Cultural Barriers to Health Care for Southeast Asian Refugees

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Synopsis

Many Southeast Asians now living in the United States experience severe health problems, attributable to physical trauma and inadequate health care in Asia, and low socioeconomic status in this country. Evidence indicates that despite their health problems, Southeast Asian refugees underuse the American health care system. Cultural reasons for this underuse are examined.

Southeast Asian cultural attitudes toward suffering, such as beliefs that suffering is inevitable or that one's life span is predetermined, can cause Southeast Asians not to seek health care. Cultural beliefs about the sources of illness and correspondingly appropriate forms of treatment can be a barrier to Western health care. Many lack familiarity with Western diagnostic techniques and treatments and thus are apprehensive. Health care providers' ignorance of Southeast Asian cultures can interfere with communication with patients, resulting in culturally irrelevant services or misinterpretation of side effects of Southeast Asian folk medicines. Southeast Asians' lack of familiarity with American culture can make health care services geographically and economically inaccessible and can cause Southeast Asians to be ignorant of available services or how to access them.

An understanding of Southeast Asian cultures and additional outreach efforts by Western medical practitioners and health care providers are needed to improve the use of health care services by Southeast Asian refugees in this country.

BEFORE 1975, there were few Southeast Asians living in this country. Suddenly in 1975, about 130,000 Southeast Asian refugees came to the United States. Most of those refugees were urban Vietnamese from the elite classes. Later, more refugees, including Vietnamese, Sino-Vietnamese, Cambodians, Lao, and Hmong, came to the United States. They were poorer, less educated, more likely to be from rural areas, less knowledgeable about American ways, and less proficient in English than the 1975 refugees. By 1990 there were 614,547 Vietnamese, 417,411 Cambodians, 149,014 Laotians, 90,082 Hmong, and an unknown number of Sino-Vietnamese in this country.

Many had severe health problems attributable to starvation, abuse, injuries from hostile action, confinement and servitude in camps, inadequate health care during the war years and in camps, and the overcrowded, poverty-stricken circumstances in which many have been forced to live in this country. Moon and Tashima *(1)* found that, among Southeast Asian refugees, health problems were experienced by 20 percent of Cambodians, 15 percent of Vietnamese, 15 percent of Sino-Vietnamese, and 3 to 5 percent of Hmong and Lao. Among the problems which have been found in disproportionate numbers are tuberculosis *(2–4)*, hepatitis B *(2, 3, 5)*, malaria *(2, 5)*, malnutrition *(2, 6)*, conjunctivitis *(7)*, trichinosis *(5)*, anemia *(6)*, and leprosy *(5)*. Intestinal parasites *(3, 5, 6)*, have infected as many as 80 percent *(2)*.

There are indications, despite the prevalence of health problems, that Southeast Asian refugees underuse the American health care system. Some researchers have found that only 10 percent of sick Vietnamese refugees in Denver sought Western medical care and, of them, 73 percent did not return for followup health care *(7)*.

Cultural Reasons for Underuse

Discussions and consultations with Southeast Asian refugees have helped to identify some of the cultural reasons for their underuse of available medical services.

Attitudes toward suffering. Many Southeast Asians are reticent to seek health services because of their cultural attitudes about the nature of life and the inevitability of suffering. Instead of seeing suffer-

ing as an aberrational health condition requiring improvement, many Southeast Asians see some suffering and illness as an unavoidable part of life (*8*). As a result, they may not seek medical care quickly, or they may consider medical care to be an inappropriate response to physical pain (*2*). Hmong, for example, believe that the length of a person's life is predetermined, and life-saving health care is worthless (*9*). Thus, beliefs about the inevitability of suffering and acceptance of the idea that the time of death is predetermined inhibit some Southeast Asians from seeking medical services.

