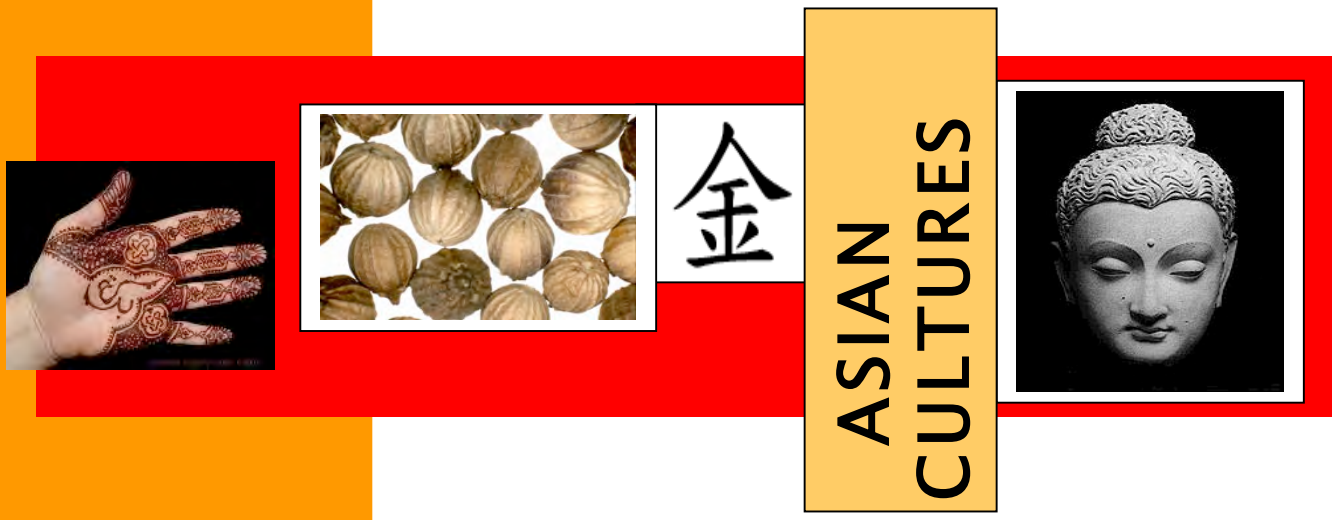
CHAPTER 2
INTRODUCTION TO ASIAN CULTURES



BACKGROUND INFORMATION

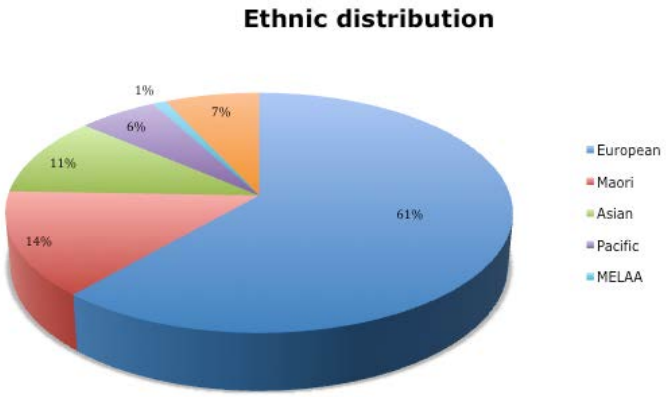
Asians are culturally an extremely diverse group and differently defined in different countries. In New Zealand the term implies an ethnic group and is used to refer to persons with origins across the Asian continent from China in the North, to Indonesia in the South, and from Japan in the East to Afghanistan in the West. It does not include Middle Eastern peoples or people from Russia (Lim & Mortensen, 2014).

The Asian population constitutes about 10.7% of the New Zealand population. About two thirds of the NZ Asian population reside within Auckland region representing the second largest group there at 20.9%. The largest ethnic populations in the Auckland region are Chinese (38.1%), Indians (34.3%), Koreans (7.1%), Filipino (6.6), and Sri Lankan and Japanese (each 2.2%).

