Food is central to the cultural and religious practices of most communities. For this reason, understanding and appreciating the food and food practices of another culture is part of building your own cultural competence. What people eat is also important to their long-term health. When people migrate to Australia, changes to the food they eat and reductions in physical activity often result in poorer health in the long term. Common health problems include nutrition-related chronic diseases like type 2 diabetes and heart disease.

This resource provides information about the food and food practices of Cook Islander people settled in Queensland, Australia. It also provides general information on traditional greetings and etiquette, a general background on their country and their health profile in Australia. For readers who are involved in nutrition education, there is also a selection on culturally appropriate ways to approach this.

1. Traditional greetings and etiquette

<table>
<thead>
<tr>
<th>English</th>
<th>Cook Islander</th>
<th>Pronunciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hello</td>
<td>Kia orana</td>
<td>key-or-rah-nah</td>
</tr>
<tr>
<td>Thank you</td>
<td>Meitaki maata</td>
<td>may-tah-key ma-ah-tah</td>
</tr>
<tr>
<td>Goodbye</td>
<td>Kia manuia</td>
<td>key-ah-mah-nu-ee-ah</td>
</tr>
</tbody>
</table>

When communicating with Cook Islander people it is important to:
- greet the person in their language. Most Cook Islander community members will appreciate hearing the greeting “Kia orana”, which means “Hello”.
- remove your shoes when entering a community member’s home
- show appropriate respect towards older persons, because they are held in very high esteem in the Cook Islander community.

A Cook Islander community member may have a different perception of time than your own. For example, being late to a community event or meeting does not indicate that the activity is perceived as unimportant. Be aware of this when planning community events or appointments.
2. Cultural information and migration history

<table>
<thead>
<tr>
<th>Religion</th>
<th>In the Cook Islands in 2011, the major religious affiliations were: Cook Islands Christian Church (49%), Roman Catholic (17%), Seventh Day Adventist (8%), Mormon (4%), Assemblies of God (4%), Apostolic Church (2%), other (8%), none (6%), and no response (2%). In Australia, the 2011 Census reported the major religious affiliations amongst Cook Islands-born people were: Presbyterian and Reformed (23%), Catholic (14%), Seventh Day Adventist (10%), Christian (no denomination stated) (11%), other (42%) – which included 7% of people reporting ‘no religion’, and 4% not stating a religion.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ethnicity</td>
<td>In 2011, the Cook Islands population was made up of Cook Islands Maori (Polynesian) (81%), people of mixed heritage including Cook Islands Maori (7%), and other backgrounds (12%).</td>
</tr>
<tr>
<td>Language</td>
<td>English and Cook Islands Maori (also known as Rarotongan) are the two official languages in the Cook Islands, with 86% of the population speaking English, 76% speaking Cook Islands Maori, and 8% speaking other languages. In 2011, the main languages spoken at home by Cook Islands-born people in Australia were Cook Islands Maori (53%), English (37%) and New Zealand Maori (6%). Of the 3,857 members of the Cook Islands-born population who spoke a language other than English at home, 91% reported that they spoke English ‘very well’ or ‘well’, and 6% spoke English ‘not well’ or ‘not at all’.</td>
</tr>
<tr>
<td>History of colonisation</td>
<td>The Cook Islands were first settled around the 4th century AD and are now named after Captain Cook, who first visited in 1773. In 1888, they were declared a British protectorate. In 1900, New Zealand began the process of annexing the Cook Islands, and self-government in internal affairs was gained in 1965. Cook Islander people identify most strongly with their individual islands, and then with the country as a whole. A strong sense of connection with New Zealand is common.</td>
</tr>
<tr>
<td>Migration history</td>
<td>Cook Islander people born prior to 2006 are considered New Zealand citizens. The increase of migration from New Zealand to Australia in the 1980s also reflected the increase in migration of Cook Islander people to Australia. Migration to Australia has mainly coincided with times of declining economic conditions in New Zealand. The vast majority of Cook Islander people live in New Zealand, with approximately 17,794 living in the Cook Islands in 2011, compared to 61,300 in New Zealand in 2013.</td>
</tr>
<tr>
<td>Gender roles</td>
<td>Young males are usually expected to perform chores, which may include taking out the rubbish, mowing lawns and gardening, as well as household tasks such as toilet cleaning and small repairs. Young females are encouraged to learn how to cook, do the laundry and help with caring for younger siblings. Both male and female adults contribute equally to household chores, and both focus on the work they are good at rather than conforming to gender-specific roles. Cook Islander men often have labour-intensive jobs which require physical strength and hard work. These may include labouring, machine operating and various trades. If a female chooses to work, often jobs are sought in factories as machine operators, in hospitality or in administration. If a female stays home, she may use her time to extend her knowledge of traditional hobbies such as weaving fans and hats, and sewing clothes and/or tivaivai (traditional quilts). These items may be sold but are usually passed on to family members as gifts, e.g. for 21st birthdays and weddings. The women are also responsible for getting the children ready and off to school, and preparing meals for the family. Both males and females have equal rights to household finances unless one person is more confident with literacy and numeracy skills. In the past, the male elder would be in charge of funds and their distribution to family members, payment of bills, and donations to church and family gatherings.</td>
</tr>
<tr>
<td>Household size</td>
<td>In the Cook Islands, the average household size was 3.5 persons in 2011, with a trend towards moving away from living in extended households.</td>
</tr>
<tr>
<td>Population in Australia</td>
<td>The 2011 Census recorded 6,092 Cook Islands-born people in Australia. New South Wales had the largest percentage of the Islander population (34%), followed by Queensland (30%). The median age of Cook Islands-born people in Australia was 40 years.</td>
</tr>
</tbody>
</table>
3. Health profile in Australia

