Health Beliefs and Characteristics of Latin American Cultures:

♦ Many patients seen in the HBI outreach clinics are not native to the urban areas where we generally have clinic, and many of them are recent immigrants (within the past few years).

♦ Titles are extraordinarily important – always err on the side of being overly polite by referring to everyone by their appropriate professional or social title (e.g. physicians – “Dr.” or Dra.”). This is especially true when you are working in large metropolitan areas.

♦ Spanish is a second language for some of our clients. They may speak an indigenous dialect or language (e.g. Aymara, Quechua, Ayacuchano)

♦ Most of the patients you will interact with are Roman Catholic; spiritual and religious ideas are a large part of their health beliefs

♦ Many Peruvians share a belief that illness is due to factors beyond individual control. This is a major reason that prevention and health promotion are not highly valued. Helping to bridge the knowledge gap by explaining the connection between lifestyle choices and physical ailments and disease can be very empowering to patients.

♦ Health is very strongly equated with an absence of pain, and illness with presence of pain. Illnesses that do not cause pain often go undiagnosed and un/under treated

♦ Family is central to Latin American culture, and individual needs may be considered less central than those of the family or community. This can affect the ability of individuals to self advocate and seek health care.

♦ Health and illness are considered to be due to balance or imbalance between “hot” and “cold” elements. A “cold” illness should be treated with a “hot” remedy and vice versa. Illnesses, foods, and treatments are assigned to one category or another differently from family to family. This can be an important element in client compliance with a treatment.

♦ It is common for Latin Americans to simultaneously seek treatment from conventional, mainstream healthcare providers and traditional healers. Similarly it is common for an illness (and its treatment) to be seen as having physical, spiritual, cultural and emotional elements.

♦ Patients may complain of somatic related concerns at the onset of the encounter, and develop an entirely different scenario during the intake. It is not uncommon for a patient to manifest physical complaints for emotional or mental concerns.

♦ Be careful not to expand every clinic visit to become a comprehensive medical encounter. We are a limited resource clinic and should avoid providing primary care services. Patients who are in need of longitudinal care should be referred to the clinic director for details.

♦ Do not be afraid to pray with your patients. Peruvians are a very open people and enjoy expressing their spiritual beliefs.

♦ It is very common for Peruvian patients to “demand” medication at the conclusion of a visit, even if it is not medically warranted. I have found it helpful to dispense
vitamins and NSAIDs to almost every patient. I will often educate the patient as to the rationale for antibiotic therapy and the difference between a viral and bacterial infection.

♦ Latin American cultures place a very high premium on relationships. Patients will want to talk before they begin the medical encounter. In addition, you may find that patients are prone to loquaciousness. Allowing the patient to describe her or his situation, concern or complaint in “their” terms may be the only way to fully appreciate the full complexity of their presentation and healthcare needs.

**Guidelines for Appropriate Healthcare:**

♦ Be formal and respectful. Avoid prolonged eye contact. It is very important to establish report by shaking hands with the patient and family members.

♦ Most clients will ask few questions - don’t assume this means everything is understood. Try to draw the patient out.

♦ Some patients will ask many questions – do not be afraid to let them know that there is a limited amount of time available to work with each patient. It may be necessary to have them return to be seen on a separate day, or refer them to see another doctor at the clinic.

♦ Patients can present with very general, vague symptoms (“pain”) - try to move towards specific symptoms that will enable you to rule in/out a diagnosis.

♦ For many patients, the need to address mental health and emotional concerns is very apparent. And, few patients will directly request help with their mental health concerns. There is an ongoing need to recognize the complexity of needs in the lives of patients you will see in the clinics. For many people it is much easier to report daily headaches than it is to discuss the on-going challenges of underemployment and profound life stressors. Be open to discussing mental health needs – but do not push the subject if the patient is resistant or reticent to broach the subject in any great detail. Remember, the relationship is the most important part of the encounter for many patients.

♦ Take time to explain things and ask questions to assess understanding. Do not assume that the person is unable to understand.

♦ Do not assume a particular class or educational background. People immigrate to the cities for a wide variety of reasons and come from all backgrounds.

♦ Do not rely on written handouts or instructions for medications.

♦ It is appropriate for a non-fluent provider to use Spanish in greetings and to create a rapport but not to diagnose or treat a patient.

♦ Ask a few open-ended questions about the illness to learn about the client’s health beliefs and explanatory model of illness. Some examples are:
  - What do you think caused your problem?
  - Why do you think it started when it did?
  - How severe is your sickness?
  - How long do you think it will last?
  - What is your greatest fear about your illness?
  - What kind of treatment do you think you should receive?

