



OPINION PIECE - SELF-IDENTITY

Read the opinion piece 'Students: realize importance of self-identity'.

Source - The Treefold Advocate: [Students realize importance of self-identity](#), John Brown University's Student Newspaper 2015.

Questions:

1. List three ways your identity has changed throughout your life so far.
2. Describe two things that make you different from others.
3. Explain two of your strengths.
4. Complete this sentence: Having my own identity helps me make positive decisions because...

WHAT DOES THAT MEAN?

Use your own ideas and dictionary meanings to describe what the following word means:

Word	What the word means
Personal	
Interpersonal	
Societal	
Ethnicity	
Culture	
Values	
Beliefs	
Attitudes	
Personal identity	
Respect	
Belonging	

1. Choose two words from the table and explain in writing how these have shaped you to be the person you are today.
2. Share these statements with others in your class and hear about what has shaped them.
3. What did you learn about others in your class? Did anything surprise you?



VALUES CONTINUUM ACTIVITY

Teacher instructions

Explain to the students that you will be completing a continuum activity and they are welcome to stand where they feel comfortable; ensure students understand that there is no right or wrong answer.

At one end of the room have a sign that says "Very important" and at the other end "Not important". Explain that neutral is in the middle.

Read out the statements below.

After each statement and when students have moved to their new position, ask a few students to explain why they placed themselves where they did. (Students may have the right to pass).

Statements: Is it important or not important to...

- Go to university
- Have your own bedroom
- Visit other countries
- Be treated fairly
- Know where you have come from
- Get good grades at school
- Have a boy/girlfriend
- Get along with my family
- Know where my ancestors are from
- Learn about a different culture
- Have good health
- Be wealthy
- Have at least one good friend

Students return to their seats and respond to questions below:

1. Choose the statement you had the strongest opinion about. List the reasons someone might be at the opposite end of the continuum to you. Consider social, cultural, economic factors.
2. What can we do to ensure people's differing values are respected?

CULTURAL VALUES AND PERSPECTIVES – MIX AND MATCH ACTIVITY

We asked people living in New Zealand to share their beliefs and values on different topics such as gift-giving, healthcare and education. Below are statements from five New Zealanders who shared their personal perspectives with the authors of this resource.

To respect privacy, we have not used the real names of those who contributed statements. These statements demonstrate individuals' values, beliefs, and perspectives on a variety of topics, but it is important to note that not all people who identify with a similar culture and/or ethnicity will share these views or experiences.

Instructions:

Preparation: Print pages 2-7 and cut the cards out. Each group will require their own set of cards.

1. In small groups, match the statements to the person. (Check your answers with your teacher)
2. Identify three statements you had trouble placing and explain why to your group.
3. Identify three statements you found easy to place and explain why to your group.
4. Write your own statement on each topic based on your upbringing, cultural values, beliefs, and perspectives.
5. Describe five ways you could use the knowledge gained completing this activity to respect others from various cultures and ethnicities better.

Strategies could include:

- *Remembering people's opinions and perspectives are often linked to their values and beliefs and even if these are different to your own they are not wrong.*
- *Ask the person the reasoning behind their response to gain a greater understanding of their perspective.*
- *Undertake your own research to learn about different cultures and perspectives.*
- *Communicate with care.*
- *Remember, you don't know what you don't know.*
- *Ask in a different way - If you asked someone something and they didn't respond in the way you intended, rephrase your question.*
- *Do not make/act on assumptions/stereotypes based on the person's background, culture and/or ethnicity.*

Disclaimer: This resource was produced on behalf of the Asia New Zealand Foundation, for teachers, to grow New Zealand students' knowledge of Asia. The content of this resource does not necessarily reflect the views of the Foundation. Some resources reflect individuals' views and those prevalent during significant historical periods.

	Amelia identifies as Singaporean Chinese	Abel identifies as Filipino/Southeast Asian	Aroha identifies as New Zealand Māori	Chen identifies as Chinese (born in Hong Kong)	Tania identifies as a New Zealander with links to Scottish and Māori heritage
Giving gifts when doing business	1: It's acceptable in Singapore, though the form (cost, nature, etc.) of the gifts matter because of strict anti-bribery laws. The strictness of the laws applicable to each industry may vary.	14: Giving gifts, particularly flowers and food, is especially popular in Filipino business culture. Moreover, exchanging gifts is an essential step in solidifying business ties.	28: From my experience, koha can be given when meeting or doing business with Māori. If you are just meeting, no, but if there is some sort of advice given, help given or an actual service then yes. A gift for business is usually a taonga of some sort, but if there is some sort of service it is money.	13: Chinese usually prepare gifts for business partners. The gifts tend to be more expensive if the meeting or the other parties are in a higher level of importance. When receiving gifts, we do not open it straight away but wait until the person who offered gifts has left.	29: This is not one I practice, I invest more in building trust and loyalty.

