Food and cultural practices of the Papua New Guinean community in Australia: a community resource

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 Papua New Guinean 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>Papua New Guinea – Tok Pisin (Melanesian Pidgin)</th>
<th>Pronunciation</th>
</tr>
</thead>
<tbody>
<tr>
<td>Hello</td>
<td>Halo</td>
<td>Halo</td>
</tr>
<tr>
<td>Friend/relative</td>
<td>Wantok</td>
<td>One-tok</td>
</tr>
<tr>
<td>Good morning</td>
<td>Mornin</td>
<td>Mor-nin</td>
</tr>
<tr>
<td>Good afternoon</td>
<td>Apinun</td>
<td>Api-noon</td>
</tr>
<tr>
<td>Goodbye/See you later</td>
<td>Lukim yu behain</td>
<td>Loo-kim you be-hin</td>
</tr>
</tbody>
</table>

For many Papua New Guinean people, it is customary to shake hands and ask, “Yu orait?” (You all right? How are you?). When greeting someone, clasping hands and grasping the waist may occur. Handshaking is common, but sometimes a nod of acknowledgement will be enough. Papua New Guinean people may also kiss on the cheek and hug when greeting people who are close to them. When greeting a person of official status, it is important to use the appropriate title and their full name.
2. Cultural information and migration history

| Ethnicity | Papua New Guinea is one of the most ethnically and linguistically diverse countries on earth, with more than 850 language groups. The information in this section should be read with this in mind. The ethnic groups include Melanesian, Papuan, Negrito, Micronesian and Polynesian. |
| Religion | The Papua New Guinea-born population predominantly practises Christianity, with the largest groups attending Catholic, Anglican and Uniting Churches. |
| Language | There are three official languages of Papua New Guinea; English, Tok Pisin (Melanesian Pidgin) and Hiri Motu. There are more than 850 indigenous languages. Melanesian Pidgin is used by the majority of Papua New Guinean people, and English is also widely spoken. |
| Migration history | Papua New Guineans have travelled to Australia for thousands of years. In the 1880s, approximately 5,000 Papua New Guineans were trafficked illegally to Queensland to work in the sugarcane industry. Papua New Guineans also came to Australia early last century to work in the pearling industry. In 1978, a treaty was signed enabling the coastal people of Papua New Guinea to carry on their traditional way of life, travelling without restriction across the Torres Strait between Papua New Guinea and Australia within defined boundaries. Before Papua New Guinea gained its independence from Australia in 1975, Papua New Guinean people had equal citizenship rights within Australia. After the Constitution of the Independent State of Papua New Guinea was implemented, indigenous Papua New Guinean people were no longer permitted to hold dual citizenship. Papua New Guinean people who held titles to ancestral lands had to return to Papua New Guinea to retain land ownership through participating in their local traditions and customs. These people had to choose to retain their Papua New Guinean rather than Australian citizenship. An average of around 350 Papua New Guineans settled in Australia each year over the five years from 2006 to 2010, with more than half settling in Queensland. People come to Australia for education, employment and family reunion. |

| Household size | Traditionally, extended families live in the one household. It is common for younger family members to care for their elders, and older siblings to care for their younger siblings. Elders are well respected and are generally the spokespersons for their families. They are active in decision making, handling disputes and playing leadership roles in ceremonies. |

| Population in Australia | There were approximately 24,000 Papua New Guinean individuals residing in Australia according to the 2006 Australian Census. A total of 12,590 lived in Queensland, with around 6,703 living in Brisbane, 1,426 in Cairns, and 971 on the Gold Coast. The Papua New Guinean community makes up the largest Pacific Island group in Cairns, Queensland. Australian Census data on Papua New Guinea-born people may not be representative of the actual ethnic Papua New Guinean population due to the high percentage of people who are children of Australians who were residing and working in Papua New Guinea prior to Papua New Guinea independence. |

3. Health profile in Australia

| Life expectancy | Average life expectancy in Papua New Guinea in 2010 was 66 years: 64 years for males and 69 years for females. This can be compared to the average life expectancy for all people in Australia, which was 82 years: 79 years for males and 84 for females in 2010. There are no life expectancy data for Papua New Guinea-born people in Australia. |

| New arrivals | Compared to 62% of the total overseas-born population, 74% of the Papua New Guinea-born people in Australia arrived prior to 2001. Among the total Papua New Guinea-born population living in Australia at the 2011 Census, 8% arrived between 2001 and 2006, and 12% arrived between 2007 and 2011. |
3. Health profile in Australia – continued

**Chronic diseases**

Although the rates of diabetes in Papua New Guinea are relatively low, based on Queensland hospital separation data, Papua New Guinea-born people in Queensland have significantly higher rates of hospital admission for diabetes compared to the total Queensland population. In Papua New Guinea, major cancers in men are oral and liver, and major cancers in women are cervical, oral and breast. Standardised separation ratios for Papua New Guinea-born Queenslanders are not significantly higher than the total Queensland population. Queensland mental health service snapshot data for 2008 shows Papua New Guinea-born people as the fourth-largest group of overseas-born consumers. This ranking is disproportionate to population size, with the Papua New Guinea-born population ranking 12th among overseas-born populations in Queensland. This is indicative of a higher use of mental health services by Papua New Guinea-born people in Queensland. 

