



CROSS-CULTURAL PROFILES (2003)

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Multicultural Awareness Program

Peter Lougheed Centre

It is necessary to consider that while the following information is regarding specific cultures, that the Cross Cultural Profiles be used only as a guide in inquiring about clients' beliefs, values, and practices. Each family is unique in their orientation and functioning, and families often alter traditional ways of life as they adapt to life in Canada. Be cautious about making general assumptions based on culturally specific information.

Full copies or copies of a cultural section in this document may be made to ensure accessibility. Please use the cover page which includes references.

CULTURAL GROUP	LANGUAGE GROUP(S)	PAGE NUMBERS
Cambodians	Khmer (Cambodian), sometimes Chinese	2-3
Central and South Americans	Spanish	4-6
Chinese	Mandarin and Cantonese (main)	7-10
Iranians	Persian / Farsi	11-14
South Asian	Hindi, Urdu, Punjabi, Gujarati, Kachi, Swahili	15-19
Vietnamese	Vietnamese, French, Chinese	20-22
Koreans	Korean	23-24
Somalis	Somali, Arabic, French, English, Italian	25-26
Filipinos	Filipino (Tagalog), other dialects, English	27-28

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CAMBODIANS

CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family structure</p> <ul style="list-style-type: none"> The family is the primary social and economic unit in traditional culture. Extended family act as a financial and emotional support network. <i>Traditional role of women:</i> subordinate, responsible for child-rearing, household duties, and often managing family finances. Women usually not employed outside the home in South East Asia, but many were forced to support the family when men died in the war or were involved in the military. <i>The husband:</i> head of the household, decisionmaker and breadwinner. <p>Acculturation Issues</p> <ul style="list-style-type: none"> Many Cambodian families struggle with settlement issues as they may have had only 2 years or less of formal education. The dramatic contrast between Canadian and Cambodian society magnifies intergenerational issues, socioeconomic and literacy issues, lack of health prevention, and access to health care. <p>Cross-Cultural Interactions</p> <ul style="list-style-type: none"> It is very disrespectful to touch the head or shoulder of another person in casual contact, especially if he or she is older. The head is believed to house the soul. It is best to minimize direct eye contact, thus showing a sign of respect. It's impolite to disagree; he/she may verbally agree but not follow through. Use soft tone of 	<p>Immigration History</p> <ul style="list-style-type: none"> Arrived primarily after 1975 during Pol Pot Regime and policy of annihilation of educated or influential individuals/families. Many faced war, trauma, hardship, grief/loss, and torture. Documentation such as consent forms might provoke anxiety, as they were used in Cambodia before execution. Languages spoken may include Khmer (Cambodian), French and Chinese. <p>Traditional Health Practices & Beliefs</p> <ul style="list-style-type: none"> Self-medication and traditional remedies common. Coin rubbing: traditional practice - area of the body is rubbed with metal object such as a coin or spoon until the skin becomes red. Sometimes an ointment such as Tiger Balm is used. <p>Prevalent Diseases</p> <ul style="list-style-type: none"> Tuberculosis, intestinal parasites, anemia, hepatitis B, and dental problems. Recently arrived Cambodians often experience poor health because of the severe deprivation. A lack of food, shelter and medical care have each had an impact. Lactose intolerance is common. <p>Health Care Systems</p> <ul style="list-style-type: none"> Families had access to little or no formalized health care and preventative health services. Many Cambodians in Canada previously spent time in refugee camps - undernourished. 	<p>Patient - Professional relationship</p> <ul style="list-style-type: none"> Typically in Cambodian cultures, the patient is expected to be more passive and dependent. Health professional is viewed as the authority, expected to diagnose and offer a quick treatment/cure. Doctors are highly respected. It is not viewed to be culturally acceptable for a health professional to imply that nothing is seriously wrong or that time will heal remedy the concern, or a physician may be seen as uncaring and unhelpful. Women most likely would prefer female physicians, especially for obstetrics and gynecology. They may otherwise be reluctant to discuss complaints and access regular checkups. Individuals are reluctant to seek early medical attention, unless seriously ill. This may be a result of language difficulties and discomfort regarding cross-cultural differences. <p>Mental Health</p> <ul style="list-style-type: none"> Highly stigmatized, and a family experiences shame when one member has mental health problems. Mental illness is often feared or avoided. As emotional weakness is unacceptable, more often, somatic complaints may be used to express psychological and emotional distress including headaches, insomnia, aches and pains, fatigue and dizziness, and individuals generally expect to receive medication.

CAMBODIANS

voice.

Marriage

- Concern regarding prospective husband's character, family background & social status.
- Dating is rare; often couples will meet in the form of group activities.
- Non-acceptance of premarital sex; a pregnant unwed girl results in family shame.

Religion

- Cambodians are predominantly Buddhist, but some have converted to Christianity.
- Host several celebrations during the year with Cambodian New Year (Apr. 12-13) being a major event.
- Monks are highly respected, supported by the community, and are not to be within close distance of females or to touch them.

Children

- Most families will quickly access medical care for their children because it is available and inexpensive.

The Elderly

- As elders are highly respected, it is traditionally common for their children to provide care for them, especially women.
- Older men are involved in making important decisions/providing advise for family.

Food and Diet

- Rice is the primary food for Cambodians, along with fish, poultry, beef, pork, vegetables, and fruit. Most families do not use milk/milk products in their diets.

Literacy

- Many are not literate in Khmer or English as they often have had less than 2 years formal education, and lived in rural areas.

Census Data

- About 900 immigrants from Cambodia reside in Calgary.

Treatment and Medication

- Strong belief in the effectiveness of injections verses other treatments.
- Some fear blood tests, believing that the loss of blood causes dizziness, fatigue, or worsens illness; reassurance may be needed.
- Invasive procedures including surgery and post mortems, are not as acceptable, thus needing careful explanation.
- Often first try traditional medicines and treatments or use them in combination with other medicines.

Hospitalization

- Family involvement extremely important. The entire family is often expected to visit each day.
- In Cambodia, a relative is able to remain with the patient and helps to provide care. Visitors often bring food to the patients to substitute for hospital food.
- Cambodians in Canada may expect a doctor to visit two times per day, and may feel that less contact is indicative of a lack of concern.
- Family feels the patient should not be left alone, and the patient may use a passive role.

Death and Dying

- Prefer for the individual to die at home, but are also comfortable with death in hospital.
- Serious or terminal illness should be discussed with the family first, and allow them to discuss it with the ill family member.
- Funeral is often by cremation, but ethnic Chinese may bury their deceased. Families prefer to have their family member die at home. Following a death, a 3-day festive wake is held, and family and friends visit. The cremation takes place at the temple following the wake.

Family Planning

- The preferred methods of contraception are birth control pills and the IUD. In refugee camps, women often had injections of Depo-Provera and may request it.

Childbirth

- In rural areas, a midwife often stays 3-4 days with a mother and newborn.
- Hospital births - usually a female family member stays with her. Traditionally the father does not participate in the birth, but he may wish to participate in Canada.
- General fear of invasive procedures such as Cesarean section and episiotomy; thus it is most helpful to have these carefully explained.
- Circumcision is not often chosen.

Post-partum Care

- Based on the principles of yin and yang, which considers internal balance, women are to keep warm after childbirth.
- Women may perceive the hospital to be cold, and a woman usually covers her head. The traditional belief is that after having a baby, women should not shower or cut their hair for the first month. In Cambodia a woman washes in a medicinal mixture of warm water and a special wine.
- During the post-partum period some Cambodian women may avoid beef, chicken and raw vegetables.

Culturally Sensitive Health Care

- A polite and formal approach is most effective.
- Many experience Post Traumatic Stress as a result of violence and living in refugee camps. In addition, Cambodians will present with many significant health concerns and/or somatic complaints.
- Avoid using many abstract concepts and difficult terminology (non-translatable).

CENTRAL AND SOUTH AMERICANS

CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family Structure</p> <ul style="list-style-type: none"> • Large families are accepted and promoted. • Independent households with strong family ties on both sides. • Husband is head of the family, but important decisions like those regarding health care, will involve consultation with the larger family. <p>Acculturation Issues</p> <ul style="list-style-type: none"> • Traditional family roles: women as family caregiver, husband/father as decision maker and provider. This is challenged in Canada as women integrate into the work place, and may be threatening to the husband/father. • Increased incidence of depression and/or substance abuse among men. • Sometimes men may prevent their wives from various opportunities like learning English, or they may become abusive. • Youth and children are perceived as being out of control as they acculturate quickly with their peers and adopt new values & behaviours. It is important to normalize teen behaviours where appropriate. • Like many immigrant communities, individuals may come to Canada with professional skills and experience unemployment or underemployment due to language barriers, recognition of credentials, and lack of Canadian experience. <p>Cross-Cultural Interactions</p>	<p>Immigration History</p> <ul style="list-style-type: none"> • May have experienced trauma, violence, torture, grief/loss and limited access to health care in their country of origin. • Literacy levels may be lower among refugees and those who previously lived in rural areas. • Documentation and assessments are sometimes of concern for refugees in the health care system for fear of reports being made to government and affecting their status in Canada. Parameters of confidentiality should be clearly explained. • Languages spoken may include Spanish and Portuguese. • In this group you can find members of the middle class, they represent a “brain drain” of doctors, dentists, economists, agronomists, engineers, and other beneficiaries of higher education in Latin America, which produces more professionals than it can absorb. <p>Political Violence and Torture</p> <ul style="list-style-type: none"> • Physicians often view evidence of torture and brutality among refugee patients. It is not necessarily best to confront the patient, even with sincere intentions, as it may cause distress. • The painful experience is much more in-depth, and a lengthy period of perhaps 2 or 3 years may be needed before professional and patient develop the necessary degree of trust. However, it may be helpful to provide information regarding accessing support for such issues. <p>Traditional Health Practices and Beliefs</p> <ul style="list-style-type: none"> • View ill health as an imbalance relating to hot/cold & strong/weak, or may be aggravated by strong emotions. Treatment of a hot condition (i.e. fever) with a “hot” medicine (some 	<p>Patient – Professional Relationship</p> <ul style="list-style-type: none"> • Patients defer to and respect positions of authority, including doctors. • They feel uncomfortable about making immediate eye contact with strangers. Their lowered eyes should not be interpreted as lack of interest or docility, but rather as simple good manners. • It is not appropriate to call a professional by his/ her first name, as it is perceived to be patronizing. • It is very important for health professionals to promote awareness of the health services and system, as it may be very new and complex. • Patients believe successful recovery is related to treatments including shots, tablets or creams, and feel unconfident in the physician when a prescription is not provided. • It is often customary for a female relative to accompany a woman when she sees her male doctor, as such a relationship may be seen as inappropriate or cause jealousy for the husband. • A female physician may be preferred for women, but presence of a female nurse in the room may also increase the woman’s comfort. • Usually visit a doctor when they have a concern, even though many of the problems appear minor to Canadian health professionals. • Latin cultures often believe that physicians assist in overall well-being in addition to treating medical problems, and it is important to listen and develop rapport. <p>Mental Health</p> <ul style="list-style-type: none"> • Other than pregnancy and childbirth, mental health issues and related physical symptoms are the primary reason for Central Americans accessing the

