

# CHINA

## CULTURAL COMPETENCY AND TUBERCULOSIS CONTROL

A Practical Guide for Health Professionals  
Working with Foreign-born Clients



## GEOGRAPHIC LOCATION

- China is located in eastern Asia.<sup>1</sup>
- The capital is Beijing.<sup>1</sup>
- The country is bordered to the north by Mongolia, Kazakhstan, and Russia; to the south by Vietnam, Laos, Burma (Myanmar), Bangladesh, Bhutan, and Nepal. To the east the country is bordered by North Korea, the Yellow Sea, and the East China Sea; to the west by Pakistan, Afghanistan, Tajikistan, Kyrgyzstan, and India.<sup>1</sup>
- The country is comprised of 23 provinces (*sheng*), 5 autonomous regions (*zizhiqu*), and 4 municipalities (*shi*).<sup>1</sup>
- **Provinces:** Anhui, Fujian, Gansu, Guangdong, Guizhou, Hainan, Hebei, Heilongjiang, Henan, Hubei, Hunan, Jiangsu, Jiangxi, Jilin, Liaoning, Qinghai, Shaanxi, Shandong, Shanxi, Sichuan, Yunnan, and Zhejiang. China considers Taiwan its 23<sup>rd</sup> province.<sup>1</sup>
- **Autonomous regions:** Guangxi, Nei Mongol, Ningxia, Xinjiang Uygur, and Xizang (Tibet)<sup>1</sup>
- **Municipalities:** Beijing, Chongqing, Shanghai, and Tianjin<sup>1</sup>

*Note: The information provided within is an introduction only and does not characterize all individuals from this country.*

# BACKGROUND INFORMATION

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## OFFICIAL LANGUAGE(S):

- The Chinese language is a family of closely related dialect groups; each group is comprised of subdialects. These dialects have few grammatical differences but do differ in pronunciation and vocabulary; thus, they are often mutually unintelligible.<sup>2,3</sup>
- Many Chinese dialects share a common written language of traditional and simplified Chinese characters. The written language is not read aloud in a standard manner; instead, a person reads the characters according to the pronunciation rules of his or her spoken language.<sup>3</sup>
- To promote the use of Mandarin Chinese (China's official spoken language), a Latin alphabet known as Pinyin was introduced in 1958. Pinyin phonetically spells out the Chinese characters and serves as a pronunciation aid. Pinyin is used for diplomatic purposes and publications (i.e. dictionaries, travel brochures) intended for foreign countries.<sup>3,4</sup>

- **Official spoken language:** Mandarin Chinese<sup>5</sup>

Based on the Beijing dialect of Chinese, Mandarin is the official spoken language of China and the most predominant dialect. This language is taught in all schools and may also be referred to as: Mandarin, Standard Chinese, Northern Chinese, *Putonghua*, *Guanhua*, *Beifang Fangyan*, *Guoy*, or *Hanyu*. Mandarin is spoken primarily in the northern, central, and western parts of China.<sup>1,3-5</sup>

*Note: Throughout this guide, the official spoken language will be referred to as Mandarin.*

- **Other Chinese languages:** Wu (or Shanghainese) is spoken in northern and southern China; Minbei (Fuzhou), Minnan (Hokkien-Taiwanese), Yue (Cantonese), Xiang, Gan (Kan), Hakka (Kejia) are spoken in the southeastern part of the country. There are numerous subdialects of these aforementioned dialects.<sup>1,3</sup>
- **Non-Chinese languages:** Korean, Mongolian, Tibetan, Uyghur and other Turkic languages are spoken by ethnic minorities.<sup>1,4,5</sup>

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## ETHNIC GROUPS:

- **Majority:** 91.5% Han Chinese<sup>1</sup>
- **Minority:** According to 2000 census data, ethnic minorities comprise 8.5% of China's population. There are 55 recognized minority groups residing in the country, many of whom do not consider themselves to be Chinese. The largest groups include the Zhuang, Manchu, Hui, Miao, Uyghur, Tujia, Yi, Mongol, Tibetan, Buyi, Dong, Yao, and Korean.<sup>1,6,7</sup>

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**DOMINANT RELIGION(S) WITHIN THIS COUNTRY:**

- Daoism (Taoism), Buddhism, Confucianism<sup>1,6</sup>
  - Taoism and Confucianism are sometimes viewed as philosophies and sometimes as religions. Taoism emphasizes the relationships between people and nature. Confucianism is an all-encompassing way of thinking and living that stresses hierarchal relationships, reverence, and patterns of behavior based upon a person's many social roles (i.e. daughter, sister, mother).<sup>6,7</sup>
  - Upon arriving in the United States, Chinese immigrants may convert to Christianity.<sup>7</sup>

*Note: Buddhism, Confucian ideals, and Taoist rites have been practiced in China for centuries; however, under communist rule, the country was officially declared atheist in 1949 and religion was discouraged by the government.<sup>1,6,8</sup> According to the US Department of State, China remains a "country of particular concern" with respect to religious freedom. There have been many cases of arrest, imprisonment, and alleged torture of certain religious believers by the Chinese government, particularly among members of unregistered religious groups.<sup>9</sup>*

- According to a 2002 estimate, 3-4% of the population is Christian and 1-2% is Muslim.<sup>1</sup>

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**LITERACY OF CITIZENS:** *Defined as persons ages 15 years and older that can read and write.*

- Total population: 90.9% (2000 census)<sup>1</sup>
  - Male: 95.1%
  - Female: 86.5%

*Note: The elderly are less likely to be literate in either Chinese or English.<sup>10</sup>*

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**MEDICAL SYSTEM:**

- The Chinese medical system is comprised of both a public and private sector.<sup>11</sup>
- In the last 20 years, the health system in China has undergone a transition from a free public system to an insurance-based system. Health insurance is provided through employment; persons who work with large organizations enjoy better coverage compared to those who work with private or smaller organizations. Farmers and peasants have the lowest levels of coverage.<sup>6,8,11-13</sup>
- The practice of traditional Chinese medicine remains an important part of the healthcare system. Hospitals may offer Western or traditional Chinese medicine and many hospitals have physicians who practice Western medicine as well as those who practice traditional medicine on staff; these physicians often work together to provide care for patients.<sup>6,7</sup>
- From 1978 to 2002, the Chinese government's health expenditures fell significantly. These cutbacks negatively impacted public health as hospitals, clinics, and providers began to focus on generating revenue and essentially functioned as for-profit entities.<sup>14</sup>

**Impact of healthcare expenditures on TB control**

- During the 1990s, case detection was approximately 30% of the estimated total of new cases, and multidrug-resistant TB emerged as a major problem.<sup>14,15</sup>
- In 2000, nearly 90% of TB patients were treated in hospitals and nonpublic healthcare facilities, where tests and drugs were administered for as long as the patient could continue to pay.<sup>14</sup>

- Many patients who improved or ran out of money discontinued treatment. Thus, only 20% of TB patients treated outside the public health system took their tuberculosis medications regularly in 2000.<sup>14</sup>
- Following the SARS epidemic in 2003, the Chinese government increased its commitment and leadership to address public health problems. By 2005, TB case detection increased to 80% of the estimated total new cases.<sup>14</sup>
  - Despite the rapid increase in case detection between 2002 and 2005, the WHO’s global TB reports state little progress has been made subsequently.<sup>15</sup>