The individual countries that the ethnic group we call 'Asians' originate from, have extreme differences in their cultures. Customs can also vary greatly even within a country and there is a danger amongst Anglo Europeans to assume that all people with Asian physical features belong to a homogenous group. Ethnicity (as defined by Ministry of Health, 2001) is more a psycho-cultural identity rather than a genetic one and involves a shared sense of common origins, distinctive history and identity, and a sense of unique collective solidarity. Therefore, seeing 'Asians' as an ethnic group can be problematic and sometimes has little meaning to the people themselves.

NB The information in this section is *generalized* and is intended to highlight some of the differences between the Asian and Western practices and norms. Please refer to sections on specific cultures for more details on each, and for issues particularly pertinent to health care.

Interesting facts about population profile



According to New Zealand Census 2013:

- European 61.4%, Maori 14.1%, Asian 10.7%, MELAA 1.0% Other 6.9%
- The Asian group is the fastest-growing ethnic population in NZ
- Between 1991 and 2001 - the group more than doubled
- It forms 10.7% of the total population - almost 298,554
- Other Asians (apart from Chinese, Indian and Korean) in NZ include Thai, Filipino, Japanese, Sri Lankan, Malay, Cambodian, Burmese, Laotian and Vietnamese
- The 'Asian' population profile includes: NZ Born Asians, Settled Migrants (15 years or more), New Migrants, Refugees and Asylum seekers (it does not include international students and visitors/tourists)

COMMUNICATION

Many Asian gestures and greetings differ significantly from Western ones. Below are some essentials for greetings and communication to develop good rapport and show respect. When in doubt, a smile and a slight bow of the head will always be appreciated.

In general for all the Asian cultures in this resource:

- address clients using a **title and surname** (premature familiarity is considered disrespectful)
- a **nod or slight bow** is customary
- older people should be **greeted** first and last before leaving
- **avoid** prolonged or direct **eye contact**
- **over-familiar touch** is not appreciated
  - it is acceptable to **shake hands** with men
  - preferably use **customary greeting** with women
- using hand **gestures** to summon someone is considered insulting

- in most Asian cultures it is disrespectful to **touch** another's head (except for medical examination)
- many Asians will avoid **saying 'no'** as it is considered impolite, so 'yes' may be ambiguous and may indicate that the listener is paying attention; it does not necessarily indicate agreement.
- Showing **respect,** especially for elders, is appreciated (e.g. greeting the elders first, the practitioner being on time for appointment, greeting them in their traditional way)
- Showing an **interest** in the culture and practices will likely enhance relationship with the practitioner, and compliance
- Health practitioners are usually highly regarded and clients may not ask **questions,** and may not answer in the negative as it is considered disrespectful. It would be helpful to invite the client and their family to ask questions
- In most Asian cultures **'Saving Face'** is a strong principle and will be used over confrontation or questioning of those in authority. It is also important not to put a person in a position where they will be seen to 'lose face'.

TRADITIONAL FAMILY VALUES

(across most Asian cultures)

Asian	Western
• Family is the unit of society	• Individual is the unit
• Extended family	• Nuclear family
• Dependence and infirmity is more natural	• Independence valued with illness needing to be eradicated
• Decisions made by family, tribe or community as serves the collective interest best. Traditionally fathers and sons are seen as heads of household and decision makers	• Decisions more often made by the individual or nuclear family
• Traditionally (and currently still common) sons are valued over daughters	• Generally similarly valued
• Shame at 'failures'	• Guilt at 'failures'
• Honour, duty and filial love towards parents and family very important	• Individual rights
• Rearing is oriented towards accommodation, conformity, dependence, affection	• Rearing oriented towards individuation, intellectualisation, independence, compartmentalization

• Religion plays an important role in symptom formation, attributions (God's will/karma) and management	• Attribution of illness and recovery is seen to be self-determined, and psychological symptoms are attributed to weakness of personality, thinking patterns etc.
• Marriage partners often need approval from family, or are arranged by families, and for some families an astrologer will be consulted	• Marriage partners more often self chosen
• Health practitioner seen as the authority and highly respected	• Doubt in doctor-patient relationship
• Informed consent a family decision	• Informed consent an individual decision
• Seniors/elders highly respected	• Elderly viewed much as any other age group
• Honouring of ancestors	• Ancestors not usually a factor

HEALTH CARE BELIEFS AND PRACTICES

In general, health care providers should be aware that traditional practices and beliefs of most Asian migrants and refugees are **dynamic** and that they **change** considerably after resettlement. In some cases, there may be little or no reliance on traditional practices. In others, illness will result in a reverting back to more traditional practices, especially as it becomes apparent that Western medicine does not have all the answers. Younger people will often seek more modern medical treatment, but may also follow practices passed on to them by their families at the same time. There may be many 2nd and 3rd generation Asians living in New Zealand who do not hold any traditional health beliefs and practices. It is vital to make assessments on an individual basis.