♦ Do not be judgmental about traditional health practices, regardless of what you think of there effectiveness. Think of constructive ways to practice harm reduction if you
think the practice is actively harmful. Ask the patient why they are using the modality or intervention. Engage the patient in a discussion about their needs and the various “tools” they are utilizing (or have used) to meet those needs.

### Some Tips for Working Effectively with a Translator:

- Phrase your questions as specifically and completely as possible. Do not put the translator in the position of elaborating or clarifying.
- If you are having a hard time developing a clear question – ask the translator to help with the colloquialisms of the language. Remember – most “things” (concepts, ideas, meanings) do not translate directly. Ask an expert in language to help you determine how to best phrase your question or statement to get the outcome you are seeking.
- Remember to direct your questions towards the client even though you are speaking in English. Also remember to use a formal and respectful tone even if you don’t think you are being understood.
- If at all possible, use a translator of the same gender as the client.
- Respect physical privacy, have the translator stand behind a curtain during pelvic exams and other physical exams if the client is uncomfortable.
- Do not use family members or friends as translators if at all possible unless specifically requested by the client. Use of a family member or friend as a translator can be a conflict of interest and cause problems for the client or result in important health information being withheld.
- The translator is an integral part of the treatment and evangelism team. Be courteous and respectful to their needs and talents.
- If possible, use the client’s primary language in greeting.
- Body language is an important part of communication in Latin cultures. Be cognizant of your mannerisms in the clinical interaction with a patient.

### Common Cultural Practices in Peru:

- **Greetings:** Note that men and women shake hands in greeting and parting. Men embrace close friends or pat them on the back. Women often kiss one another on the cheek. In is common that when two women are introduced, they will kiss one another. This is often true for men and women (especially when introduced in social, rather than professional, settings). Titles are very important in Peru – greet officials or elders with their title plus last name. Principal titles are: Doctor, Profesor, Arquitecto (architect), and Ingeniero (engineer).
- **Conversation:** Expect people to discuss family and occupation as soon as they meet you. Expect people to stand much closer during conversations than in the U.S. or Canada. Don’t back away or others will feel offended. Ask advice on sights to see and places to eat – Peruvians (Limenos) are very proud of their country and will enjoying talking to you about the best places to indulge in local restaurants (Comida Criolla). Don’t make any remarks about Peru’s government, even if you hear complaints and criticisms. In addition, do not make negative remarks about Lima – which has changed considerably in the last 10-years since well-to-do urbanities starting moving to the suburbs.
- **In Public:** Expect a very warm and inviting greeting in Peru. Foreigners are considered very special people. If you need directions, expect to ask several people
before you find where you are going. Even if they don’t know the correct directions, people will pretend that they do – to save face. Don’t be surprised if you see women walking arm-in-arm with other women or men with men – and don’t be surprised in a person of the same sex takes your arm. To beckon someone, wave your hand back and forth while holding it vertically, palm facing down. If you need to use the bathroom, go into a restaurant. It does not matter that you’re not a customer. Don’t put any toilet tissue into the toilet. Put it in the receptacle next to the toilet.

➢ **General information:** Note that you will receive a tourist card upon your entry in Lima. Guard it carefully, because you will have to hand it back when you leave the country. Always carry a “**copy**” of your passport. Restaurants and businesses may ask to see your passport to use your credit card.

➢ **Street Knowledge:** Be very careful when crossing the streets. Cars do not respect the rules of the pedestrian. Be aware that pickpockets are often looking to target groups of tourists. Carry most of your money in a travelers pouch or your front pockets. Do not drink the water from the tap in Peru – anywhere in Peru. The city of Lima has (for years) reported to the international community that the water is treated – trust me, do not drink the water!

➢ Peru is an enchanting and wonderful environment. Enjoy you’re stay.

**Resources and References:**

“Cultural competency in the delivery of health care” - [www.musc.edu/deansclerkship/rccultur.html](http://www.musc.edu/deansclerkship/rccultur.html)

Kemp, Charles. “Hispanic health beliefs and practices: Mexican and Mexican-Americans” - [www.baylor.edu/~Charles_Kemp/hispanic_health.htm](http://www.baylor.edu/~Charles_Kemp/hispanic_health.htm)

The Cross Cultural Health Care Program - [www.xculture.org/](http://www.xculture.org/)

Resources for Cross-Cultural Health Care - [www.diversiryx.org](http://www.diversiryx.org)

Nuestra Communidad Sana - [www.community.gorge.net/ncs/default.htm](http://www.community.gorge.net/ncs/default.htm)

INASP HEALTH LINKS: Gateways Latin America - [www.inasp.info/health/links/gatela.html#paho](http://www.inasp.info/health/links/gatela.html#paho)

Cultures of the Andes - [www.andes.org/index.html](http://www.andes.org/index.html)

**Compiled by:** Wayne A. Centrone (Revised January 2011)