<p>Visiting the doctor or an alternate health care provider for a general health issue e.g. cold, infection</p>	<p>15: The vast majority would visit a GP for general health issues. A small minority, mainly the very elderly folks, may visit traditional medicine providers.</p>	<p>16: Older adults tend to cope with illness with the help of family and friends as much as possible.</p>	<p>2: Some Māori people like to use rongoa, which is traditional Māori medicine. It uses a lot of natural and indigenous plants such as kawakawa. Massage (mirimiri) is also used widely in the natural healing process. But many Māori in this day and age just use regular doctors, although many Māori seek out Māori doctors.</p>	<p>12: In Hong Kong, we go to the doctors rather than the pharmacy if we get sick (no appointment is needed). We also have a lot of herbal remedies and Chinese medicines in our day to day life. For example, chrysanthemum and liquorice root is good to diminish inflammation; hawthorn is good for digestion and blood circulation.</p>	<p>11: Yes I would seek professional when I felt I either don't know what the condition was or it had gone beyond a comfortable stage.</p>
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<p>Completing a university education</p>	<p>3: University education is considered important in Singapore. I would assume that completing university education would be higher today than ever.</p>	<p>26: Filipinos have a deep regard for education, which they view as a primary avenue for upward social and economic mobility. Middle-class parents make tremendous sacrifices in order to provide secondary and higher education for their children.</p>	<p>10: There is a lot of status and pride around those who attend. Communities will help out wherever they can to help a member of their whānau.</p>	<p>27: Most Chinese parents expect their children to have a university degree because they believe it would bring their children a more guaranteed and stable job/ life status.</p>	<p>30: Highly value education, it's an investment in yourself and your community</p>
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<p>Sitting on tables</p>	<p>31: No biggie unless there's food on the table, then it becomes less acceptable.</p>	<p>17: Sitting on tables is not common but we have customs around table etiquette. The most honoured position is at the head of the table, with the honoured guest(s) sitting to the right of the host.</p>	<p>4: A big no-no in Te Ao Māori. Tables are where we eat or prepare food and you never put your bottom where your food goes. A table and your body has a higher status than food, tables and your body are tapu (sacred) but kai is noa (not sacred).</p>	<p>25: We don't sit on tables because it is considered a rude behaviour.</p>	<p>9: Tables are for food, as are kitchen benches. I try never to place food on surfaces that are used for other purposes, including car seats.</p>
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<p>Looking someone in the eye when they are speaking</p>	<p>5: No issues, it's considered the sincere, confident way.</p>	<p>18: Eye contact should be infrequent. While it is beneficial to make some eye contact when meeting a person for the first time, Filipinos consider frequent eye contact intrusive and rude.</p>	<p>24: Many Māori will not look anyone in the eye who is speaking to them who is above their status. An elder, an adult older than them, a person of power etc. This is a sign of respect, not of embarrassment or defiance as often perceived. In today's world this has changed a little but in a place like a marae this is still common practice.</p>	<p>6: We try not to look in people's eyes for too long when they are speaking- it seems a bit rude.</p>	<p>19: Yes, for me it shows respect and engagement.</p>
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<p>Caring for your elders</p>	<p>32: An important value that cuts across ethnic groups. People are definitely not proud, even ashamed, if/when they send their elderly relatives to care homes for the elderly.</p>	<p>8: The idea that caring for older people is the responsibility of their children is rooted as firmly in Filipino society as it is elsewhere in Southeast Asia. For that reason, older people usually live with their families.</p>	<p>20: Elders are very prized in Te Ao Māori, they must be cared for and looked after. Traditionally this would have taken place on the marae with everyone sharing the load. These days many Māori would still not put their elders, grandparents in a home as it is seen as not caring, or disrespectful. They helped raise you and look after you in most circumstances so why would you get rid of them. Also they are the holders of much knowledge so they are needed to pass down traditions, especially in the past where it was mostly oral traditions.</p>	<p>23: We respect the elderly. For example, before the elderly start eating, others will usually wait. We try not to argue with the elders. “孝Xiao”- Filial piety is an important value and belief in Confucianism. It is about respecting our ancestors, parents and older brothers and sisters.</p>	<p>7: Yes, again another sign of respect and gratitude for their investment in myself and my generation. It has not yet extended to caring for them fulltime in my home.</p>
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<p>Shaking hands/hugging when you meet someone</p>	<p>21: Common to shake hands, though younger Singaporeans are generally open to hugging when meeting someone.</p>	<p>33: Close friends and family may accompany a handshake with a pat on the back. Females may hug and kiss to greet each other.</p>	<p>34: Some Māori hongis in formal settings, if there is no hongis then a kiss on one cheek. It doesn't matter that you haven't met them until now, you always meet with a kiss. Often the hongis is accompanied by a hand shake as well. Māori don't usually hug someone unless they know them, but even then it's still usually a kiss.</p>	<p>22: We don't hug others, except for very close friends and family. Hugging strangers doesn't really feel appropriate, we are more reserved. We usually shake hands when we meet a business partner.</p>	<p>35: Yes, as previously mentioned I value relationships and therefore like to acknowledge friends and family with a hug.</p> <p>In a business setting I would shake hands if more appropriate.</p>
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TEACHER ANSWERS

	Amelia identifies as Singaporean Chinese	Abel identifies as Filipino/Southeast Asian	Aroha identifies as New Zealand Māori	Chen identifies as Chinese (born in Hong Kong)	Tania identifies as a New Zealander with Scottish and Māori heritage
Giving gifts when doing business	1	14	28	13	29
Visiting the doctor or an alternate health care provider for a general health issue e.g. cold, infection	15	16	2	12	11
Completing a university education	3	26	10	27	30
Sitting on tables	31	17	4	25	9
Looking someone in the eye when they are speaking	5	18	24	6	19
Caring for your elders	32	8	20	23	7

MĀORI HEALTH MODELS

The Māori philosophy on health is based on a holistic health model. For many Māori, the major deficiency in modern, mainstream health services is the lack of a strong Māori health workforce, the lack of ability to see themselves reflected in the healthcare system, and thereby misalignment of values, which breaks down trust and confidence in the system and leads to lack of engagement by Māori (Asia New Zealand Foundation Māori Adviser Tania Te Whenua).