<ul style="list-style-type: none"> • It is acceptable to shake hands and to touch the patient for support/comfort. • It is most appropriate to first use more formal titles when addressing the patient (Mr., Miss etc). • Open and accepting of physical warmth and closeness between opposite sex and friends/family of the same sex. • Counselling in Canada can be difficult because of the language barrier and the lack of Spanish speaking practitioners. <p>Marriage</p> <ul style="list-style-type: none"> • Often couples marry at a younger age: women may be 16-19 years of age, while men are more likely to be in their early 20s. <p>Religion</p> <ul style="list-style-type: none"> • Most families are Catholic, but some may be affiliated with Pentecostal or Mormon religions. <p>Children</p> <ul style="list-style-type: none"> • Both boys and girls are happily received, but expectations for children are gender-based. • Sometimes women wish to give a newborn the father's name as they feel it places financial responsibility on the father; they require information about Canadian. • Women may be in Canada with one or more children remaining in Central/South America. • Parents feel they should determine what is best for their children. <p>The Elderly</p> <ul style="list-style-type: none"> • There are no homes for the elderly in Central America as younger generations are expected to care for older members. A family not providing such care is shamed. • Great respect is given to elders. 	<p>antibiotics) will be seen as counterproductive.</p> <ul style="list-style-type: none"> • Sometimes menstruating women will not bathe or wash their hair, as they believe it will stop menstrual flow. • External influences are believed to have an effect such as curses, spirits, "bad wind", or other forces. These beliefs are more common among those with a lower socioeconomic background. • Taboo topics - sexuality not openly discussed, especially with the opposite sex. It may not be seen as culturally appropriate for a male physician to be alone with a female patient. • Believe that people with fevers should not get wet. <p>Prevalent Disease</p> <ul style="list-style-type: none"> • Serious diseases are not common because they were screened before applying to immigration. • Evidence of torture, such as broken legs or cigarette burns, is not unusual among Central Americans. • Parasites and worms are chronic problems as a result of prior health conditions. • Sometimes tuberculosis is observed, but most often inactive cases are found on x-rays. • Malnourishment can also be an ongoing problem and is linked to low income of refugee claimants and poor conditions. <p>Health Care Systems</p> <ul style="list-style-type: none"> • Health care available depends greatly on location and family income. Rural with low income – access to few Western-style medical personnel and facilities. Cities often have modern hospitals and treatment facilities. • While some countries offer public health care, its coverage is not extensive and may only include basic immunization and emergency care. <p>Medication and Treatment</p> <ul style="list-style-type: none"> • Some Latin Americans are used to various medicines being available over the counter (e.g. Pencillin). • Often will pursue traditional remedies before 	<p>Canadian health system. Depression, forgetfulness and withdrawal are frequently reported.</p> <ul style="list-style-type: none"> • Abnormal behaviour may be linked to significant life events or sometimes to the supernatural. • For chronic/serious mental illness in Central America, people are institutionalized with the expectation that they will never recover or be discharged. • If the patient is male, family stress levels may be higher due to social expectations and lack of financial support to the family. <p>Family Planning</p> <ul style="list-style-type: none"> • Open discussion not common. • Sometimes women will consult a physician regarding contraception. Many women, especially depending on background and class, do not know information regarding fertility and reproduction. • The pill is widely accepted, and the IUD may be used, but diaphragms are unpopular. Withdrawal is probably the most commonly practiced method. • In the event of unwanted pregnancy, about 50% of women choose abortion. <p>Pregnancy</p> <ul style="list-style-type: none"> • Prenatal classes are generally non-existent in Central & South America, but many women respond very positively to participating in classes in Canada. • Pregnant women are often given much attention, are encouraged to eat well and rest. <p>Childbirth</p> <ul style="list-style-type: none"> • Mother of labouring woman may wish to be present • Fathers are not normally involved in delivery in Central America, but may be willing to participate here in a passive role, with encouragement. • Belief: newborn babies should have their waists tied with a belly band or they have a coin placed on the umbilicus to prevent a hernia; while it may seem unnecessary, it brings comfort to the new parents. • Infant sons are not circumcised. Baby girls often
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<ul style="list-style-type: none"> • Women generally care for the sick. <p>Food and Diet</p> <ul style="list-style-type: none"> • A very social part of their lives, food is usually accompanied by a fruit juice, involves few vegetables, and uses various meats. • Prefer hot or warm drinks in the morning and may prefer warm bland foods when ill. • Food preferences vary by region and may include tortillas, bread, rice, beans, soups, tamales, and other ethnic dishes. Raw fruits and vegetables are often thought to cause illness. • With respect to children, it is helpful to promote healthy nutrition, as some families prefer fast foods high in fat content, and it is culturally acceptable to provide such things as coffee to young children. <p>Literacy</p> <ul style="list-style-type: none"> • Literacy levels vary depending on socioeconomic background. • Silence may represent misunderstanding or insecurity about disagreement. <p>Census Information</p> <ul style="list-style-type: none"> • Approximately 7% of the immigrant population residing in the NE and SE areas of Calgary are from Central and South America. • 6, 550 Calgaryans in the 1996 Census identified themselves as Latin Americans. 	<p>using biomedicines.</p> <ul style="list-style-type: none"> • Common home remedies that people bring to Canada include herbal teas and the use of Vicks VapoRub for headaches, feverish babies, and a multitude of other discomforts. <p>Hospitalization</p> <ul style="list-style-type: none"> • Some Central Americans may perceive hospitalization to be associated with death rather than recovery. • Often model hospital patients. May assume passive role. Family members may also be used to being involved in the care of patients. • Patients with fever may resist bathing due to the belief that it is related to the illness. • Tests are not often done unless for complicated problems. <p>Death and Dying</p> <ul style="list-style-type: none"> • Important to consult a family member regarding the illness of the patient – they may recommend that family tell the patient or that health service providers inform the patient. • Sometimes consulting the father or eldest male is most appropriate. • Traditionally, family look after a dying relatives. • If a condition is stable, the person will be taken home from the hospital to die. • In urban areas, after a death occurs the body is taken to a funeral chapel for burial preparation. A wake for family, close friends and sometimes a priest is organized, usually in the presence of the open casket and people generally stay up all night with the body. • It is seen to be very important for the family to have the time together with the deceased. Burial is the norm. • A stillborn baby of religious parents will be baptized and given a burial service. Autopsies are not well accepted, but organ donation may be acceptable. 	<ul style="list-style-type: none"> • have their ears pierced after 2 or 3 months. • Women are familiar with Cesarean sections and generally accept procedures the doctor feels is best to deliver a healthy baby. Women will tolerate considerable pain before asking for an anesthetic; it is helpful to advise them of their options. <p>Postpartum Care</p> <ul style="list-style-type: none"> • Bathing considered risky because of its potential for chilling the new mother. • She may feel it is necessary to wear a special girdle to prevent help the uterus to return to its original size. • Sick infants cause great concern, and any physical deformity on the baby may be attributed to the mother’s behaviour during pregnancy such as attempted abortion, excessive emotion, or an unsatisfied food craving. • It is believed that new mothers should avoid cold foods & drinks as the mother is thought to be in a cold state. Certain foods and herbal teas/baths are thought to return mother’s strength. • Bottle-feeding and disposable diapers are favoured as these are believed to be a sign of financial security and Westernization; women have been led to believe that infant formula is better for the baby’s growth. <p>Culturally Sensitive Health Care</p> <ul style="list-style-type: none"> • Families may have had traumatic experiences in their country of origin and may have been victims or witnesses of violence. • For the Canadian Health Professional it is very important to take account of this background but to wait until the patient raises the subject. • It is important to consider that there is often suspicion of government authority, making consent issues challenging. It is necessary to be sensitive to the refugee experience.
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CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family Structure</p> <ul style="list-style-type: none"> • often large, extended, lives together, and is headed by the eldest working male. • Elderly are highly respected and the young are obliged to take care of them. • Male head of family: works, takes care of finances and usually disciplines the children, primary family decisions. • Wife runs the household and care for the children, and is usually responsible for routine health decisions. Decides on the choice of birth control, in consultation with her husband. • Serious decision-making may involve husband, wife and extended family. <p>Acculturation Issues</p> <ul style="list-style-type: none"> • Acculturation of Chinese families in Canada often depends on their level of education, and region of origin. A family from rural mainland China will likely experience greater barriers than an entrepreneur from Hong Kong. • Intergenerational issues are common as youth acculturate and parents wish to maintain traditional cultural values. • “Satellite families” are not uncommon where one parent, usually the father, returns to the country of origin for employment purposes. This will affect the involvement of family in supportive and decision-making roles. <p>Cross-Cultural Interactions</p>	<p>Immigration History</p> <ul style="list-style-type: none"> • As many families immigrated as early as 60 years ago, several practice Western medicine. • Currently, most Chinese speaking families are arriving from Hong Kong, mainland China, & Taiwan. Mandarin and Cantonese are the most common dialects spoken. <p>Traditional Health Practices and Beliefs</p> <ul style="list-style-type: none"> • Beliefs based on Chinese medicine: 3 distinct types – classical Chinese medicine, Chinese folk medicine and medicine in contemporary China. • Various parts of the human body correspond to the principles of yin and yang. Yang - positive male energy that produces light, warmth and fullness. Yin – female negative energy, the force of darkness, coldness and emptiness. • Illness Viewed as a loss of balance in yin and yang or in hot and cold foods. • Causes of illness may include foods that are excessively hot/cold, or those believed to be “poisonous”. • Illness is linked to presenting symptoms and the goal is to then get rid of the symptoms. • Difficulty understanding the implications of chronic illnesses where symptoms persist for a long time and there is no absolute cure. <p>Health Care systems</p> <ul style="list-style-type: none"> • Treatment often includes herbal medicine, acupuncture, acupressure, oxibustion (the burning of small quantities of dried herbs on the body) and chiropractic care. Two types of hospitals: expensive private hospitals and government hospitals used by those who are not wealthy. <p>Medication and Treatment</p>	<p>Patient – Professional Relationship</p> <ul style="list-style-type: none"> • In China patients usually request their preferred treatments from their doctors. These same patients may aggressive in Canada when they use this approach. • The concept of preventive medicine may be unfamiliar to some who only will seek help when they feel ill, and thus impacts annual check-ups and the continual monitoring of health. • Health professionals in Canada must ensure that patients adequately understand the diagnosis, treatment, and medical procedures, as they may be hesitant to ask questions. <p>Mental Health</p> <ul style="list-style-type: none"> • Explain the causes of mental illness in terms of external factors or events; problem presented in the form of somatic complaints. • Pre-migratory trauma and stress, separation from family and community, unemployment, underemployment, and language barriers are considered additional risk factors. Youth and mothers with absent parents/spouses also have elevated rates of mental health issues. • Traditionally, different emotions are perceived to be related to different organs. For example, anger is associated with the liver, and joy and depression with the heart. Clients may seek relief of physical symptoms but not discuss mental health problems. • Mental health issues such as depression are considered shameful and are not discussed. • Family members have a great influence on how

