



Cultural Factors and the Health of North Carolina Latinos¹

INTRODUCTION

The term "Latino" describes a diverse population whose individual members share some cultural and linguistic similarities. As outlined in the previous chapter, North Carolina's Latino population includes people who differ according to country of origin and experiences, level of education, socioeconomic and immigration status, length of time in the United States, knowledge of English, and rural or urban residence. Therefore, it is difficult to accurately or comprehensively describe a single set of cultural beliefs that applies to all Latinos in North Carolina. It is not the Task Force's intention to generate this type of menu-like list of values and beliefs. Instead, it is our goal to highlight some characteristics common to many Latinos that can affect health, use of the health care system, and expectations of the health system and providers. The Task Force recognizes these characteristics as important for understanding the Latino population and vital to the development of culturally appropriate services.

HEALTH SYSTEMS IN OTHER COUNTRIES

Persons coming from other countries are accustomed to different systems of health care. Common occurrences within the US health care system, such as co-pays for doctor visits and prescriptions for certain medications, may not exist in a Latino person's country of origin. Options may exist in other countries that do not exist here. For example, health benefits in other countries may offer coverage of an employee's children and parents.² The services offered, their availability, and the party who pays for the services vary from country to country. Therefore, recent immigrants may have certain expectations regarding the health care they will receive in the United States. Whether they expect more or less than they actually receive, these expectations affect the manner and frequency with which Latinos access health care services.

Previous health care experiences from other countries can affect health-seeking behaviors and present barriers to health care in the United States. For instance,

injections are commonly used to treat a wide variety of infections and other illnesses in Mexico and other countries. Many Latinos are not accustomed to a health care system that requires a prescription for medication or requires a doctor's visit to get a prescription. A patient may feel more comfortable seeking out immediate treatment with vitamins and medicines that are familiar to the patient from a trusted community source.

In North Carolina, some studies have been conducted about where Latinos seek alternative treatments. Reports of patients arriving at the emergency room with non-prescribed antibiotics, steroids, and other medications are not uncommon. There have also been complaints filed in several North Carolina counties against local food stores known as *tiendas*, for selling medications improperly.³ Some of these stores may also sell natural medicines, different types of injections, and other unregulated treatments. Little to no information exists on the extent to which North Carolina Latinos are purchasing unregulated treatments from *tiendas* or other sources. It may be said with some confidence, however, that a portion of the Latino population relies on products sold in *tiendas* for treatment of their medical problems either exclusively or in combination with medical care from mainstream providers. Some *tienda* owners in the United States have assumed the role the pharmacy plays in their home countries (*farmacias, boticas, boticarios*). Unregulated products and the provision of health counseling and injections is offered as part of their regular business. Because *tiendas* contribute to the ways in which Latinos in NC access health care, this is an important and nearly untapped opportunity for health education.

In addition, many Latinos in North Carolina seek information or guidance about health and family-related concerns from their churches before getting treatment or advice from a US health care professional. Across the state, many churches, Catholic and other denominations, serve as an important source of spiritual and other support for the Latino community through Spanish-language masses, community outreach, assistance with food, clothing, and other needs. Churches can also play an important role in bridging the cultural and information gap, and providing needed health education for new Latino immigrants. Lay health advisors (as described more fully in Chapter 8) are another trusted source of health and health care information who can facilitate access to care and understanding of health and illness symptoms.

TRADITIONAL AND FOLK MEDICINE

Information about the North Carolina Latino population's use of traditional and folk medicine is limited. The reliance on traditional healers has been shown to be more common among immigrant segments of the Latino population than in more acculturated Latino groups. It is beyond the scope of this chapter to describe the variety of folk medical treatments and folk beliefs existing across Latino subcultures. Nevertheless, recognizing folk medicine as an important health practice among some Latinos can facilitate culturally appropriate implementation of Task Force recommendations.⁴

The National Council of La Raza's "Latino Health Beliefs: A Guide for Health Care Professionals" outlines some general characteristics of Latinos' use of traditional and folk medicine. The way in which illness causation is viewed varies

considerably among Latinos. Certain traditional Latino folk beliefs give emphasis to understanding illness as a result of an imbalance between hot and cold and the impact of natural forces on the body (e.g., air, food and/or heat, and the existence of supernatural forces such as spirits). Because of the influence of certain cultural beliefs and practices, many Latinos may simultaneously seek the help of both formal medical care and folk healers for either acute or chronic conditions. Commonly used folk healers include *curanderos*, *yerberos* (herbalists, who use these ingredients to both treat and prevent illnesses), and *sobadores* (masseuses, who use massage to correct imbalances in muscles and the skeletal system). These practitioners often charge no fees and employ teas, prayers, and rituals to correct imbalances. Generally, they will not treat those with serious or incurable diseases.

There is a strong belief in many Latin American cultures in natural forces, with the three most important being the Sun, the Moon, and the Earth. Belief in the power of these "gods" explains beliefs such as the expectation that exposure of the pregnant woman to an eclipse can cause cleft lip or palate in the newborn. The ancient Aztec practice of placing a knife on the woman's abdomen before she went out at night to protect her unborn baby, has led to the current practice of placing a key or safety pin on one's clothing during pregnancy.

Finally, in addition to the Western-recognized illness and health conditions diagnosed and treated by US health care practitioners, Latino cultures often recognize and define additional maladies, including *susto* (fright), *empacho* (blocked intestine), *mal de ojo* (evil eye), *caída de mollera* (fallen fontanel of an infant), *antojos* (cravings), or *cuarentena* (forty days following childbirth where certain dietary activities and restrictions are observed to allow for the mother's recovery).

