

Cultural Perspectives on the Concept of Whanau and Health Decisions

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Abstract

This is a combined reflective presentation developed from the series of the Chinese and Pacific cultural perspectives workshops that the authors have designed and delivered at Unitec for the Social Practice, Medical Imaging and Bachelor of Nursing classes since 2019 as requested by their class lecturers. Sharing our own experiences and perspectives of our respective cultures at the 2022 ATLAANZ conference, “Toitū te tangata: The whole person”, we position our teaching in our natural environment, the land, and the culture of the land we currently live in and advocate for a mindful education where staff and students are supported to become culturally conscious to best serve the culturally diverse community in Aotearoa New Zealand.

Keywords: culture, cultural perspectives, mindful education, whole person, Chinese, Pacific

With the increasing effect of global warming, the climate crisis is happening to us with growing intensity and frequency in terms of dramatic events such as the flooding Aucklanders experienced in January 2023, the forest wildfires in the United States of America (USA), France and Australia, and the heat waves in the UK last summer (Green, 2022). With experiences of extreme weathers and their aftermaths becoming more imminent (Hay, 2023; Radio New Zealand, 2022a; 2022b; 2023a; 2023b;), we are called to acknowledge the “more-than-human” world we dwell in (Abram, 1996, p. 7). As human beings, we often forget that we are part of an intricately interconnected natural world as we

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turn on the air-conditioner to cool down or warm up the office or home, (Abram, 1996). Likewise, Education can no longer stay behind the red-bricked quadrangles where for decades academic excellence has been achieved. Staff and students alike are all members of the community experiencing the extreme weather just like everyone else. As Abram (1996) notes, “Only in regular contact with the tangible ground and sky can we learn how to orient and to navigate in the multiple dimensions that now claim us” (p. x).

According to *The New Zealand Oxford Dictionary* (2005), the word ‘Educe’ originates from the Latin root “E -out + ducere -to lead” which means to lead out, or bring out, or develop from latent and potential existence, to elicit (Kennedy & Deverson, 2005, p. 342). This etymology of the word Education acknowledges that each learner comes into the educational system with their own innate potential and an innate inclination towards self-actualization to become whole and full human beings (Assagioli, 1998; Hillman, 1996; Kegan, 1982; Maslow, 1945; Rogers, 1951). Hence, as an educator who has been taught in a traditional way that supported her to navigate through life, the primary author (Hua Dai) has long been curious about what modern education can do for learners in terms of equipping them for a future that may not include them. The concept of Mindfulness Education starts with becoming culturally aware, which is the first product of this author’s ongoing exploration.

In a sense, learners are already equipped at birth with the inclination for growth and development, and during their upbringing acquire customary knowledge, i.e., the culture their ancestors have passed on to them help them navigate their way in life, such as what food to eat and how to cook. As educators, we can nurture and foster the transformation, or transformations, that learners themselves innately seek. We can help students become more consciously connected, culturally attuned, present, and alive to the natural environment –the land we stand on– which through our being is sensually presented to us, “informing our thoughts” and “guiding our actions” (Abram, 1996, p.268). Thus, we can help a whole person in education to develop and evolve on their own innate orbit to become conscious and connected citizens, as well as future community dwellers and builders who will lead subsequent generations to empathically serve the world.

Both authors believe a culturally conscious educational environment is our inroad to fostering a holistic education and conscious graduates, who are more connected to the environment they live in. Through the intuitive inner growth and ongoing development of all

our kaimahi and taura towards actualising full potential, we are deeply connected to the natural environment we live in, the land we stand on, the people we interact with, and the divine in which we live, including our education.