CHINESE

- Greet one another by bowing heads & smiling. It is most polite to use Mr. & Mrs. particularly with older patients, so as to show respect.
- Indirect eye contact may be a sign of respect.
- Out of respect, patients may nod, and not ask questions. It is important to clarify understanding.
- Privacy is highly valued as it is important for families to “save face” maintain respect.
- Body contact beyond a handshake, for example kissing and hugging, is uncommon.
- May not be familiar with the need to make appointments with health professionals.

Religion

- Many Chinese are Buddhists, but Catholic and Protestant religions are also common.

Children

- Traditionally, the male child is considered most desirable - carries the family name and is entitled to family inheritance.
- Children are valued and generally are the focus of family attention in their early years.
- Parenting and early education traditionally take place within the home. Chinese families highly value the education of their children.

The Elderly

- Traditional responsibility for care of the elderly lies with the family and the oldest son and his wife; otherwise unmarried children have the greatest obligation.

Food and Diet

- Lactose intolerant and dislike milk.
- Rice and noodles are common foods. Cooked

- Chinese want immediate results from medications. May question prolonged Western treatment regimes and may prematurely discontinue taking an antibiotic prescribed for two weeks without immediate results. There is a need for explanation of the importance of follow-up.
- Injections regarded as more effective than pills. Pills considered more effective than drops.
- They may refuse blood tests as they believe loss of blood will weaken their bodies and that these tests are too invasive.
- Value the wholeness of the body and thus they may avoid surgery because it is seen as a form of mutilation; surgery is resorted to only if all other treatments fail.

Hospitalization

- Elderly often associate hospitalization with death, & may prove reluctant hospital patients.
- Family members may rush an elderly parent to hospital thinking that he or she may receive better treatment for the illness.
- Death of a person at home is considered to bring bad luck.
- A patient may not complain of pain, so it is important to offer pain medication.
- Common for many guest to visit a patient and bring food or gifts.
- Sick role is common for the Chinese patient – behaves passively and expects others to care for him/her.
- Some are fearful of having blood drawn, as they believe it will weaken the body, and they may be inclined to avoid surgery.

Death and Dying

- Death is viewed as natural and inevitable.
- Families often prefer that health professionals do not reveal the prognosis to dying patients so their last days should be free of worry and pain.
- Family wish to be present when addressing serious

mental health is viewed. Overprotectiveness common. May refuse treatment because they view mental illness as bringing shame on the family.

- Talk therapy is often less effective in contrast with a concrete solution-focused intervention.

Family Planning

- Traditional Chinese prefer large families.
- Male children especially the first born are highly valued because the family name is assured.
- Intrauterine devices and birth control pills are commonly used.

Pregnancy

- Women may avoid hot foods or “poisonous” foods such as shellfish during pregnancy.
- Chinese mothers may avoid cold and try to eat more hot foods, sweet vinegar, chicken, eggs, certain types of herbs in an attempt to balance yin and yang.

Childbirth

- A woman may be more stoic during labour, though it is acceptable to demonstrate pain by moaning.
- Usually female family members are involved, with fathers not often playing an active role.

Postpartum Period

- Postpartum period considered dangerous as the woman is susceptible to excessive coldness.
- Must avoid cold foods and cold winds, and stay inside – a practice called “sitting for the month”.
- The current trend in mainland China is to breastfeed; immigrants from Hong King may prefer to bottle-feed, but some women feel it is not healthy for the baby to breastfeed during the first 3 days after birth.
- Cold water is avoided by not bathing or washing hair for one month, and heavy lifting is avoided to protect the uterus. Sponge baths acceptable.

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<p>vegetables are common as well as poultry and fish.</p> <ul style="list-style-type: none"> • Many hot liquids consumed, especially tea, when sick. Cold water believed to shock the system. • Believe that hot and cold foods should not be eaten at various periods depending upon the illness, so as to maintain balance in the body – <i>Yin</i> and <i>Yang</i>. <p>Literacy</p> <ul style="list-style-type: none"> • The elderly are less likely to be literate in either Chinese or English. • Families of rural areas or lower socioeconomic backgrounds may not be literate in Chinese. • Avoid using a male interpreter for an older female patient due to modesty issues. <p>Census Information</p> <ul style="list-style-type: none"> • Mainland China and Hong Kong were among the top ten source countries for immigrants arriving to Calgary in 1998. • 44, 670 Calgarians in the 1996 Census identified themselves as part of the Chinese community. 	<p>or terminal illness. Ensure involvement of the male head of household.</p> <ul style="list-style-type: none"> • Postmortems may be refused by family members as they are viewed to be unnecessarily invasive. • Family members, relatives and friends gather to mourn the deceased. Pregnant women are often not allowed to attend funerals for fear of harming their health. • Relatives of the deceased may not wish to visit others for a certain period for fear of bad luck. 	<ul style="list-style-type: none"> • Any problems with the baby should be addressed with the male head of the household. • Male circumcision is quite common. • Infants may be bathed very frequently as cleanliness is highly valued. <p>Rehabilitation</p> <ul style="list-style-type: none"> • Rehabilitation services for family members who are physically/mentally handicapped may be avoided as they are thought to be painful. <p>Delivering Culturally Sensitive Health Care</p> <ul style="list-style-type: none"> • May seldom ask questions and thus need encouragement to express concerns. • Professionals should also be cognizant of the somatic ways in which clients portray illness or the way they blame illness on external causes. • Approaching the head of the family should be considered in order to respect family structure and decision-making.
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IRANIAN

IRANIAN		
CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family Structure:</p> <ul style="list-style-type: none"> The family is the most important element in Iranian culture and life is usually dominated by family values and relationships. The word "family" in Persian refers to the extended family and an Iranian usually judged by the name of his or her family, including grandparents, aunts, uncles and cousins. Father continues to be the major breadwinner and the head of household, though he has diminished power and authority. Even though women have become emancipated and educated and have acquired more decision-making power in the home and out, the Iranian family remains a patriarchal unit in which sex roles are almost immune to change. This means that modern Iranian women are expected to take on most household responsibilities and maintain outside jobs. Two major characteristics shared by families are the value placed on extended family advice and support, for example, regarding major health problems, and the respect and dutifulness shown the elderly. 	<p>Acculturation Issues</p> <ul style="list-style-type: none"> The major problem faced by Iranian in Canada are unemployment, underemployment, loss of status, financial loss, in short, down ward socio-economic mobility and language barriers. Iranian, in general, are fearful of Western influences, specially on their children. The tendency to shelter and protect children from Western influence and values is strong. In the Iranian families in Canada, generation gaps and conflicts tend to increase. Children usually the first ones to learn English and lose their mother tongue, grow farther and farther apart from their families. <p>Cross- Cultural Interaction</p> <ul style="list-style-type: none"> Prefer formal relationships. Should use Mr., Mrs. or other pronouns and the last name unless the patient requests differently. Men and women do not touch each other in public settings. Touching, embracing, and kissing are very common among persons of the same sex. <p>Immigration History</p> <ul style="list-style-type: none"> Iranian immigrants comprise a steadily growing ethnic group in Canada, and many 	<p>of them are settling in the Greater Vancouver area and Toronto</p> <ul style="list-style-type: none"> The flow of people from Iran began in 1979, during and after the Islamic Revolution. Thus, most Iranians in Canada are first generation immigrants who share many of the beliefs, values, and characteristic of their compatriots in Iran. The most important reasons for migration have been, and continue to be, the political, religious, and economic situation in Iran. The vast majority of Iranians residing in Canada come from large urban areas and belong to upper and middle-class families, and are relatively familiar with Western education and values. Hence, the transition is probably smoother for this group of immigrants than for their counterparts from other countries. For this reason, the Iranian immigrant population of Canada is probably in a relatively advantageous position when dealing with Canadian public services, particularly medical and health services. <p>Traditional Health Practices and beliefs</p> <ul style="list-style-type: none"> Iranian immigrants generally do not refute scientific theories about underlying causes of disease. However, coming from a fatalistic society, as they do, may place them side by side

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with their strong belief in the will of God, specially in the event of death.

- Food and other natural substances are believed to play a role in health. The use of “hot” and “cold” foods to prevent or cure minor illnesses is also common. Certain food such as honey, sugar, and nuts are considered hot, whereas yogurt, berries, and watermelon are considered cold. Consuming too much of one and too little of the other is believed to cause stomach upsets or other minor disorders.

Relationship Between Doctor and Patient

- In general, Iranian patients seek a more personal relationship with their doctors than do mainstream Canadians. They expect their physicians to listen to long stories about their health and personal problems. Also they expect a great deal of understanding since they regard family doctors as confidants
- In order for a Canadian physician to gain his or her Iranian patient’s confidence and trust, he or she must take the time to listen and respond sympathetically. Trust can be established during the first few visits and once this is achieved, the patient becomes a “believer” in his or her doctor.

- Since Iranians belong to a strongly patriarchal society, it is only natural that male physician are trusted and esteemed more than their female counterparts. Female doctors, however, are trusted equally, even preferred in certain areas of medicine. Women gynecologist and obstetrician, pediatrician and eye specialists are preferred.
- Generally Iranian men prefer seeing a male physician to a female one.

Mental Illness

- Iranian generally resist seeking help from psychiatrists and other professionals in mental health agencies, mainly because of the stigma associated with mental illness.
- The majority of families tend to conceal such problems for fear of jeopardizing their children’s chances of marriage.
- Many people in Iran also attribute insanity to evil spirits.
- Iranians are much more comfortable with physical than with mental illness.