**Oral health**

Papua New Guinean people may be at increased risk of dental caries, due to increased sugar consumption from soft drinks, snacks, convenience foods and betel nut chewing.

**Social determinants of health and other influences**

Barriers to health service access and utilisation include language, cultural differences, lack of appropriate information, communication and stigma. Qualitative research in Queensland has shown that shyness, fear of asking questions, and a lack of confidence when dealing with authority figures are additional barriers to Papua New Guinean people accessing and utilising health services.

4. Traditional food and food practices

Papua New Guinea has four distinct regions: the Highlands Region, Islands Region, Momase Region and the Papua Region. Foods and living conditions vary significantly between regions. The region from which a Papua New Guinean person comes plays a large role in determining which foods are preferred and acceptable.

The foods eaten in Papua New Guinea have changed considerably over recent years with the use of land for cash cropping and increases in the use of imported foods. Around one-fifth of energy intake in people's diets now comes from purchased foods. Common imports include rice, flour, vegetable oil, tinned meat and tinned fish.

**Breakfast**

Breakfast is usually eaten at home prior to school or the workday. It includes coffee or tea, and a small serving of traditional food such as boiled bananas (plantains), taro, kaukau (sweet potato), sago (common in coastal and island regions) or fruit.

**Main and other meals**

The traditional Papua New Guinean diet is mostly vegetarian and is based on root crops such as taro, kaukau, yams and sago. In areas where communities live near rivers and oceans, fish and crustaceans form a substantial part of their daily diet.

Lunch is traditionally the largest meal of the day, especially for rural dwellers.

Afternoon tea often consists of a cup of tea (lemongrass tea is common) or coffee with cabin biscuits, followed by chewing betel nuts.

Dinner may be the main meal of the day for people from urban areas. It often consists of hearty foods and large portions.

**Snacks**

Traditional snacks include fruit, nuts or sago.

**Fruit and vegetables**

Pineapple, pawpaw, mango, passionfruit, banana, watermelon, guava, yam, kaukau (sweet potato), tapioca (cassava), bread fruit, green bananas, sago, aibika (Papua New Guinea spinach), snake beans, chestnut and pit pit (a palm grass eaten as a vegetable) are some of the most commonly eaten fruits and vegetables.
## 4. Traditional food and food practices – continued

<table>
<thead>
<tr>
<th>Beverages</th>
<th>Traditional beverages include water, tea, coffee and coconut water.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Celebration foods and religious food practices</strong></td>
<td>Pork is a celebratory meat and is generally consumed at traditional events, special occasions and feasts. Pigs and chicken are typically cooked in an underground oven, along with other meats (if available), root vegetables and green vegetables. The dish is known as a <strong>mumu</strong>. The oven is formed by digging a pit in the ground and filling it with hot stones. The pit is then lined with banana leaves. The food is layered with leafy greens, root vegetables, meat, spices, salt, fruits and another layer of leafy greens, and is then covered with a large amount of coconut milk. The food is then tucked in tightly with banana leaves so the steam doesn’t escape. In modern times, a <strong>mumu</strong> may be made in a drum and covered with banana leaves to replicate the traditional cooking method. Preparing ingredients for a <strong>mumu</strong> usually requires assistance from the whole family. <strong>NB: The preparation and foods within a <strong>mumu</strong> vary amongst the regions of Papua New Guinea.</strong></td>
</tr>
</tbody>
</table>

**Betel nut chewing:** Betel nut is often chewed after being mixed with white lime powder and wrapped in a large leaf, or eaten with a mustard stick (see photo). It is an addictive stimulant and has been associated with gum disease and oral cancer. It is chewed by Papua New Guinean people as a social pastime, but this practice is becoming less socially acceptable.¹ Betel nut is often chewed after meals by elders in coastal areas.¹ Visitors to Papua New Guinean homes may be offered a betel nut and a glass of water.¹

