

# VOICES OF THE SOUTH ASIAN COMMUNITIES

## INTRODUCTION

Demographic changes in the Seattle area are having a profound impact on the local health care delivery system. Health care providers need to hear from ethnic communities about their experience in trying to access health care. Offering culturally appropriate care requires being open to the perceptions, realities and expectations of a community that may be different from one's own.

The Cross-Cultural Health Care Program (CCHCP) at Pacific Medical Center works with health care providers, interpreters and community-based organizations to address these needs. Established in 1992, the CCHCP is funded by a grant from the W.K. Kellogg Foundation. This "Voices of the Communities" profile is one of a series developed by the CCHCP. The profiles and an earlier survey of 22 underserved ethnic communities are part of the CCHCP's effort to provide a forum for underserved communities to interact with the health care community. These profiles were developed by and in consultation with members of the profiled community.

## SOUTH ASIAN DEMOGRAPHIC AND CULTURAL BACKGROUND

### Location, nations and religions

The countries grouped under the umbrella of South Asia are India, Pakistan, Sri Lanka, Nepal, Bangladesh, Afghanistan and Bhutan. All are located in the Indian subcontinent.

**India**, the largest country in South Asia, occupies most of the subcontinent. There are 17 principal languages and more than 200 dialects spoken in India. English is the official language; Hindi is the national language. Most major religions are represented in India, but a large majority of the population is Hindu.

**Pakistan** is located in the western part of the Indian subcontinent. The national language is Urdu; English is the official language, and there are five other principal languages. Pakistan is predominantly a Muslim nation.

**Sri Lanka** is an island in the Indian Ocean off the southeastern tip of India. Languages spoken are Sinhala, Tamil and English. More than two-thirds of the population is Buddhist. Others are Hindu, Moslem and Christian.

**Nepal** is a landlocked country between India and the Tibetan Autonomous Region of China. Four languages are spoken, with Nepali the official language. A large majority of the population is Hindu.

**Bangladesh** is on the northern coast of the Bay of Bengal. The principal language is Bangla; English is also used as an official language. Bangladesh is predominantly a Muslim country.

**Afghanistan** is in the northwestern part of the Indian subcontinent, north of Pakistan. The main languages Pushtu, Dari, Persian and other Turkic languages. Islam is the predominant religion, with 84 percent of the population belonging to the Sunni sect, 15 percent to the Shiite sect; 1 percent is affiliated with other religions.

**Bhutan** is situated on the southeastern slopes of the Himalayas. The official language is Dzongkh and the religion is primarily Buddhism.

### **Family life and social values**

Despite the diversity in South Asia, there are many common cultural elements. Most of the cultures are strongly rooted in the family and extended family. The role of each family member is well-defined. Elders are respected. Elderly parents quite often live with and are looked after by their children. A strong system of support and co-dependency develops naturally in families. Most decisions are made in light of what is best for the family.

South Asians generally do not discuss personal, physical or mental problems with anyone outside the family. Often, shame and guilt are used to enforce norms in the family. This may lead to anxiety and depression.

## **THE SOUTH ASIAN COMMUNITIES IN THE SEATTLE AREA**

### **Population size and residence**

Seattle's South Asian community includes people from all countries of the Indian subcontinent, along with a fairly large community of South Asians from the Fiji Islands. The 1990 census put the South Asian population in Washington at about 10,000. Current estimates are closer to 20,000. Members of the South Asian community have settled in Seattle, Bellevue, Mercer Island, Federal Way, Tacoma, Tukwila, Renton and Kent.

### **Community organizations**

Major community organizations in the Seattle area are: Washington South Asian Council, the India Association of Western Washington, the Music and Cultural Society of India, the Pakistan and India Music and Culture Association, SEVA NW (a women's organization), the Network of Indian Professionals, and the Indian American Political Action Committee.

### **Immigration experience**

From 1870 to 1939, thousands of South Asians, mostly Sikhs from rural India, immigrated to North America in search of work or political asylum. After some returned to India to lead a rebellion against the British, the U.S. government barred South Asian immigration. This ban lasted until 1946.

A second wave of Indian and South Asian immigrants arrived after 1965, when immigration laws were revised. The law gave preference to highly trained professionals. Urban, educated, and English-speaking, these immigrants faced few barriers in accessing the health care system, although they encountered discrimination.

Since the 1980s, immigration patterns have shifted to bring political refugees from Afghanistan and Bangladesh and from the Hindu-Sikh conflict in India. In addition, the numbers of undocumented aliens continues to grow. Many new immigrants face not only cultural but also severe linguistic and economic barriers.

### **Employment and family life**

New immigrants have to sacrifice to succeed. They work long hours at competitive jobs and encounter discrimination in hiring and promotion. Traditional family roles are eroded by the need for both husband and wife to work outside the home and by the increased independence of children.

## **CONCEPTS OF HEALTH CARE AND MEDICINE**

### **Traditional healing**

In communities that are not very westernized, primarily in rural areas, the use of traditional medicine is common. It is also common in rural areas to seek help from a traditional healer. Traditional remedies include herbal drinks, roots and other herbs worn in amulets or around the neck, specific diets, the proper use of the confluence of the heavenly bodies, and the use of precious and semi-precious gems. Additionally, disease is often perceived as a result of bad karma, the evil eye or just bad luck. Often religious rituals are conducted to rid the patient of the evil influence and give the patient and the family hope and confidence.

### **Medical care**

Both ayurvedic and homeopathic medicine are well-known and used. Often alternative medicine is used in conjunction with Western medicine. For much of the South Asian community, belief in the Western medical system is implicit and traditional healing methods are not common.