**Life expectancy**

A 2015 estimate of life expectancy in the Cook Islands was 75.6 years: 72.8 years for males and 78.6 for females. This can be compared to the average life expectancy in 2010 for all people in Australia, which was 82 years: 79 years for males and 84 for females. There are no life expectancy data for Cook Islander people living in Australia.

**New arrivals**

Of the Cook Islands-born population in Australia, 61% arrived prior to 2001, with 16% arriving between 2001 and 2006, and 16% between 2007 and 2011. These figures are similar to the total overseas-born population, where 62% of people arrived prior to 2001.

**Chronic diseases**

Cook Islands-born people have high rates of chronic disease such as type-2 diabetes and obesity. Queensland data shows that between 2006 and 2008, the Cook Islands-born population recorded higher hospital separation rates than the total Australia-born Queensland population.

Although no data are available on Cook Islander obesity rates in Australia, the adult prevalence rate of obesity in 2014 in the Cook Islands was 50%. The prevalence of diabetes in the Cook Islands was 25% in 2014.

**Oral health**

Cook Islander community members generally have poor oral health habits, which often results in the loss of natural teeth. Many members of the older generation require full-mouth dentures. This may be due to the change in traditional diet and the increased consumption of soft drinks and confectionary. Younger children also suffer from poor oral health, which has been attributed to lack of information provided to parents and carers regarding tooth decay.

**Social determinants of health and other influences**

Cook Islands-born people in Queensland are disproportionately represented in the middle to low income bracket. Levels of education and employment are lower compared to the general population, with only 33.8% of the Cook Islands-born population having a higher education qualification compared to 55.9% of the total Australian population.

4. Traditional food and food practices

**Religious and cultural influences**

Cook Islander people observe a large number of community celebrations that include the consumption of food. These include weddings, funerals, hair cutting, and Constitution Day.

Some religious denominations jointly celebrate religious events such as Christmas and Easter, often following up these events with traditional dance celebrations, gospel songs, scripture readings or Bible re-enactments. Some Cook Islander church groups also celebrate Father’s Day and Mother’s Day. Both adults and children are involved in these gatherings, which are often accompanied by traditional foods.

**Traditional meals and snacks**

**Breakfast**

A traditional breakfast consists of seasonal fruit, a popular choice being pawpaw with lime and coconut drizzled on top.

**Main and other meals**

Traditional main meals consist of bread or rice with starchy vegetables such as taro, kumara, coconut, fish, and a variety of ocean delicacies such as pasua (giant clam).

**Fruit and vegetables**

Breadfruit, banana, cassava, coconut, papaya and taro.

**Snacks**

Local fruit and vegetables.

**Beverages**

Water and coconut milk.

**Celebration foods and religious food practices**

Celebrations are often accompanied by traditional foods. An umu is a traditional method of cooking where foods are cooked in an underground oven. An umu is often prepared for social, religious and cultural events.
Common traditional foods

**Ika mata**, made from raw fish (firm, white fish such as snapper or cod) and vegetables (such as capsicum, tomato, coriander and chilli) marinated in lemon juice and coconut cream. *Ika mata* is a popular dish for family, social and religious gatherings. It can be eaten as a side dish or a main meal.