Below is information on three models of Māori health from the New Zealand Ministry of Health website.

Te Whare Tapawhā: Mason Durie

One model for understanding Māori health is the concept of 'te Whare Tapawhā' - the four cornerstones (or sides) of Māori health.

With its strong foundations and four equal sides, the symbol of the wharenuī illustrates the four dimensions of Māori well-being.

Should one of the four dimensions be missing or in some way damaged, a person, or a collective may become 'unbalanced' and subsequently unwell.

For many Māori, modern, mainstream health services lack recognition of taha wairua (the spiritual dimension). In a traditional Māori approach, the inclusion of the wairua, the role of the whānau (family) and the balance of the hinengaro (mind) are as important as the physical manifestations of illness.

Taha tinana (physical health)

- The capacity for physical growth and development.
- Good physical health is required for optimal development.
- Our physical 'being' supports our essence and shelters us from the external environment. For Māori, the physical dimension is just one aspect of health and well-being and cannot be separated from the aspect of mind, spirit and family.

Taha wairua (spiritual health)

- The capacity for faith and wider communication.
- Health is related to unseen and unspoken energies.
- The spiritual essence of a person is their life force. This determines us as individuals and as a collective, who and what we are, where we have come from and where we are going.

- A traditional Māori analysis of physical manifestations of illness will focus on the wairua or spirit, to determine whether damage here could be a contributing factor.

Taha whānau (family health)

- The capacity to belong, to care and to share where individuals are part of wider social systems.
- Whānau provide the strength to be who we are. This is the link to ancestors, ties with the past, the present and the future.
- Understanding the importance of whānau and how whānau can contribute to illness and assist in curing illness is fundamental to understanding Māori health issues.

Taha hinengaro (mental health)

- The capacity to communicate, to think and to feel mind and body are inseparable.
- Thoughts, feelings and emotions are integral components of the body and soul.
- This is about how we see ourselves in this universe, our interaction with that which is uniquely Māori and the perception that others have of us.

Te Whare Tapawhā model was developed by Mason Durie.

Te Wheke: Rose Pere

Another model of Māori health is based on Te Wheke, the octopus and the eight tentacles that collectively contribute to waiora or total wellbeing.

Traditional Māori health acknowledges the link between the mind, the spirit, the human connection with whānau, and the physical world in a way that is seamless and uncontrived. Until the introduction of Western medicine, there was no division between them.

The concept of Te Wheke, the octopus, is to define family health. The head of the octopus represents te whānau, the eyes of the octopus as waiora (total wellbeing for the individual and family) and each of the eight tentacles representing a specific dimension of health.

The dimensions are interwoven and this represents the close relationship of the tentacles.

- Te whānau - the family
- Waiora - total wellbeing for the individual and family
- Wairuatanga - spirituality
- Hinengaro - the mind
- Taha tinana - physical wellbeing
- Whanaungatanga - extended family
- Mauri - life force in people and objects
- Mana ake - unique identity of individuals and family
- Hā a koro mā, a kui mā - breath of life from forbearers
- Whatumanawa - the open and healthy expression of emotion

Te Wheke model was developed by Rose Pere.

Te Pae Mahutonga: Mason Durie

Te Pae Mahutonga (Southern Cross Star Constellation) brings together elements of modern health promotion.

The four central stars of the Southern Cross represent four key tasks of health promotion:

- Mauriora (cultural identity)
- Waiora (physical environment)
- Toiora (healthy lifestyles)
- Te Oranga (participation in society)

The two pointers represent Ngā Manukura (community leadership) and Te Mana Whakahaere (autonomy).

View diagram of [Te Pae Mahutonga](#) from Ministry of Health website.

Te Pae Mahutonga model was developed by Mason Durie.

Source

Information on all three models of Māori health from [New Zealand Ministry of Health](#) website.



EXPERT JIGSAW: EXPLORING HEALTH MODELS AROUND THE WORLD

1. Teacher discussion around different health models and why it is important to respect healthcare beliefs and practices from different cultures.
2. The teacher chooses information on 6 various health models and/or gives students access to material online or printed.
3. Students start in groups of 6, they number off 1-6 and each student is sent to a different station to learn about a health model. (10-15 minutes).
4. Students return to their group as an expert on a health model. Each student has a turn to share what they learned.
5. All students complete the jigsaw worksheet, filling in a jigsaw piece on each health model.