Related to beliefs about suffering in life is the Asian cultural value placed on stoicism. Some Southeast Asians will delay seeking help for pain or discomfort caused by health conditions in an effort to be stoic (*10*). The cultural value that Southeast Asians place on stoicism may be a barrier to seeking health care.

Etiology of illness. Many Southeastern Asians are reluctant to seek Western health care services because their beliefs about the sources of illness and correspondingly appropriate treatments often vary from Western models. Many Southeast Asians attribute illness to organic problems, such as a weakening of nerves (*1, 11*), but illness may be attributed as well to an imbalance of yin and yang (*1, 12*); an obstruction of chi, which is a life energy (*12*); a failure to be in harmony with nature (*12*); a curse by an offended spirit (*1, 9, 10, 12–15*); or a punishment for immoral behavior (*15*). Indeed, illness is believed to be one of the main ways in which angry or evil spirits punish people (*14*). While Southeast Asians usually do not know which source is the cause of a given illness, Vietnamese, Cambodians, and Laotians tend to assume that an illness is organically caused, unless there appears to be a supernatural problem (*9*). Hmong generally believe that mild illnesses are caused by an organic problem, whereas serious illnesses are caused by supernatural events (*11*).

As a result of their beliefs about sources of illness, Southeast Asians may not seek Western medical services. For example, if they think that the source of their illness is a weakening of nerves or an imbalance of yin and yang, they often use herbal medicines (*14*). If they think that the source is supernatural, they often turn to religious healers for help (*1, 11, 14*). If they think that the source of their illness is organic, they may seek help from Western health care providers. If that treatment is incomprehensible or unsatisfactory, they may suspect a nonorganic source and turn to shamans, rituals, or herbal medicines (*14*).

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Thus, if their premise is that a particular illness is nonorganically caused, it rationally follows that the treatment that is needed is one that addresses the nonorganic cause. Since Western medicine only looks for organic or psychological causes of illness, Southeast Asians may think that Western medicine is inappropriate in various cases and may not seek Western health care.

Distrust of Western medicine. Many Southeast Asians have sought Western health care only after more traditional techniques have been tried and have failed. The resulting delay in receiving care has meant that the Western health care often has been provided too late (*15*). From the patient's perspective, someone he or she knew sought Western health care and then died. Rural Cambodians, for example, often associate Western medicine with death (*15*). The distrust of Western medicine probably is more widespread among those from rural areas in Southeast Asia than among those from urban areas.

Unfamiliarity with Western medical methods. When Southeast Asians decide to seek health care, they often are unfamiliar with and apprehensive about the diagnostic techniques and treatments used in Western medicine. For example, some Southeast Asians expect the first Western medical provider they encounter to diagnose and treat their malady instantly (*2*). Some think that physicians can identify the source of a medical problem at first sight with no more physical examination than a gentle touch to the patient's pulse (*10*).

Because of their lack of familiarity with American diagnostic techniques, many Southeast Asians misinterpret the functions of various diagnostic techniques. For example, some believe that X-rays are curative (*16*). If they undergo an X-ray procedure and do not become well, they may think that Western medicine is ineffective for their illness and not seek further Western medical services. Many Southeast Asian refugees believe that surgery upsets the soul or causes the spirit to leave the body (*2,*

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17). Some Lao, for example, believe that immunizing babies can be dangerous for the baby's spirit (*18*). Thus, they may balk at immunization, invasive diagnostic techniques, or surgery (*19*).

Some Southeast Asians think that Asians have a different physical constitution than whites, so that Western drugs and drug dosages that are appropriate for white persons may not be appropriate for Asians (*10, 13*). Consequently, they may politely accept the physician's prescription, but not fill it. If they have it filled, they may not take the medicine (*19*), or they may adjust the dosage without telling the physician to avoid hurting or embarrassing anyone (*10*). They may stop taking a medication when their symptoms disappear, rather than using the full amount prescribed (*19*). If these actions prevent effective treatment of their illnesses, Southeast Asians may not recognize the importance of taking the medicine as prescribed and may think that Western medicine is not effective for that illness or for the constitutions of Asians and avoid further Western medical treatment.