In general Asians tend to be 'holistic' in their view of health where 'Life Force' balance or 'Body Balance', spiritual and supernatural factors, as well as physical / environmental, social, economic, mental, and hereditary factors are seen to be interrelated and interdependent in influencing health. People from rural areas may follow more traditional lifestyles and health treatments than people from urban areas (due to lack of knowledge about modern medicine). Economic status and education (which can vary greatly among people from the same country) are also significant factors. Cultural variations may also be marked between generations. Each of the cultural sections that follow, details the health beliefs and practices specific to that culture.

Some needs and beliefs around Illness and Health

- Asians have specific food requirements when sick (due to Body Balance beliefs, and to cultural dietary norms differing from western ones). It is best to consult families who are usually happy to advise and/or supplement hospital food when necessary

- Any surgery can be considered a big trauma and is believed to have side effects for health in general. Practitioners need to explain procedures, options and consequences to help clients make their own decisions

- Asians avoid bathing or showering when recuperating as they are afraid of getting cold. Hospital staff can offer them a self-wash if they prefer not to bath or shower

- Generally Asians have a smaller body build and believe that they have a longer recovery time. They traditionally take rest when ill and are careful not to over exert when in recovery. Concepts of rehabilitation and exercise may be new to some clients

- Many Asians expect something tangible, like a prescription or an injection, as part of western treatment – this is often a standard practice in their countries of origin, and just talking can be seen as a waste of time. Interventions not meeting this expectation will need explanation in order to keep the client engaged and compliant with treatment

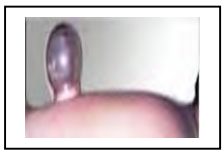
- There tends to be a strong resistance to continuous medication

- Western medicine is seen as useful in acute situations, and traditional treatments are used to address underlying causes and longer term health. Some clients may use western and traditional treatments concurrently and possible interactive effects of medicines may need to be assessed

- Public image is important and visitors play a significant role in this, so patience is requested for the often large gatherings of visitors at hospital beds

- Some health decisions may be made by the family elders even if the client is an adult.

- Generally, culture and religion play a significant role in health decisions and care, and in particular on how disability and mental health is perceived and managed.

Traditional treatments/practices Many of the Asian cultures presented in this resource use some or all of the practices below. Please refer to specific cultures for applicability.	
Coining or Scraping (also referred to as ***'dermabrasion'***) 	A popular treatment around 3,000 years ago in rural areas of China (still used today) where the use of an instrument such as ceramic spoons, coins, bone, etc. is used to scrape the skin. The instrument is vigorously rubbed across the skin in a prescribed manner, causing a mild dermabrasion. This practice is believed to release the excess force or "wind" from the body and hence restore balance. It is believed to re-activate the body's healing mechanism to clear any blockages from dead blood cells and debris from accident areas, and to allow proper circulation. It is used for physical discomforts such as headaches, back pain, joint pain, muscle aches, and a variety of ailments including fever, upper respiratory infection, nausea, weak heart, and malaise. (It may leave marks on the body, not to be assumed a result of physical abuse)
Cupping 	A series of small, heated 'cups' are placed on the skin, forming a vacuum that draws on the underlying soft-tissue. Different cultures have slight variations in the technique, e.g. Laotians fix a piece of cotton in the bottom of the glass, light the string and place the open mouth of the glass on the client's back. Cambodians may use a small candle on the forehead, in a similar way. The flame consumes the oxygen and creates a vacuum, thus causing a circular contusion. The process can be repeated a number of times in one session and used to treat backache, sprains, and soft-tissue injuries. It can leave a red circular mark.
Moxibustion 	A soft combustible material (a herb or *artemesia vulgaris*) is heated and burned indirectly at specified spots on the skin (acupuncture points or energy channels). (This may also leave marks on the body)
Pinching	Similar to coining and cupping, by pinching and pulling up the skin, the unwanted 'force' is allowed to leave the body (may also leave marks)
Steaming	A mixture of medicinal herbs is boiled, the steam is inhaled, and the body bathed
Balming	Various medicated oils or balms are rubbed over the skin
Acupuncture	Specialized practitioners insert thin steel needles into specific locations known as vital-energy points. Each of these points has specific therapeutic effects on the corresponding organs or functions of the body

