

# Latin Americans

## A Guide for Health Professionals



**T**his profile provides an overview of some of the cultural and health issues of concern to Latin American migrants who live in Queensland, Australia. This description may not apply to all Latin Americans as individual experiences may vary. The profile can, however, be used as a pointer to some of the issues that may concern your client.

# Latin Americans



## Introduction

**I**n Queensland, the major Latin American community groups are from El Salvador (approx 2300), Chile (1200) and Argentina (700) with smaller groups from Colombia, Peru, Uruguay and other areas. Although these countries have distinct histories, they mostly share similar cultures and customs, as a result of a mix of populations descended from Spaniards, Indigenous South American groups, Italians and Africans.

## Migration

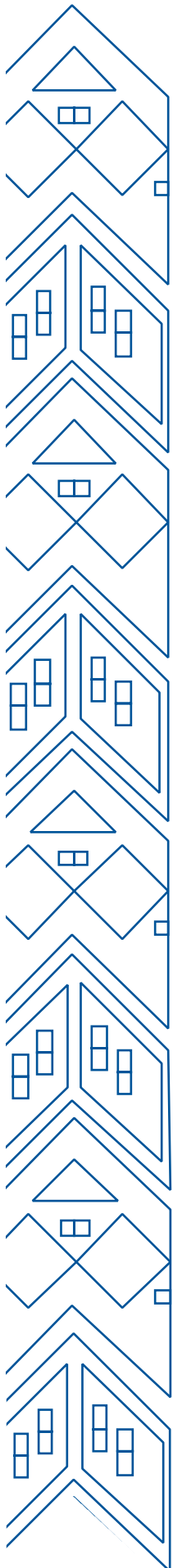
**T**here are three broad categories of migrants from Latin America. One group migrated to Australia under a recruitment policy in the 1970s, which offered assisted passages. Groups came from Argentina, Chile, Peru, Uruguay, Colombia and Ecuador to escape difficult economic and political climates.

The second category are those who migrated in the late 1980s and early 1990s under the refugee scheme. Predominantly from Chile, El Salvador and Nicaragua, they migrated after military coups and civil war. People from these countries have experienced either prison and torture or have been exposed to different degrees of trauma, for example disappearance of loved ones and persecution.

In recent years, many people have migrated under the Family Reunion Program.

## Patient Interaction

- ⦿ For the first meeting, and at all times for the elderly, it is better to use surnames and the person's title (eg Mr, Mrs) rather than given names.
- ⦿ Maintaining eye contact is valued.
- ⦿ Latin Americans generally have a smaller personal space than Anglo-Australians.
- ⦿ Friendly physical contact such as touching the shoulder is appreciated after initial rapport is established.
- ⦿ Latin American people tend to experience intense feelings and often express them. People can appear to be sensitive and may be easily hurt, but also easily react positively if treated with respect and friendliness.
- ⦿ Ask your client if they prefer to use an interpreter. Even if the client's English is adequate at the beginning of the interview, an interpreter may be appropriate, particularly for stressful health discussions. The client may prefer an interpreter of their nationality but when confidentiality is an issue, they may prefer another nationality. It is better to use professional interpreters than a member of the family who is emotionally



involved. In addition, family members may be too proud to admit that they do not understand something.

- ⊙ Where interviews or consultations are conducted with a husband and wife, there may be a tendency for the Latin American male in the family to speak and decide for the woman.
- ⊙ Many Latin American clients appreciate a doctor's involvement and they like to be informed about all decisions, diagnoses, treatment and prognosis even though they may not ask questions of medical staff.
- ⊙ They may feel uncomfortable when a health professional does not immediately know the answer, or needs openly to consult reference books. Time may need to be spent explaining the need for additional tests, or reasons for doubt about an absolute diagnosis.
- ⊙ In hospital, the patient may feel neglected unless a large number of relatives and friends visit.

### Death

After the death of an adult, traditionally the night is spent praying around the body in the coffin. Ceremonies are often held during the nine days following the burial.