At our tertiary institution, lecturers in the Bachelor degrees of Social Practice, Medical Imaging and Nursing are conscious of the need to foster culturally aware and conscious graduates to best serve their multi-cultural communities. Since 2019, the authors have been invited to deliver embedded workshops introducing their respective cultural perspectives on the concept of whānau for first year Social Practice students, and on the topic of health decisions for second-year Medical Imaging and, from 2023, Nursing students. We shared our experiences of delivering those workshops with colleagues in the wider Tertiary Learning Advisors community, through our collaborative presentation at the ATLAANZ Conference 30 November 2022.

This article provides a general discussion of the theme in relation to the cultural perspectives' workshops, followed by a Chinese perspective of family and health by Hua Dai and a Pacific cultural perspective of family and health by Daisy Bentley-Gray; and ends with the conclusion. We are aware of our different cultural experiences we each have acquired since birth. We choose not to compare our cultures, instead remain respectful and accepting of each other as beings from our own cultures. Since this is a presentation of cultures different from the mainstream, from the authors' direct experiences, we provide simple examples of our respective cultures where appropriate. Our presentation and this article seek to enhance learning advisors' understanding of the Chinese and Pacific Cultures to assist them in their work with students from those cultures. Further, we hope that this article serves as a gentle reminder to all kaimahi (teachers) and our educational institutes to be culturally mindful, especially of the land that our education is taking place so that our graduates are more conscious and connected with the communities they will be serving on graduation.

Hua Dai: A Chinese Perspective of the Concepts of Whanau and Health

There are currently 1.4 billion Chinese people, still counting, living on this earth (OECD, 2023), with 56 officially recognized ethnic nationalities across an area of 9,600,000.00km² in China, with Han/Chinese being the majority (Dede, 2023). Each experiences the Chinese culture in their own way, via individual living circumstances, family backgrounds and upbringings, physical localities, diets, hobbies, access to facilities including social media, and

even the season in which each person is born, thus affecting our individual preferences to temperature, clothing, and so on. The perspective/experience I share here –and in my workshops – is that of my Han/Chinese nationality.

My maunga, awa and whakapapa:

I was born, the second child of five to my parents, in the geographically central region of Mainland China at the onset of the Chinese Cultural Revolution. Unsurprisingly, being born into this climate provided intense political upheaval as the background of my youth. I was raised by my loving and gentle-natured maternal grandmother in her idyllic village, where everyone is somehow related and the political turmoil in the big city was only felt by the aftermath it left. The region is nourished by the longest river in China – the Yellow River– which is said to be the mother river that nurtures the spirit of China and its collective culture. In order to illustrate the contrast between the Western individualist and Chinese collectivist cultures in my workshops, I give the example of postal addresses: in the Western culture, mail addressed to me will have me on top, beginning with my personal name then my surname, then the street, suburb and city before the country, in other words,-from the small unit of the person to the big unit of the country. In contrast, in China, mail is addressed in reverse: from top to bottom, starting with the country, province, and city where I reside, then my family name, finally reaching me at the bottom of the order, thereby representing the place of an individual in the society.

A Little Bit of History that Shaped the Chinese Concept of Family:

In my workshops for Bachelor in Social Practice, Medical Imaging and Nursing, I introduce China's more than 7000 years of evolution, in which the Chinese culture has been fundamentally influenced and shaped by many philosophical schools: the earliest being Yi-Ching, which developed from the Chinese national ancestral semi-God Fu-xi ☐ ☐ in ancient times (Zeng, 2012). It is the epitome of ancient Chinese wisdom to see human beings as dynamic integral parts of nature. Hence, their lives are forever intertwined with that of other earthly members, and all operate interconnectedly following the natural law (Zeng, 2012). Taoism further elucidated the concept of the Way, or principle of nature, whence human beings make their living. This early school of philosophical thought on the relationship between human beings and nature inspired, in the Chinese people, an everlasting inclination

to seek Dao/Tao – the Way in and of nature– an inward self-growth and development, and aspiration to live by the natural law. However, usually only male members were visible in this practice, demonstrating old China’s patriarchal system.

