Intercultural Communication for Health Care Professionals

South Asia

Cultural Sensitivity

The South Asian subcontinent and its peoples are comprised of a wide range of countries, ethnicities, cultures, religions, languages, and historical backgrounds. For this reason, the conceptualization of health and the way in which Canadian health care services are perceived can vary greatly among South Asian patients.

- ***When conducting a health care procedure that requires any exposure of the body, provide adequate privacy so that no part of the body of a Muslim South Asian woman is exposed. It is also recommended to have a female service provider conduct the procedure.***
- ***Some South Asian patients can be sensitive about their personal space and avoid physical touch. Try to allow for at least two feet of personal space for the patient. Furthermore, it may not be considered appropriate to shake hands or to make eye contact with them.***
- ***Observing how the patient is dressed can provide a guideline for patient-healthcare provider interaction: the more traditional the dress, the more formal the interaction.***

South Asian women generally wear traditional garments, although some younger women may wear Western outfits.

Some Muslim South Asian women may also wear a hijab (head cover) and may practice purdah (prevention of physical exposure to men, which includes covering their bodies and concealing their shape).

Immigration Experience

Most South Asians have immigrated to Canada in search of better economic and educational opportunities. They have immigrated under the Canadian point system or have been sponsored by family members who came before them.

A relatively small number of South Asian immigrants, mostly Tamils from Sri Lanka and East Africans from Uganda, came as political refugees to escape persecution in their home countries.

Impact of Immigration on Health

Professional immigrants who come to Canada have to go through a process of certification before finding employment in their area of expertise. This process takes between 2-7 years and it may cause stress and economic hardship for the individual and their family. During this period, immigrants often work in low paying and low skilled jobs or try to set up a business.

- Chronic stress has a strong impact on the health of the South Asian immigrant and often leads to illnesses such as diabetes and depression.

Communication

The South Asian communication style is in general indirect and informal. South Asians consider language a means to maintain harmony. They might appear to agree with a proposed idea when in fact they disagree, and they will sometimes refer to secondary ideas to express a main concern.

Language might be a barrier for some South Asian immigrants, especially those from rural areas, but patients that come from urban centres are proficient in English. The challenge is understanding their accent and pronunciation.

South Asians sometimes bring medicines from their own countries because it is often cheaper and a prescription is not always required.

One South Asian health care practice that differs significantly from the Canadian norm is how readily a patient can be prescribed medication, such as antibiotics. Some patients will consider having to undergo several tests before being given a prescription a sign of incompetence on the part of the health care professional.

It's advisable to ask specific questions that will give you the information you need. Also, try to summarize what the patient has said to you, and ask them to paraphrase what they have understood.

Languages

In London, commonly spoken languages are:

- Punjabi
- Tamil
- Urdu

Most common

- Hindi
- Gujarati
- Bengali
- Malayalam
- Sinhalese
- Nepali

Why was this infographic made?

This infographic is a response to concerns expressed by health care professionals in London regarding the lack of knowledge and understanding of health care practices of different regarding the lack of knowledge and understanding of health care practices of different immigrant groups. We hope that this information will provide health care professionals with an increased awareness of the factors which may affect how members of a different cultural group access and respond to health care services in our community.

Family

The family is the most important support system for South Asians. Family refers to extended family including: grandparents, aunts, uncles and cousins. Most South Asian families living in London today hold on to the traditional concepts of family structure, however the nuclear family structure is becoming more common and gender roles are shifting with the second generation growing up in Canada.

Acknowledgement of the role of family support in the life of a South Asian patient is important. Consider inviting the patient's family in consultations on important medical matters.

Traditionally, there is a complete dependence on family support for the social and economic well being of each family member. When there is little family support, South Asians are likely to experience high levels of stress.

When South Asian seniors live with their children, they might experience a great sense of dependency, mostly financial, as their children may have control over their assets. Seniors are often expected to babysit their grandchildren full time with little or no compensation.

When seniors do not live with their children or when they are living in Canada by themselves, they will sometimes experience an increased sense of isolation and loss.

Inquiring about the support network from family or friends may provide you with a greater understanding of underlying stressors and the preferred decision making process of a patient.

South Asians are used to being cared for at home or have family and friends visit when in hospital.

Since it might not be possible to have a large number of visitors, especially in palliative care, South Asian patients' emotional well being might be affected. This is particularly true for seniors.

Promote patient's awareness of hospital policies and procedures, especially in chronic care management.

Religion & Spirituality

The major religious groups of the Indian subcontinent are Hindu, Sikh, Muslim, Christian, Buddhist and Jain. The Indian community in London is predominantly Hindu. Muslims and Christians make up a small percentage. The Pakistani and Bangladeshi communities in London are primarily Muslim.

Religion and Diet

Hindus are mainly vegetarians, most are lacto vegetarians. The minority of Hindus who do eat meat usually do not eat beef as the cow is considered a holy animal.

Jains are lacto vegetarians and they do not eat vegetables with seeds or plants growing underground such as potatoes, onions, ginger, and garlic.

Sikhs will consume meat but only if slaughtered using the "jhatka" or stunning method.

Muslims in general eat "halal" foods only and do not eat pork or pork products nor consume alcohol.

For South Asian patients needing health corrective diets such as for diabetes, consider religious and cultural restrictions.

Consider religious dietary restrictions for the food menu in hospitals.

For Muslims needing prescriptions, alcohol based medicine should not be considered. If no alternative is available, the inform the patient.

Core Beliefs

These are core beliefs that may impact South Asians' views toward diseases and possible treatment programs or health promotion programs in general:

Hindus believe in dharma or fulfilling one's duty on earth. They also believe in the law of karma that governs all their actions. According to this law, they create their destiny through thoughts and actions. They also believe in reincarnation, where the soul goes through many cycles of birth and death until the karma is resolved and salvation is achieved. The form a person is born in, human or animal, rich or poor, and the suffering they endure depends on the karma of their previous life.

Buddhists believe that humans are trapped in a continuous cycle of birth, death and rebirth and the ultimate goal is nirvana or salvation. At that point, a person experiences total freedom and eternal happiness. Their suffering ends as the person liberates themself from all desires.

Muslims believe that people must maintain a balance between worldly and spiritual life. Neglecting or overindulging upsets the equilibrium of the body and the soul. They believe that one is responsible for their own actions but everything happens by the will of God.

Sikhs believe that life has a purpose and nobody can claim immunity from their actions. The ideals of Sikhism are honesty, equality, and fidelity, meditating on God, and never bowing to tyranny.

Jains believe in the law of karma and that good/bad deeds give positive/negative results. They believe in reincarnation and rely on their own efforts toward liberation, which is life's ultimate purpose. They worship gods to cleanse bad karmas and purify their soul.

Alternative Treatments

Many South Asians use home remedies when they fall ill and may use them with Western medicine. Some South Asians believe Western medicines have side effects but their alternative treatments do not. Alternative treatments include:

- Homeopathy
- Ayurveda (traditional Indian medicine)
- Yoga

There is a stigma attached to dealing with mental health issues. Many South Asians believe illnesses such as schizophrenia and bipolar disorder have a spiritual rather than a physical cause, and therefore might seek treatment and support from a faith healer rather than consulting a Western trained medical practitioner.

Acknowledging faith practices within a medical treatment plan will increase the emotional buy-in of the patient, especially when suggesting invasive medical procedures.

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