IMPORTANT LATINO CULTURAL BELIEFS

The Task Force considered and discussed the importance of cultural orientation and interpersonal behavior in the provision of health care. Health care providers should be aware of the potential impact of certain cultural characteristics found within the Latino community (see Access to Care chapter), but policy makers must also familiarize themselves with certain cultural traits. The following information about cultural beliefs of some Latinos relevant to health care has been adapted from "Latino Health Beliefs: A Guide for Health Care Professionals" (National Council of La Raza, 1998):⁵

- **Respeto** ("Respect"): In general, Latinos place a high value on interpersonal relationships. *Respeto* refers to a quality of self that must be presented in all interpersonal relationships.⁶ It signifies attention to proper and moral behavior and indicates an expression of deference to the person one confronts. Deferential behavior toward others is determined on the basis of sex, social position, economic status, and position of authority. Latino clients respect health care providers as authority figures. The doctor merits great respect and this may cause Latino clients to be hesitant to question a health care provider or disagree with a plan of care. Clients may state they "understand" the medical regiment when they do not because they do not want to hurt the provider's feelings. In addition, Latino clients may seek help from a

different professional if their symptoms do not subside, so as to avoid hurting the feelings of the first. *Respeto* incorporates diplomacy and tactfulness and discourages confrontation.⁷

- **Confianza** ("Trust"): Trust is an important cultural value tied closely with respect. Trust is built on mutual respect over time. It may take an extended period of time with the same provider to develop the trust necessary for a client to accept health-related advice. Latinos often feel that US health care professionals are insensitive to feelings of shame, embarrassment, and discomfort associated with disrobing, being attended by a professional of the opposite gender, or having tests and procedures that invade personal privacy.⁸
- **Familismo** ("Family"): Latinos place a great deal of importance on the family as the primary social unit and source of support for individuals. Help and advice are usually sought from within the family system first, and important decisions are made as a group. For this reason, medical conditions and medical treatment are considered a family matter, and not solely the business of the individual. This network of support may include the nuclear family or may include much of the extended family and even unrelated persons from one's hometown.⁹
- **Machismo/Marianismo**: While traditionally the Latino male has been acknowledged as the authority figure in the family, contemporary research suggests that gender roles in Latino families are changing.¹⁰ Women are still considered the center of the family and are still in charge of the family's health.¹¹ Both the traditional family roles and new gender roles taken on within the Latino family may affect the way Latinos seek health care.
- **Fatalismo** ("Fatalism"): Traditionally, many Latinos classify illness as either "natural" or "unnatural."¹² Natural illness is thought to be caused by God's will or fate, while unnatural illnesses originate from evil done to one by another. In either case, the person feels that control over what has happened and what will happen has an external locus, and hence is wholly out of his or her hands. This leads to a fatalistic view of life and death; the individual perceives little personal ability or responsibility for success or failure in matters of health and illness. There is very little or nothing a person can do to prevent or survive disease. Delays in seeking medical attention for cancer symptoms and higher rates of advanced disease at the time of diagnosis are thought to be associated with these cultural beliefs.
- **Time Orientation**: Latinos are generally more concerned with the present than with the future. Priority is given to current activities rather than planning ahead. Thus, being late for an appointment is not due to lack of respect or reluctance, but to priority and concern over current activity or personal interaction. This "present-time" orientation and approach to time and its management is inconsistent with the way time is viewed in US health care and business operations.

ACCULTURATION

Acculturation is defined as the process in which a person's traditional cultural beliefs are replaced by those of the mainstream community where he or she lives. It is important to note that acculturation and health are closely associated. Latinos in North Carolina, as fairly recent arrivals, have many different cultural beliefs, but also many protective health factors. As will be seen in later chapters, recent Latino immigrants have better health outcomes on a variety of measures. Strong family support systems, coupled with low rates of smoking and traditional diets that emphasize vegetables and grains rather than high-fat foods may explain, at least in part, why recent immigrants as a group are healthy. Some of these protective factors disappear as Latinos acculturate to the lifestyle in the United States.

CONCLUSION

When making and implementing health policy for Latinos, we must design strategies to bridge the cultural gap that may exist between patients and providers so that common goals can be achieved. Health policies should capitalize on the cultural strengths of the Latino community. Among them are:

- *Familismo* - Emphasis on family as primary social unit and source of support
- Importance of children
- Respect in social relationships, which dictates the appropriate deferential behavior toward others based on age, socioeconomic position, gender, authority status
- *Simpatía* - A pattern of social interaction and verbal communication based on a common desire to have a warm and pleasurable social relationship
- Traditionally prescribed gender roles
- *Personalismo* - importance of personal contact, identification with individuals but not institutions
- Strong religious belief systems
- Present orientation and action orientation

The recommendations of the Latino Health Task Force were developed through careful consideration of these and other cultural characteristics found within the diverse North Carolina Latino community. With the implementation of our recommendations, it will be critical to continue to recognize cultural differences and similarities that will foster the success of new policies and system changes.

NOTES

1. Harriet Purves helped research and write this section.
2. Aponte L, Rodríguez, Y. Presentation to NC IOM Latino Health Task Force. September 17, 2002.
3. Work D. Presentation to the NC IOM Latino Health Task Force. October 16, 2002.
4. Rodríguez, Y. Presentation to NC IOM Latino Health Task Force. September 17, 2002.
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6. Keefe M. *Puerto Rican Cultural Beliefs: Influences on Infant Feeding Practices in Western New York*. Dissertation Abstracts International, B 56/10, p. 5417. 1997, cited in Karliner et. al. *Latino Health Beliefs: A Guide for Health Care Professionals*. National Council of La Raza. Washington DC: Sept. 1998.
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