Acupressure or Massage 	Fingers (or a blunt tool) are pressed at the same points as with acupuncture, and together with massage, stimulate these points to maximize their therapeutic effects. It is used to relieve a variety of symptoms and pain
Natural Medicine and Herbs (including patented Chinese Medicines)	Various medicinal potions are ingested or applied topically. These may be consumed for example, in the postpartum, to restore balance. Some are brought to countries of resettlement, or occasionally, found there) by individuals. Others are bought pre-packaged and imported from Thailand or other Southeast Asian countries. Some substances may be classified as "Chinese medicine" such as those medicines/substances sold in Chinese pharmacies worldwide.
Magico-religious articles	Amulets, strings, and Buddha images are common. The amulets (which look like a piece of string), may be worn around the neck by children or around the waist by adults. Permission to remove these articles for medical interventions needs to be gained from clients beforehand
Qi Qong *(Chi Kung)* 	The name means to cultivate energy or to do energy work. It is an integration of physical postures, breathing techniques and mental focus all of which are aimed at easing or increasing the flow of chi, or directing chi to specific systems or organs within the body. It is sometimes classified as a marital art, and can have medical and spiritual effects.
Ayurvedic Medicine 	Restores and maintains the balance of the 3 elements in the body (aspects of the Life Force) referred to as *doshas: pitta, vatta,* and *kapha*. The rhythms of the pulse as well as clinical history and observation are used in diagnosis. Herbs, oils, dietary management, detoxification, and some massage regimes are included in treatment. This medicine system is traditional in India and there are a number of practitioners in New Zealand (including Westerners who are being locally trained).

Practices and Beliefs relevant for managing those who are unwell, disabled or dying	
Asian	**Western**
Diet/nutrition when unwell For all of the Asian cultures (included in this resource) food plays an important part of health care. Food values revolve largely around the principle of maintaining the balance of various elements in the body (referred to differently by different cultures), and hold different qualities which are thought to influence this delicate balance.	
• Preference for hot meals and drinks when ill	• Can tolerate both hot and cold with cold drinks and water preferred
• Warm water preferred to take medicine	• Tap water usually used to take medicine
• Rice and noodle cultures	• Bread culture
• May not like cold dairy products	• Accept dairy products, hot or cold
• "Hot" foods are avoided, e.g. oil, butter, cheese, protein rich foods, potatoes, etc. when ill	• Less restrictions on food groups
• Foods with 'hot'/'cold' qualities preferred for certain health conditions	• Not a factor
• Families may prepare special foods – traditional recipes/ foods for particular ailments, e.g. ginger for new mothers	• Uncommon for families to supplement or replace hospital diet
• Preference for home made food for babies	• Hospital food usually meets western requirements
• Preference for food by mouth, suspicious of the drip	• Drip acceptable
• Some meats or all meats are excluded from diets for practising Buddhists, Hindus and Muslims	• Less restrictions on meat, although more people eating meat-free diets than previously