Questions students could consider when investigating their health model:

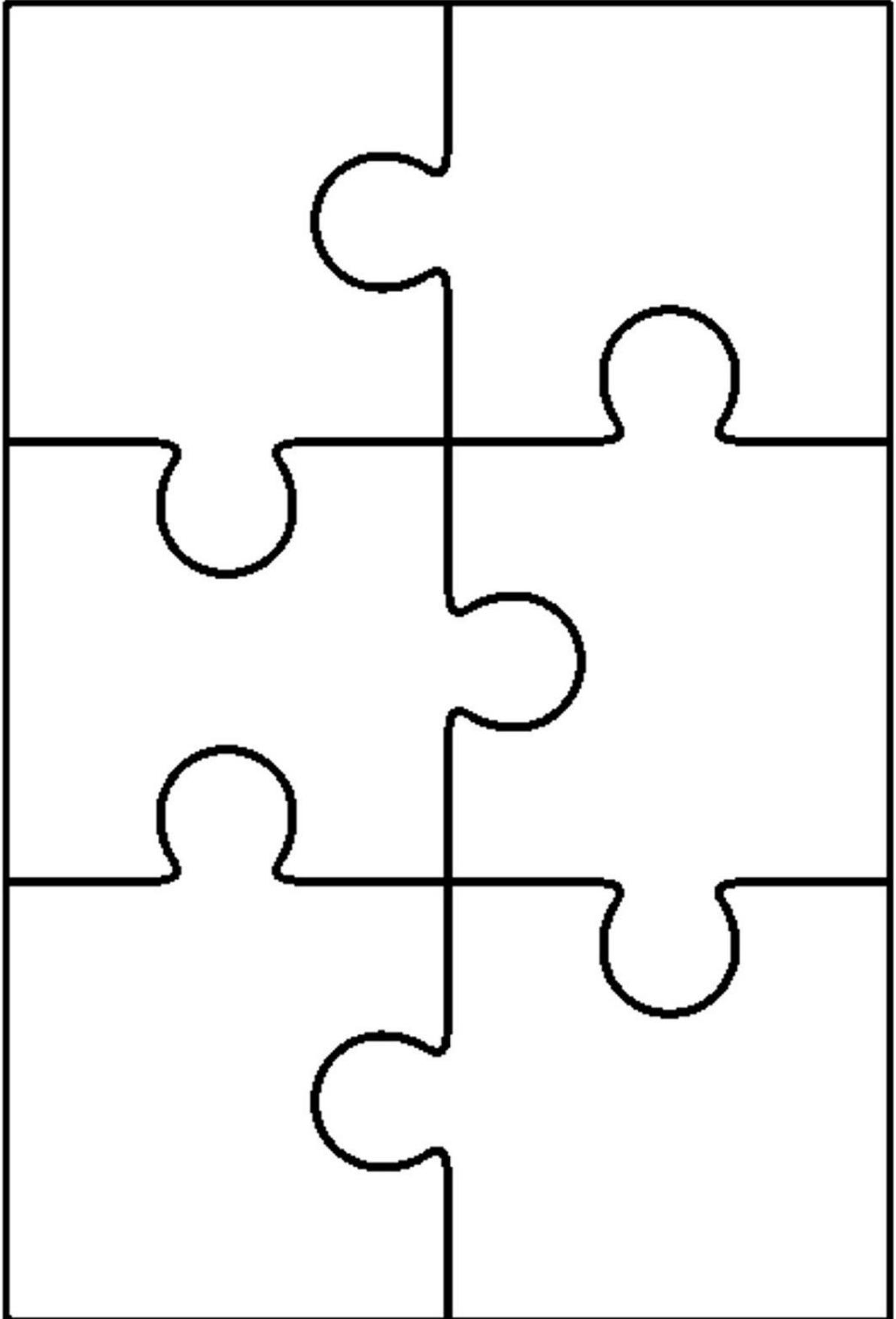
- What is this model based on? Explain how you know this.
- What does this model tell you about what is believed to be good health?
- 3 key points I could share with my group about this health model.

Information on health models/healthcare practices

Teachers are advised to review the resources provided below and select materials which are suitable for the age and learning level of their students. Teachers may be required to condense some of the information.

Health model/healthcare beliefs	Resources
Asian cultures - general information provides a good overview of differences between Asian and Western approaches to health as well as traditional Asian treatments and practices such as cupping.	eCald Cross cultural resource e-toolkit: Introduction to Asian cultures, health care beliefs and practices (pg 4-7).
Chinese beliefs - Yin and Yang	Medium: beginners guide to Chinese medicine Yin and Yang eCald Cross cultural resource e-toolkit: Chinese healthcare beliefs and practices (pg 2).

	Ageless herbs: Learn about Yin and Yang
Filipino beliefs - <i>Timbang</i>	Stanford School of Medicine: Health beliefs and behaviours – Indigenous beliefs (pg 1). Barbara Dixon, Diversity and Immigrant Student Support, Red River College, 2009: Cultural Traditions and Healthcare Beliefs of Some Older Adults (pg 7).
Indian beliefs - <i>Ayurveda</i>	eCald Cross cultural resource e-toolkit: Indian healthcare beliefs and practices (pg 3). The Ayurvedic Institute Ayurveda: A Brief Introduction and Guide
Korean beliefs - <i>Han bang</i> or <i>Han yak</i>	eCald Cross cultural resource e-toolkit: Korean healthcare beliefs and practices (pg 2-3). Barbara Dixon, Diversity and Immigrant Student Support, Red River College, 2009: Cultural Traditions and Healthcare Beliefs of Some Older Adults (pg 9-10)
Muslim patients	Basem Attum and Zafar Shamoon, 2019: Cultural competence in the care of Muslim patients and their families (pg4-7)
Ojibwa beliefs - Ojibwe Medicine wheel	Anishinaabemowin website: The Ojibwe medicine wheel.
Pacific - Fonofale model	Action point: Pacific health models
Vietnamese beliefs - Illness can be caused by shift in the environment	eCald Cross cultural resource e-toolkit: Vietnamese healthcare beliefs and practices (pg 2-3).
For teacher reference Western Biomedical model Supernatural model Spiritual / Religious model Humoral / Body balance model Balance model: Health and wellness and healing practices Cultural meaning about food	Asian Health Services and Waitemata District Health Board presentation by Sue Lim, 2015 Asian cultural values and health beliefs and the impact they have on decisions around nutrition and physical activity: A Local example of a culturally appropriate approach.