<table>
<thead>
<tr>
<th>Common traditional foods</th>
<th>Preparations of a modern-style mumu.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Sago/Sak sak,</strong> made from ripe bananas, coconut milk and sago. Other root vegetables may be used.</td>
<td>Please note that there are variations in the way this dish is made, depending on the province. Sago may be eaten at any time of the day and is sometimes wrapped and cooked in banana leaf.</td>
</tr>
<tr>
<td><strong>Corned beef and rice,</strong> made from rice and canned corned beef. Available vegetables such as tomato and aibika/Chinese spinach may be added.</td>
<td>May be eaten as a snack or a meal.</td>
</tr>
</tbody>
</table>
Common traditional foods – continued

<table>
<thead>
<tr>
<th>Food</th>
<th>Description</th>
</tr>
</thead>
<tbody>
<tr>
<td>Tinned fish and rice, made from rice and tinned fish (often tuna). Available vegetables such as peas and corn may be added.</td>
<td>May be eaten as a snack or a meal.</td>
</tr>
<tr>
<td>Coconut chicken and vegetable stew, made with available vegetables such as taro, tapioca, sweet potato, yams and aibika/Chinese spinach.</td>
<td>Fish may be substituted for chicken.</td>
</tr>
<tr>
<td><em>Mumu</em> (modern style), made from pork, chicken, root vegetables, green leafy vegetables, spices, salt and coconut milk. Sometimes fish and seafood are used.</td>
<td>A traditional dish often made and eaten on special occasions such as weddings, birthdays and deaths. Traditionally an underground oven is used; however, it is more common in Australia for people to use drums or domestic ovens.</td>
</tr>
<tr>
<td>Raw peanuts</td>
<td>A common snack usually found in Papua New Guinea markets but can be sourced in Australia at some local markets or Asian grocers.</td>
</tr>
</tbody>
</table>

5. Food habits in Australia

Food practices

Food plays an important role in the lives of Papua New Guinean people. The foods available depend on the region (coastal, island, highlands or river) and environmental conditions (e.g. temperature, rainfall and soil fertility). Food is always shared freely amongst friends and family, even if it is in limited supply. Generally the elders and children are respected and may eat before others. The host may be the last to eat after his/her family and guests have eaten. The food is usually blessed before it is eaten.

Adaptations to diet in Australia

Many Papua New Guinean people continue to follow their traditional diet after settling in Australia, but eat more meat and adopt new foods like cereal and toast for breakfast.

Most traditional foods are available in urban areas of Australia. Local fruit and vegetable markets and Asian grocers often supply a greater range of traditional Papua New Guinean foods. Although there is a preference for lunch to be the largest meal of the day, for most people this is not possible in Australia, and the main meal has become dinner at night.

In Australia, most Papua New Guinea-born people grow their own vegetables such as taro, tapioca and aibika (spinach), and ingredients of herbal medicines. Many people enjoy eating breads, cheeses, vegetables, meat, fish and fruits. Sharing food is still important and is a common practice linked to not overeating.

*Takeaway:* Older Papua New Guinean people living in Australia rarely eat takeaway foods, tending to prefer traditional foods that they have grown or purchased. Younger members of the Papua New Guinean community are more likely to choose and eat takeaway foods. Cordial and soft drinks are common beverages adopted in Australia.
Cooking methods
The main cooking methods used by Papua New Guinean people in Australia are baking, boiling and simmering (stews and soups), roasting and pan frying, because of access to kitchen ovens and cooktops.

Shopping/meal preparation
Women are generally the housekeepers and do the shopping, cleaning and meal preparation.

Food in pregnancy
In both Papua New Guinea and Australia, some types of seafood may be avoided during pregnancy. In Australia, Papua New Guinean women rely on medical information provided by the mainstream health system, but also may be influenced by traditional advice/beliefs from relatives, especially their mothers.

Breastfeeding and first foods
Breastfeeding is widespread across Papua New Guinea and Australia. Of the 337 Papua New Guinea-born women who delivered in Queensland Health facilities in 2006, at the time of discharge 91% exclusively breastfed, 2% breastfed and formula fed, and 7% exclusively formula fed. Some women expresscolostrum, believing that it is ‘dirty’ milk, but other women do feedcolostrum to their infant. Expressingcolostrum is more common among women from highland regions than among those from coastal regions. Health professionals should discuss the benefits ofcolostrum feeding. Breast massage and traditional medicines may be used to increase milk production. Babies are generally breastfed on demand. Infants may be withdrawn from the breast and given supplementary foods and cleansing enemas during sickness. These practices should be discussed, and women should be advised about the importance of breastfeeding when infants are sick. In Papua New Guinea, bottle feeding is uncommon and is used predominantly by working mothers. In Australia, working mothers from Papua New Guinea may replace breastfeeding with bottle feeding. Additional information about the continuation of breastfeeding while working should be provided.

