Latina/o Christians
(WITH A FOCUS ON MEXICANS) AND HEALTH CARE

WHO THEY ARE

Latinas (masculine, Latinos) are an ethnic minority group in the United States who come from Mexico, Cuba, Puerto Rico, and diverse Central and Latin American countries. Other names used for Latinas/os are "Hispanics," and "Latin Americans." **The vast majority of Latinas/os are Christian, especially Catholic. Given the great predominance of Mexicans in the United States, following facts and guidelines focus on this majority group among Latina/o Christians.**

Mexicans (or Mexican Americans) hail from Mexico which is located between the United States and Central America. Similar to many other people in Latin America, Mexicans consist of many racial groups: Mestizo (Spanish and Native Mexican), Native Mexican (also known as Indian), White (Anglo) and Black. They are of Spanish ethnicity, with seventy-five percent speaking only Spanish at home.

CULTURAL AND RELIGIOUS BELIEFS AND PRACTICES[1]

Religion plays an important role in most Mexicans' lives. Culturally they focus more on spiritual rather than material aspects of life. "La Virgen" of Guadalupe, the dark-skinned Virgin Mother of Christ, is a powerful symbol and model for Mexicans. They combine religious beliefs with social traditions. For example, Catholics celebrate their daughter's fifteenth birthday (*quinceañera*), her coming of age, with Mass and a family party. This celebration is considered on a par with traditional wedding celebrations in the USA.

The following facts may apply to Mexicans depending on factors such as level of education, socio-economic status, extent of modernization, how traditionally they were raised, and whether they have a rural or urban life experience.

Mexicans' attitudes toward health and disease are closely linked to their perception of religion.

[1]Please see Introduction for a caveat against stereotyping members of any group at all.

CULTURAL AND RELIGIOUS BELIEFS AND PRACTICES (CONTINUED)

They consider God as the giver of all, including health. Therefore, health is a consequence of being good, whereas disease represents punishment for evil deeds. One positive Mexican attitude toward health is *personalismo* (or self-worth) which indicates a patient expressing interest in overcoming a health problem against all odds.

Personal devotion to the church is important for Mexicans who maintain strong beliefs. General education includes formal education in schools, on one hand, and, on the other hand, learning proper manners, behavior, and religious beliefs from their extended family. Persons with higher degrees are respected for their knowledge.

The family unit is traditionally important. Family is not limited to one's nuclear family. It includes brothers, sisters, grandparents, uncles, aunts, nieces, nephews, and so on. **Respect (*respeto*) for parents and the rest of the family is required and expected.** Respect, especially of seniors, is highly valued. The mother of the family is especially cherished.

The extended Mexican family offers financial and emotional support and protection to one another, especially to children and seniors. This is seen in the premium which is placed by Mexicans on ***marianismo* which means taking responsibility for the health of all family members. Domestic violence is not necessarily seen as a serious issue** in some Mexican families due to the concept of *machismo* (male dominance). The woman may be conditioned to believe that she is subject to her husband, and the male to believe that he is head of the household.

Mexicans tend to bring friends and/or relatives to the provider's office. Within family culture it is assumed that family secrets will be kept confidential. **Punctuality is not a high priority for Mexicans,** so lateness for appointments is common. This is not because of rudeness but because Mexicans are culturally on a different time paradigm.

"Power distance" means the patient's acceptance of a knowledgeable clinician's recommendations. This applies to Mexicans, for they hold health care professionals in high regard. They are **accustomed to dealing with authoritarian health care providers who communicate directly.** When a provider is female, Mexicans stand up

CULTURAL AND RELIGIOUS BELIEFS AND PRACTICES (CONTINUED)

until asked to be seated. They appreciate their provider's eye contact during a visit and a handshake or pat on the arm when the patient is leaving the office.

Communications, both verbal and non-verbal, are characterized by respect. Older Mexicans seem to prefer formality in interactions. Over-familiarity is not appreciated early in relationships. When a patient or family disagrees with a decision, the usual response is silence and non-compliance.

Mexicans prefer face-to-face human interaction. To ignore somebody is rude. To respect another means to listen when she or he speaks and to follow her or his advice.

Mexicans generally have a sharp sense of justice. They tend not to complain. **They often perceive failure in communication to be due to prejudice.**

Mexicans give importance to relationships of trust and interpersonal comfort with their health care providers. To a large extent, **what encourages Mexicans to have recourse to folk healers is the relational aspect of care given by them.**

Back in Mexico, Mexicans have recourse to traditional health practitioners or folk healers. **Traditional health practices** are seen as both culturally compatible and financially more accessible than western medicine. Among such practices are herbal remedies such as teas, aroma therapy, and egg rub. These practices **continue among Mexican immigrants as a first response to illness.**

CHALLENGES TO HEALTH CARE[2]

Many Mexicans do not speak or understand English. Ideally the interpreter should be of the same gender as the patient. Not all Spanish language interpreters are Mexican. The interpreter may not understand some Mexican expressions because Spanish language, with its dialects, idioms, and slang may be very different from one Latin American country to another. Often enough, apart from mere translation, the interpreter may need to amplify and paraphrase for the patient what the provider is trying

[2]Please see Introduction for elements which are of common concern to all five new immigrant groups of the HCWR series.