ACTIVITY: WHAT INFLUENCES ME?

Resources: Sticky notes, pens, whiteboard, or chalk.

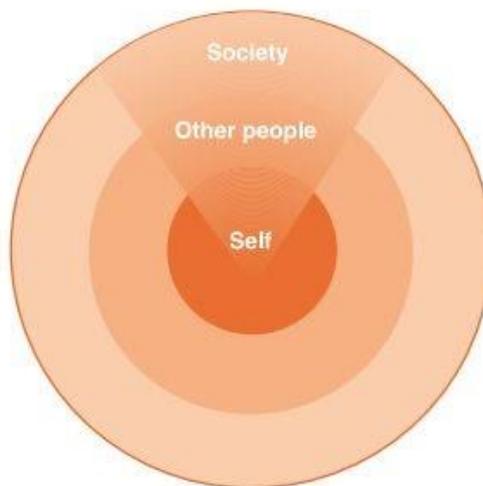
Students are to brainstorm/identify where their ideas around culture come from (these are called influences). Get students to write each of these influences on a sticky note.

Explain to the students that our influences come from three main areas: themselves, others, and society.

Draw three circles (like the image below) on either the whiteboard or the floor (with chalk) and label each: the inner circle - personal; middle circle - interpersonal; and outer circle - societal. Explain that our influences either come from the personal level, interpersonal or societal level (see descriptions below).

Students are to place their sticky notes at the level they believe it is from.

Discuss how our influences often come from a range of levels and the interrelationships that exist between themselves, others and society interrelate with each other to help us understand and appreciate how and why individuals differ.



Images: Health and Physical Education in the New Zealand Curriculum (1999)

1 Personal Factors	2 Interpersonal Factors	3 Societal Factors
An individual's beliefs, attitudes, needs, wants, thoughts, values and behaviours.	Result from people's interaction and communication with those around them (friends, family, workmates, teachers etc?).	The way that cultural attitudes, politics, economic circumstances, social norms, media pressures and globalisation (for example) interact with communities and individuals.

CUISINE MIX AND MATCH CARDS



PAELLA

SPAIN



BUTTERED POPCORN

MEXICO



MASALA DOSA

INDIA



SOM TAM

THAILAND



HAINANESE CHICKEN RICE

SINGAPORE



POUTINE

CANADA



FISH AND CHIPS

ENGLAND



GOI CUON (SUMMER ROLL)

VIETNAM

Image sources: [Creative Commons](#)

Mix and match instructions:

Print and cut out the images, cuisine and country of origin cards. Students match the cuisine and country of origin to the corresponding image. Additional teacher notes are provided for discussion.

Teacher notes

Paella, Spain

Paella is a traditional dish made of seafood, rice, vegetables and saffron from Valencia on the eastern coast of Spain. A folktale suggests that paella was originally created when servants mixed up leftovers from a royal banquet to take home as leftovers. The original recipe was made up of rice, green beans, rabbit, chicken and sometimes duck.

Popcorn, Mexico

Popcorn is a popular movie snack around the world, but the oldest record of popcorn was found in what is now Mexico. Historical records from 300AD show decorated funeral urns with a maize god with popped corn kernels decorating his headdress.

Masala dosa, India

According to some, masala dosa were created in Mysore where a Maharaja was hosting a festival and wanted his chefs to think creatively so no food would be wasted. The chefs created a dish where they stuffed a plain dosa (a crispy, rice-batter crepe) with a spicy mix of mashed potato filling. Nowadays masala dosa are served with tasty accompaniments such as coconut chutney, pickles and dhal (sauce made with lentils).

Som tam, Thailand

Som Tam is a Thai papaya salad; it is quite a taste explosion with sweet, spicy, salty and sour flavours. A basic som tam is made with chillies, peanuts, tomato, fish sauce, lime juice and papaya. Recipes have evolved over time in Thailand with the origin of papaya salad being traced back to Laos, a country that borders Thailand to the Northeast.

Hainanese chicken rice, Singapore

Often referred to as Singapore's national dish, Hainanese chicken rice is a popular dish served at hawker markets for as little as \$3. A simple dish made up of poached or roasted chicken, rice and served with soy and chilli sauces for dipping, and some tasty broth. While Hainanese chicken was originally introduced to Singapore from Hainan in South China, it has become a popular dish in Singapore.

Poutine, Canada

Poutine was first sold in snack bars during the 1950s in Quebec, Canada. This comfort food is made up of french fries covered in gravy and cheese curds. In Canada, Poutine is on the menu everywhere, from fine dining restaurants to fast food outlets like McDonalds and Burger King.