Pregnancy

- Pregnancy is considered a blessing and expectant Iranian women become the focus of much attention and care.

- The traditional belief among all classes of Iranians is that pregnant women must abstain from heavy physical work, rest frequently and eat rich and healthy foods. Extensive weight gain often becomes a problem.
- Health professionals in Canada may encounter difficulty in convincing pregnant Iranian women to exercise regularly.
- Because of the relatively high level of education among younger Iranian women in Canada, they generally recognize early signs of pregnancy and therefore go to the doctor at an early stage.
- Information about pregnancy is passed on from mother to daughter or daughter –in-law, usually immediately after the onset of pregnancy.

Childbirth and Postpartum

- In Iran, childbirth takes place in hospitals, private clinics, and in homes and delivery is attended by physicians and certified midwives.
- Close female relatives keep mothers company at childbirth.
- In Canada, more and more Iranian fathers are now present in delivery rooms.
- In Iran infants are brought to their mothers only to be breast fed, since new mothers are believed to need rest and quiet.

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- Certain foods such as barley, and water drained from boiling rice are considered good for increasing the milk flow and mothers are fed these and other rich foods.
- The mother and infant are not secluded and usually begin socializing outside the home within two or three weeks of childbirth.
- Regular visits by public health nurses in Canada are highly valued by Iranian women who, although unfamiliar with the idea, fully appreciate the information and support they receive.

Marriage

- Marriages are not arranged and children have the last word in choice of partner. Nevertheless, parental consent is essential to the decision.
- Women typically marry between twenty-two and twenty-five. Iranian women are generally five to ten years younger than their husbands.
- Chastity is highly revered and premarital sexual activities are considered sinful, specially for women.
- While the Muslim religion allows men to take several wives, this practice has fallen into virtual abeyance.

Religion

- More than 98 percent of Iranian are Muslim and believe in one God, Allah.

- The 2 percent of the population which is not Moslem probably belongs to the more modern middle class. In this group are the Bahai, Zoroastrians, Jews and Christian, comprising Armenians and Assyrians.

Children

- Children are taught to be obedient and respectful.
- Iranian children, both male and female are expected to do extraordinary well and achieve high marks at school.
- Unmarried children of any age and of both sexes usually live with the family and move out only after they are married.

The Elderly

- The elderly are the most respected members of the family. The deep sense of duty towards the elderly includes responsibility for the care of old and dying family members.
- There are very few nursing homes in Iran and sending elderly people to them is considered disrespectful and cruel.

Food and Diet

- A staple in Iran is rice and Iranian boast about their many rich and lovely rice dishes and spend much time preparing them.

- Meat is an essential part of Persian dishes, lamb, veal, beef and chicken are the most popular. Fish is eaten in moderation but other seafood like crab, lobster and oysters is not commonly eaten.
- The consumption of pork is forbidden by Islam.
- Persian food is not hot or spicy.

Literacy

- The elderly are less likely to be literate in either Farsi or English.
- Families of rural areas or lower socioeconomic background may not be literate in Farsi.

Census Data

- About 3000 immigrants from Iran reside in Calgary and they mostly reside in the NW and SW areas of Calgary.

Death and Dying

- “God gives life and god takes life.” This belief is commonly held by almost all Iranians.
- It is believed to be best to die at home in the presence of the whole family, for dying in loneliness and solitude is disgraceful.
- Communication of a grave diagnosis to the patient is also done in stages and with utmost tact. Iranian families feel that much harm can come from bluntly confronting the patient with a poor prognosis.

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- Iranians often complain that doctors in the West are insensitive to this issue and condemn the physician's directness in presenting the bad news.
- Canadian physicians may call in a single family member, preferably a male, to reveal the diagnosis to him tactfully and gradually.
- Most Iranian religious sects prescribe certain bathing rituals for the dead and place the body in the white clothing
- A section of Koran is read to the dying individual.
- Prayer are stated.

Medication and Treatment

- Drugs are the preferred means of treatment among Iranians and physicians in Canada will have little difficulty in convincing Iranian patients to take prescribed medication. However, convincing an Iranian to exercise regularly or to cut down on certain foods may be a different matter.
- Pills and injections are most popular, injections are believed to render faster results.

Hospitalization

- Iranian are very sociable and hospital visits to friends and relatives are considered a moral duty.

- Visitors come in large numbers, bring sweets, flowers and gifts and stay for long hours.
- Iranian have a tendency to disregard hospital regulations about visiting hours, staying with the patient overnight or bringing forbidden food. Should these problems arise, asking the family doctor or a trusted specialist to intervene gently may be the most effective solution.
- Iranian women may experience great discomfort in the presence of male nurses. Whenever possible female nurses should be used.

Family Planning

- The favorite methods of contraception, generally chosen by women, are birth control pills and the IUD.
- Abortions are illegal in Iran and take place only for medical reasons in an attempt to save the life of the mother.
- Male children are generally preferred.

Rehabilitation

- Like mental illness, mental and physical handicaps are stigmatized in Iran.
- Most kinds of prenatal and perinatal disabilities are viewed as hereditary and hence are concealed from the eyes of the public.

- Because of Iranian attitudes to disability and the scarcity of rehabilitation and self-care services In Iran, mentally and physically disabled individuals in Iran lack the motivation to adapt.
- Rehabilitation professionals in Canada may find working with Iranian clients and their families extremely difficult.

Culturally Sensitive Health care

- Respect for cultural beliefs and values, which are linked to the Muslim religion.
- Iranian women will feel most comfortable with female health service providers.

SOUTH ASIANS

CULTURE

Family Structure

- Family is the most important social unit, and includes parents, children, and grandparents, brothers, sisters, and their families.
- Traditionally the extended family lives together in one household. The extended family provides the identity of the individual as well as economic and emotional security. Interdependence valued.
- Earnings are often pooled in an extended family. Sometimes, either the grandmother or the eldest son manage the finances.
- Most decisions are made by the head of the household – often the most established financially secure male.
- Close relatives are consulted for all important decisions. Health care decisions, like seeing a doctor with an ill child, are made by the senior members of the family.
- Care for ill family members is the responsibility of the wife or mother.
- The opinions of relatives and other members of the community are held in high regard and gossip can be used to effect social control.

Acculturation Issues

- South Asian families experience many significant acculturation issues. Grandparents often become primary caregivers and have feelings of lost and respect, youth face racism from their peers, many professionals are underemployed, and sometimes women who did not previously work enter the workplace.
- Many intergenerational issues and conflicts present in adjusting to life in Canada as parents and grandparents wish to maintain the same traditions.
- Traditional dominance or authority held by the elderly within the family is frequently weakened after moving to Canada. Usually sponsored by a son or daughter, elderly people arrive

HISTORY, BELIEFS & HEALTH PRACTICES

Immigration History

- Majority of South Asians are from India, Pakistan, Bangladesh, Sri Lanka, East Africa, and Fiji.
- Over 400 dialects are spoken. India alone has 15 official languages. The most common languages are Hindi, Punjabi, Urdu, Gujarati, Kachi, and Swahili.
- South Asians come to Canada in various immigration categories including independent, family class, and refugee status.

Traditional Practices & Beliefs

- Illnesses are seen as the result of imbalance in the body humors, bile, wind and phlegm, and the purpose of treatment is to re-establish the balance.
- Dietary imbalance is thought to be a common cause of illness. Often specific foods are used to re-establish bodily balance. Foods are classified as “hot” or “cold” or “neutral” not in terms of temperature or spiciness.
- It is generally thought that bathing in still water (bathtub) is unclean. South Asians use running water such as a stream, shower or by pouring buckets of clean water over their bodies.
- Bathing (or its avoidance), massage and rubbing oil on the body are other ways to rebalance and thus thought to cure. In South Asian villages it is common to explain stressful circumstances by the supernatural.
- Many methods are believed to treat illness. Traditional medicines, vows, rituals, and biomedicine may all work, and may be used for the same illness.
- Even for those of higher socioeconomic status who may not believe in such traditional medicines, many habits, treatments, foods, and the day-to-day health practices are based on these traditional beliefs, and they may hesitate

Relationship Between Doctor and Patient

- Extensive trust in both traditional and modern physicians. Patient may expect the doctor to have all the answers and make all the decisions.
- Patient takes a passive role, often not asking questions and waits for the physician to determine diagnosis and recommendations. Medical advice often accepted without question.
- Patient expects treatment in the form of medicine, injection, pills or tonics. Otherwise patient may be skeptical and unsatisfied. May prefer the physician to take charge.
- South Asian women hesitate to be seen by male physicians; they and their husbands believe that women should have a female doctor.
- South Asians may be less familiar with the professional role of nurses in Canada, and health practitioners may need to provide some orientation regarding this aspect.

SOUTH ASIANS

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here in a dependent role, not knowing the language or culture.

Cross-Cultural Interactions

- Traditional greeting: palms of the hands pressed together in front of the chest. Shaking hands particularly by women or between women and men is not common.
- Direct eye contact may be considered rude and disrespectful, especially with elders. Physical affection rare even among family and close friends, and is considered extremely inappropriate between members of the opposite sex, including husband and wife.
- For some groups, it is not appropriate for a woman to even state her husband's name in public, and many women are expected to walk a few steps behind men.
- It is more acceptable for elders to give commands or orders to younger individuals, but older individuals expect to be treated with respect.

Marriage

- Often still, many arranged marriage take place among South Asians in Canada.
- Couples are expected to stay together; this and the additional stress of immigration can sometimes result in violence. Sometimes a woman is in Canada without her extended family and is more isolated without support for such issues.
- A South Asian woman who has separated from her husband is unlikely to initiate divorce proceedings because it is more acceptable for a man to leave his wife and children and initiate divorce.
- In some cases, if a woman leaves her children with her husband she is considered a bad mother. For a Muslim family, however, it is expected that the husband's family maintain custody of the children.
- Sometimes even after a divorce, a couple will continue in many ways as if still married. A man may occasionally stay with his ex-wife and children, and the community continues to address them as husband and wife.

Religion

- The most common religious groups in the South Asian communities in Canada are the Hindus, Sikhs and Muslims,

to utilize biomedicine for particular illnesses.

- Traditional ways of making health decisions persist particularly initially while in Canada.

Prevalent Disease

- Infections and parasitic diseases are the most prevalent.
- South Asian immigrants may have experienced typhoid, dengue fever, cholera, tuberculosis, hepatitis, and amoebic dysentery.
- Most South Asians have had their immunizations and medical exams before coming to Canada.