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**MAJOR INFECTIOUS DISEASES WITHIN THE BIRTH COUNTRY:**

- **Vector borne:** anaplasmosis, avian flu, Crimean-Congo hemorrhagic fever, dengue fever, ehrlichiosis, Japanese encephalitis, Lyme disease, malaria, rickettsial disease, tick borne encephalitis<sup>1,8,16</sup>
- **Food or water borne:** hepatitis A, hepatitis E, typhoid fever<sup>1,8</sup>

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**FERTILITY RATE OF WOMEN RESIDING WITHIN THE BIRTH COUNTRY:**

- 1.79 children born/woman (2009 estimate)<sup>1</sup>

*Note: China implemented the “One Child Only” policy in 1979; exceptions may be made for couples living in rural areas and members of ethnic minority groups.<sup>7</sup>*

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**RELEVANT HISTORY:**

- China is the world’s fourth largest country with a population of over 1.3 billion people.<sup>1</sup>
- China’s government is communist.<sup>1</sup>
- In recent years, living standards have improved dramatically for much of the population. The room for personal choice has expanded, yet political controls remain tight.<sup>1</sup>

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**THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO THE UNITED STATES:**

- According to data collected in 2000 by the US Census Bureau, approximately 2,432,585 individuals originating from China reside in the United States.<sup>17</sup>
- 80,271 persons from China obtained legal permanent resident\* status within the US during fiscal year 2008.<sup>18</sup>
- The average number of persons from China who have obtained legal permanent resident status annually (1999-2008): 60,532.<sup>18</sup>

*\*Legal permanent residents are foreign nationals who have been granted the right to reside permanently in the United States. Often referred to simply as “immigrants,” they are also known as “permanent resident aliens” and “green card holders.”*

**More information**

- In 2008, China was the second leading birth country of all foreign-born persons who became legal permanent residents of the US (7.3%).<sup>18</sup>
- The largest ethnic groups emigrating from China are the Cantonese and Fujianese. The Cantonese have immigrated legally to the United States for many years. The Fujianese have migrated to the US over the past 15 years, a significant number of whom are undocumented immigrants.<sup>7</sup>
- Among China-born persons who became legal permanent residents in 2008: 33% were immediate relatives of US citizens, 20% were other family-sponsored preferences, 27% were refugees and asylees, 19% were employment-based preferences.<sup>19</sup>
- In 2007, China was the leading birth country for persons granted asylum\*\* in the US (25%).<sup>20</sup>

*\*\*Whereas a refugee is located outside the United States at the time of application, an asylum-seeker is located in the United States or at a US port of entry. Refugees and asylees must meet the following definition of a refugee: “a person who is unable or unwilling to return to his or her country of nationality because of persecution or a well-founded fear of persecution on account of race, religion, nationality, membership in a particular social group, or political opinion”.<sup>20</sup>*

- From 2007 to 2008, a notable increase (19%) in resident nonimmigrant admissions occurred among citizens from China. Academic students and exchange visitors accounted for a significant portion of this increase.<sup>21</sup>

According to 2007 Immigration and Naturalization and US Homeland Security Data, individuals who became naturalized citizens from this country indicated the following top 10 states as their intended state of residence.

The percentage of the total number of legal permanent residents by state:<sup>22</sup>

1. California – 35.0%
2. New York – 19.7%
3. Massachusetts – 4.6%
4. Illinois – 4.5%
5. New Jersey – 4.5%
6. Texas – 4.2%
7. Pennsylvania – 2.3%
8. Maryland – 2.3%
9. Washington – 2.1%
10. Michigan – 1.7%

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**THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING ANNUALLY TO CANADA:**

- 27,014 persons from China were granted permanent resident status within Canada during fiscal year 2007.<sup>23</sup>
- The average number of persons from China who became legal permanent residents of Canada annually (1998-2007): 33,443.<sup>23</sup>
- In 2007, Chinese immigrants granted permanent residence in Canada accounted for 24.0% of all immigrants originally from Asia and the Pacific.<sup>23</sup>

*Note: Currently, most Chinese speaking persons immigrating to Canada are from Hong Kong, mainland China, and Taiwan; Mandarin and Cantonese are the most common dialects spoken.<sup>10</sup>*

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**THE ESTIMATED NUMBER OF INDIVIDUALS FROM THIS COUNTRY EMIGRATING TO COUNTRIES WITHIN THE EUROPEAN UNION:**

- Statistics available through Eurostat (2006) indicate that the majority of Chinese immigrants to the European Union have migrated to the United Kingdom, Spain, and Germany.<sup>24</sup>

## TUBERCULOSIS EPIDEMIOLOGY

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**BASED ON THE ESTIMATED INCIDENT CASES (ALL FORMS) OF TUBERCULOSIS IN 2007, THIS COUNTRY IS RANKED NUMBER 2 OUT OF 212 COUNTRIES WORLDWIDE.<sup>25</sup>**

**Estimated Burden of Tuberculosis (2007):**

**Incidence:** 98/100,000<sup>25</sup>

**Prevalence:** 194/100,000<sup>25</sup>

**Reported Cases of TB (2007):**

979,502<sup>25</sup>

**Estimated Burden of HIV Infection (2007):**

Estimated prevalence: 0.1%<sup>26</sup>

Low estimate (adults): <0.1%<sup>26</sup>

High estimate (adults): 0.2%<sup>26</sup>

*The WHO estimates 450,000-1,000,000 persons in China are living with HIV.<sup>26</sup>*

**TB/HIV Co-Infection\* (2007):**

*\*HIV prevalence among incident TB cases*

**Estimated co-infection:** 1.9%<sup>25</sup>

**Adults ages 15-49 yrs:**

– **Incidence:** 1.9/100,000<sup>25</sup>

– **Prevalence:** 0.9/100,000<sup>25</sup>

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**LEVEL OF MULTIDRUG-RESISTANT TB\* (2007):**

\*Multidrug resistance is defined as resistance to at least Isoniazid and Rifampicin.

- 5.0% of new TB cases are multidrug-resistant.<sup>27</sup>
- 26% of previously treated TB cases are multidrug-resistant.<sup>27</sup>
- Globally, China ranks second in terms of total numbers of MDR-TB cases.<sup>15</sup>
  - Alarming rates of MDR-TB have been noted in several provinces of China. The highest rate among new TB cases in a single province was 7.8% and was reported in Henan. Among re-treatment cases, the highest rates were reported to be 41.9% in Inner Mongolia.<sup>28</sup>
  - Reduction in the existing burden of multidrug resistance will take time, due to poor quality of DOTS services in some areas and inappropriate TB treatment leading to new MDR-TB cases.<sup>14</sup>

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**STANDARD TB DRUG TREATMENT/TB MEDICATIONS READILY AVAILABLE FOR THE TREATMENT OF TB IN THIS COUNTRY:**

R or RMP or RIF = Rifampicin or Rifampin	S or STM or SM = Streptomycin
H or INH = Isoniazid	Et = Ethionamide
Z or PZA = Pyrazinamide	CIP = Ciprofloxacin
E or EMB = Ethambutol	P or PAS = <i>p</i> -aminosalicylic acid

- The National TB program uses standard regimens with R, H, Z, E.<sup>29</sup> The DOTS regimen is being used in several regions of China, with support from the Global Fund.<sup>8</sup> All current TB drugs are available in China,<sup>29</sup> except ethionamide.<sup>30</sup>
- Specific regimens include:<sup>30</sup>
  - 2H<sub>3</sub>R<sub>3</sub>Z<sub>3</sub>E<sub>3</sub>/4H<sub>3</sub>R<sub>3</sub>
  - 2S<sub>3</sub>H<sub>3</sub>R<sub>3</sub>Z<sub>3</sub>E<sub>3</sub>/6H<sub>3</sub>R<sub>3</sub>E<sub>3</sub>