Fish and chips, England

The history of fish and chips dates back to the 1860s in England. There are two versions of history, the first that Joseph Malin opened the first fish and chip shop in London in 1960 selling 'fish friend in the Jewish fashion'. The alternative version of history is that John Less began selling fish and chips out of a wooden hut at Mossley market in 1863.

Goi cuon (summer roll), Vietnam

The proper translation of Goi cuon is salad roll, but often referred to as summer rolls in New Zealand. Legend has it that this dish was invented during the reign of Emperor Nguyễn Huệ Quang Trung in the late 1700s. Emperor Quang Trung ordered his army to carry men on stretchers during battle so they could take turns resting, while others were still on the move. As a result, goi cuon was invented as a convenience and fast dish that could be eaten quickly, on the go and cold.

SPORTS MIX AND MATCH CARDS



CROSS COUNTRY SKIING

NORWAY



SUMO WRESTLING

JAPAN



MUAY THAI

THAILAND



SEPAK TAKRAW

MALAYSIA



CRICKET

ENGLAND



TAEKWONDO

KOREA



Image source: [Create Commons](#)

BUNGY JUMPING

NEW ZEALAND

Mix and match instructions:

Print and cut out the images, sport and country of origin cards. Students match the sport and country of origin to the corresponding image. Additional teacher notes are provided for discussion.

Teacher notes:

Cross-country skiing, Norway

Cross-country skiing is often regarded as the national sport of Norway. The first recorded evidence of cross-country skiing dates back as far as 400BC with an ancient rock drawing of the sport.

Sumo wrestling, Japan

Sumo wrestling is a traditional martial art dating back to the 5th century in Japan. Sumo customs and rituals are associated with the Shinto religion, and sumo was originally used to train Samurai warriors. Today, sumo wrestlers consume an average of 20,000 calories a day.

Muay Thai, Thailand

Muay Thai is the national sport of Thailand and its origin can be traced back to the mid-18th century or even later. Muay Thai translates to Thai boxing in English; it is a combat sport which utilises the entire body. Muay Thai is also known as the "art of eight limbs" because it uses eight points of contact, fists, elbows, knees and shins.

Sepak takraw, Malaysia

Historical records suggest that the earliest form of Sepak takraw was first played in Malaysia during the 15th century. Sometimes described as kick volleyball, players can only use their feet, knee, chest and head to touch the ball and force it over the net.

Sepak Takraw is played throughout Southeast Asia in countries such as Indonesia, Malaysia, Philippines and Thailand.

Cricket, England

The origins of cricket can be traced back to England with records suggesting it was first played as a children's game as early as the 13th century. Cricket became the national sport of England in the 18th Century and spread globally with the first international match being played in 1844.

Taekwondo, Korea

Taekwondo is recognised as one of the world's oldest martial arts because it can be traced back as far back as 37BC. Taekwondo is a Korean martial art, 'tae' means foot, 'kwon' fist and 'do' the way of. So Taekwondo literally translate to 'the way of the foot and fist'.

Bungy jumping, New Zealand

Bungy jumping is an extreme sport which was developed from the origins of land diving, a ritual from Vanuatu. Bungy jumping as it is known today was popularised in 1986 when A J Hackett and his cameraman attached a stretchy elastic cord to themselves and jumped off Auckland's Greenhithe Bridge.



CULTURAL COMPETENCY

Cultural competence refers to an ability to interact effectively with people of different cultures. Cultural competence comprises four components:

1. Awareness of one's own cultural worldview,
2. Attitude towards cultural differences,
3. Knowledge of different cultural practices and worldviews, and
4. Cross-cultural skills. Developing cultural competence results in an ability to understand, communicate with, and effectively interact with people across cultures.

If we can learn more about cultures outside of our own, we can enhance our cultural competency.

Reference: [eCald](#). CALD refers to culturally and linguistically diverse groups who are migrants and refugees from Asian, Middle Eastern, Latin American and African (MELAA) backgrounds.

STEREOTYPES CONTINUUM ACTIVITY

Teacher instructions:

- Start the lesson off by discussing with your class how they can share their attitudes and beliefs with others in a respectful way. This will help to create a safer classroom environment for the stereotypes continuum activity.
- Explain to the students that you will be completing a continuum activity (do not mention it is about stereotypes) and they are welcome to stand where they feel comfortable; ensure students understand that there is no right or wrong answer.
- At one end of the room have a sign that says, “I agree” and at the other end, “I disagree”.
- Read out the statements below.
- After each statement and students have moved to their new position, ask a few students to explain why they placed themselves where they did. (Students may have the right to pass).
 - Men are stronger than women.
 - All Kiwis watch and love rugby.
 - All teenagers are rebels.
 - Only tall women can become models.
 - Asian students are good at maths.
- Return to seats. Ask students why they think these specific statements were chosen for this activity? (Look for the response that they are stereotypes)
- Students to complete activities on stereotypes in Health Lesson 6.



HEALTH PROMOTION INITIATIVE TEMPLATE

The Issue

- Identify and outline the issue you will focus on.
- Research the issue.
- How does it address the idea of promoting and celebrating diversity (with the aim to reduce racism, intolerance, discrimination, and enhance the well-being of individuals or a group of people)?
- What has already been done by others?
- What do you want to achieve; how will the health of your target audience be enhanced?
- What types of actions you could take to address this?
- What resources might you need?