Health care providers' cultural ignorance. Southeast Asians often experience difficulties in accessing the health care system because Western health care providers lack understanding of aspects of Southeast Asian cultures. The health care system was poorly prepared to provide services to the burgeoning and heterogeneous Southeast Asian population. Care providers were largely uninformed of important aspects of Southeast Asian culture that bear on health service delivery. As a result, refugees at times have difficulties owing to poor physician-patient communication, a lack of bilingual health care providers, culturally irrelevant services, and misinterpretations of the physical effects of the use of Southeast Asian folk medicines.

Poor communication between physician and patient. Southeast Asians may be discouraged from seeking Western health care when medical personnel are unaware of Southeast Asian styles of communicating. Southeast Asian cultural values emphasize politeness, respect for authority, and avoidance of shame. Because of their respect for the authority of the medical personnel, desire to be polite, and desire to avoid embarrassment, many Southeast Asians will not ask questions (*20*), will not voice reservations about a particular diagnostic technique or treatment plan, and will indicate that they concur with medical personnel and understand what the health care provider has said when, in fact, they do not.

If the health care provider is not aware of this communication pattern, poor communication results. In such cases, patients may find dealing with Western medical personnel too confusing and frustrating and not return for medical services. The physician may never know why.

Poor communication may be worsened by culturally insensitive behaviors that unintentionally insult or frighten the patient. For example, crossing one's leg and letting one's foot point at the patient is insulting to some Southeast Asians (*18*). Some feel threatened if charms they are wearing must be removed (*21*).

Lack of bilingual staff members. Because of a lack of proficiency in English, many Southeast Asian patients need either bilingual health care providers or translators. Being unable clearly to communicate their symptoms and concerns to the physicians (*2*) can be so frustrating that the refugees avoid Western health care. Being unable to understand the physicians' or medical technicians' explanations of their procedures can make diagnostic tests very intimidating. Being unable to understand the reasons given for medical regimens, such as drug regimens and the need for followup examinations, can decrease compliance, result in poor outcomes, and deter Southeast Asians from Western health care services.

Many Southeast Asians need bilingual health care providers or translators who can help them avoid these problems and make them comfortable with Western health care. There are insufficient numbers of health care providers who speak Southeast Asian languages. Problems arise with the use of translators. Untrained translators may embellish or minimize symptoms to the physician in an effort to be helpful, or unnecessarily frighten patients when conveying a diagnosis, prognosis, or treatment plan.

Culturally irrelevant services. Southeast Asian patients may avoid medical services that seem culturally irrelevant to them and their lifestyles. For ex-

ample, medical personnel providing nutritional counseling to Southeast Asians must be aware of the types of food Southeast Asians generally eat (*3*). If the nutritionist advises the patient to eat various types of American food, the patient may consider that advice irrelevant to the way he or she lives and avoid further involvement with the services.

Misinterpreting the side effects of folk medicines. Reliance on traditional folk medicine by Southeast Asian refugees in the United States is not as great as in Asian countries (*10, 13*). One of the reasons is that there are few shamans in the United States (*7, 9, 13*). Because shamans specialize in different diseases, there is difficulty in finding, among the limited number of shamans in the United States, one who specializes in the disease afflicting the patient (*19*). Other reasons are the lack of traditional herbs in the United States (*7, 14*) and a fear that making noises to call the gods may cause American neighbors to disapprove of their behavior (*13*).

Some folk medicine treatments can leave marks on the patient's body. Among these methods are pinching areas of the body; scratching the skin with a bowl; moxibustion, which involves burning portions of the body; cupping, which involves applying suction cups to the skin to improve the circulation of chi; and coining, which involves rubbing metallic objects over the skin. Resulting marks on the patient have been misinterpreted by Western health care providers as evidence of physical abuse (*7, 14, 15, 22*). Rather than risk having the effects of traditional folk medicine misinterpreted as, for example, child abuse, with possibly the police or child welfare agencies becoming involved, some Southeast Asians would avoid Western medical care. Medical personnel need to be able to recognize the side effects of some of the folk cures.