Disabilities	
• There is shame and guilt around physical and mental disability. • Some cultures see disabilities as a curse and may hide themselves or their family member away from friends / community to avoid being ostracized	• More openness and acceptance
• Due to the shame, families may often not want to reveal the difficulties to a health professional. It may take some consistent encouragement to help them open up and make use of facilities and rehabilitation plans	• Seek professional help
• There is a strong sense of duty towards those with disabilities in the family (particularly caring and loving)	• Community care more accepted for mental and physical disabilities
• Some families may refuse to send the child away from home	• Will more readily accept community care and assistance
• New Language and culture can add to the confusion for the disabled child/person	• Not a factor
Death and Dying	
• People may choose to refrain from telling the family member that they are dying especially if they are very young or old. The belief is that the client may lose hope / will to live. End-of-life issues need to be discussed with the family first	• Usually the family is informed
• Those who are aware of their prognosis may hide it from their families so that they do not become distressed, particularly if a relative is pregnant or ill themselves	• Will usually want help and support from family, with expectation that individual family members can manage own grief and anxiety
• Some have an almost mystical faith in western medicine and believe that hospital care will rescue even at the last moment	• Some doubt and mistrust of mainstream medicine and many will seek their own information or alternative interventions
• Pain is generally endured with stoicism and with the degree of expression of pain varying considerably within cultures. Most of the Buddhist based cultures value dying with mindfulness and equanimity over being in a drug altered state	• Preference for pain control

• It is important in most of the cultures for the family to be with a dying member, even when in an unconscious state. The eldest son or closest family member should be notified to accompany the person at the last moment	• Presence at death often determined by convenience/possibility rather than seen as a requirement
• Some prefer the person to die at home (e.g. Laotians) and will want to take the body back if they had been previously hospitalised, whilst others believe that it a misfortune to bring the person's body back home	• Varies with condition

HEALTH RISKS AND CONCERNS

According to Metha's (2012) report on health needs for Asian people living in the Auckland region, the following were noted as of concern across the different groups studied[1]:

- Diabetes prevalence
- Low cervical screening coverage
- Cataract extractions
- Terminations of pregnancy
- Cardiovascular disease (CVD), coronary heart disease, stroke, congestive heart failure
- High potentially avoidable hospitalisation (PAH) rates
- Utilisation of chronic care management (Care Plus)
- Family violence
- Hysterectomies
- Total knee joint replacements (TKJR)

(Please see each cultural section for culture-specific information)

[1] The Metha 2012 report refers to three ethnic groups stratified in the Auckland region: Chinese, Indian, 'Other Asian' (includes Southeast Asian). Ethnicities include Korean, Afghani, Sri Lankan, Sinhalese, Bangladeshi, Nepalese, Pakistani, Tibetan, Eurasian, Filipino, Cambodian, Vietnamese, Burmese, Indonesian, Laotian, Malay, Thai, Other Asians and Southeast Asians not elsewhere classified (NEC) or further defined (NFD)
Unless otherwise specified, the term 'Asian' used in this CALD resource refers to Asians in general and does not imply a specific ethnicity or stratified group.

WOMEN'S HEALTH

(see cultural sections for more culture-specific data)

- Adult diabetes during pregnancy is of concern (Metha, 2012)
- Pregnancy is a highly valued and expected stage in a woman's life
- A good mental state during pregnancy is considered important as the state will be transferred to the baby and affect its future health and wellbeing
- There are a number of taboos during pregnancy to ensure a healthy baby (these include foods and activities)
- There are also specific taboos after delivery to ensure that the mother has no future health problems, e.g. no showering or washing hair for up to 30 days, need to keep mother and the baby warm
- Post-partum practices are very different to Westerners with new mothers taking plenty of rest in the first month, traditionally staying in bed for 1 week up to 100 days (where possible) and keeping themselves and the baby warm
- Traditional Birth Attendants are available in some Asian cultures and play the role of midwife and will often deliver the baby
- Food plays an important part of healthcare during pregnancy and post-partum period

YOUTH HEALTH

Newborn & Child Health

- Child oral health and child asthma is of concern for some Asian groups studied (See cultural sections for culture specific data)

- In some Asian populations breastfeeding is lacking due to:
  - the belief that bottle-feeding is modern and superior
  - misinformation about breastfeeding and infant feeding practices
  - concerns about privacy and modesty
  - communication difficulties with health professionals
  - lack of family support
  - newborns tend to be kept warm at all times, even in summer
  - babies are kept close to stop excessive crying, and may share a room with parents until at least a year old
  - children are usually highly valued and seen as an asset to the family, so childhood illness causes immediate anxiety