## Health in Australia

**L**atin Americans have lower mortality rates than the general Australian population. However these low mortality rates increase with longer term residence. They have low mortality rates in circulatory disease, respiratory disease and most neoplasms.

However:

- ⊙ Men have higher hospitalisation rates for cancers of the trachea, bronchus and lung than the general Australian population.

- ⊙ Women may have higher breast cancer rates than the general Australian population.
- ⊙ Cysticercosis, common in Latin America, has presented as neurocysticercosis with fitting or headaches.
- ⊙ Latin American children appear to have higher rates of bronchitis, asthma and allergies.

## Utilisation of Health Services

**T**he health care system is different to that in Latin America, and your client may expect different things. They are used to not requiring referrals to specialists, and in their own country they often did not require prescriptions for the majority of medications, including contraception.

### Traditional medicine

Traditional remedies are used for mild ailments and doctors' advice is only sought for serious conditions. Infusions and herb teas are important. There may be a tendency to abandon medical treatment soon after a medical consultation, and return to traditional remedies.

## Health Beliefs and Practices

- ⊙ Health concepts vary widely in Latin America. Most people have a basic understanding of Western (scientific model) health concepts.
- ⊙ Many Latin American people see illness divided into "hot" or "cold" and treatments vary accordingly. This is particularly important in childbirth and post partum.

- ⊙ Latin American people who came from rural areas may believe in the evil eye causing illness. It is important to discuss traditional belief systems with the client to understand their concept of the illness.

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## Psychosocial Stressors

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### Employment

Latin Americans often suffer from non-recognition of their professional qualifications, or insufficient English to work in their professional capacity. Labouring or production process work may be all that is available to them in Australia. As a result, they may lose self-esteem and dignity which can lead to depression.

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## Mental Health

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### Torture and trauma

Many Chilean and El Salvadorean migrants have left their countries as survivors of torture and trauma. A Melbourne study of these groups showed high levels of Post Traumatic Stress Disorder, psychological impairment and stress response disturbance (see the profile on **Torture and Trauma**).

### Susto

*Susto* is a culturally specific disorder which manifests in several forms, including anxiety and over-conforming to social roles. It has been noted in Latin American migrants, particularly in cases of worker's compensation.

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## Maternal and Child Health

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### Childbirth

At birth, a mother will expect to be given the baby immediately. If this is not possible because of the health of the baby, this needs to be explained carefully to her.

According to the hot and cold theory of illness, during childbirth heat is lost, and the mother must be protected from cold by physical confinement, restrictions on bathing, eating "hot" foods and avoiding "cold" foods.

### Feeding

Breastfeeding is common in Latin American communities. In Chile the baby may be breastfed until the age of three. Supplementary foods are often commenced at the age of 12 months, with mashed vegetables, minced meat, fruit juice, milk formula, rice water and cereals like porridge. Bad teeth may be common as some mothers give babies water and sugar or add sugar to milk feeds.

