterns of various health practices after immigration, and 2) their experiences of cultural conflict and their changing perspectives on health and fitness.

Integrating daily health practices

The analysis revealed that participants had integrated some Canadian health and fitness practices in their daily lives. Whereas in some cases this integration was due to a lack of availability of resources, in other cases it reflected efforts to please other members of the family (e.g., children) or simply a desire to participate in mainstream society. Notably, these changes in practices were not accompanied by any significant changes in their values or beliefs.

In this way, these changes in practices were forms of accommodations to the host culture, and the availability of resources, rather than assimilation. These patterns are evident in the participants' discussions of two important daily health practices: diet and use of health care services.

Diet

The participants' discussions of diet revealed a preference for Chinese food and the belief that Chinese groceries and cuisine were important for their health. Although they frequented Chinese stores at least once a week, they regretted not having the variety of fresh food they had in China. One compared Chinese and Western food:

"Westerners seem to accomplish a task when having meals. They simply take the calories to meet their daily need. To Chinese, having meals is an enjoyable thing to do. It is far more than just having calories. Cooking is not only a chore, but also an art-making process, because four requirements have to be met in Chinese cuisine: colourful, fragrant, tasty, and nutritional."

Their preference for Chinese foods did not keep them from adopting some Western practices. In fact, they often ate a Western style breakfast (e.g., peanut butter and toast). Furthermore, they sometimes combined Chinese cooking with Western prepared meat (e.g., sausages), canned foods (e.g., beans, tomato sauce, corn), and frozen vegetables to create a hybrid type of food, which concurs with the previous research findings.¹⁶ Notably, eight participants' families on occasion ate some kind of "junk food" even though they were aware of the unhealthy nature of these products. These practices reflected a desire to add variety to their diet or to please young family members.

Use of Health Care Services

The participants had complex views about Canadian health care services. They identified a number of advantages of Western medicine in comparison to TCM, particularly for the treatment of complex and serious conditions (e.g., treatment of infections and emergent diseases, advanced diagnostic equipment, surgery, and transplant technology). Participants also stated that they had limited knowledge about Canadian

health care and health promotion systems. Nonetheless, they characterized Western medicine as superficial and believed in the superiority of TCM despite the absence of any supporting scientific evidence, confirming findings in previous research.¹⁷ These beliefs influenced their infrequent use of Western health care services and preference for TCM as a first response to health problems. All participants sometimes used TCM and six of them consulted professional TCM doctors. Participants believed that TCM had a number of advantages such as an emphasis on prevention, lower cost, fewer side effects, dialectical diagnosis, holistic treatment, a safe (but slow) cure, support in coping with both the symptom and root of disease, and effectiveness for a variety of diseases and illnesses. The participants wished that TCM were supported by modern scientific research, and they wished for culturally appropriate health care and health promotion.

Changing perspectives on health practices

These Chinese-Canadians described a number of positive and negative changes in their health practices attributed to their immigration experience. On some occasions, children introduced new health practices to the home based on what they learned at school. One participant stated: "I felt sad when my daughter did not share the same glass to have water with me anymore, but I knew that it's healthy practice. She learned it from school." Participants did not find it difficult to retain traditional healthy practices while also integrating healthy Canadian practices. One informant stated, "I feel that some Chinese traditions are great. I usually take a walk after supper and retain the habit of going to bed early and getting up early. I also often read health info in Chinese." Some even described changes from unhealthy to healthy practices after immigration, for example, going out less often to restaurants to eat or drink alcohol than they did in China; having regular dental and medical check-ups; less work and more rest; and access to better personal and public hygiene in Canada.

Changing perspectives on fitness

The participants believed that Canadians were more involved in fitness activities than were Chinese-Canadians. Many peo-

ple born in Canada were thought to exercise together as a family activity and were believed to have strong awareness and commitment, and sufficient finances and time for fitness. However, fitness activities that embraced traditional Chinese culture were characterized as gentle, soft, slow, relaxed, safe, and outdoor-oriented. These activities were primarily aimed at achieving and maintaining a state of equilibrium and de-emphasized competition, personal challenge, or adventure (e.g., wall-climbing, mountain-climbing, rafting). Participants thought that many native-born residents were obsessed by muscular development (even through taking drugs), excessive exercise, external appearance, competition, or dangerous adventure. After immigration, most participants and their family members became more active, attached more importance to health, and had more time and opportunities to exercise due to access to better resources.

Although they also wished the government would support culturally appropriate materials, most felt that their fitness level was acceptable and their body shape was relatively satisfactory. Thus, despite the lack of change in perceptions of Western views of fitness, participants described a process of incorporating these practices into their daily lives.

DISCUSSION

Consistent with the findings of previous research,^{11,12} this study suggests that Chinese Canadians may not change their beliefs related to health and fitness, although over time they have integrated some Western practices. The adoption of these practices appears to be a result of convenience, the influence of family member, and access to resources, rather than a change in their outlook. In fact, in some cases the participants have integrated these practices within a Chinese perspective and to achieve goals related to maintaining equilibrium and harmony (e.g., cooking, fitness activities).

As this was an exploratory study with a small sample, it has notable limitations, including potential sample biases (e.g., socio-economic class). The study provides a basis, however, for future quantitative and qualitative research with larger representative samples to better understand the

relationships between health and fitness beliefs and values and practices. Such a study may adopt a cross-sectional or longitudinal perspective to examine the pathways through which changes in health and fitness practices are made, and the consequences of these changes. The findings from this study suggest that the adoption of some Western health and fitness practices are not based on shifts in values and beliefs. Instead, these changes are pragmatic choices based on convenience, social relations, and access to resources. Future research could seek to confirm these findings and examine whether some routes to changes in practices have a stronger association with shifts in underlying beliefs and attitudes. Findings in this study suggest that Chinese Canadians, in general, retain their view of the superiority of Eastern conceptions of health and health practices. Future research could examine the extent to which the adoption of Western practices is associated with health outcomes. Such a study could examine the extent to which shifts in practices, or rigid adherence to traditional practices, are associated with any changes in health status.