Treatment and Medicines

- The concern that biomedicines may be too strong or upset the body's balance leads many South Asian patients to avoid their use or stop taking them prematurely.
- Many traditional remedies are used, and elderly women often recommend home treatments. Elderly members and the male household head are consulted about the need to see a doctor.

Health Care Systems

- A visit to a biomedical doctor is very costly for rural families and is avoided unless the disease is serious and the family can afford the fees, medicines and travel. Government sponsored social services, such as those in Canada are non-existent.
- People most often access hospitals for more serious illnesses. The ratio of available hospital beds in India is 1 to 1310 people, versus 1 per 110 people in Canada.
- Use of traditional medicines often continues even where the family has health insurance and easy access to biomedicine.
- Home remedies such as massage, bathing, and herbal medicines (either made at home or purchased from an Indian shop) may be used first, while a physician is sought out only for serious illnesses.
- Families are accustomed to being very involved in the daily care of the patient in hospitals in South Asia.

Mental Illness

- Mental illness is sometimes believed to have supernatural causes, particularly spells or curses cast by jealous relatives or acquaintances, and are resolved by visiting temples.
- Mental illness is stigmatized and is generally hidden for the sake of arranged marriages.
- Severely ill family members are not ignored or rejected, but may be kept hidden and untreated until a crisis.
- While most South Asians prefer medicines for treatment, some patients in Canada do resort to psychiatric help. Western "talk" therapy is not usually compatible. Instead it may be more appropriate to provide direction and clear advise about patient and family involvement.
- Inquiries regarding family interactions and issues is not very culturally acceptable as the family operates in a close unit and maintains privacy.
- The Western therapeutic value of independence from the family is less appropriate in intervention for South Asian families.

Family Planning

- Often the husband makes decisions about family size. The favorite methods of contraception are the IUD and contraceptive pill; diaphragms and condoms are seldom used.

although there are some Jains and Christians.

Hinduism

- Concept of the unity of life; all life is interdependent, both human and animal, and is a continuous circle.
- After death, the soul is reborn in another life form which is determined by behaviour in former lives. This is the law of Karma.
- High caste Hindu men participate in a religious ceremony in their youth in which a sacred thread (or string) is tied around the body; it goes over one shoulder around the chest and is tied at waist level. This thread should not be cut or removed without the permission of the patient or his family.

Sikhism

- Sikhism includes Hindu concepts of reincarnation as well as Karma. However, representation of God in pictures and the worship of idols are forbidden.
- The most important ceremony for a Sikh is that of baptism. Baptized Sikh men wear turbans and do not cut their hair or beards. They wear a comb, white undershorts symbolic of chastity and typical of soldiers, and in their home country a small symbolic sword.
- Strictly practicing Sikh men do not cut their hair. If it must be cut it is important to explain the need fully both to the patient and the family.
- The Sikh man's bracelet and kirpan must also not be removed or permission should be obtained.

Islam

- "Islam" means "submission" and a Muslim is one who submits to the will of God, rejects all other gods and follows the teachings of the Koran, the holy book.
- Ethical conduct requires: generosity, fairness, honesty and respect.
- Muslims are required to pray five times daily, facing the direction of Mecca, after a ritual washing. They should additionally attend a mosque to pray together on Friday.
- Muslims sometimes wear 33 beads around their necks or wrists and these represent the 93 names of God. They should not be

Hospitalization

Visiting:

- Family, friends and neighbours want to visit a hospitalized person, which the patient is happy about; patient may be upset if certain people do not appear.
- If necessary to limit the number of visitors, it is best for hospital staff to speak with the patient's husband, father or a male elder to explain the situation and to seek the cooperation of visitors.
- Family may wish to stay with the patient and assist in providing care.
- Some individuals feel uncomfortable providing written consent, and it may be necessary to provide an explanation.

Hospital Food:

- Religious dietary restrictions can present problems for South Asians having hospital food. For example a vegetarian may not accept a vegetarian meal if it was prepared in a kitchen where meat was also cooked, or if the meat has simply been removed from the plate.

Hospital Clothing:

- Some South Asian patients in Canada hesitate to wear clothing that others have worn before them, even where it has been washed and sterilized; they prefer their own clothing where possible.
- Women may prefer not to use hospital clothing for new babies since they may have superstitions about clothing previously worn by another.

Hospital Treatments and Surgery:

- Surgery is sometimes felt to be threatening - only after detailed explanations about the surgical procedure and its necessity will the family agree.
- The decision is made not by the individual patient but by the whole family.
- There is no religious or other belief that prevents blood

Pregnancy

- Viewed as a very natural process, some South Asian women do not see the need for prenatal care. Visits to a doctor are associated with problems or abnormalities.
- Sex not openly discussed with strangers. Prenatal classes are embarrassing for both women, who feel they should not exercise in front of others, and for men.

Childbirth

- In South Asian women often utilize midwives who encourage women to be active, walk around, and sometimes herbal medicines are given. Delivery is often in a squatting or sitting position.
- Labouring woman may take a passive role, following instructions.
- Most commonly fathers are not present for delivery, but female family members may be involved.
- Canadian hospital practices will be unfamiliar to many women from South Asia.
- Women prefer natural delivery and often will not request an anesthetic or know little info.
- Decisions are left to the physician. Forceps and Cesarean section are usually accepted if clearly explained by the doctor.

Postpartum Period

removed unless absolutely necessary.

Children

- South Asian families are patriarchal, and male children are often preferred as they carry on the family name as well as tradition.
- It is not uncommon for children up to the age of 12 to share a bedroom with their parents or with siblings of the opposite sex.

The Elderly

- When South Asian parents grow old they expect to be cared for by children, particularly sons, and the sons recognize this obligation. Women are more commonly involved in the daily care.
- The reversal of traditional patterns of dependence and authority can cause conflicts and a loss of self-esteem/depression in the elderly.

Food and Diet

Hindu Food Practices

- Strict Hindus believe in non-violence against living things and abstain from meat or fish. The more orthodox, especially women, also do not eat eggs.

Muslim Food Practices

- Muslims follow dietary laws of the Koran – forbidden to eat pork or the blood of any animal.

Sikh Food Practices

- No significant dietary restrictions, but many Sikhs are vegetarians by choice.

Food and the Prevention of Illness

- Diseases are thought of as cold, for example arthritis. Rheumatism, respiratory infections, upset stomach and other gastrointestinal problems and circulatory problems.
- It is considered important for ill people to be given easily digested soft food such as cream of wheat, lentils without spices, khichari (lentils and rice) and soup made of whole wheat

transfusions or organ transplants.

- Most South Asians prefer that catheterization or enemas be performed by a staff member of the same sex.

Death and Dying

- Accept death as part of a life cycle, and that it occurs when it is time.
- A peaceful death at home surrounded by family is strongly preferred to death in hospital.
- Generally, South Asian physicians do not inform the patient that he or she will soon die, and the family might wish to be informed first, so they are able to make the decision to tell the patient.
- Families and friends are expected to express their grief openly by moaning and crying.

Hindu

- Before death relatives of the dying person may bring clothing and money for him to touch before distributing them to the needy.
- A passage from a holy book or chant prayers may be read to the dying patient to help them in the next life.
- The eldest surviving son plays an important part in the rituals after death. He, along with other relatives, washes the body and dresses it in new clothing.
- In the case of a married woman red clothing and jewelry signifying her married state are used.
- When a person dies in a Canadian hospital, the family prefers to wash and dress the body before it is removed from the hospital. Bodies are cremated, usually on the same day as the death and ashes are kept until they can be thrown on to the surface of the sacred river, the Ganges. In Canada the family may also throw the ashes into a local river or the sea.
- Traditionally cremation ceremonies are attended only by men. Mourning period lasts 40 days.

Muslim

- As a person nears death, Muslims repeat the words of the Koran to the person.

- After the birth of a Muslim child, a family member is to recite a prayer in the baby's ear as soon as possible.
- A male Muslim baby must be circumcised. For other groups circumcision is by choice.
- South Asian women expect the baby to stay with them, and may have concern regarding the baby being in a nursery.
- South Asian women are to eat hot foods and to avoid cold foods.
- Hot foods are to strengthen the body, balance the system and promote bleeding and discharge so that a flat stomach results. Cold foods are thought to cause weight gain.
- It is believed that excessive admiration or compliments about the baby may have a negative effect.
- Breastfeeding is preferred, although the baby may be bottle fed if the mother has to return to her job and the grandmother is the primary caregiver. Women breastfeed for at least six months and sometimes up to 2 to 3 years.

Culturally Sensitive Health Care

- Religious practices play a critical role. It is important for health practitioners to ask families about their beliefs and values.
- Many who are of higher education and socioeconomic

SOUTH ASIAN

flour and milk. These are the foods a South Asian family might bring a patient in hospital.

- Most common foods are rice or chapatti (flat baked bread) with vegetables, meat or lentil curry.
- During Ramadan (Dec. – Jan: dates vary according to the calendar) Muslims fast from sunrise to sunset, children and the ill are considered exempt. Fasting may also be recommended for fever, cold, or arthritic pain.

Literacy

- South Asians from urban settings are more likely to be fluent and literate in both English and their first language.
- Women are sometimes less fluent in English and may not be literate in their first language, as education for males is emphasized more than education of females.
- South Asians may prefer that family members act as interpreters, and the individual is preferred to be of the same gender but older in age.

Census Information

- India and Pakistan were among the top 10 source countries of immigrants arriving in Calgary in 1998.
- 25, 525 Calgarians in the 1996 Census identified themselves as part of the South Asian community.

- Once death has occurred the body is ritually washed before being buried with the face pointing towards Mecca.
- If death occurs in hospital, it is preferred that staff not wash the body but that they turn the head towards the right shoulder before wrapping the body in a plain sheet.
- During these procedures family members may wish to read passages of scripture or to make lamentation.
- Religious rules stipulate that the body should be cremated as soon as possible after death and that it be complete and whole. For these reasons, Muslims will agree to a post mortem only if it is legally necessary and will request that the organs be returned to the body for burial.

Sikh

- After death, members of his or her family prefer to wash the body and prepare it for cremation. The body is viewed at the hospital if that is where death occurred.
- Sikhs do not readily agree to post mortems nor do they agree to donate organs.
- After the cremation there is a memorial service at the Sikh temple, at which time prayers are said for the soul of the person.