Next came the Confucian school of thoughts/beliefs, which emphasizes order in society. Confucianists believe that the family is the basic unit of the society; the relationships between family members have political, economic and social implications, i.e., if family order is honoured, then social order will naturally ensue. In the family, ancestors are venerated, and elders respected. This was the beginning of the patriarchal system in the Chinese culture, with set orders and priorities, where a family’s system/organization takes precedence and overrides individual members’ needs and aspirations. Moreover, □ □ □ □ -, the male dominated-patriarchal system has meant the women and children have traditionally been invisible and voiceless in family decision makings (Kuo, 1998; Lee, 1998). For example, the practice of foot-binding, which encouraged women to rely on men for survival, was only banished in 1911 (Chan, 1970). This is the basic of the Chinese concept of whanau-family.

This ongoing tradition of valuing males over females saw the unbalanced gender ratio of “only 18 women per 20 men” (Abrahamson, 2016, p. 326), or 100 female to 121 male births in 2005 (Hesketh, et.al, 2015): a consequence of the one-child policy era. Nevertheless, the one-child policy has shifted the family structure to become child-centred. Thus, the individual has now become visible, with their needs being met and voices heard. It also means that the traditional responsibility of looking after the older generations has now fallen on the shoulders of the one-child in each family (Hesketh, et al., 2015).

Yet another influence I cover in my workshops is Buddhism, which found its way into China “sometime in the first century C.E.” (Lai, 2003, p.7). Many Chinese practice meditation or visit temples to place fragrant burning sticks as a way of inward pursuit towards harmony and peace with nature and maintaining wellbeing. According to Abram (1996), this practice is recognised as human beings giving thanks and saying a prayer to the invisible world. Nature is regarded in its own “Being” as a living entity (Maslow, 1968, p.76), thus, Buddhists keep peace and live in harmony in -our “ancestral reciprocity” with nature (Abram, 1996, p.10). Though the one-child policy has introduced the concept of individualism, and the young generations are generally at the centre of family’s attention, the traditional elder-centredness is still alive within most families. Parents dominate the decision-

making of the child's education, hobbies, wellbeing, and their relationships with others, even who they marry (Leung, et. al, 2020). Therefore, when working with one Chinese, my workshops emphasise that the would-be social workers are in fact working with the whole extended family.

The Chinese Concept of Health and Examples of Practices:

Traditional Chinese Medicine operates on-call in the community when an individual or the family needs medical attention. In China there is no western styled primary health care equivalence, such as government-subsidised GPs or district nurses. Taking care of the patient is the responsibility of one's own family. This culture and family structure dictates individuals' decision-making, in that everyone is responsible for maintaining their own health and well-being. Moreover, they engage in regular exercises, practice conscious healthy diets, and maintain good sleeping patterns, as well as other self-disciplinary behaviours, such as refraining from smoking or drinking. All are based on Chinese people's endeavour to care for their health and well-being.

An individual is also likely to treat minor injuries or wounds by themselves, using herbs or Chinese medicines before seeking professional attention. A typical example is -sitting the month after childbirth; a month-long confinement after childbirth practised since the Former Han Dynasty (206 BC-8 AD) for over two thousand years. During the first month after childbirth, all cooking or washing are taken care of by other family members, and mother and child are protected under the strict surveillance of the elders of the family. This cultural construct is still observed in China today (Raven, et. al, 2007).

Traditionally, food is used as medicine: Chinese people use different ingredients and ways of preparing the food to help cure ailments. For example, in pregnancy, every family has their own philosophy and their own principle as to what to eat and what not to, in order to nurture the mother and the baby before, during and after pregnancy. Further, after the birth, special foods are prepared to help the mother physically recover and the milk to flow to feed the baby. However, every family practices according to their own beliefs and experiences of the Chinese culture. For instance, mountainous people eat very differently from those who live by the river or sea. But what is particularly common is how special attention is given to the food for new mother and child during this first month.