Stakeholders' Perspectives

- Consider different perspectives of stakeholders (stakeholders are anyone involved) with this issue. This may require a survey, interviews, research, your own thinking, etc.
- Describe some perspectives about the issue and what are the values of these people that mean they think this way.
- What is your perspective on this issue?

Plan

- Make a decision to respond to this situation - what actions will you take?
- Set a S.M.A.R.T. goal for your action.
- Consider barriers you may face and enablers which may help your action be successful.
- Plan your actions:
 - What do you want to achieve through your actions?
 - What do you want the outcome to be?
 - What action(s) are you going to take?
 - When and where will you carry out your action?
 - What tasks do you have to complete?
 - What are the reasons for selecting this action?
 - What resources will you need to help you with your project?
 - What skills and qualities do you have that will help you with your project?
 - What skills and qualities might you need help with?
 - How will this action ensure that a health-enhancing change is made?

Log

Develop a log to record planning and actions on a weekly basis and reflections after the group sessions.

Weekly Reflections

Each week reflect on what you have done, the impact on well-being, and your next steps.

Final Evaluation at the natural end of your health promotion initiative:

Describe the results of your actions – what actually happened? And to what extent you achieved your S.M.A.R.T. goal.

Use evidence to show that the actions have resulted in a positive impact on people's well-being as planned. (Did your actions impact all or only some of the intended people?).

Describe which actions were successful and why they were successful and how these actions resulted in a positive impact on people's well-being as planned.

Describe which actions didn't go as well as planned the reasons for this and how this interfered with your ability to achieve positive impacts on people's well-being.

Make recommendations for future action, specifically related to your health issue. Describe what the recommendations are and explain why they would be necessary.

Some things to consider:

- Actions you took.
- Whether the actions impacted on all or only some of the people intended and the reasons for this.
- If alternative or additional actions needed to meet the overall goal if this health promotion was continued or repeated, and reasons why these changes would be needed.
- What steps should be taken now to build on the positive impacts for well-being achieved by the actions? (steps for sustainability).



SMART GOALS, BARRIERS AND ENABLERS

Smart Goals

S - Specific: Goals need to be very specific. Who, what, where, why should be considered. Your goal should not be a vague desire to improve – be specific, narrow the goal.

M - Measurable: The goal needs to be able to be measurable, so you know if it has been achieved or not. How will you know if you have achieved it or not?

A - Achievable: The goal needs to be able to be achieved. You can't think the impossible and then expect to be able to achieve these goals.

R - Realistic: Is this goal realistic? Can it be achieved? In the timeframe provided? If there are too many barriers in the way to achieving this goal, then this isn't a S.M.A.R.T. goal and you might need to change the goal.

T - Time: What is a realistic timeframe to achieve this goal? Can the goal be achieved in the time limit for this task? (e.g. 6 weeks) or is it going to take longer?

Barriers and Enablers

Barrier: Something that prevents you from achieving your desired goal. This could be a social, mental, physical, or spiritual aspect that gets in the way. It may be real or perceived. Some examples; not having good time management, trying to take on too much or being distracted by other interests or commitments.

Enabler: Something that encourages, motivates, or assists you with achieving your goal. Again, this may be a social, mental, physical, or spiritual aspect that helps to achieve your goal. Some examples; support from friends or family, prioritising tasks, and allowing time to do the things you enjoy so you can stay focused.

HEALTH PROMOTION ASSESSMENT RUBRIC

Skills	Where evidence comes from	Progression of the skills involved in leading a Health Promotion Initiative				
Identifying an issue	<p><i>Understanding class content and development of issues from activities in class, researching the issue and the current actions being taken.</i></p> <p><i>Developing ideas about the types of health promotion initiatives they could lead to enhance the well-being of people in their school or community.</i></p>	Asks a question(s), gathers some evidence and attempts to identify an issue.	Asks questions, gathers some appropriate evidence and identifies an issue that links to cultural diversity, inclusiveness, or competence.	Asks relevant questions, gathers appropriate evidence and develops an idea for a health promotion initiative from the information.	Asks relevant questions, gathers relevant evidence from a range of sources and processes the information to develop ideas.	Asks perceptive questions, gathers evidence from a wide range of sources and analyses the information to develop insightful conclusions about society.
SMART goal setting	Once students have identified an issue they are required to set a smart goal, students will	The student begins to link ideas around the	Attempts to set a SMART goal from identifying the issue, but	Successfully sets a SMART goal from identifying the	Has developed a goal that is relevant to the chosen issue and	Clearly understands the SMART goal setting process

	<i>demonstrate an understanding of the requirements of a SMART goal within the goal-setting process.</i>	issue to a health promotion goal.	may have misunderstood part of the SMART goal process leading to an unrealistic goal.	issue, has appropriate evidence to explain why the goal is SMART.	supported by evidence.	and has set a goal that could lead to enhance the well-being of people in their school or community.
Action planning	<i>Decisions students make planning their health promotion initiative, the steps taken to implement a successful health promotion initiative.</i>	The student has not connected with the learning material and not planned an action to enhance the well-being of people in their school or community.	With guidance the student can make decisions and record planning ideas.	Decisions are made and records of steps to be taken towards their health promotion initiative are completed.	Informed decisions are made in the planning of their health promotion initiative. The records of the plans are clear and connected.	Several issues in relation to cultural inclusiveness are identified in their school or community and they have taken action to plan and execute a health-promoting action.
Log/Reflecting on progress	<i>Students will need to show they are able to reflect on actions taken and how it has impacted the well-being of people in their school or community.</i>	The student has not completed actions to reflect on progress.	Log records describe steps taken briefly without taking into the impact on people's well-being	Log records explain the steps taken to date and how well-being has been impacted.	Log records explain the steps taken to date and how well-being has been impacted positively or	The student has developed their plan, implemented their action, reflected on successes and failures to