*Note: According to the DOTS regimen, the initial phase of treatment consists of two months of isoniazid, rifampicin, pyrazinamide and ethambutol. The preferred continuation phase consists of isoniazid and rifampicin given for four months.<sup>31</sup>*

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**TB CONTROL/DOTS COVERAGE:**

- According to the World Health Organization, 100% of the country's citizens are covered by DOTS (2007 estimate).<sup>27</sup>
- Among all new cases, the case detection rate is 71% (2007 estimate), and the treatment success rate for sputum smear positive cases is 94% (2006 estimate).<sup>25</sup>

*Note: Major challenges to TB control in China include insufficiencies in the number of skilled medical personnel to implement DOTS and laboratories capable of providing culture and drug susceptibility testing.<sup>28</sup>*

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**TB MEDICATION AVAILABLE AT NO COST THROUGH TB PROGRAM:**

Yes<sup>32</sup>  No  Information Not Found/Unknown

**Comments:** Four sputum tests, one X-ray, and all first-line anti-TB drugs are provided at no cost to the patient under the Chinese TB program. Patients must pay out-of-pocket for any additional tests or X-rays.<sup>13,29</sup>

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**TB MEDICATIONS AVAILABLE ONLY THROUGH NATIONAL TB PROGRAM:**

Yes  No<sup>13</sup>  Information Not Found/Unknown

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**TB MEDICATIONS AVAILABLE THROUGH PRIVATE PHARMACIES WITH A PRESCRIPTION:**

Yes<sup>29</sup>  No  Information Not Found/Unknown

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**USE OF BCG VACCINE:**

Yes<sup>11</sup>  No

- BCG is administered at birth.<sup>11</sup>

**Approximate percentage of the population that is covered by the BCG vaccine:**

- 94% coverage (2007 estimate, WHO/UNICEF)<sup>33</sup>

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**NICKNAMES/COMMON NAMES FOR TB:**

- Terrible lung (which is understood as “a disease caused by coughing” or when the “lung is overworked”)<sup>34</sup>
- Consumptive disease<sup>8</sup>
- Lung consumption<sup>8</sup>
- Lung over-work<sup>8</sup>
- Lung tiredness<sup>8</sup>

Although no equivalent biomedical term for TB exists in traditional Chinese medicine, traditional practitioners may describe TB using the following words that relate to lung disease:<sup>7</sup>

- *Fei jie he* (a term used to describe an infectious lung disease that requires isolation)
- *Feibing*
- *Feilao*

# COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO TUBERCULOSIS

## GENERAL COMMENTS:

- In 1992, China began the modern National TB Program. Under this program, patients are diagnosed and subsequently treated with DOTS in a County TB Dispensary (CTD). If a patient in a hospital or general health facility is suspected to have TB, s/he is referred to the local CTD.<sup>12,13</sup>
  - In addition to free TB medication and diagnostic services, poor TB patients in China may be provided with transportation to dispensaries and food.<sup>13,32</sup>
  - Despite free treatment, TB patients in China may incur high indirect costs (i.e. travel, accommodations, and food) as well as direct costs (i.e. traditional medication intended to protect the liver, liver function tests, blood tests, multiple chest X-rays, and CT scans). Moreover, some TB patients report visiting health centers multiple times before being diagnosed with TB.<sup>13</sup>
  - It is important to note that the medical system in China offers incentives and revenue to physicians for providing services. Large incentives may motivate Chinese physicians to overprovide services or overprescribe medication, especially in rural China. These incentives may also influence antibiotics prescriptions, with inappropriate types or amounts sometimes being prescribed for TB patients. Some TB patients have reported being advised by Chinese physicians to prolong DOTS treatment regimens for an additional 2 to 3 months. Furthermore, some doctors may be enticed to retain patients instead of referring them to the CTD, in order to generate revenue towards their own salaries and bonuses. It is likely that these practices contribute to the prevalence of drug-resistant TB in the country.<sup>12,13</sup>
- In China, the prevalence of TB is twice as high in poor rural areas compared to urban areas. Furthermore, TB mortality is three times as high in rural areas versus urban areas (Ministry of Health, 2002).<sup>12</sup>
- Among adults ages 15-54, the average age of males and females with sputum smear-positive TB is getting younger. It is likely this change is due to the spread of HIV infection and/or internal migration of young mobile adults from rural areas seeking jobs in cities.<sup>28</sup>
  - In recent years, more than 15% of China's population (an estimated 200 million migrant workers) have migrated to urban areas.<sup>26</sup>
  - The country's policy of free tuberculosis services may not be available for these migrants, who tend to be young people who live and work in crowded environments and are unlikely to seek medical care when they become ill.<sup>14</sup>

## Regarding disease in general

- Persons from China may believe that to be healthy is to be spiritually and physically one with nature. Disease is thought to be caused by a disruption in body energy.<sup>11</sup>
- Disease may also be viewed as an imbalance of *yin* and *yang* (the two essential elements of the universe, e.g. positive and negative energy, male and female, or hot and cold).<sup>6</sup>

- For some, staying healthy requires a person to follow the Chinese tradition of respecting parents and ancestors as an act of piety.<sup>11</sup>
- Illness in general may be thought to be caused by spirits, inappropriate emotions, or taboo behaviors.<sup>36</sup>

#### COMMON MISPERCEPTIONS RELATED TO TB ETIOLOGY/CAUSE:

- Individuals from China may believe TB is caused by:<sup>34,35</sup>
  - A bad respiratory system or poor health in general
  - Smoking or excessive alcohol consumption
  - Dust/dirt
  - Exposure to environmental pollutants (e.g. automobiles or worksite chemicals)
  - Genetics (i.e. TB is inherited)
  - “Hot” foods (see “*Diet and Nutrition*” in the General Practices section)
  - Body “dryness” (related to the concept of *yin* and *yang*)
  - Fatigue/excessive work (which weakens the immune system)\*
  - Crowded places\*

*\*While a weakened immune system and sharing crowded spaces with a TB patient contribute to the development or transmission of TB, these factors are not underlying etiological agents of TB.*

#### COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:

- Persons from China may believe TB is transmitted through:<sup>34</sup>
  - Saliva on shared eating utensils
  - Sharing food

#### MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:

- Some Chinese persons are suspicious of X-rays due to beliefs that X-rays weaken the body by killing or hurting red blood cells.<sup>35</sup>
- Chinese persons may refuse blood tests, believing that these tests are too invasive and the loss of blood will weaken their bodies.<sup>10</sup>
- It is important to note that elderly Chinese patients often associate hospitalization with death, and may prove reluctant hospital patients.<sup>10</sup>

#### CURES/TREATMENTS THAT MAY BE USED:

- As mentioned, Chinese persons may view disease as an imbalance of *yin* and *yang*.<sup>6</sup>
  - In traditional Chinese medicine, a “hot” or *yang* illness is generally treated with “cold” or *yin* foods and vice versa.<sup>7</sup>

*Note: Chinese persons may consider Western medicine to be “hot”.<sup>7</sup>*

- Tuberculosis is considered a *yang* illness due to “lung heat” and requires a strong counteraction for deficiencies in *yin*.<sup>7</sup>