Furthermore, an interesting observation from the audience at the 2022 ATLAANZ conference presentation highlighted how a collective culture like Chinese gives so much responsibility to individuals in their health-decision-making or living, in stark contrast to western culture. Rather, for Chinese, health is the very manifestation of their foundational beliefs, i.e., human beings are a dynamic integral part of nature. In other words, we each are an integral member of the collective natural world, where everyone takes responsibility for observing the natural law in order to achieve and maintain their own well-being so they can live with all other earthly members in peace and harmony.

I deliver my workshops for second-year Medical Imaging students, most of whom are typically local New Zealanders, with a couple of Chinese or other Asian migrants. On one occasion, I had a NZ-born Chinese student in the class, who was culturally well-versed, having learnt about the Chinese concept of health from their parents and grandparents who continued practising the Chinese way after they had migrated to NZ. The topics covered in the workshop was of great interest to all the students, as they knew they would also be serving the Asian communities and felt eager to learnt about the cultural practice of their future clients. Moreover, the Asian students who shared similar cultural experiences to mine were excited to see the significance of their culture to their professional training in New Zealand.

Daisy Bentley-Gray: 'A' Pacific Cultural Perspective of Family and Health

As a Samoan woman living and raising a family in New Zealand, I consider it is always important that I acknowledge my culture in the spaces in which I speak. Hence, this section reflects some of my work as a Pacific Academic Development Lecturer (PADL) or Pacific Learning Advisor (PLA) at Unitec. In this role, I support students with their academic literacy and study skills across different programmes, including Social Practice and Medical Imaging. Also, having the word "Pacific" in my title requires me to provide support that focuses on Pacific success at the Institution. Therefore, the majority of my work supports Pacific students in their programmes in various ways, as well as providing Pacific knowledge to the programmes.

The Pacific cultural perspective workshops that I have been delivering in Social Practice, *Whanau/Family in Social Practice*, and Medical Imaging, *Professional Practice 2, and Clinical Practice 2* since 2018 are premised predominantly on sharing core Pacific

values. Furthermore, these workshops also reflect my experience as a Samoan and a Pacific person living in New Zealand.

Contextualising Pacific in New Zealand

The title of my conference presentation emphasised the letter “A” because it represents MY perspective on health and family as a Pacific person living in New Zealand. One must not and should not presume to present “the” sole perspective on Pacific matters. Pacific peoples and their views are not homogenous (Anae et al., 2001), with unique cultural variations representing them and their lands of origin. Macpherson (2001) explains that it is “...misleading to talk about the Pacific descent population as if it was a culturally homogeneous entity” (p. 28). Pacific peoples in New Zealand comprise diverse ethnic groups, identifying as Samoans, Tongans, Fijians, Cook Islanders, Niueans, Tokelauans, Tuvaluans, and I-Kiribati. Pacific peoples living in New Zealand include those from Polynesian, Melanesian and Micronesian countries (Sua'ali'i-Sauni et al., 2008). As Anae (2001) notes, “There is no generic ‘Pacific community’ but rather Pacific peoples who align themselves variously, and at different times, along ethnic, geographic, church, family, school, age/gender-based, youth/elders, island-born/NZ-born, occupational lines, or a mix of these” (p. 7).

Pacific peoples in New Zealand comprise 8.1% of the population, with current trends predicting an increase to 590,100 in 2038 (MBIE, 2018). Although a minority compared to the European population (Aumua & Tominiko, 2016), it is fast-growing and the fourth-largest ethnic population in New Zealand (MBIE, 2018). The Pacific population comprises island-born and New Zealand-born Pacific people living across the country, with 66% of the Pacific population living in Auckland (New Zealand Human Rights, 2020). The recent history of Pacific peoples in New Zealand can be traced back to the 1950s when employment and other opportunities prompted migration from the Pacific islands. Since then, multiple terms have been used to refer to Pacific peoples in New Zealand, including *Pacific Islanders* to describe the predominant migrant population. However, current people of Pacific descent, such as Pacific peoples, reflect a significant change in composition, with a 60% majority now born in NZ. Other references include various spellings of the word Pacific such as *Pasifika*, *Pasefika*, and *Pacifica*, which create issues. For example, the word ‘Pasifika’ was designed for convenience in addressing matters that impacted many Pacific people living in New Zealand. However, it is not a term found in any Pacific language. Despite concerns raised by some