- status are well aware of biomedical practices, though family members expect to be very involved in the patient's care and in decision-making.
- Families from rural areas will be less exposed such health care systems.
 - For many, there is little experience with social service agencies and sometimes distrust of government or sponsored agencies.

VIETNAMESE

VIETNAMESE		
CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family Structure</p> <ul style="list-style-type: none"> • Identity is related to the family unit, and there is strong loyalty to a family. • Family may include the elderly, an adult couple and their children, and spouses of married children. • In Vietnam women have fewer rights than men relating to education, political influence and employment. • Family obligations are strong, even toward those members outside Canada which may impact a family’s ability to become established in Canada. • Father or eldest son represent the family and make decisions. • Women are responsible for the care of an ill family member. <p>Acculturation Issues</p> <ul style="list-style-type: none"> • While many families from the Vietnam have been in Canada for several years, they face issues in intergenerational relationships, language, employment, and settlement. <p>Cross-Cultural Interactions</p> <ul style="list-style-type: none"> • Prefer formal relationships; Use the title and first name (e.g. Mrs. May). • Avoid joking and pointing a 	<p>Immigration History</p> <ul style="list-style-type: none"> • While some Vietnamese families come from more established backgrounds with professional skills, a number of Vietnamese in Canada have had experiences as refugees and have been in refugee camps. • Languages: Three major languages spoken are Vietnamese, French and Chinese. <p>Traditional Health Practices & Beliefs</p> <ul style="list-style-type: none"> • Many traditional methods are used in addition to Western biomedicine. Physical exercise is often not perceived to be a part of healthy living. • Hot and Cold - like the Chinese belief regarding two opposite forces of yin and yang - hot and cold. • The body must have an equilibrium to avoid illness. • Illnesses are believed to be the result of excess body heat or cold. Hot illness might include constipation, dark urine or hoarseness. • Wind and Water – may result in headache, cough, nausea. The bad wind is thought to be released by creating small bruises on the body with a coin or a spoon or by cupping - placing a hot cup on the body and letting it cool until the air contracts and draws the skin upward. • Bathing is thought to be risky as it cools the body and may create illness. <p>Traditional Medical Practitioners</p> <ul style="list-style-type: none"> • Vietnamese try home remedies before going to a doctor. If they do not work, he/she may approach herbal practitioner. <p>Prevalent Diseases</p> <ul style="list-style-type: none"> • Hepatitis B is prevalent in the refugee camps where water is often contaminated. • Pulmonary tuberculosis is sometimes present in immigrants from Vietnam – usually inactive. • Leprosy found only in tuberculoid form in Vietnam can be 	<p>Relationship Between Doctor and Patient</p> <ul style="list-style-type: none"> • Vietnamese defer to health professionals. Doctors are highly regarded, and Vietnamese trust and rely on doctors for medical decisions. • Nurses are perceived as support to physicians when they are present, not to initiate activities. The role of nurses may need to be clarified for Vietnamese. • Expectations of physician: formal and unhurried, with quick diagnosis with few questions or an elaborate physical. • Detailed questions about their lives, past or their families are not openly accepted. • The act of talking too much about an illness is thought to induce it. Patients do not expect detailed explanation of the diagnosis nor the purpose of the recommended treatment. • Many people may be unable to give detailed medical histories from their life in Vietnam because doctors did not generally provide such information. • Do not like to remove more clothing than is absolutely necessary for a physical examination. • Family, who are usually with the patient, are to be informed of the diagnosis and treatment, as family and elders in particular make decisions for treatment. • Married women often prefer female physicians and will accept a female nurse in the examining room, but not usually a family member. • Unmarried women often are extremely reluctant to have pelvic examinations unless they are absolutely necessary and clearly explained. • Politeness does not necessarily mean agreement, and patient may disregards treatment recommendations and further appointments. • May find it difficult to adapt to appointment system. <p>Mental Health</p>

V I E T N A M E S E

<p>finger, which may be disrespectful.</p> <ul style="list-style-type: none"> • The importance of politeness may hide an individual's disagreement or misunderstanding. • Prefer glances in contrast to continual direct eye contact. • While gentle touch is acceptable, the head is believed to be sacred and should not be touched on a child or adult unless explained. It may be less appropriate to use touch with the elderly. • Feet are considered profane and should not be pointed directly towards another person. <p>Marriage</p> <ul style="list-style-type: none"> • Marriages are generally arranged by both sets of parents. • Husband and wives do not expect to have close nurturing marriage. • Husbands and wives tend to socialize separately and the wife may avoid confronting her husband regarding drinking or extramarital affairs. The marriage itself is not usually threatened. <p>Religion</p> <ul style="list-style-type: none"> • Many families are Buddhist; may also worship a variety of shrines and practice Confucianism or Catholicism. <p>Children</p> <ul style="list-style-type: none"> • Vietnamese families are very 	<p>easily as it may appear like skin diseases.</p> <ul style="list-style-type: none"> • Malaria is sometimes brought from Vietnam. <p>Health Care Systems</p> <ul style="list-style-type: none"> • In Vietnam the hospital is the last choice and used for emergencies when all other treatments are unsuccessful and the family cannot provide care. • In Vietnam, a family member usually stays with the hospitalized individual to assist in providing personal care. Many family members visit the patient at all times except at night or during physician's rounds. • Family has considerable control over decisions and treatment. • As families are less involved in the hospital care in Canada, they may feel powerless and that they are abandoning their family member. <p>Hospitalization</p> <ul style="list-style-type: none"> • Elderly are reluctant to be admitted to hospital because it is perceived to be linked with death. • Vietnamese prefer privacy and often want curtains pulled around the bed. Often do not reveal the body area between waist and knees, even to closest relatives. Will wear hospital gowns, but with discomfort. • Concern regarding effects of wind in hospital rooms from windows and the impact on health. • Admission to hospital in Canada may be delayed beyond the optimal point of treatment and a patient may be taken home as soon as he appears to have improved. • Elderly patients in particular may avoid hospitalization or try to go home to avoid dying in hospital. • Nurses and doctors are highly respected. • Patient may prefer family member of the same sex to assist with personal care – privacy and modesty are critical issues. • Patient acts passively and expects to be cared for by a family member. • If needed, family members are willing to donate blood. <p>Treatment and Medications</p> <ul style="list-style-type: none"> • May be stoic when experiencing pain, and often do not request medication. • Hold the belief that medications may lead to addiction, and may not want to take pills. • Home remedies are often practiced before going to the 	<ul style="list-style-type: none"> • Mental illness is often equated with severe disorders verses other depression or anxiety. It is believed that there is no cure for a mentally ill individual. • Supernatural Beliefs – forces are often used in explaining mental illness, and it is thought that a mentally ill person's behaviour may have offended a god, who then punishes him or her with the illness. • A cure is thought to be reached by remaining at a temple to ensure that spiritual forces forget the ill individual. • Mentally ill people are both feared and rejected, and their family members feel shame. • Consulting a psychiatrist is seen as equivalent to diagnosing a family member as insane. Often a Vietnamese individual will resist treatment after the first contact with a psychiatrist or mental health clinic until they become ill again. At this time it may be possible for the patient to accept treatment, especially if rapport and trust were developed in the initial contact. • Most often individuals are not willing to discuss personal feelings about family or other more senior persons, most will describe their childhood as satisfactory. • "Talk therapy" is not acceptable as it investigates family relationships and is the primary method of intervention. Open-ended questions are threatening. • Intervention most appropriate when combined with medical treatment such as drug therapy or with some kind of social intervention. Sometimes, a referral to a spiritual leader, in combination with other interventions, is appropriate. • Consider psychosocial factors that may have contributed to the illness by discussing the following: 1) life, problems and stresses in the home country; 2) escape or departure, who came, who remains overseas, the experience; 3) refugee camp experience; 4) attitudes towards and problems of being in Canada; 5) current worries and outlook for the future. • It is important to consider that the patient may have experienced trauma as a refugee, and that timing affects the reopening of these issues. <p>Family Planning</p> <ul style="list-style-type: none"> • Traditionally in Vietnam contraception was not valued nor
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<p>attentive to their babies who are not often allowed to cry, but instead are held by mother or sibling.</p> <ul style="list-style-type: none"> Parents traditionally believe they have the right to beat a child without intervention, but it rarely occurs. <p>The Elderly</p> <ul style="list-style-type: none"> Elderly are respected and privileged. Ill parents are often cared for at home. Children are expected to provide care and support for their parents. Institutional care is viewed as disrespectful. <p>Food and Diet</p> <ul style="list-style-type: none"> Foods are classified as hot, cold or neutral; balance prevents illness. Prefer warm soft foods when ill. Never consume cold drinks, like ice water. Many are lactose intolerant. <p>Literacy</p> <ul style="list-style-type: none"> Many elderly Vietnamese and several women are not literate in Vietnamese. There is often a need for interpreters. <p>Census Data 1996</p> <ul style="list-style-type: none"> 9, 870 Calgarians listed themselves as from the Southeast Asian community, which includes but is not limited to Vietnam. 	<p>doctor – examples include cupping and coin rubbing. Be aware that some of the bruising from these treatments may seem similar to bruises from abuse.</p> <ul style="list-style-type: none"> In Vietnam good doctors are expected to give medicine – both pills and injections are acceptable. May be resistant to Western medicine. As there is a tendency to stop taking medicines prematurely, it may be helpful to reduce the recommended dosage of biomedicines. Vietnamese may feel Western medicines do not apply to them. People often insist on x-rays, and most laboratory tests are acceptable such as urinalysis. Many Vietnamese fear and resist blood tests that require even small samples of blood, feeling that it is not able to be replenished. May feel headaches or weakness are related to blood tests. Great reluctance to surgery, as the soul is believed to be attached to parts of the body. If those parts are removed or if the body is merely cut, the soul might escape maybe leading to death. <p>Death and Dying</p> <ul style="list-style-type: none"> Among the Vietnamese there is a very strong feeling that death should occur at home with dignity unless it is an acute illness. If death does occur in the hospital, it is important to move the body home as soon as possible. Inform the head of the family – parents or adult child. Generally the family wishes to be told about a terminal illness, but may not tell the patient. It is important to consult the head of the family. For traditional mourning family members wear white clothing for fourteen days, followed afterwards by their wearing of black armbands. A wake is held 49 days later. A spiritual or religious rite may take place after death. It may be important to involve a priest or monk. Family may wail loudly and need extra time with the deceased. Traditionally, organ donation/autopsies are not permitted. 	<p>legal.</p> <p>Pregnancy</p> <ul style="list-style-type: none"> Believed to be a normal condition, but care should be taken to maintain the body’s equilibrium. Much attention given to pregnant woman. Strenuous activity not allowed. During pregnancy, sex is considered taboo. Once in Canada most women are willing to make regular prenatal visits to the physician and even attend prenatal classes, particularly where classes are conducted in Vietnamese or Cantonese. <p>Childbirth</p> <ul style="list-style-type: none"> If pain relief methods are made available, Vietnamese women use them and even request. May appear self-controlled and stoic during labour. Father may participate if he has been involved in prenatal programs, but will likely take passive role. Much support from labouring woman’s mother or close female family member. Both male and female babies are openly accepted. Strongly prefer vaginal delivery. <p>Post Partum Care</p> <ul style="list-style-type: none"> Mother expects to be with baby at all times. Care during this period is viewed to be very important, and women are to rest and have nourishing soup. Woman is not to shower for 2-4 weeks, but sponge baths are acceptable. Traditionally breastfeed for one year, and the mother is to follow a strict diet without “cold” or “windy” foods. Male circumcision varies by family beliefs. Woman’s body viewed to be in a cold state, so women are reluctant to bathe or wash their hair. Sponge baths are acceptable. It is important to avoid cold foods such as water, fruit juices, raw vegetables and fruit, and drafts/cold air.
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KOREANS

CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family Structure</p> <ul style="list-style-type: none"> Family is very important, and self-esteem stems from family and its honour/respect within the community. Much life focus on family roles and obligations. Important family values: cohesion, interdependence, hierarchy in relations, and harmony. Decision-making historically patriarchal, though there is now more focus on family involvement. Husband, father or eldest adult child usually acts as the family spokesperson. Woman often considered caregiver responsible for the home, while most decision-making is by the father. <p>Acculturation Issues</p> <ul style="list-style-type: none"> Many families experience intergenerational issues as youth acculturate at a faster rate than their parents, and parents wish to maintain traditional roles and values. <p>Cross-Cultural Interaction</p> <ul style="list-style-type: none"> When comfortable with another person, it is acceptable to use touching, friendly pushes, or hugs. Touching is considered disrespectful among strangers unless for medical purposes. Like within Vietnamese culture, it is considered rude to direct the sole of a person’s foot or shoe towards another individual. Direct eye contact not used unless the person is very comfortable with another. Silence will exist among strangers, while it is less common among those familiar with each other. Should use Mr., Mrs. or other pronouns and the last name unless the patient requests differently. Respect for elders is important and is often demonstrated by slight bow. Tone of voice varies, with loudness placed on what is considered important, it may seem like arguing. Commands are louder and authoritative when directed to someone younger while may be softer and quieter with an 	<p>Immigration History</p> <ul style="list-style-type: none"> Many families have left Korea seeking new opportunities in Canada and arrive as independent class immigrants or entrepreneurs. <p>Traditional Health Practices and Beliefs</p> <ul style="list-style-type: none"> Illness and death are accepted as a natural part of the life cycle, but many see illness as bad luck related to something they may have done in the past (Karma). Patients may be stoic as they feel their fate is determined, and thus may experience depression, helplessness, or denial. Illness traditionally believed to be related to an imbalance of hot and cold – Yin and Yang. May practice both Eastern and Western medicines congruently. Holistic concept of health with harmony and balance between soul and physical health, as well as having balance with family, finances, & home. <p>Health Care Systems</p> <ul style="list-style-type: none"> Koreans usually have access to comprehensive health care and pay premiums. May not be used to obtaining prescriptions from a doctor as pharmacists in Korea can also prescribe medicines. Health system in Korea recognizes both traditional and modern medicine. <p>Hospitalization</p> <ul style="list-style-type: none"> Patients may be less familiar with the training, qualifications, and role of nurses in Canada. Older patients may have family members involved in some patient care – often the duty of children. Privacy is a very highly maintained value, and an 	<p>Relationship Between Doctor and Patient</p> <ul style="list-style-type: none"> Much respect for health professionals. Clarity is needed for development of rapport and patient comfort level. May even need to discuss simple procedures with family members. Females may prefer to work with a female gynecologist. <p>Mental Health</p> <ul style="list-style-type: none"> Mental health issues or depression are viewed as shameful and are not openly revealed. May be hesitant to use anti-depressants. May be believed to be linked with behaviour in a previous life, or may be linked to spirits. <p>Pregnancy</p> <ul style="list-style-type: none"> Prenatal care is expected, and woman believes in following advice provided. Avoidance of cold soups or liquids, and traditionally, some meats/seafood are avoided as they are believed to harm the baby’s appearance. Rest and restriction of activities are promoted. <p>Childbirth</p>

K O R E A N S

elder.

- Note: January 1 is considered every Korean's birthday, and they add a year to their age on this date regardless of the date they were born.

Marriage

- Wife traditionally stays within the home after marriage.
- The husband is expected to hand over all or most of his salary to the wife, who manages the family finances.

Religion

- Predominantly Christian, though influenced by Shamanism – spirit worship, and Taoism, Buddhism, and Confucianism were originally practiced.
- Chanting and praying are common, and often people utilize a mixture of faiths.

Children

- Expected to be obedient and responsible. Focus on family interdependence. Education highly regarded.

The Elderly

- Have high amount of respect, welcomed to live with the family. Grandparents often involved in care of grandchildren.

Food and Diet

- Cold fluids may not be consumed as it is felt to be linked with the cold/hot balance of the body.
- Diet high in fiber and spice with rice, beans, vegetables, seafood, and lean meats. Many meals include soups with meat, vegetables, and noodles. Often lactose intolerant.

Literacy

- Elder first generation and recent immigrants may not speak English, or may use limited spoken English..
- It is important to use family members as interpreters when possible, as the patient is more comfortable. Gender issues are less of an issue in the professional setting.

Census Information

- Korea was one of the top 10 countries of origin for immigrants arriving to Calgary in 1998.
- 2, 220 Calgarians in the 1996 Census identified themselves as part of the Korean community.

embarrassed patient will be less likely to disclose information. Establishment of trust assists more difficult or personal assessments.

- Patients prefer sponge bathing while in hospital and are often very clean.
- Patient may have a sick role in which they behave very ill, maybe even worse than they actually are. May be more expressive or dramatic regarding their illness when family are present.
- Patient, and men in particular, may appear stoic when experiencing pain. It may be most useful to ask how bad pain is rather than using a pain scale which may seem less concrete.
- Family and other visitors will frequently come to see the patient out of respect.
- Family may expect to stay with the hospitalized patient, and will bring food/feed the patient.

Treatment and Medications

- Some view surgery as an illness in itself.
- Pain medications are not often used for fear of addiction or complications. IV is viewed as less invasive.
- Herbal therapies are often used, and a traditional herbal medicine doctor may be accessed.

Death and Dying

- A palliative illness should be discussed first with the head of the family, who will then tell the family.
- Family likely to prefer that the patient remain in the hospital if it is best for their care.
- Common for family to mourn or cry loudly, and chanting and praying may take place.
- Family wishes to spend time with the patient after death; cleansing may or may not be requested. Cremation not common as it is seen to destroy the spirit.
- Organ donation and autopsies are not very acceptable.

- Birthing support may be anyone in the family, and often husbands will participate.
- Lukewarm water, no ice, will be preferred during labour.
- Pain control may not be seen as important in case it affects the baby. Vocalization common, though elders may discourage loudness.

Post Partum Care

- Breastfeeding may or may not be chosen or freezing, storage, and pumping may not be considered.
- Family focuses on rest for the new mother.
- Problems with a baby should be discussed with the family spokesperson, like the baby's father. Mother may view a problem as her fault related to her behaviour.
- Parents usually have a male baby circumcised.

Culturally Sensitive Health Care Practice

- It is important to acknowledge the roles of family members in making health care decisions.
- Showing much concern and spending time with the patient and family will help develop trust. Health practitioners should be aware that combined use of medical and traditional therapies is common.

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SOMALIS

CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family Structure</p> <ul style="list-style-type: none"> Living with extended family is common, and a woman goes to live with her husband’s family or clan. <p>Acculturation Issues</p> <ul style="list-style-type: none"> Though several Somali families have been living in Calgary for a number of years, many families are experiencing difficulty with settlement issues including housing, employment, education, large family size, and sometimes issues related to multiple marriages. Families have difficulty affording accommodation to include extended family, which places strain on the family. Often face various acculturation issues linked with intergenerational differences in values and practices. <p>Cross-Cultural Interactions</p> <ul style="list-style-type: none"> Men and women do not touch each other in public settings. It is appropriate for members of the same gender to shake hands. <p>Marriage</p> <ul style="list-style-type: none"> Married women are to cover their bodies including their hair in traditional dress called a hejab. Marriages are sometimes arranged, but also may be based on choice. Common age to marry is 14-15 yrs. of age. It is common for men to have up to 4 wives, if it is possible to afford it, and sometimes in urban areas, he will have separate homes with different families. 	<p>Immigration History</p> <ul style="list-style-type: none"> Somalia consists of one ethnic group with a common language, religion and culture. May speak Somali, Arabic and/or French. Older Somalis may speak either English or Italian due to colonization. Beginning in 1991 people began leaving due to existing hunger, assaults, death, and refugee camp conditions. <p>Traditional Health Practices and Beliefs</p> <ul style="list-style-type: none"> Illnesses are seen as resulting from angry spirits; a ceremony may be held to appease the spirits – the Koran is read, special foods may be eaten, and incense is burned. One person can give another the “evil eye” by giving praise - for example saying someone is beautiful. Traditional doctors - often male elders, perform herbal remedies, prayer and “fire-burning”. Fire burning involves the burning of a stick from a special tree which is pressed to the skin. During Ramadan, medicines are often taken only at night. Ill pregnant women and children are exempt. <p>Prevalent Disease</p> <ul style="list-style-type: none"> May have been exposed to TB in refugee camps. <p>Health Care Systems</p> <ul style="list-style-type: none"> Most Somalis are familiar with Western medicine, but nurses and doctors are associated with care for the ill, rather than 	<p>Patient-Professional Relationship</p> <ul style="list-style-type: none"> Somali women prefer female health care providers. Important to encourage ongoing contact with health care providers for health promotion and prevention. <p>Mental Health</p> <ul style="list-style-type: none"> May connect mental health issues with the “evil eye” placed on individuals by others or by spirits. Less familiarity with Western mental health diagnoses and treatment. <p>Family Planning & Pregnancy</p> <ul style="list-style-type: none"> Family planning has little relevance. Childbearing begins shortly after marriage, and the more children a woman has enhances her status. Men may adopt more than one wife in order to have additional children. Sex during pregnancy is not viewed as acceptable. <p>Childbirth</p> <ul style="list-style-type: none"> Strong support network for new mothers. In Somalia, a party before the birth takes place to show support. The birth is usually at home with a midwife. <p>Post Partum Care</p> <ul style="list-style-type: none"> Newborns are given warm water baths, sesame oil massage, and herbal treatment for the umbilicus. Baby may wear a bracelet of herbs and string to ward away any evil spiritual influence. A new mother and baby stay indoors for 40 days, while

SOMALIS

- Men are to work while women are to stay home and raise children.
- Divorce may occur, though it must be initiated by the husband.