- Traditional treatments for tuberculosis may involve boiled pork lung or ginger, acupuncture, or the traditional exercise *t'ai-chi*.<sup>34,37,38</sup>

*Note: The use of boiled pork lung follows the belief of “yi xing bu xing” in which the animal part will replenish and strengthen the same part of the human body.*<sup>37</sup>

- In general, the Chinese often use a combination of traditional medicine and Western medicine. Chinese persons may first try traditional medicines for the treatment of minor illnesses (e.g. the common cold), but will seek Western care for serious illnesses (e.g. TB, heart disease, cancer, hepatitis) or when herbal treatments are not effective.<sup>11,34</sup>

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#### **MISPERCEPTIONS RELATED TO TREATMENT/MEDICATIONS:**

- Some Chinese persons believe that Western medications cause imbalances in the body. In addition, some Chinese believe that Western medications are too strong for the average Asian person. These beliefs may negatively impact TB treatment adherence. For example, Chinese patients may not take full doses of medications and instead may attempt to cut pills in half, or stop taking medications.<sup>35,39</sup>
- Chinese often expect immediate results from medications and may question prolonged Western treatment regimens.<sup>10</sup> In China, medical professionals report that a few patients overconsume TB medications in hopes of achieving a quicker recovery.<sup>40</sup>
- Injections are often regarded as more effective than pills. Pills are considered more effective than liquid medications.<sup>10</sup>
- In China, TB treatment with first-line drugs is free; however, patients pay out-of-pocket for drugs to treat side effects, travel, accommodations, and some diagnostic tests. These costs related to TB treatment have generated misunderstandings and even distrust related to the TB Control Program in China.<sup>12,13,29</sup>
  - In some areas of China, community members’ perceptions of the cost of TB treatment are significantly higher than actual costs.<sup>13</sup>
  - High perceived cost may cause patients to delay seeking TB health services.<sup>13</sup>

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#### **USE OF TRADITIONAL HEALERS:**

- Community members and traditional Chinese medical practitioners consider traditional medicine practices to be complementary to the biomedical treatment of tuberculosis.<sup>41</sup>
  - Generally, traditional practitioners do not dispute the effectiveness of antibiotics and may suggest these medications be used in conjunction with traditional medicine. These practitioners may advocate that a holistic approach is a necessary component of TB treatment and recommend methods to restore the deficiencies in *yin* associated with TB.<sup>7</sup>

### **Traditional healing practices**

- Herbal therapy – the Chinese have over 5,000 herbs that are drunk, eaten, applied topically, or worn on the body to treat the specific underlying problem.<sup>6,42</sup>
  - Persons in China will often go to a Chinese herbalist seeking herbal medicines, rather than a Western physician, because herbal medicines cost less and have less side effects than Western medicines.<sup>43</sup>
- Acupuncture – the insertion of needles into precise points corresponding to afflicted areas of the body in order to treat ailments.<sup>6,42</sup>
- Moxibustion – the application of heat to acupuncture needles upon insertion or burning a substance directly over the afflicted area, in order to allow medicine to be absorbed through the skin.<sup>42</sup>
- Cupping – a heated cup or glass jar is placed on the skin to draw the skin up into the cup like a vacuum. Cupping may be used to treat joint pain.<sup>42</sup>
- Coin rubbing – a coin is heated or smeared with oil and vigorously rubbed over the body, which is believed to produce red welts only if the person is ill. This treatment is thought to help draw the illness out of the body.<sup>11</sup>
- Massage therapy<sup>11</sup>
- Breathing exercises<sup>11</sup>
- Dermabrasion (which may cause welts or superficial bruises)<sup>36</sup>

*Note: Herbs and other plants have the potential to interact with prescribed medications. Additional study of the pharmacological properties of herbs/plants used in traditional medicine practices is needed; however, this is beyond the scope of this guide.*

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### **STIGMA AND STIGMATIZING PRACTICES SURROUNDING TB IN THIS COUNTRY:**

- For Chinese persons, a TB diagnosis may result in:<sup>34</sup>
  - Stress
  - A change in self perception
  - Fear of isolation from others
  - Concern about transmitting the disease to others
- People with TB who are thin and pale are considered very unattractive.<sup>35</sup>
- In China, individuals with TB may be regarded as “dirty” and their degree of contagiousness may be greatly exaggerated. Therefore, TB patients are often isolated, even by their family and friends.<sup>44</sup> Loss of employment is common.<sup>35</sup>
- Chinese TB patients might not disclose their disease status for fear of discrimination or being treated differently.<sup>34</sup>

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### **IMPORTANT TUBERCULOSIS EDUCATION POINTS:**

- If possible, when first informing a patient of his or her diagnosis, the information should come from a healthcare professional who is older or similar in age to the patient.<sup>35</sup>

- Individuals from China tend to be reserved and unassertive during interactions with persons in authority. Encourage patients to ask questions and express their concerns when talking with doctors and nurses.
  - Non-physicians might begin an education session by asking “Was there anything the doctor said that you would like me to explain in more detail?” or “What questions do you have now that the doctor has talked with you?”
- Instead of asking Chinese persons whether they understand what was just told to them, use teach-back techniques when providing directions or counseling to patients. Ask patients to demonstrate how they will carry out instructions or ask them to explain what they have been told in their own words, for the reason that:<sup>42</sup>
  - Chinese patients may not be completely truthful with healthcare workers if they feel that doing so would cause the person in authority to lose face.<sup>42</sup>
  - The Chinese will often answer “yes” to a question even when they don’t understand, in order to save face.<sup>42</sup>
- Once trust has been established, Chinese patients will more readily disclose information; be sure to encourage open communication.<sup>42</sup>
- TB related stigma may cause fear of alienation and isolation among Chinese persons. To facilitate contact investigations, discuss confidentiality procedures/policies. Explain that TB may affect a variety of people, not just those who are poor or without proper hygiene.<sup>34</sup>
  - Explain (a) the rationale for isolating infectious patients, (b) when and why isolation is no longer needed for patients on treatment, and (c) why isolation is not necessary for persons with latent TB infection.
- Discuss the services you and your colleagues will be able to provide; include any costs associated with these services that clients must pay for.
- Assess overall trust in the healthcare system and assure patients and family members that the available care, staff, services, and prescribed medicines are of high quality.
- When discussing medication regimens and dosing of medication, explain why the prescribed medication regimen was chosen to treat the patient and the rationale for the length of the regimen. Clearly explain the need to complete the full course of medication using the prescribed dosages taken as scheduled because: (1) some Chinese people are reluctant to take a lot of Western medication or (2) they think that increasing their dosage will speed up the healing process.<sup>35,40</sup>
  - Intermittent regimens need to be carefully monitored to avoid overconsumption or underconsumption of TB medications.<sup>40</sup>
  - Explain that the prescribed dose of each TB medication has been customized for each patient, based on his or her height and weight. Discuss medication side effects and provide instructions for when and whom patients should contact if they experience medication side effects.