Adolescent Health

- There is limited or little sexual education amongst some of the Asian groups studied
- Low levels of physical activity are reported for adolescent Asian New Zealanders, especially amongst females
- Mental health is of concern with high levels of depression, especially amongst female students
- Many of the young Asians residing in New Zealand are students with families abroad. Difficulties they commonly face include:
  - loneliness
  - homesickness

- communication
- prejudice from others
- financial difficulties
- academic performance pressures from family back home
- cultural shock

- Others face:
  - status challenges in the family with role-reversals
  - family conflict over values as the younger ones acculturate
  - health risks due to changes in diet and lifestyle
  - engaging in 'risky' behaviour (i.e. unsafe sex, binge drinking, smoking, marijuana and other substance abuse) as they become more acculturated

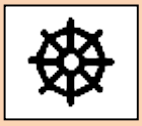
SPIRITUAL PRACTICES

(See cultural sections for culture-specific applicability)

For most Asian cultures, religion plays a central role in life and provides a framework for understanding all aspects of living, including illness and health. It is important to acknowledge this role with clients and to have some understanding of the implications of the belief systems.

For some cultures the beliefs and practices are a composite of a number of traditions. Such diversity in spiritual beliefs requires that assessment precede implementation of any type of spiritual care during illness. The most common faiths are tabled below:

Outline of religious and spiritual systems		
FAITH	**DESCRIPTION**	**COUNTRY**
Confucianism 	Confucianism originated in China in the 6th century BC as the major religion or philosophical system. Teachings emphasize devotion and obedience to parents, family and ancestors, honesty, righteousness and benevolence. Also central to Confucianism is ethicality, loyalty to the state and the maintenance of justice and peace. There are 6 different schools. **Implications:** given the authoritative and hierarchical structures, compliance may be affected by the head-of-the-family's acceptance of diagnosis and treatment plans	*China* *Korea* *Vietnam*

Taoism 	Taoism originated in China in the 6th century BC as a philosophical/religious system based on the doctrines of Lao-tse. Taoism advocates harmony, simplicity, and selflessness. The *Tao* (Life Force or *path*) is seen as the first-cause of the universe and the goal of the individual is to harmonize with this force. The concept of *Yin-Yang* has origins in this system. **Implications:** the Life Force (Tao) will be restored to balance (and thereby the illness resolved) if the relative principles are employed/adhered to. Western medicine **can** be seen to interfere with this system	*China* *Korea* *Vietnam*
Buddhism 	Buddhism was also founded in the 6th century BC, and has become a transcultural religious and philosophical system based on the teachings of Gautama Siddhartha, the Buddha. There are a number of branches of Buddhism – namely Theravada (practiced in Burma, Cambodia and also Vietnam), Mahayana which embraces the various traditions within China, Korea, and Japan, and Vajrayana, which is associated primarily with Tibet. Common to all forms of Buddhism is the belief that life involves suffering, that desire and attachment create the suffering, and that this can cease if specific principles are followed. These principles describe ethical, humanitarian and disciplined practices. Central to Buddhist world view is the concept of *Karma* (the total sum of good and bad deeds over lifetimes) which holds that all actions have consequences and these are seen to influence current circumstances. **Implications:** ill health may be attributed by many Buddhists to *Karma*. Some may passively accept this as their fate and seek little treatment, others may actively seek to address the illness by praying, performing rituals or meditating in an attempt to alleviate the problem. The belief that life involves suffering might also cause some practitioners to delay or avoid seeking treatment.	*China* *Korea* *India* *Cambodia* *Vietnam* *Laos* *Burma*