					negatively. Possible modifications may have been described.	evaluate ways to modify the action to enhance the well-being of people in their school or community in the future.
Evaluating	<i>Through evaluating their health promotion initiative students will explain the successful and unsuccessful action and modifications they would make to ensure the well-being of people in their community is enhanced.</i>	-	The student has described or listed successful and unsuccessful actions.	The evaluation describes successful and unsuccessful actions and how the well-being of people in their school or community was impacted by their health promotion initiative.	The student has evaluated in-depth explain why actions were successful or unsuccessful and how they would modify their plan to enhance the well-being of people in their community further.	The student has developed insight into issues relating to cultural inclusiveness, planned, and taken action to execute a health-promoting action with a reflective lens and has evaluated the action thoroughly.



HEALTH PROMOTION/SOCIAL ACTION IDEAS GUIDE FOR TEACHERS

This guide covers:

- Ideas for student or teacher-led health promotion activities and social action campaigns.
- Options of places you could visit on a cultural field trip.
- Considerations to take before an outing, health promotion activity or social action take place.
- Considerations for education outside the classroom (EOTC).

As a part of the social action or health-promoting activity, or as a teacher-driven activity during the unit, there is opportunity to take the students on a field trip or organise an in-school festival, ceremony, guest speaker, or specific event linked to a cultural celebration. This activity would allow students the chance to learn cultural competencies and put them into action in a safe environment.

This guide takes you through things to consider and people you might contact to support your planning.

Events or activities students or teachers could organise and run in their school or local community:

- Teach students or create a presentation about diverse cultures or religions.
- Host an [Experience Asia](#) day.
- Run an international movie night featuring films from Asia.
- listen to music from different cultures.
- Teach other students to play a game or sport from different cultures e.g. karate, sepak takraw and cricket.
- Create an audiobook or presentation about a traditional story from another culture.
- Run a cultural cooking class or food stall, or advocate for a wider range of food to be available at the tuckshop.
- Promote an organisation working for diversity and inclusion.
- Teach another language to a group.
- Create posters to share the customs of the various cultures represented in your school.

- Research the great thinkers of the world and learn about beliefs from another culture (e.g. Confucius, Socrates, Avicenna, Ibn Khaldun, Aristotle, Ganesh, Rumi). Share findings with others.
- Host a traditional Chinese or Japanese tea ceremony or other cultural activity.
- Recreate a traditional celebration from another culture. Students could invite younger students or their families to participate in the celebration, some examples may include;
 - Diwali - India
 - Holi Phagwa - India
 - Chinese New Year
 - Yee Peng and Loy Krathong festivals - Chiang Mai, Thailand
 - Qingming Festival - China
 - Gion Matsuri - Japan
 - Boryeong Mud Festival - Korea
 - Sinulog Festival, Third Sunday of January - Philippines
 - Lantern Festival - China

Places you could visit

- Visit an art exhibit or a museum dedicated to other cultures.
- Visit a place of worship different to that of your students.
- Visit your local Chinese or Japanese gardens.
- If you google search “cultural events in New Zealand” you will find a list of events happening in New Zealand at the time of your search. This would be a great way to plan a cultural outing with your class.

People to contact

- Embassies (based in New Zealand such as the Embassy of Japan).
- Connections from school staff, students, or families.
- Local religious houses.
- Cultural groups in your area.
- Teacher subject associations.
- Asia New Zealand Foundation, email education@asianz.org.nz for suggestions of cultural contacts in your region.

Considerations to take when hosting a cultural activity or visiting a place of cultural significance:

- Is there a dress code for the venue?
- Are there different rules/procedures for males/female/students or staff?
- Is there is a specific way to enter the site e.g. elders first, shoes off?
- Is food or drink allowed to be consumed on-site?
- What other expected behaviours are required at the site or in the event and how will your students learn these?

- Do you need to pay to visit the site, or is a donation or koha expected to be given?
- How to be culturally appropriate in the space you are entering
- Stepping into a place of cultural significance may be a new experience. It is important that before your visit you are aware of your students' apprehensions. Before the cultural outing, talk to students about how experiencing another culture can be quite different to their own and sometimes you have to step outside of your cultural comfort zone to experience another culture's food, customs or celebrations etc.
- Have a plan of ways to accommodate students who may feel uncomfortable in certain cultural situations, for example, is there somewhere safe for them to go to wait for the rest of the group?

Considerations with EOTC (Education outside the classroom)

- Has your trip been approved by school management?
- Do you need to put the trip on the school calendar?
- What form of contact do you have to make with parents e.g. letter, permission slip?
- Are you aware of the medical considerations of all students on your trip?
- How far from school is the venue? Do you need to organise transport?
- Do you need to complete an EOTC or RAMS form?
- Have you got access to a first aid kit and emergency contact list?
- Can your school or your parents pay for the excursion?
- Can parents or family members come along to learn from the experience also?
- What is the adult to student ratio required for this field trip?