# COMMON ATTITUDES, BELIEFS AND PRACTICES RELATED TO HIV/AIDS

## GENERAL COMMENTS:

- Similar to tuberculosis, there are geographic variations in HIV prevalence throughout China.<sup>28</sup> HIV prevalence is low in most areas of the country; higher prevalence rates exist in the western and southern provinces. HIV prevalence has been concentrated among high risk groups; yet, new HIV infections are increasing steadily, and the epidemic threatens to spread to the general population.<sup>26,28</sup>
  - Transmission through injection drug use is thought to be responsible for slightly less than half of all HIV infections in China (2006 estimate).<sup>26</sup>
  - In China, injection drug use often overlaps with sex work. An increasing number of women are injecting drugs, and substantial proportions of them (about 56% in some cities) also sell sex.<sup>26</sup> This, coupled with an expanding sex industry in the country, has led to an increased risk of HIV among the general population.<sup>45,46</sup>
  - Studies estimate that up to 7% of HIV infections might be attributable to unprotected sex between men (MSM).<sup>26</sup> However, reliable information is lacking on the population size, behavior patterns, and HIV epidemic among MSM.<sup>47</sup>
- In 2003, the Chinese government introduced the “Four Frees and One Care” policy. Under this policy the following services are offered:<sup>46</sup>
  - Free voluntary counseling and testing
  - Free drugs to HIV-infected pregnant women and HIV testing of newborn babies
  - Free antiretroviral therapy (ART) to AIDS patients who are residents of rural or poor urban areas
  - Free schooling for AIDS orphans
  - Care and economic assistance to the households of people living with HIV/AIDS

*Note: Implementation of “Four Frees and One Care” initiatives has been uneven, with poor linkages between different services.<sup>47</sup> According to WHO/UNAIDS, 7% (range of 5-11%) of persons with advanced HIV received antiretroviral therapy in 2004.<sup>26</sup>*

## Knowledge, Attitudes, Behaviors

- Within China there are significant regional differences related to HIV knowledge, attitudes, and behaviors. Generally, awareness of HIV/AIDS is relatively low and misperceptions exist.
- In 2008, a large scale survey of six Chinese cities revealed:<sup>48</sup>
  - 52% of survey respondents considered China’s HIV/AIDS situation to be “serious” or “very serious,” yet 88% felt they themselves were not at risk.
  - 42% of survey respondents had not used condoms during the last two acts of sexual intercourse with individuals who were not their spouse, girlfriend or boyfriend.
  - 30% of survey respondents did not know how to use a condom correctly.

- 43% had never used a condom, mainly because of sexual inactivity or trust in their sexual partner(s).
- 19% said they would not be willing to use a condom if they had sex with a new partner.

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**COMMON MISPERCEPTIONS RELATED TO HIV/AIDS ETIOLOGY/CAUSE:**

*Note: No information concerning common misperceptions specific to the etiology/cause of HIV/AIDS was found in the literature.*

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**COMMON MISPERCEPTIONS RELATED TO DISEASE TRANSMISSION:**

- Most Chinese correctly identify sexual transmission as a means of contracting HIV.<sup>48</sup> However, individuals from China may also believe HIV is transmitted through:
  - Mosquito bites<sup>46,48</sup>
  - Sharing public restrooms<sup>46</sup>
  - Sharing utensils used for cooking or eating<sup>46</sup>
  - Shared food containers<sup>46,49</sup>
  - Shaking hands<sup>46</sup>
  - Casual contact (i.e. talking with or sharing a bench, clothes, or public bathhouse with someone who has HIV)<sup>49</sup>
  - Being coughed or sneezed on by an HIV-positive person<sup>48</sup>

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**MISPERCEPTIONS RELATED TO DIAGNOSTIC PROCEDURES:**

*Note: Information concerning misperceptions specific to the procedures used to diagnose HIV/AIDS was not found in the literature.*

- In a UNAIDS-sponsored survey, 22.5% of all interviewees thought that people infected with HIV have visible symptoms.<sup>48</sup>

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**CURES/TREATMENTS THAT MAY BE USED:**

- A mixture of Chinese herbs may be used to relieve AIDS symptoms.<sup>50</sup>
- In China, persons who suspect they have a sexually transmitted disease (STD) may first attempt to self-treat at a local pharmacy to protect their privacy. Next, they may seek treatment at a private clinic, which tends to be more confidential but also more expensive and may be less effective. Ultimately, many patients seek care at a public hospital or STD clinic.<sup>49</sup>

*Note: See “Use of Traditional Healers – Traditional Healing Practices” in the “Common Attitudes, Beliefs and Practices Related to Tuberculosis” section for general cures and treatments.*

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## STIGMA AND STIGMATIZING PRACTICES SURROUNDING HIV/AIDS IN THIS COUNTRY:

- In China, persons living with HIV have been socially or physically isolated by their family members and fellow villagers, verbally stigmatized by gossip and name calling, and unnecessarily denied or charged extra for standard services.<sup>46,49</sup>

*Note: Regulations have been created to protect the rights of people living with HIV/AIDS, including their rights to education, employment, health care, and social activities.<sup>46</sup>*

- Stigma related to HIV/AIDS may differ according to how the disease was contracted.
  - Intravenous drug users (IDUs) and sex workers may experience discrimination due to their engagement in illegal or “immoral” behaviors.<sup>46</sup> Some people in China believe that promiscuous people are to be punished, avoided,<sup>49</sup> and despised,<sup>49</sup> and that HIV infection through sex or drug abuse is deserved.<sup>48</sup>
  - Selling blood or plasma is considered socially undesirable in China. Individuals who contracted HIV by selling blood/plasma to support their families may encounter stigma but are considered “blameless”.<sup>46</sup>
- Since the family unit is seen as a whole, the entire family’s reputation is “tarnished” when one of its members is known to have HIV.<sup>46</sup>
  - Children of HIV-positive persons have been reported to be barred from school.<sup>49</sup>
- In 2008, a large scale survey revealed many people in China are reluctant to engage in normal social relations with HIV-positive people.<sup>48</sup>
  - 12% of survey respondents reported they would not touch an HIV/AIDS-infected relative or family member, and 4% would not talk with them.
  - 65% of respondents indicated that they would be unwilling to live with an HIV-infected person, and 63% would be unwilling to accept services such as hairdressing from an infected person.
  - Roughly half of all survey respondents reported they would be unwilling to eat with an HIV-infected person. In addition, 41% would be unwilling to work with a person infected with HIV, and 42% would be unwilling to share tools with a person infected with HIV.
  - 30% of survey respondents think HIV-positive students/children should not be allowed to study at the same schools as uninfected students/children.

*Note: This survey found a relationship between low levels of knowledge and high levels of discriminatory attitudes towards people with HIV.<sup>48</sup>*

## Homosexuality and HIV/AIDS

- In China, homosexuality may be perceived as abnormal because it does not follow the principles of *yin* and *yang* (i.e. man and woman). Furthermore, some individuals view homosexuality as immoral and unacceptable because it contradicts the traditional Chinese values of creating a family, revering ancestors, and fulfilling conventional male roles of son, husband, and father.<sup>51</sup>
- If a homosexual person’s sexual orientation is known, s/he may “lose face.” In China, MSM may experience stigma from family, peers, colleagues, employers, healthcare workers, educators, landlords, etc.<sup>51</sup>

- Stigma may lessen the ability of MSM to negotiate safer sex measures, resulting in increased risk for HIV/AIDS.<sup>51</sup>

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**IMPORTANT HIV EDUCATION POINTS:**