CHALLENGES TO HEALTH CARE (CONTINUED)

to say because of significant linguistic variation from one Latino/a group to another.

Fatalistic attitude toward disease may also prove a challenge to providers in treating Mexican patients who believe that they deserve their illness as a punishment for wrongdoing.

Many Mexicans live in poverty, experience lack of opportunity, low life expectancy, and poor nutrition. Their low income makes access to preventive health care, especially dental care of children, difficult. **Legal status may be a deterrent for some Mexicans to seek any medical attention at all.**

Use of alcohol is culturally sanctioned among Mexicans. Smoking is known to be a health hazard, but people tend not to listen to advice from their health care providers regarding this.

In Mexican culture, one does not tell a man what to do. Because of the cultural emphasis on the male's strength and position, some Mexican males refuse digital rectal examination.

Physical exercise, especially by women, is not emphasized. Meals tend to be large and high in fats and carbohydrates. **Obesity and diabetes pose significant problems.**

Sometimes self-medicating behavior in Mexicans may mask symptoms so that they delay approaching a health care provider until the ailment reaches a critical point. Among the uneducated and the poor, there is no concept of chronic disease.

A Mexican patient may be simultaneously using medications prescribed by a health care provider along with folk and/or herbal medicine.

As traditional Catholics, Mexicans may experience difficulty using birth control methods. In addition, sex before or outside marriage is culturally unacceptable. Mexicans generally hesitate to talk about sexual matters, even with their health care providers. Consequently some sexual problems, including **sexually transmitted diseases, are often hidden and go untreated.**

CHALLENGES TO HEALTH CARE (CONTINUED)

Since people suffering from psychiatric problems are viewed as being insane, **Mexicans are reluctant to seek psychiatric help or counseling due to fear of how family or neighbors will react.**

Mexicans tend not to reveal dysfunctional relations among family members out of a sense of family loyalty. **They prefer to be discreet about their own and their family's health history.**

BEST PRACTICES FOR HEALTH CARE PROFESSIONALS

It is recommended that hospitals and clinics hire some Spanish speaking staff. When a non-Spanish speaking provider attempts to speak a few catch phrases in Spanish, it goes a long way to put Mexican patients at ease. Some common phrases follow.

Hi, how are you? (when greeting an unfamiliar patient) = *Hola, como esta?* Pron. Ola, ko-mo esta?

Fine thanks, and you? = *Muy bien gracias. Y usted?* Pron. Moo-ee bee-en gra-see-aas. Ee us-ted?

Good morning. = *Buenos dias.* Pron. Boo-en-os dee-aas
See you soon. = *Hasta luego.* Pron. Aas-taa loo-ay-go
What's going on? = *Que pasa?* Pron. Kay paa-sa?
It's not serious. = *No es nada grave.* Pron. No es naa-daa graa-vay

One must be prepared to receive not only the Mexican patient but also the family for a visit to the doctor. It pays for the provider to **take some time to build a relationship with the patient** before getting down to examination, diagnosis, or treatment. One would do well to **shake hands with everyone, beginning with the oldest member of the family. Mexican patients appreciate being touched.** Standing close to the patient, and brief, non-intimate touch create a personal relationship and make adherence to treatment more likely.

Artificial birth control methods are forbidden by the Catholic Church. Yet, they are widely used by younger Mexican couples and among modern Mexican families. Nevertheless, **some sensitivity is called for in discussing family planning issues via interpreters** in the presence of extended family, some of whom may be traditional.

BEST PRACTICES FOR HEALTH CARE PROFESSIONALS (CONTINUED)

Mexicans expect the provider to explain their diagnosis in layperson's terms and to come across as the expert. Attempting to involve the patient in their treatment by asking her or him "What do you think?" generally translates in Mexican terms to mean "provider's incompetence." On the other hand, since endorsement of prescribed medical treatment by an authority figure in the family helps, it is advisable to **ask an elder, who is present, what he or she thinks of the treatment plan.**

For some Mexican patients, **an effective provider creates a compelling aura of "magic" when prescribing or giving advice about treatments.** Such an atmosphere is created by Mexican healers back in Mexico when they wave a branch over their patient or rub an egg on the patient's body to draw out the "susto" (fright sickness) caused by trauma or illness.

If a patient brings food to show her or his appreciation, one does well to accept it graciously.

Given the difficult financial situation in which many Mexican patients find themselves, it is wise to **prescribe inexpensive medications where possible.**

Before the patient leaves the office, one does well to ask how he or she is going to implement the therapy.

Education needs to be a top priority with chronically ill patients. Ideally the provider should **make culturally appropriate educational materials available** to patients in Spanish. But one may not rely on brochures being read, even if the patient is literate. While written instructions on medications and treatments are important, **personal instruction is more effective especially when direct, active, and visual.** One must remember to ask the patient if she or he has understood the treatment plan and the medicines which have been prescribed.

By way of follow up, the provider should verify completion of treatment of acute illnesses because when Mexican patients feel better they may discontinue the treatment.