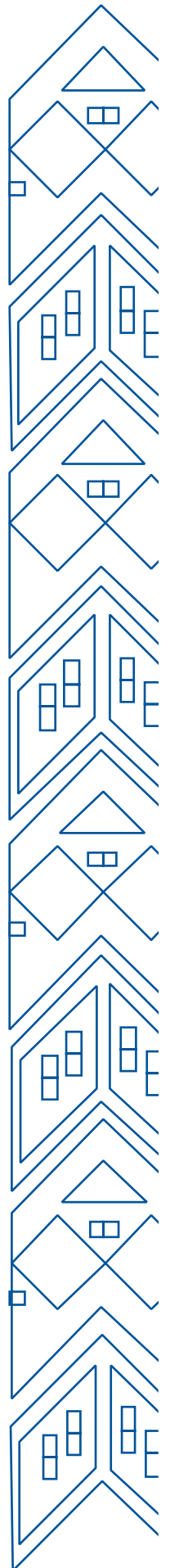
### Childrearing

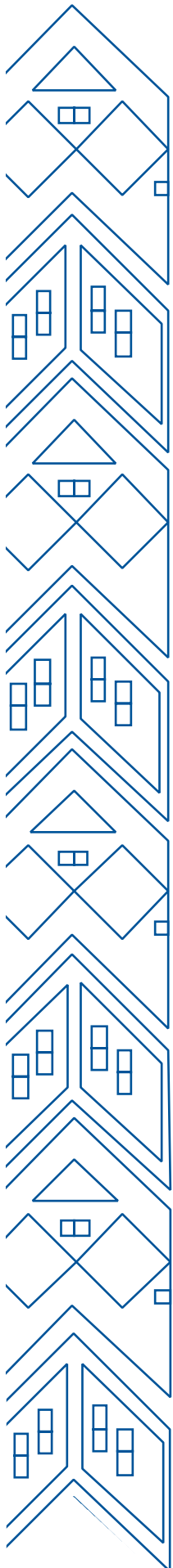
Babies often sleep in the same room as the parents until the age of two, and some will sleep in the same bed. Toilet training may start around eighteen months or earlier.

Traditionally, children are taught not to raise their voice or to answer rudely to their parents. Showing respect is important.

- ⊙ A mother may not like a health professional undressing the baby, as they fear the baby will catch a cold in a draught.
- ⊙ A barefoot child may be seen as neglected.
- ⊙ A plump baby may be seen as healthy and a mother will find it hard to believe her child is overweight.

Prior to migration, many of the wealthier families had maids to assist with child care. In Australia, because of economic pressure, many mothers and fathers have to work. There may be no grandparents here, and many parents may be reluctant to use commercial child care services. Therefore, older girls may have to help with the child care of younger siblings and other home chores, and so may become isolated from their peers.





Teenagers are often expected to stay close to the extended family and join in the social life of the family. This can cause intergenerational conflict when the teenagers prefer to join in with the lifestyle of their Australian peers.

Drugs and alcohol may be more accessible to teenagers here than they were in their country of origin.

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## Women's Health

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**W**omen prefer a female doctor for gynaecological problems. When this is not possible, an older male doctor is preferred.

Marital problems often surface after the initial settling in period in Australia. Often there is tension between couples as women gain more economic independence and become more assertive. Domestic violence may be an issue.

### Contraception

In rural areas of many Latin American countries, no family planning service is available, partly for religious reasons. Abortion may also be seen as immoral.

There may be a concern that contraceptives which lessen menstrual flow may adversely affect health.

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## Resources

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*Queensland Ethnic Affairs Directory 1997.*  
Department of the Premier and Cabinet.  
Office of Ethnic and Multicultural Affairs.

Brisbane Migrant Resource Centre  
Tel: (07) 3844 8144

Ethnic Community Council of Queensland  
Tel: (07) 3844 9166

Logan City Multicultural  
Neighbourhood Centre  
Tel: (07) 3808 4463

Ethnic Communities Council Gold Coast  
Tel: (07) 5532 4300

Multicultural Information Network Service  
Inc. (Gympie)  
Tel: (07) 5483 9511

Migrant Resource Centre Townsville-  
Thuringowa Ltd.  
Tel: (077) 724 800

Queensland Program of Assistance to  
Survivors of Torture and Trauma  
Tel: (07) 3844 3440

Translating and Interpreting Service  
Tel: 131 450

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## Acknowledgments

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**T**his profile was developed by Pascale Allotey, Lenore Manderson, Jane Nikles, Daniel Reidpath and Jo Sauvarin at the Australian Centre for International and Tropical Health at The University of Queensland, on behalf of Queensland Health. It was developed with the assistance of community groups and health care providers. This is a condensed form of the full profile which may be found on the Queensland Health INTRANET - QHiN <http://qh.in.health.qld.gov.au/hssb/hou/hom.htm> and the Queensland Health INTERNET <http://qh.in.health.qld.gov.au/hssb/hou/hom.htm>. The full profile contains more detail and some additional information. It also contains references to additional source material.

Material for this profile was drawn from a number of sources including various scholarly publications. In addition, *Culture & Health Care (1996)*, a manual prepared by the Multicultural Access Unit of the Health Department of Western Australia, was particularly useful.