- Assess clients' knowledge of HIV/AIDS; prepare to provide basic/general information.
  - Be aware that some Chinese persons have difficulty understanding the concept of a chronic illness in which symptoms persist and there is no absolute cure.<sup>10,39</sup>
  - When discussing the goal of antiretroviral medications, be mindful that many Chinese consider death to be natural and inevitable. These views may impact patients' decision-making related to treatment.<sup>10,39</sup>
- Discuss stigma and concerns related to discrimination.
  - It is important to note that HIV/AIDS patients in China have reported encountering discrimination from health workers. As a result, some AIDS patients do not disclose their serostatus to doctors when they seek health care.<sup>46</sup>
- Provide patient education regarding methods of HIV transmission, disease risk, and prevention.
  - Be aware that many Chinese feel their personal risk of contracting HIV is low, and those in high risk groups often underestimate the likelihood of HIV infection.<sup>48</sup>
- Condom use in China is low among MSM and in the general population – encourage consistent use and provide demonstration as needed.
- As outlined in the TB section of this guide, instead of asking Chinese persons whether they understand what was just told to them, use teach-back techniques when providing directions or counseling. Ask patients to demonstrate how they will carry out instructions or ask them to explain what they have been told in their own words.
  - Keep in mind that Chinese patients may not be completely truthful to healthcare workers if they feel that doing so would cause the person in authority to lose face.<sup>42</sup> Moreover, Chinese persons will often answer “yes” to a question even when they don't understand, in order to save face.<sup>42</sup>

# GENERAL PRACTICES

## CULTURAL COURTESIES TO OBSERVE:

- When greeting a person from China:
  - If a group of family members are present, the oldest person is greeted first, and greetings are always done formally.<sup>2</sup>
  - Handshakes are the most common form of greeting, but wait for the Chinese person to initiate the handshake.<sup>2,38,52</sup>
  - During an introduction, persons from China will nod. Unlike persons from Japan or Korea, persons from China do not bow.<sup>11,38,54</sup>  
*Note: When saying hello, it is polite to give a slight nod of the head, with the chin curling down towards the neck.<sup>54</sup>*
  - Many Chinese persons will look towards the ground when greeting another person.<sup>2</sup>

## What to Say

### The following words and phrases are Pinyin Mandarin.<sup>6,10,53</sup>

### In English, this sounds like...

<i>Ni hao</i> (Hello)	“knee how”
<i>Ni hao ma</i> (How are you?)	“knee how ma” ( <i>ma</i> is like the 1st syllable of Mama)
<i>Zai jian</i> (Goodbye)	“sigh jen” ( <i>zai</i> is closer to the “xy” as in xylophone) ( <i>jian</i> as in Jennifer)
<i>Qing</i> (Please)	“ching”
<i>Xie Xie</i> (Thank you)	“sheh sheh” (as in Shetland pony)
<i>Dui bu qi</i> (Excuse me or Sorry)	“dwaaa boo chee” or “dway boo chee” ( <i>dui</i> is the “dw” sound as in Dwight + “long A” as in aid)
<i>Dui</i> (Yes or Correct, informal)	“dwaaa” or “dway”
<i>Shi</i> (Yes, formal)	“shr” (as in shirt, drop the “t”)
<i>Bu</i> (No)	“boo”

- When addressing a Chinese person, use his or her title and surname, as titles are important.<sup>42</sup>
  - You may address a female as “Madam [Last name]”<sup>52</sup>
  - You may address a male as “Mister [Last name]” or “[Last name] [Position title]” (i.e. *Hu* Deputy Manager)<sup>52</sup>
  - If a person would like you to call him or her by their first name, s/he will inform you.<sup>2</sup>
- When entertaining, the Chinese prefer to meet in public places (i.e. restaurants) instead of in their own homes. Therefore, be mindful that it is a great honor to be invited to a Chinese person’s house for a social visit.<sup>11</sup>
  - If unable to attend, give a clear explanation of the scheduling conflict to prevent the host from being offended.<sup>54</sup>
  - If able to attend, it is customary to bring a small gift for the host. Wrapped gifts are often not opened in the presence of the gift giver, so that the recipient avoids appearing greedy. Avoid gift wrap and ribbons in black or white, as these colors denote gifts that may be brought to a funeral.<sup>54</sup>
- In China, the following topics are considered taboo or too personal for public discussion: sex, family planning, female reproductive health, mental health.<sup>52</sup>
- Unlike Westerners, persons from China might talk about personal matters such as age, weight, marital status, family, and salary with new acquaintances. The Chinese may discuss these topics as casually as a Westerner may talk about the weather.<sup>54</sup>

#### Is there a need to match client and provider by gender?

Yes<sup>11</sup>  No  Information Not Found/Unknown

#### Comments:

- Most Chinese women are modest and are uncomfortable being touched by male healthcare providers; therefore, most seek female healthcare providers.<sup>42</sup>
- Before beginning a physical exam, explain to the patient what will be done during the physical exam and then politely ask the patient: “May I examine you?”<sup>39,42</sup>
- If feasible, avoid using a male interpreter for an older female patient during clinical exams due to modesty issues.<sup>10</sup>

#### FAMILY:

- Chinese society is collective in nature and people value group membership. The family as a whole is viewed as more important than one of its members. Within the family, each member has a unique role.<sup>2,11,42</sup>
- Gender roles tend to be more balanced in China. Communism granted women equal rights and protection as men.<sup>6</sup> Yet Chinese society is traditionally patriarchal.<sup>7</sup> As such, men are expected to work, take care of finances, provide discipline to children and make family decisions. Women run the household, care for the children, and are often responsible for routine health-related decisions.<sup>10</sup>

- Chinese tradition includes worshipping ancestors.<sup>6</sup> Accordingly, caring for one's parents is a priority among Chinese persons.<sup>52</sup> Elderly family members are highly respected for their wisdom and experience, and there is an expectation that younger family members will care for them.<sup>10</sup>
- Extended family members tend to live close by and help each other out. Unmarried adult children often live at home, and sometimes more than one generation lives in the same house.<sup>6</sup>
- In China, the government implemented a law limiting the number of children a married couple may have, so children are highly valued. Children are dependent upon the family often until young adulthood; children may feel pressure to succeed for their family's sake.<sup>42</sup>
- Families stay with their loved one in the hospital and may make treatment decisions for the patient.<sup>11</sup> Chinese families tend to be especially supportive during patient recovery; this support can help improve treatment adherence.<sup>41</sup>
- Medical decision-making may involve a husband, wife and extended family members.<sup>10</sup>
  - Discuss with patients whom they want included in medical decisions. If patients do not want to make medical decisions for themselves, discuss the need to prepare a durable power of attorney for health care.<sup>39</sup>
  - There are many religious, cultural, and traditional beliefs to which Chinese patients may subscribe that will influence their decisions about treatments. When possible, allow time for the patient to confer with family to make decisions.<sup>39</sup>
- A patient's family may wish to shield their loved one from bad medical news, believing that telling the patient will only make his or her condition worse.<sup>39</sup>

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#### **NAMES:**

- Ask an individual from China how s/he wishes to be addressed:<sup>2,6,38</sup>
  - To the Chinese, it is impolite to call someone by any name other than his or her last name, unless s/he is a close friend or relative.<sup>42</sup>
  - Traditionally, the family name is placed first, before the given name.<sup>42</sup>
  - Some Chinese people change their name order to be like Westerners with their family name last.<sup>42</sup>
- Many Chinese adopt an English first name to make it easier for Westerners to address them.<sup>38</sup> It is best to call them by "Miss" or "Mister" followed by the English first name.<sup>42</sup>
- In China, married women do not use their husband's name. A woman's family name comes first, then her given name, and then her title.<sup>42</sup>