CONCLUSION

The evolution and pattern of Chinese-Canadians' practice of health and fitness is complex over the course of immigration and acculturation. The findings of this study demonstrate the importance of attending to actual practices, as opposed to overall shifts in belief systems, as a way of understanding how immigration may affect health behaviour and health status.

REFERENCES

1. Lu C. East Meets West: A cross-cultural inquiry into curriculum theorizing and development in physical education [dissertation]. Edmonton, AB: The University of Alberta, 2004.
2. Molzahn AE, Starzomski R, McDonald M, O'Loughlin C. Chinese Canadian beliefs toward organ donation. *Qualit Health Res* 2005;15(1):82-98.
3. Lu C. An understanding of body-mind relation based on Eastern movement disciplines and its implication in physical education. *AVANTE* 2003;9(3):67-74.
4. Bowman KW, Hui EC. Bioethics for clinicians. *CMAJ* 2000;163(11):1481-85.
5. Taylor SE. *Health Psychology*. Boston, MA: McGraw Hill, 2006;xi.
6. Ogden J. Some problems with social cognition models: A pragmatic and conceptual analysis. *Health Psychol* 2003;22(4):424-28.
7. Weinstein ND. Testing four competing theories of health-protective behaviour. *Health Psychol* 1993;12(4):324-33.
8. Lu C. Eastern and Western approaches to physical and health education. In: Singleton E, Varpalotai A (Eds.). *Stones in the Sneaker: Active Theory for Secondary School Physical and Health Educators*. London, ON: The Althouse, 2006.
9. Lai JCL, Cheng S-T. Health beliefs, optimism, and health-related decisions: A study with Hong Kong Chinese. *Int J Psychol* 2004;39(3):179-89.
10. Lee LY-K, Lai EK-F. Osteoporosis in older Chinese men: Knowledge and health beliefs. *J Clin Nurs* 2006;15(3):353-55.
11. Health Canada. Immigration and health. Ottawa, ON: Department of Health Canada, 2004.
12. Satia-Abouta J, Patterson RE, Neuhouwer ML, Elder J. Dietary acculturation: Applications to nutrition research and dietetics. *J Am Dietet Assoc* 2002;102(8):1105-18.
13. Berry JW. A psychology of immigration. *J Social Issues* 2001;57(3):615-31.
14. Holliday A. *Doing and Writing Qualitative Research*. London, UK: Sage, 2002.
15. LeCompte MD, Schensul JJ. *Analyzing and Interpreting Ethnographic Data*. Walnut Creek, CA: Alta Mira, 1999.
16. Satia-Abouta J, Patterson RE, Kristal AR, Hislop TG, Yasui Y, Taylor VM. Development of scales to measure dietary acculturation among Chinese-Americans and Chinese-Canadians. *J Am Dietet Assoc* 2001;101(5):548-53.
17. Lee T, Rodin G, Devins G, Weiss MG. Illness experience, meaning, and help-seeking among Chinese immigrants in Canada with chronic fatigue and weakness. *Anthropol Med* 2001;8(1):89-107.

Received: November 6, 2006

Accepted: June 22, 2007

RÉSUMÉ

Contexte : Les Canadiens d'origine chinoise forment l'un des groupes ethnoculturels les plus importants et dont la croissance est la plus rapide au Canada. Notre étude qualitative préliminaire porte sur l'influence des perceptions de la santé et de la forme physique chez les Sino-Canadiens, ainsi que de leurs connaissances des programmes de soins de santé et de conditionnement physique courants dans le monde occidental, sur leurs habitudes de santé, leurs croyances en la matière et leur utilisation des services de santé. La question est étudiée dans le contexte de l'immigration et des processus d'intégration, afin de comprendre comment cette population immigrante concilie les conceptions de la santé acquises dans sa culture d'origine à ses expériences dans la société occidentale.

Méthode : Des entretiens semi-structurés ont été menés auprès de 10 néo-Canadiens d'origine chinoise pour recueillir leurs points de vue et leurs expériences des notions de santé et de forme physique. Les transcriptions des entretiens ont fait l'objet d'analyses inductives où les thèmes émergents sont constamment comparés aux données.

Résultats : Les participants avaient intégré certains usages canadiens en matière de santé et de forme physique dans leur vie quotidienne, particulièrement leur régime alimentaire et leur utilisation des services de santé. Néanmoins, les néo-Canadiens d'origine chinoise demeuraient convaincus de la supériorité des conceptions orientales de la santé et des habitudes de santé. Les participants attribuaient les changements dans leurs habitudes de santé, tant positifs que négatifs, à leur expérience d'immigration.

Interprétation : L'intégration de certains usages occidentaux en matière de santé et de forme physique ne semble pas fondée sur des changements dans les valeurs ou les convictions. L'évolution de la santé et de la forme physique des Canadiens d'origine chinoise et leurs habitudes à cet égard au fil de leur expérience d'immigration et d'acculturation sont complexes. Les constats de l'étude confirment l'importance de s'intéresser aux usages réels pour mieux comprendre les effets possibles de l'immigration sur les habitudes et l'état de santé.

Mots clés : acculturation; groupes minoritaires; attitudes à l'égard de la santé; forme physique