Health care providers may not recognize side effects because of the patient's unwillingness to admit to seeing shamans. Some Southeast Asians may believe that medical personnel would not understand or respect their beliefs about the sources of illness and would criticize or ridicule them for using folk medicine. Some may be hesitant to admit that they seek the services of shamans because they feel a need to protect folk medicine providers, whose activities could be illegal (*7*).

Inaccessibility of services. Lack of familiarity with American culture, including a lack of proficiency in English, can result in ignorance of the availability of health services, difficulties accessing services, a lack of financial resources to pay for health care, and difficulties getting to health care facilities.

Ignorance of available services. Perhaps because in Vietnam few physicians were available outside of the military services, the people relied heavily on nonprofessional health services (*7*). Many Southeast Asians may be ignorant of the availability of professional medical services in the United States. Many are socially and culturally isolated because of their lack of proficiency in English, low levels of education, and unemployment. Their isolation works against learning how to access available medical services (*7, 23*). Social service agencies tend to underestimate the health care needs of Southeast Asians (*24*) and may not provide enough information about health care availability.

Difficulties accessing services. Once Southeast Asians know about available medical services, they encounter difficulties accessing them. About 40 percent of Southeast Asian refugees have had major difficulties in obtaining medical services (*24*). Among the reasons for these difficulties in accessing services are a lack of familiarity with the process of making an appointment to see a physician (*2*) and language problems that complicate making appointments, filing health insurance claims, or understanding the physician.

Lack of financial resources. Largely because of their lack of familiarity with American culture and language, Southeast Asians are often very poor. Those who are employed often have low-level jobs that do not provide health insurance benefits. Others do not know of the existence of health insurance, do not think that they are eligible, or cannot afford insurance premiums (*23*). Low-paying jobs, coupled with a lack of health insurance, can make health care inaccessible.

Geographic inaccessibility of services. Hospitals and private physicians' offices often are not located near Southeast Asian communities. Because many Southeast Asians are unable to speak or read English, they may have difficulty accessing local public transportation, or obtaining driver permits, and have difficulty getting to medical facilities.

Reducing Barriers to Health Care

Adjustments need to be made within the Western health care system to improve the access of Southeast Asians to health services. Managers of health

care services need to work within the community to make training in the English language more available.

Health care providers need to address the beliefs of Southeast Asians about the nature of life and the concept of suffering as a part of life. Stressing that the relief of suffering may better enable the patients to fulfill their familial obligations may encourage many Southeast Asians to seek health care. With regard to Southeast Asian beliefs about the etiology of illness, framing the patient's illness in terms that are culturally understandable may make Western health care more acceptable.

To address the apprehension many Southeast Asians feel about Western diagnostic techniques and treatments, explaining the diagnostic techniques and treatment regimen fundamentally and thoroughly can help. Explanations of treatment may have to include explaining the germ theory and Western notions of anatomy and physiology because uneducated Southeast Asians are often unfamiliar with these concepts (*2*). When patients do not understand the purpose and course of treatment, they are less likely to agree to immunization, to comply with a treatment regimen, or to continue a treatment whose effectiveness is not readily apparent to them. This noncompliance, in turn, may lead to ineffective treatment and a loss of confidence in Western medicine.

Medical service providers need to learn about Southeast Asian cultures, communication patterns, and traditional folk medicines. Health care providers must be aware of Southeast Asian beliefs about life and the sources of illness and the fact that some Southeast Asians may not be familiar with Western diagnostic techniques and treatments.

Health care practitioners and providers can directly contribute to easing the problems of access to health care services for Southeast Asians through concerted and forceful outreach efforts.

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