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#### **CULTURAL VALUES:**

- In Chinese "face" roughly translates to "honor," "good reputation," or "respect." Therefore, losing face or causing others to lose face should be prevented:
  - One way that Chinese persons avoid losing face is by keeping quiet during a public disagreement rather than argue aloud or lose their temper.<sup>2</sup>

- If a problem does need to be dealt with, do so indirectly and in private to avoid causing a person (or yourself) to “lose face”.<sup>52</sup>
- Chinese patients may not be completely truthful with healthcare workers if they feel that doing so would cause the person in authority to lose face.<sup>42</sup>
- The Chinese will often answer “yes” to a question even when they don’t understand, in order to save face.<sup>42</sup>
- Due to the collective nature of Chinese society, Chinese persons may suppress their own feelings for the benefit of the group.<sup>2</sup>
- Among persons from China, it is rude to arrive late, and punctuality is viewed as a virtue.<sup>2,11</sup>

- Among the Chinese, it is of utmost importance to be polite and respectful to others, and social courtesies are especially important. For example, a Chinese client may serve a DOT staff member a cup of tea without asking if the staff member would like to have tea (perhaps even knowing that the staff member will not have time to drink the tea) because it is often more important to “act” polite even if a gesture serves no practical purpose other than looking polite. Just as it is important for a Chinese person to appear polite, it is equally important for the recipient to appear gracious and appreciative of the hospitality or courtesies provided.<sup>54</sup>
  - The customary way to thank someone for something is to clasp the hands together, with one covering the other, and wave them front and back.<sup>54</sup>

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**COMMUNICATION PATTERNS (VERBAL AND NONVERBAL):**

- Chinese people are typically not socially assertive, especially when interacting with authority figures or experts such as doctors and nurses. Therefore, in medical situations patients do not often express their concerns to healthcare providers, or they may do so indirectly and with restraint. Nevertheless, Chinese patients will expect the doctor or nurse to interpret their message correctly.<sup>11</sup>
  - Chinese persons tend to be non-confrontational; instead of saying “no” outright they may say they “will think about it” or they “will see”.<sup>2,38</sup> They may also nod politely to avoid confrontation when there is a disagreement.<sup>7</sup>
  - When a Chinese person smiles politely and says “no big problem” or “the problem is not serious,” s/he may actually mean that problems still exist.<sup>38</sup>

*Note: A Chinese person’s silence may be difficult to interpret, as it may convey respect, disagreement, or lack of understanding.<sup>7</sup>*

- While Chinese people tend to be more reserved and polite among strangers or acquaintances, they are more social and talkative among family and close friends. Public displays of affection are rare; however, close friends of the same gender may hold hands or wrap an arm around each other's shoulder. This show of affection usually demonstrates friendship and should not be immediately interpreted as having sexual overtones.<sup>6,52,54</sup>
- In crowds Chinese people tend to avoid eye contact as an act of privacy.<sup>2,11</sup> Direct eye contact is common in conversation, but staring is inappropriate and considered disrespectful. However, some may feel uncomfortable with direct eye contact during face-to-face communication.<sup>42</sup>
- Facial expression, tone of voice, and posture are important ways to communicate feelings among Chinese people.<sup>2</sup>
  - Many Chinese persons are purposefully expressionless while speaking so as not to be seen frowning, which is a sign of disagreement. Smiling is limited in formal situations. Among family and friends, facial expressions are used more extensively.<sup>2,42</sup>
- In Chinese culture, it is respectful to maintain a distance between people while speaking.<sup>42</sup>
- Chinese persons do not like to be touched by strangers, including healthcare providers. If touch is necessary during a medical appointment, be sure to explain the need to touch a patient and where the patient will be touched prior to beginning any exam or procedure with a Chinese patient.<sup>11,42</sup>
- Scratching one's head shows hesitation and can be interpreted as finding a solution to a difficult problem.<sup>54</sup>
- To show displeasure with someone, Chinese persons may scratch their cheeks with their index finger.<sup>54</sup>
- To summon someone, move your fingers towards yourself with your palm face down. When pointing, use your whole hand instead of the index finger only.<sup>38</sup>

**The following gestures may be considered inappropriate or offensive to a patient from this country:**

- Avoid putting your hands or fingers in your mouth (i.e. biting your nails, removing food from your teeth, etc.) as this is considered poor manners.<sup>38</sup>
- If you need to blow your nose in public, use a handkerchief and turn away from others.<sup>38</sup>

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**DIET AND NUTRITION:**

- To balance *yin* and *yang*, Chinese try to eat equal amounts of hot and cold foods. This balanced diet enables a person to be healthy and allows for physical and emotional harmony.<sup>37,42</sup>
  - Similarly, food and food derivatives are often used in traditional Chinese medicine to prevent or cure illnesses.<sup>42</sup> For instance, Chinese may compensate for cold illnesses by eating more hot foods and vice versa.<sup>7,11</sup>
  - Chinese patients may ask whether there are foods they should not eat or need to avoid.<sup>37</sup>

- The Chinese subscribe to a hot/cold dichotomy whereby eating “hot” or *yang* foods causes the person to feel hot sensations and eating “cold” or *yin* foods causes cold sensations.<sup>7,11</sup>

- “Cold” or *yin* foods include: winter melon, bitter melon, oranges, apples, watermelon, bananas, coconut, mustard greens, water chest, Napa cabbage, bean sprout, soybean, tofu, mung bean, water chestnut, cilantro, cucumber, tea, cold drinks, water, ice cream, ice chips, duck, clams, oysters.<sup>7,11,37</sup>
- “Hot” or *yang* foods include: chili pepper, garlic, ginger, cinnamon, curry, sesame oil, eggs, rice, onion, eggplant, mushrooms, bamboo, peanuts, pineapple, mango, cherries, beef, turkey, shrimp, crab, fried chicken.<sup>7,11,37</sup>
- Cooking foods a certain way is thought to influence the *yin* (boiling, poaching, steaming) or *yang* (deep frying, roasting, stir frying) quality of foods.<sup>7</sup>

- Although each region in China has its own traditional diet, the daily Chinese meal consists of a meat, grain (often rice, wheat and corn), vegetable, and fruit. Dairy products are not often consumed due to lactose intolerance; soymilk and tofu are regularly substituted. The Chinese tend to prefer hot or warm beverages. In making food choices, freshness is often more important than nutrition.<sup>2,6,8,11,37</sup>

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#### MISCELLANEOUS:

- In China, it is customary for patients to request that the doctor provides the patient’s treatment; these requests may appear aggressive to non-Chinese healthcare providers.<sup>10</sup>
- Chinese persons value emotional self control. Within China, a person who displays his or her pain (i.e. shouting, making noise, and complaining) is considered to have a weak character. Therefore, Chinese patients appear stoic and may avoid reporting symptoms of pain, discomfort, or medication side effects to healthcare professionals.<sup>11,39</sup>
  - Conversely, Chinese Americans may manifest psychological distress as physical or somatic complaints.<sup>7</sup> Healthcare professionals need to be cognizant of the somatic ways in which clients portray illness or the way they blame discomfort or illness on external causes.<sup>10</sup>
- When collecting a medical history, a patient’s concept of time may appear confusing or require additional clarification because present tense and past tense verbs are the same in the Chinese language.<sup>2,11</sup>
- Chinese patients may wear amulets for good health and clinicians should avoid removing them if possible.<sup>7</sup>