**Rukau**, made from corned beef (generally canned) with onions and coconut cream, and wrapped in rukau (taro leaves). *Rukau* is a traditional Cook Islands dish. It has become quite rare and is now mostly served when family members arrive from overseas (if the ingredients are available). Most families substitute silverbeet and/or other leafy greens for rukau.

**Poke**, made from over-ripe bananas, arrowroot, coconut cream and sugar. Bananas are boiled for up to an hour, thickened with the arrowroot and then baked in an oven. Coconut cream and sugar are added once the other ingredients have cooled. *Poke* can be made using pumpkin instead of bananas. *Poke* is a side dish but can also be eaten as a dessert. It is usually made for special occasions such as weddings, birthdays and church gatherings, and is often served to special guests at family functions.

**Cook Islands doughnuts**, made from flour, water, yeast, milk, sugar, eggs and oil. The doughnuts are deep fried. Cook Islands doughnuts are well known and popular within Pacific Island communities. They are almost always present as the main bread item in homes and at special functions, and may be eaten on their own or with other food. Cook Islands doughnuts are also one of the biggest fundraising items within the Cook Islands community, with a bag of 10–12 selling for $10.00.

**Minus/Minese**, made from diced, boiled potatoes, beetroot (which provides its distinctive pink colour), mixed vegetables, spring onion, lettuce, egg and mayonnaise. *Minus* is also known as the ‘pink potato salad’ and is one of the only salad dishes often seen on a family table. It is commonly said that “it is not a traditional Cook Islands feast if there is no minus.”

5. **Food habits in Australia**

**Food practices**

**Common foods:**
- **Meat:** Chicken, fish, seafood, pork, beef and eggs.
- **Vegetables:** Taro, *kumara*/sweet potatoes, tapioca/*maniota*, pumpkin, silverbeet, tomatoes, onions, garlic, beetroot and cabbage.
- **Fruits:** Bananas, mangoes and pawpaw.
- **Grains/cereals/pastas:** Rice, flour, traditional breads and noodles.
- **Dairy:** Milk (powdered, UHT and condensed) and fresh cream.
- **Other:** Mayonnaise, coconut milk and coconut cream.
5. Food habits in Australia – continued

### Food practices – continued

**Meal patterns:** Cook Islander people may not follow modern Australian eating habits, but the concept of three main meals is loosely adopted. There are always large quantities of food served in Cook Islander households, with leftovers usually being consumed the following day.

**Eating practices:** Elders and children are respected and often eat before others. The food is usually blessed before it is eaten.

### Adaptations to diet in Australia

**Alternative foods:** Most traditional foods are available in urban areas or in supermarkets. Cook Islander people generally know where to shop to obtain the particular items they need or, if necessary, will order them from overseas.

**Changes to diet:** After arrival in Australia, many Cook Islander families increase their consumption of meat, soft drinks and fast foods. Fast food may be perceived as ‘cheaper’ than healthier alternatives and favoured over cooking a fresh meal. Most home-cooked meals may be served with rice and/or breads, with a minimum of one or two vegetable options. There is a larger variety of fruits and vegetables to choose from in Australia; however, many families choose to continue to eat traditional foods.

**Other influences:** Traditional food practices still exist within Australia. It is polite when hosting dinners or events to cook more than is needed. This sometimes encourages children and adults to overeat so that no food goes to waste. It is also a common practice for leftover food to be taken by guests and consumed at home.

### Cooking methods

The main cooking methods are baking, deep frying, pan frying, boiling and an *umu*. Local council regulations in Australia often make it difficult to use traditional cooking methods such as an *umu*. Therefore, many Cook Islander families have had to adapt to different methods of outdoor cooking, such as using metal kegs/drums to cook meat on a gas plate.

### Shopping/meal preparation

If both males and females can cook, they will take turns; however, women traditionally undertake cooking roles for functions and events, such as making the salads and *pokes*. Men are most often in charge of cooking the meat-based dishes.

Women often pass their food practices on to their daughters or nieces, keeping the family recipes secret. The men do the same with their sons or nephews.

### Food in pregnancy

In both the Cook Islands and Australia, some types of seafood may be avoided during pregnancy. In Australia, women rely on medical information provided by the mainstream health system but also may be influenced by advice from relatives, especially their mothers.

### Breastfeeding and first foods

In the Cook Islands, the rate of exclusive breastfeeding at 0–5 months was only 19% during 2005–2009. Cook Islander women are encouraged to exclusively breastfeed their children, but whether this occurs is often dependent on the family and their needs. It is a common belief that mothers should continue to breastfeed their babies through illness unless instructed to stop by a doctor. Elders believe that it will build up both the mother and child’s immunity. Artificial formula is used to complement breastmilk if the mother is not available to feed her infant.