people, these references continue to be used interchangeably in many contexts. However, it is my preference that the English spelling of Pacific is used. Koloto and Katoanga (2007, as cited in Sua'ali'i-Sauni et al., 2008) explain that no matter what concept people use for convenience in their context in New Zealand, it "...does not imply Pacific unity and homogeneity" (p.61). Thus, it is pertinent that guidelines are established within "Pacific models of contexts, which promote success and well-being for Pacific peoples and communities" (Anae et al., p. 10).

A Perspective of Pacific Family

Family is a core institution for Pacific peoples and "central to [their] way of life" (Pasefika Proud, n.d., para. 3). References to it describe the Western understanding of an extended family as comprising individuals beyond the confines of a nuclear family. Sua'ali'i-Sauni et al. (2008) explain that, traditionally, Pacific peoples consider family as "people in a close-knit unit...with close and continuing relationships" (p. 62). Koloto and Katoanga (2007, cited in Sua'ali'i et al., 2008) define family as including "the Tongan concept, *api* (home) and the Samoa notion of *aiga* (family – extended and nuclear)" (p. 61). The shifts that have taken place in New Zealand have impacted in multiple ways. Changes in the Pacific population composition, including island-born and NZ-born Pacific peoples; inter-generational and multi-family household arrangements; and social, economic and political outcomes, have impacted people differently. However, central to being Pacific is knowing and having a sense of belonging, as Samoa's former Head of State, Tui Atua Tupua Tamasese Taisi Efi (2007), described:

I am not an individual; I am an integral part of the cosmos. I share divinity with my ancestors, the land, the seas and the skies. I am not an individual, because I share a *tofi* (inheritance) with my family, my village and my nation. I belong to my family and my family belongs to me. I belong to my village and my village belongs to me. I belong to my nation and my nation belongs to me. This is the essence of my sense of belonging.

A Pacific Perspective of Health

Students who enrol in Medical Imaging come from diverse cultural backgrounds with little or no real understanding of Pacific peoples in New Zealand. Hence, they must learn

about the health trends and things that impact health outcomes for Pacific peoples in order to serve them properly. Therefore, I usually start my session by acknowledging the students' experiences before contextualising the Pacific. Acknowledging the differences in lived experiences provides a sense of safety and ownership for the Pacific students in the class. In my delivery, I demonstrate elements of talanoa, (a Pacific framework of practice premised on Vaiioleti (2006) discussion of Talanoa as a concept and Pacific research methodology), which includes creating a safe space to discuss and share perspectives about Pacific peoples. The tone in which the session is delivered is almost always demonstrating respect and humility, which invites people to feel comfortable to relate to and/ or recognise the differences in lived experiences. Hence, I demonstrate the shared values of Pacific peoples while providing contexts to provide students, as future Health Practitioners, with awareness of best practice when working with Pacific peoples.

Health and well-being outcomes are key social indicators that measure the quality of life experienced by people in New Zealand. For Pacific people, health outcomes have always been below standards, which leads to inequity in accessing health services, among other reasons. Aumua and Tominiko (2016) explain that, despite the Pacific population being a minority, it is increasing quickly and needs recognition. Therefore, programmes to improve the health of Pacific peoples have been implemented at community, local and national levels (Sua'ali'i et al., 2008). Although it has improved, much work is still needed for Pacific peoples' health to align with other population groups. A significant factor in addressing Pacific peoples' poor health and well-being includes using Pacific health models such as the Fonofale health model (Anae et al., 2001). Although the model provides a predominant Samoan perspective based on the metaphor of a Samoan fale (house) (Anae et al., 2001), it is holistic, and incorporates core values common among Pacific cultures.