Shamanism /animism 	Shamanism is the belief in positive and negative entities/spirits which affect humans. A Shaman i.e. religious/spiritual practitioner, can traverse at will, between the worlds of the spirits and consensus-reality and influence the entities and the effects they have on humans. It is believed that the Shaman can not only avert bad luck, but also be instrumental in resolving tensions and conflicts between the living and the dead. Integral to this belief is that all aspects of nature have spirit, (referred to as animism). The influence of ancestors is also central to this practice. The correct burial rituals following the death of a relative are thought to ensure a good fortune for the family. Some Asians may maintain shrines or alters in their homes where they are able to honour their ancestors in the traditional ways. Maintaining a good relationship with the environment and its inhabitants is believed to be advisable. **Implications:** the belief that external forces are responsible for ill health and that appeasing the forces either through their own actions, or with the help of a shaman, will resolve the problem. Some practitioners may use this method before seeking medical intervention.	*China* *Korea* *Cambodia (animism)* *Laos (Phram-animism)* *Burma (Nat-animism)* *Vietnam*
Christianity 	Christianity was introduced into the Asian countries presented in this resource at different times, and has varying degrees of influence over those cultures and their spiritual practices. Today many Asians practice Christianity, and with some of the other noted faiths influencing their world views.	*China, Korea* *India,* *Vietnam (Catholicism)* *Cambodia (Evangelist and Mormon)* *Burma (Catholic, Baptist, Protestant)*

Hinduism 	Hinduism is practiced by the majority of people in India. The basis of Hinduism is the belief in the unity of everything (the totality is called *Brahman*), and the goal is freedom from endless reincarnation (*samsara)*, with *karma* as central to the cycle. The caste system is another principle concept of Hinduism and divides society into four social classes. The highest class is called the priest class, or the Brahmans. The lowest class is referred to as the laborer class, or Sudras. One inherits class at birth, based on one's karma, or tally of good and bad deeds from previous lives. **Implications:** for some Hindus there is a fateful attitude to health based on beliefs about karma, and treatment may be delayed or avoided. Others will accept that whilst the illness has karmic origins, treatment can be sought to resolve the problem.	*India*
Islam 	Islam is practiced by a small percentage of Asians in the different countries covered in this manual with the highest numbers in India. The cornerstone of Islamic faith, the 'Five Pillars' are the obligations which are required of every Muslim. They are: *shahadah* (statement of faith), *salat* (prayers), *zakat* (alms), *sawm* (fasting), and *hajj* (pilgrimage). The prophet and teacher within Islam is Muhammed and the holy book, the Qur'an lays out all the religious lore. Muslims believe that paradise is available to all who believe in God, 'Allah' and who do good. Unlike Buddhists and Hindus they believe that this world is their one and only chance to earn the gift of paradise. Practicing Muslims with ill health may be challenged to meet the obligations of the 5 daily prayers and fasting and may need assistance to meet these. **Implications:** that ill health may be God's will. Some Muslims will passively accept this whilst others will seek treatment.	*India (and small numbers in other Asian countries)*

Sikhism 	Sikhism is a 500 year old religion and practiced by 20 million Sikhs living in India. *Guru Granth Sahib* is the holy book. The religion combines the Hindu concept of *karma* (righteous deeds) with the Muslim concept of monotheism and stresses loving devotion to God, universal principles of morality, truth and honest living, and full equality of mankind irrespective of race, caste, creed or sex. Many devout *Sikh* men wear the *kirpan* (a traditional small sword) which has sacred religious symbolism of power and freedom of spirit, and is a reminder to Sikhs to fight injustice and oppression, but is not to be used as an instrument of violence. The *kirpan* is one of five highly emotive articles of faith (the 5 K's) all of which need sensitive handling when they are affected by medical treatments and care. The 5 K's are: *kes* (unshorn hair, as a sign of a saint), *kangha* (a small comb to keep the hair tidy), *kachhehara* (knee-length underpants symbolic of propriety), *kara* (literally a link, a steel bangle worn on the right wrist, as a reminder of the bond between a Sikh and the Guru, and for the need for restraint) and the *kirpan*. Hospitals and clinics may need to provide guidelines to ensure that Sikh clients are allowed to wear the *kirpan* without compromising health and safety standards, and ensure that the healthcare staff are informed so that the issue can be sensitively and appropriately dealt with. **Implications:** although the belief in God's Will or *Karma* may play a part in perspectives on health, most Sikhs will readily seek treatment, whether it be allopathic or an alternative. Some may use prayer and practice to find strength during ill health.	*India*

DISCLAIMER

Every effort has been made to ensure that the information in this resource is correct at the time of publication. The WDHB and the author do not accept any responsibility for information which is incorrect and where action has been taken as a result of the information in this resource.

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