# TRANSLATED EDUCATIONAL MATERIALS AVAILABLE THROUGH THE WORLD WIDE WEB

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## TUBERCULOSIS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

### BROCHURES AND FACT SHEETS

#### General disease information

- **Tuberculosis Infection and Disease (Chinese):**  
<http://www.findtbresources.org/scandocs/AD31013.pdf>
- **Information about Tuberculosis (Chinese):**  
[http://www.lung.ca/\\_resources/tub\\_chinese\\_sim.pdf](http://www.lung.ca/_resources/tub_chinese_sim.pdf)
- **Taking the Fear out of TB (Chinese):**  
[http://www.mhcs.health.nsw.gov.au/mhcs/publication\\_pdfs/3450/BHC-3450-CHI.pdf](http://www.mhcs.health.nsw.gov.au/mhcs/publication_pdfs/3450/BHC-3450-CHI.pdf)
- **What You Need to Know About TB (Chinese):**  
<http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-brochure-what-chi.pdf>

#### Diagnostics

- **The Tuberculin Skin Test Tells Who Is Infected - What Does It Mean? (Chinese):**  
[http://www.doh.state.fl.us/Disease\\_ctrl/tb/TBForms/Brochures/TST\\_new/DH150-820-TBskintest-Chinese.pdf](http://www.doh.state.fl.us/Disease_ctrl/tb/TBForms/Brochures/TST_new/DH150-820-TBskintest-Chinese.pdf)

#### Treatment

- **Treatment for Active TB Disease (Chinese):**  
<http://www.nyc.gov/html/doh/downloads/pdf/tb/tb-brochure-activetreatment-ch.pdf>
- **Pills to Prevent TB: For You and Your Family! (Chinese):**  
[http://www.ethnomed.org/ethnomed/patient\\_ed/chinese/aapcho\\_tbpills\\_chin.pdf](http://www.ethnomed.org/ethnomed/patient_ed/chinese/aapcho_tbpills_chin.pdf)

#### TB/HIV

- **Tuberculosis: The Connection between TB and HIV (the AIDS Virus) (Chinese):**  
<http://www.findtbresources.org/scandocs/AD31165.pdf>
- **TB & HIV: A Dangerous Partnership (Chinese):**  
<http://www.vdh.virginia.gov/std/Brochure/TBHIVChn.pdf>

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## HIV/AIDS SPECIFIC MATERIALS (TITLES PROVIDED IN ENGLISH)

### BROCHURES AND FACT SHEETS

- **HIV Patient Fact Sheet (Chinese):**  
[http://www.mhcs.health.nsw.gov.au/mhcs/publication\\_pdfs/6725/NGO-6725-CHI.pdf](http://www.mhcs.health.nsw.gov.au/mhcs/publication_pdfs/6725/NGO-6725-CHI.pdf)
- **Join the Fight Against AIDS (Chinese):**  
[http://www.weforum.org/pdf/Initiatives/GHI\\_Menu\\_China\\_Inserts\\_Chinese.pdf](http://www.weforum.org/pdf/Initiatives/GHI_Menu_China_Inserts_Chinese.pdf)

• **Sexually Transmissible Diseases (Chinese):**

<http://db.jhuccp.org/mmc/media/hok89.pdf>

• **Support and Understanding: Living with HIV/AIDS (Chinese):**

<http://db.jhuccp.org/mmc/media/PLAUS570.pdf>

*\*Please note that this resource list is not exhaustive and does not represent all the resources available for this subject. Additional TB educational resources may also be found at [www.findtbresources.org](http://www.findtbresources.org)*

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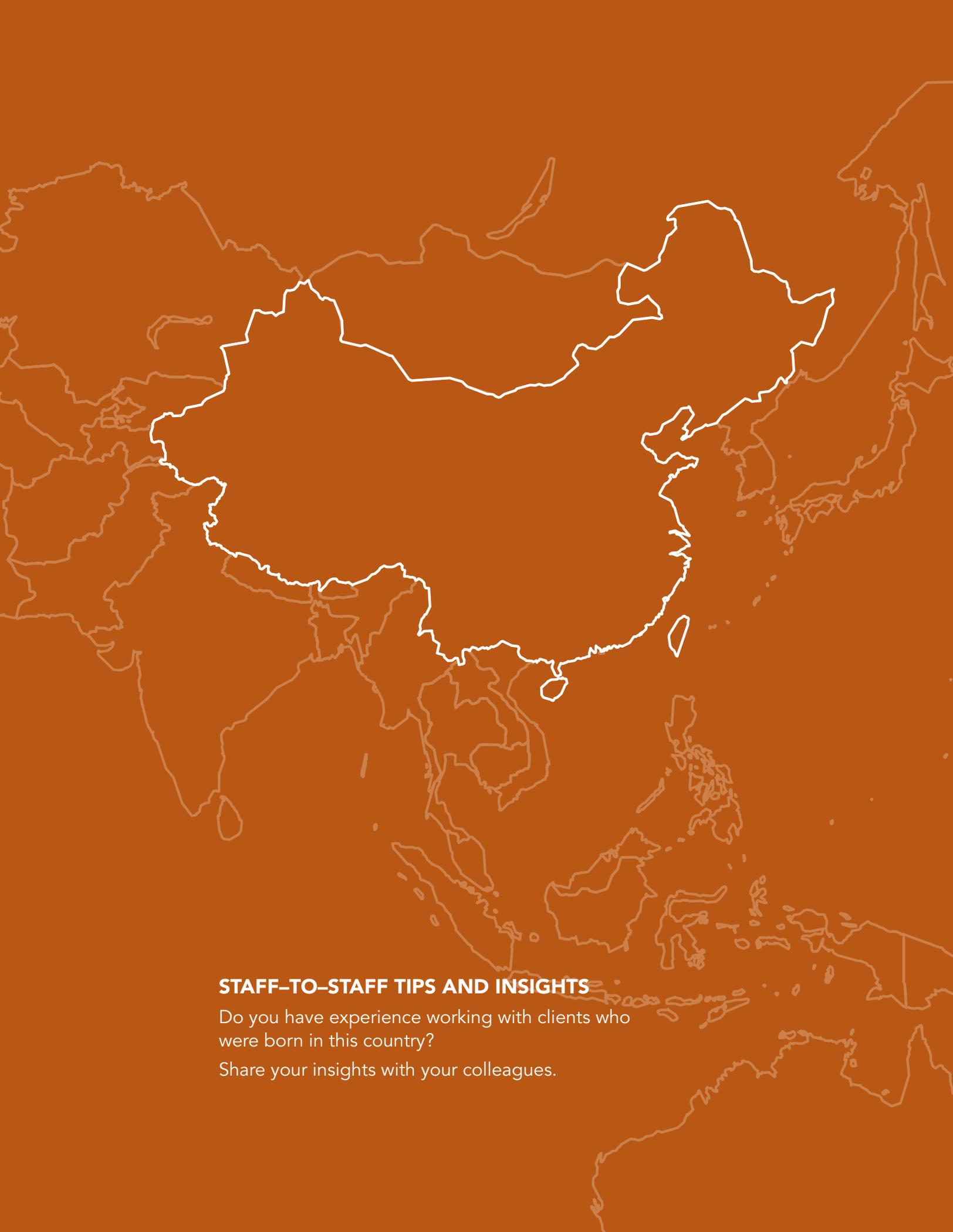
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