It is not uncommon for extended family members to take on the raising of children of other family members. This may occur for many different practical reasons.

If a baby remains with the mother (and is not raised by another family), the baby will be given colostrum. If the baby is raised by another family, then this is not an option for them.

Elders strongly encourage mothers to drink tea and water when they are breastfeeding. Elders also encourage and support mothers to maintain their usual diet so they can provide the nutrients their babies need.

It is not uncommon for some parents to feed their child condensed milk, cordial, tea or *Milo* in their bottles. This practice is slowly declining as parents and carers are educated in oral health and nutrition.

Many mothers feed their child solid foods when they feel the child is not getting ‘full’ from breast or bottle feeding. Community reports indicate that baby food may be introduced as early as two months.
### 6. Working with Cook Islander community members

#### Using an interpreter

In Australia’s 2011 Census, of those born in the Cook Islands and who spoke a language other than English at home (63% of the community), 6% reported that they spoke English ‘not well’ or ‘not at all’.1

Ask Cook Islander community members or groups if they would prefer or benefit from having an interpreter present rather than asking if they speak English. Older Cook Islander community members may understand English, but it may be difficult for them to respond in English.

It is important that a trained and registered interpreter be used when required. The use of children, other family members or friends is not advisable. Health and other services must consider the potential legal consequences of adverse outcomes when using unaccredited people to ‘interpret’ if an accredited interpreter is available.

If you have limited experience working with an interpreter, it is recommended that you improve these skills prior to meeting community members. There are many online orientation courses available, and Queensland Health has produced guidelines [here](#) for working with interpreters.

#### Literacy levels

In the Cook Islands, 95% of people over 15 can read and write.2

#### Be aware that . . .

Cook Islander people have a relaxed concept of time. Meetings may go longer than scheduled, and events may commence up to two hours after their scheduled starting time.

The Cook Islander community looks for services through word-of-mouth. If community members find that a doctor or other health professional is good for them, and they like the way they are treated, they will promote the service to their family, other community members and new arrivals. Unfortunately, the same applies if they do not like a service.

Cook Islander community members like seeing people they know and trust, and will only move on to others if they are introduced to them by someone they also currently trust.

Family is the core of Cook Islands culture. Individuals, especially females, may prefer other family members to be present at meetings or events. Churches are important potential partners for community health interventions.

#### Motivating factors for a healthy lifestyle

Cook Islander people may be motivated to make healthy behaviour changes in order to provide for their families and to look after their extended families. For some people, their religious faith may support healthy living (e.g. avoiding alcohol and smoking).

#### Communication style

When communicating with Cook Islander people, it is important to:
- be relaxed and friendly while maintaining formality
- build positive rapport with community members
- speak slowly in a conversational style – but not too slowly, because the person may feel that they are being treated as less intelligent.

Good presentation skills are valued. Check if any cultural protocols need to be observed, especially when presenting in church settings (e.g. prayers before meals).

Cook Islander people appreciate those who understand that English may be their second language. Not using large words when simple English could communicate the same message is a key consideration. If Cook Islander community members feel they are not listened to or not understood, they may become rude and/or non-compliant.

For older Cook Islander persons, translated and culturally tailored resources are likely to be more effective when carrying out health promotion and other interventions.

#### Health beliefs

Cook Islander people generally have a casual attitude towards health, and many may only seek medical advice as a last resort. Some tend not to link disease with food intake.
Food and cultural practices of the Cook Islander community in Australia – a community resource

Additional resources

- To find out more about multicultural health, Queensland Health’s Multicultural Health page has information for the public and for health workers, including the Multicultural health framework. Go to http://www.health.qld.gov.au/multicultural/default.asp
- For Metro South Health telephone interpreter services, go to http://paweb.sth.health.qld.gov.au/pasupport/administration/interpreters/booking.asp

References


This information is to be used as a guide and is not intended to describe all members of the community. There will be cultural differences between people belonging to different regions, religions and social groups, as well as between individuals within any culture.
Acknowledgements

We would like to thank members of the Cook Islander community for generously sharing information on their food and cultural practices, especially Moana Heather, Kula Tai and Annie Carse for sharing their knowledge with us.

Project partners

This resource was developed by staff of the Good Start Program, Children's Health Queensland; and the Access & Capacity-building Team, Metro South Health.

For more information contact:

Good Start Program
Phone: 07 3310 7800
Email: goodstart@health.qld.gov.au

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