Introduction of solids: Soup, rice or mashed sweet potato/pumpkin with a little soup is often introduced as a baby’s first solids. Solids are generally introduced from the age of four months. Some mothers may introduce solids earlier. Breastfeeding usually continues up to two years of age.

5. Food habits in Australia – continued

6. Working with PNG community members

Using an interpreter
Most Papua New Guinean people speak English. Elderly Papua New Guinean community members may need the assistance of an interpreter. Ask Papua New Guinean community members or groups if they would prefer or benefit from having an interpreter present rather than asking if they speak 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 (available here) for working with interpreters.

Literacy levels
The overall literacy rate in Papua New Guinea is low, but growing at an average annual rate of 5%. Literacy is generally lower in women, with larger gender discrepancies found in older Papua New Guineans. In 2015, the literacy rate for youths (aged 15–24) was 67% (69% for males and 64% for females), whereas literacy rates for people aged 65+ were significantly lower at 35% (44% for males and 28% for females). Most Papua New Guinean people speak, read and write English. Australian Census data on Papua New Guinea-born people is impacted by the high percentage of people who are the children of Australians working in Papua New Guinea. Because of this, proficiency in English is not accurately represented for ethnic Papua New Guineans.
6. Working with PNG community members – continued

| Be aware that . . . | When dealing with health service providers, some communication barriers may be related to:  
|                    | • language barriers and poor communication between doctors and patients  
|                    | • people from a Papua New Guinean background appearing to be reserved or shy when dealing with health  
|                    | service providers and generally with people in authority  
|                    | • cultural reluctance to seek help or approach health service providers or ask questions.  
|                   | Many Papua New Guinean people place less emphasis on keeping time and being punctual. 
|                   | Reminder calls may be required prior to appointment. Scheduling appointments around a time when there is less likely to be an event  
|                   | (i.e. not scheduling an appointment around lunch time) may assist in appointment compliance.  
|                   | Each community has its own taboos surrounding class, status, and custodianship of areas, and this differs between  
|                   | each village. 
|                   | General taboos include:  
|                   | • never stepping over food because this action is considered extremely rude  
|                   | • pointing at someone, especially when in conversation, because this may be perceived as gossiping about that  
|                   | person. Most people point with their chin and not their finger.  
|                   | • saying hello to someone and not stopping to chat because this is seen as rude.  
|                   | There are many taboos in Papua New Guinean cultures around gender and sexuality.

| Motivating factors for a healthy lifestyle | Men may be motivated to make healthy behaviour changes in order to provide for their families, while women are motivated to look after their extended families. For some people, their Christian faith may support healthy living (e.g. avoiding alcohol and smoking).

| Communication style | It is important to make a social connection with community members before launching into discussions on health issues and food intake. This might include explaining your background and why you are meeting them, and asking about them and their families.  
|                    | Women may appear shy or reticent to talk. Having a friend or family member may encourage more open communication.  
|                    | Relations between older and younger people and men and women are generally relaxed for Papua New Guinean people. Some direct eye contact is acceptable, and people often stand close to each other.

| Health beliefs | In considering health beliefs of Papua New Guinean Australians, it is important to acknowledge the great cultural diversity of the country; however, there are some health beliefs that may be common to many people from Papua New Guinea.  
|                | Since the introduction of Christianity, traditional healing through ancestors and spirits has often been replaced by church healing prayers and group gatherings to pray for health. 
|                | Some people believe in the power of spirits, sorcery and black magic as causes of illness and death. 
|                | There is a belief that the physical and non-physical worlds of the spirits are intertwined; and that the health of people is directly related to the maintenance of proper social ties, adherence to the rules around taboos, and making peace with the spirits. If these traditions are disrespected, then serious illness and death may result. 
|                | Many Papua New Guinea-born people practise traditional health remedies based on plant or tree medicines. 
|                | For specialised treatment, a traditional practitioner or sorcerer may be consulted. 
|                | Papua New Guinean Australians make use of both Australian medicines and traditional remedies and treatments when dealing with illness. Traditional remedies may be used to cure the underlying social and cultural causes of illness.

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.
Food and cultural practices of the Papua New Guinean community in Australia – a community resource

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.

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

Acknowledgements

We would like to acknowledge the Papua New Guinean community members who participated in the Food and Cultural Profiles Reference Group for their advice and feedback.

We would like to thank members of the Papua New Guinean community for generously sharing information and photos on their food and cultural practices, especially Mary Wellington, Marjorie Abel and Yvonne Baloilo.

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

© State of Queensland (Queensland Health) 2017

http://creativecommons.org/licenses/by/3.0/au/deed.en

Please note: The web links in this document were current as at June 2017. Use of search engines is recommended if the page is not found.