Religion

- Almost all Somalis are Muslim and believe in one God, Allah. Celebrate Ramadan between December and January (depends on the calendar year), where daytime fasting occurs.

Children

- Children in Somalia have the same educational opportunities.
- Anniversaries of one's death are celebrated instead of birthdays.

Food and Diet

- Large component of rice, vegetables, corn and beans. Region of origin has an influence on diet. Teas and hot beverages common.

Literacy

- Literacy in first language among women and men is relatively high.

Census Information

- Somalia was one of the top ten source countries in 1998 for convention refugees (those supported by government) arriving to Canada, but this category included less than 25 Somali individuals.

with routine prenatal care and preventative health aspects.

- Families may expect to go to the emergency department for vomiting, diarrhea, colds, or fever, for antibiotics.

Death and Dying

- A physician who provides a palliative diagnosis to the patient or family is considered uncaring. It is, however, more acceptable to describe the extreme seriousness of the illness.
- A section of the Koran is read to the dying individual.
- Following death, someone from the same gender cleans and perfumes the body, and places it in white clothing. Prayers are stated.

female friends and family visit. After this a party is held and the baby is then named. Sometimes a naming ceremony occurs 2-3 weeks after birth.

- Diet for mother involves soups, porridge, and special teas.
- Health practitioners should be aware that some compliments might be seen as placing an "evil eye" on the baby. It is acceptable to describe the baby as healthy.
- Incense is burned to protect the baby from ordinary smells believed to make the baby ill.
- Breastfeeding common until 2 years of age. Milk may be given to babies, and within the first few days after birth, the mother's milk is considered unhealthy. Women uncomfortable with breast pumps and storing milk.
- Circumcision traditionally practiced for both males and females and is seen as a rite of passage in order to become an accepted adult of the community. It is viewed as necessary for marriage, otherwise, the individual is viewed as unclean.
- Circumcision takes place between birth and 5 years of age, and for girls it is traditionally performed by female family members or another woman in the community. This remains to be a sensitive, and physicians and nurses should maintain open communication with the family.
- It is important for nurses and physicians to provide education as to the risks and consequences of female circumcision, and the legal/child protective service aspects of such practices in Canada.

Culturally Sensitive Health Care

- Respect for cultural beliefs and values, which are linked to the Muslim religion, is paramount in establishing rapport.
- Somali women will feel most comfortable with female health service providers, and it is helpful to have awareness of their health beliefs and values.

FILIPINOS

<h1 style="margin: 0;">FILIPINOS</h1>		<p style="margin: 0;">Members of the Philippines - though the language is most commonly spelled as Filipino.</p>
CULTURE	HISTORY, BELIEFS & HEALTH PRACTICES	
<p>Family Structure</p> <ul style="list-style-type: none"> Family oriented with both extended and nuclear family. Sometimes 3 generations live in one home. Father or eldest son/daughter is the family spokesperson, but the whole family usually makes decisions. Men are expected to make decisions or arrangements regarding patient transfer, long-term care, or burial arrangements, while women are the main caregivers at the bedside. <p>Acculturation Issues</p> <ul style="list-style-type: none"> May experience a number of intergenerational issues as youth are raised as bicultural in the Canadian context and families may wish to preserve traditional beliefs and practices. <p>Cross-Cultural Interactions</p> <ul style="list-style-type: none"> Often shy yet affectionate Respectful to elders and figures of authority. Direct eye contact not often used, especially when interacting with authority figures or elders. Polite and will not likely openly disagree. Be aware of the use of silence; it does not necessarily mean agreement. Handshakes are commonly used. Filipinos smile a great amount, and often use animated facial expressions. Elderly are greeted with a kiss to the hand, forehead or cheeks. Tone of voice is changed to show emotion and may be loud when agitated or nervous. Feel strongly about being shamed or losing face. <p>Religion</p> <ul style="list-style-type: none"> Predominantly Catholic and like to use 	<p>Immigration History</p> <ul style="list-style-type: none"> Most Filipinos in Calgary have been in Canada for a longer period of time (i.e. over 10 years) The national language spoken is Filipino (Pilipino – spelling in the Philippines) also known as Tagalog. There are 85 major languages and dialects spoken including Ilocano, Cebuano, Bicolano, Pampango, and Chabacano. English is very common and is used in schools, media and business. <p>Traditional Health Practices and Beliefs</p> <ul style="list-style-type: none"> Belief in fate, where one must accept what life and death bring. Illness is a result of an imbalance in the body. Some feel illness results from bad behaviour or punishment. Health promotion is linked with maintaining balance and keeping warm. Believe in and practice both traditional medicine and Western medicine. Eating well (not necessarily a balanced diet) is linked with good health. Being overweight is not seen as unhealthy but represents prosperity and happiness. Exercise not considered a regular activity. <p>Treatment and Medication</p> <ul style="list-style-type: none"> Because of Chinese influence, some families use herbal medicines before seeking medical attention. It is important to emphasize the need to follow a medication schedule, as the perception of time may be less strict. Fear of becoming addicted to narcotics and may not like to take medications. <p>Hospitalization</p> <ul style="list-style-type: none"> In hospital, Filipinos often rely on biomedicine. Often will not seek medical attention until it is 	<p>Patient-Professional Relationship</p> <ul style="list-style-type: none"> Respect given to health professionals. May need to emphasize the importance of keeping appointments and being on time. Should consider modesty issues with screening. Most patients willing to share medical history and important related information. <p>Mental Health</p> <ul style="list-style-type: none"> Occurs if there is a disruption of harmony between the individual and the spiritual world. May feel that contact with another life force, soul, or environmental factor can cause mental illness. Others believe that physical or emotional strain, sexual frustration, or genetically inherited conditions are responsible for mental illness. Traditional healers are seen to help with placating or exorcising spiritual influences. Feel shame when experiencing mental health issues such as depression. <p>Pregnancy</p> <ul style="list-style-type: none"> Prenatal care is expected. Family gives much attention to pregnant woman, who is not generally allowed to continue working. Sexual intercourse is taboo in the last 2 months of pregnancy. Near delivery, woman is encouraged to eat fresh eggs and slippery foods to help the baby slip out during delivery. <p>Childbirth</p> <ul style="list-style-type: none"> Believe that making noise or movement will increase labour pain.

FILIPINOS

<p>medallions, rosary beads, or religious figures.</p> <ul style="list-style-type: none"> • Some are protestants or Muslims. <p>Children</p> <ul style="list-style-type: none"> • Highly protective environment for children. • Parenting style may be to offer warnings (frightening or shaming) regarding misconduct. • Taught to be quiet, avoid confrontations, be obedient and respectful. • Strong emphasis on education. <p>The Elderly</p> <ul style="list-style-type: none"> • Respect given, softer tone of voice used. • Care provided by family to elderly. Often feel that placement in a nursing home is disrespectful. <p>Food and Diet</p> <ul style="list-style-type: none"> • Prefer soft warm foods when ill. • Do not like cold or iced drinks. • Usual diet includes rice, fish, meats and vegetables. Enjoy fried foods and those with flavor; like sauces and broth with food. • Drink a good deal of room temperature water. • Some are Lactose intolerant. • Often abstain from meat on Fridays, especially during Lent. • Do not like cold or acidic foods in the morning including fruit and fruit juices. <p>Literacy</p> <ul style="list-style-type: none"> • Most Filipinos speak and understand English. Some individuals with less education may need assistance reading/writing in English. • It may be best to use family members in interpretation for sensitive issues including sex, diagnosis/prognosis and socioeconomic status. <p>Census Data</p> <ul style="list-style-type: none"> • 11,800 Calgarians identified themselves as belonging to the Filipino community in 1996. 	<p>advanced with severe pain.</p> <ul style="list-style-type: none"> • Procedures and consents must be explained clearly. It is helpful to elicit feedback, or the patient may not voice concerns. • Value cleanliness and therefore may wish to shower daily. Also prefer using the bathroom for reasons of privacy and cleanliness. • May have high pain threshold or may be stoic when experiencing pain. • Female family members provide support and may inhibit self-care or ambulatory activities. May wish to remain at the patient's bedside at all times. • The entire family may come to visit. • It is often very important for patient to see the chaplain/priest. • Family will often provide food from home. <p>Death and Dying</p> <ul style="list-style-type: none"> • Diagnosis should not be explained to the patient without family consultation, or discussion with the oldest son or daughter. • Patient's family may wish to disclose the prognosis, but may wish to have a health professional present. • Notify chaplain for patient to receive the Sacrament of the Sick. Do not resuscitate is a difficult choice often made by the entire family. • May request that religious symbols or figures are kept near the patient, and family may pray at the bedside. • Family may cry loudly or uncontrollably. • Death is given very high regard. Family members may wish to wash the body and for all family members to say goodbye before the body is moved to the morgue. • Cremation is not common, and the family may refuse organ donation or autopsy. 	<ul style="list-style-type: none"> • Fathers will not usually participate. A female family member who is a mother is preferred as labour coach. • Vaginal delivery preferred. • Woman assumes active role in labour and may give direction to family or caregivers. • Some women will moan or grunt as socially acceptable, but others may scream and become hysterical. <p>Post Partum Care</p> <ul style="list-style-type: none"> • Breastfeeding expected possibly until the child is a toddler. Working mothers may breastfeed and formula feed concurrently. • Mother expected to be with baby 24 hrs./day • Mother encouraged to rest and drink nourishing soup. Seafood usually avoided. • New mothers discouraged from showering, though sponge baths are acceptable. • If there is a problem with the baby, it is recommended that the father and family be consulted first. It is important for the MD to discuss these issues with the mother. • Parents may choose to have baby boy circumcised. <p>Culturally Sensitive Health Care</p> <ul style="list-style-type: none"> • Important to ask about the support of family within the home, which is usually very strong. • Modesty issues should be considered and feedback requested in order to ensure patient comfort. Issues regarding sex and poor prognosis are most sensitive.
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