Family members are usually involved in treatment decisions. A hospitalized patient is not told his or her diagnosis, only the family is told. Many South Asians believe that a patient who knows the truth may lose hope.

### **Maternal and child health**

In most conventional families, the pregnant woman is treated with great care and attention and the full nine months marked by rituals. In some countries, the women hold a special feast for the mother-to-be where she is given gifts and choice foods. After childbirth, the new mother rests in the comfort and privacy of her room for at least one month while she cares for the baby. Women elders take care of older children and prepare meals. There are specific foods the new mother is to eat, especially foods high in calories and nutrition.

### **Mental health**

The South Asian attitude towards mental health is complex. An individual's emotional problems bring shame and guilt to the family, preventing any family member from

reporting such problems to others outside the family. In some rural communities, mental problems are seen as a result of spirit possession. Exorcism is the treatment for severe cases.

## **CULTURAL BARRIERS TO HEALTH CARE**

### **Medical care and providers**

South Asians perceive the health care provider as the authority. They feel their role is passive, respectful and obedient in the provider's presence. Depending on the level of acculturation, it is customary for the patient to expect the relationship with the provider to be formal. The patient or family will seldom ask questions because it might seem rude. If a Western treatment is at odds with the treatment traditional in South Asian communities, the family is likely to ignore the provider and stay with tradition.

The provider is expected to offer tangible solutions and to be confident about proposed treatments or surgery. If this is not the case, the South Asian patient may conclude that the provider lacks skill and may refuse to follow the provider's advice. Most South Asians are not accustomed to being informed of every negative aspect of a prescribed treatment. The Western model of informing patients can lead to confusion and fear.

### **Hospitalization**

Surgical procedures are often viewed as threatening and serious. The patient's family needs to be consulted if hospitalization is needed. The patient and family need detailed information about treatments and the length of hospital stay. Although blood transfusions, bone marrow or organ transplants are acceptable to most South Asians, organ donations are seldom approved because of religious implications.

Hospitals should be aware of religious practices involving the wearing of sacred symbols. Such symbols should not be cut or removed without the patient's or family's permission. Examples are: a sacred thread worn by high-caste Hindu men over one shoulder and around the waist; a Sikh man's bracelet and kirpan; and 33 beads worn by Muslims around the neck or wrist. Strictly observant Sikh men do not cut their hair. If it must be cut, the need must be explained fully to both patient and family.

### **Gender and privacy**

It is important to South Asians to have same-sex health care providers and interpreters. This is especially true for procedures or exams involving a patient's private parts, such as pelvic or rectal exams and catheterization.

Matters of personal hygiene are a delicate subject. South Asian customs are very different from Western ones. Hospital staff should be aware that bathing in a tub is considered unclean; most South Asians prefer a shower.

### **Maternal and child health**

Pregnancy is often the first encounter an immigrant woman has with the outside world in her new country. South Asian immigrants often find pregnancy and childbirth a stressful

and lonely time. Lacking extended family, the woman does not have the nurturing rituals and foods of her native country. Most traditional South Asian men are unfamiliar with these rituals.

With language as a barrier, women seldom attend childbirth classes. The Western practice of involving the father in the delivery room is unheard of in traditional South Asian families.

### **Cost**

Another major barrier to health care access is the cost. A large proportion of recent South Asian immigrants have no medical coverage. Those without coverage will wait until an emergency arises before they seek care.

### **Mental health**

Family displacement, lack of a familiar support network and the stress of life in a new culture may lead to a higher incidence of mental illness. Because of the traditional shame of mental health problems, families often refuse to seek professional help. When a patient is brought to a provider, family members are often in a state of crisis. The health care provider should be prepared to make an immediate assessment.

### **Language**

Bilingual providers or interpreters should be used to overcome language barriers.

In sum, the South Asian community in Seattle is one of rich diversity in culture, class, religion and immigration experience. Some in this population are isolated and face insurmountable odds related to language, economics and culture.

### **Suggestions**

- \* Because the patient or family will seldom ask questions, providers should avoid prolonged exchanges with the patient.
- \* Since patients look for tangible solutions, providers should avoid suggestions or treatments that are ambiguous.
- \* In explaining a procedure, providers should balance discussion of the risks with realistic assurances.
- \* If hospitalization is necessary, family members must be consulted and must approve. Providers should give family members and the patient a detailed description of the length of stay, recommended tests and treatments. Family members should be told that they may bring ethnic foods to replace or supplement the patient's hospital meals. The provider should share information about the patient's diagnosis only with the family, not the patient.
- \* Medical personnel should be aware of religious practices and personal hygiene customs that are different from Western ones.
- \* It is critical that providers and social service agencies provide information about the Washington Basic Health Plan. This information must be language-appropriate.

\* Providers should treat as a potential crisis the first meeting with a patient showing mental health problems. The provider should be prepared to act on: (1) immediate assessment of suicide attempts and thoughts; and (2) immediate attention to the presenting problem and its treatment, including the availability of family supports, the possibility of brief inpatient treatment, and consultation with social agencies involved with Asian communities.

## **FOR MORE INFORMATION**

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This profile is based on interviews with five immigrant men and women who have been in the Seattle area at least one year and on informal discussions with members of the South Asian community.

References include:

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This is a condensed version of the profile. For the complete profile and survey report, please contact the Cross-Cultural Health Care Program, (206) 621-4429. Further readings and resource materials are available at the Cross-Cultural Health Care Program's Resource Center, (206) 326-4085.

This "Voices of the Communities" profile was made possible by a grant from the SAFECO Corporation.

January 1996

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