The Fonofale Model was developed and implemented in the post-Dawn Raid period to address health issues experienced by Pacific peoples (Pulotu-Endemann, 2001). It describes a person's well-being as holistic with interwoven elements that are the components of a fale. For example, the foundation/ floor portrays the instrumental role the family has on the individual in binding them to their lands, titles, and ancestors (Pulotu-Endemann, 2001). The roof is likened to culture, in which Pacific cultural values play an overarching role in sheltering the foundation/ family. The four pou – spiritual, physical, mental and other (including gender, age, ethnicity, sexuality, and socio-economic status) – represent significant

elements that connect the foundation/ family to the roof/ culture. Also, the capsule surrounding the fale describes the time, context, and environment in which a person lives.

Shared values

Students who enrol in Social Practice also come from diverse cultural backgrounds, with a large majority having lived realities as Pacific peoples in New Zealand. Hence, it is critical that they use their knowledge in a structured way to compare and contrast their realities with the realities of many other Pacific peoples. Also in the programme are a minority with little or no understanding of Pacific peoples, who must be supported to ensure their future practice working with Pacific peoples in New Zealand is compliant. In the same manner as with the students in Medical Imaging (MI), I acknowledge the differences in lived experience of Pacific peoples in the class provides a sense of safety and ownership by the Pacific students in the space., reinforcing the values of respect and humility. However, a noticeable difference between the MI cohorts and the SP cohorts is the ethnic composition. There is a predominant number of Pacific students in SP compared to only two or three and sometimes no Pacific students in MI. Hence, the sessions with SP capture the narratives the Pacific students share, which adds to insights that their peers appreciate.

Policy and specific approaches that seek to improve Pacific peoples' livelihoods acknowledge the diversity within and amongst the Pacific communities in New Zealand. Hence, Pacific peoples' shared core values significantly shape and influence approaches that aim to improve outcomes for Pacific peoples. Values such as love (inclusive of empathy), respect, humility, reciprocity, and relationships (Pasefika Proud, n.d.), amongst many others, are significant to Pacific peoples and are used as foundations for creating policies. Therefore, it is essential that practitioners in all professions, not just Social Work and Medical Imaging, practice in a culturally safe manner when working with Pacific peoples.

Strategies

Strategies that already exist and work in engaging Pacific peoples should be retained, while general approaches should be adapted to include cultural elements. Although there is no ONE perfect solution or strategy to deal with Pacific peoples, professionals must be culturally sensitive to Pacific peoples' values and beliefs to create and maintain trusting relationships,

safe spaces, and good communication with Pacific peoples. In summary, my workshops aim to foster knowledge and awareness of the diversity among Pacific peoples, cultures, and traditions, to ensure students' future practices are relevant, informed and safe.

Conclusion

The Chinese and Pacific cultural perspectives of whanau and health decisions presented by the respective authors are ours alone and do not assume to represent all Chinese and Pacific cultural perspectives of the concept of Whanau and health decisions. This diversity was evidenced in our collaborative presentation at the 2022 ATLAANZ Conference and in writing this paper. We are deeply connected and influenced by the lands we were born in; our ancestral knowledge passed down to us from previous generations; the way we do things and the people we grew up with. We continue to be nurtured by the land we stand on and the cultures we interact with now. This article hopes to enhance the understanding of Pacific and Chinese cultures from the authors' perspectives and inspire and encourage all learning advisors to remain conscious and aware of the different cultures that have helped shaping the students to be who they are today. It serves as a gentle reminder for colleagues to stay mindful of providing a cultural appropriate approach as kaiārahi -learning advisors at Aotearoa New Zealand to better serve the country's multi-culture communities.

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