Chronic illness and ethnicity

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This paper has been written to illustrate how different views of health and illness may impact on the expectations which consumers and service providers bring to health care relationships.

The interplay between culture, ethnicity, health and illness is multifaceted and dynamic. Two major strands of this interplay are represented in the bodies of literature relating to health and culture.

Firstly, the prevalence of particular kinds of illnesses (and resulting treatments) in various ethnic and cultural groups² has attracted a great deal of research attention in the last two decades. There are many examples of this in the areas of diabetes (ABS, 1995; Beischer, Oats, Henry et al, 1991; Commonwealth Department of Health and Aged Care, 1998; Keating, 1998) and of asthma (Duran-Tauleria, Rona, Chinn et al, 1996; Ng, Hui and Tan, 1994; Yoos, McMullen, Bezek et al., 1997).

Secondly, analyses of research findings have led to differing views of the relationship between ethnicity and social disadvantage. While some researchers conclude that poverty and social disadvantage are more associated with increased risk of illness than are ethnicity or race (Julian, 1998; Shannon, 1994; Sheldon and Parker, 1992; Wissow, Gittelsohn, Szlo et al, 1988), other researchers have found that members of minority ethnic groups do tend to have an increased risk of illness which is not associated with socioeconomic status (Cooper, Smaje and Arber, 1998).

Allied to all this research is a growing interest in how ethnicity and culture affect the meanings attributed to health and illness by individuals, families and other groups (Isaac, 1989; Julian, 1998; Parsons, 1990; Place, 1992; Robinson, 1998; Shih, 1996).

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In this paper, we refer to culture in terms of a way of living, whereas ethnicity relates more to a place of belonging, of self or ancestors, and may contain many cultural groups.

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In addition, there has been considerable attention paid to how health systems can best offer universal services which also cater sensitively for linguistically and culturally diverse groups (Fuller, 1997; Thompson, 1993). The issue of how cultural competence can be learned by health professionals is an important part of this trend (Allotey, Nikles and Manderson, 1998; DeSantis, 1997; Isaac, 1989; Kavanagh, Absalom, Beil et al, 1999; Robinson, 1998).

Beliefs about the causes of illness may involve emotional (psychological) explanations, punitive (punishment for perceived wrong doing) explanations, natural (germs, food, exposure to heat or cold) explanations or mystical retribution (God’s will) explanations (Klonoff and Landrine, 1994; Shih, 1996). Similarly, beliefs about the effects of illness or chronic illness may range from affecting only a small part of the person’s life to having a global influence (Elfert, Anderson and Lai, 1991; Fadiman, 1997).

Time orientation may affect how people approach health care. People from cultural groups which are more oriented towards the past tend to prefer traditional approaches to healing rather than accepting new procedures or medication (Bechtel and Davidhizar, 1999). In contrast, current Western society tends to be more orientated towards the future. This is reflected in the health care system’s stress on preventative medicine, as well as enthusiasm for new medical techniques or drugs (Galanti, 1991).

Poverty often forces people into a present time orientation, as the survival needs of the present become more important than looking to the past or the future. People with a predominantly present time orientation are less likely to take preventative medications if the medication is expensive and they feel well.

Alternative or complementary therapies are used by people of all cultural backgrounds. A study in South Australia showed that 55% of children attending a Pulmonary or General Medical Clinic used at last one alternative therapy (Andrews, Lokuge, Sawyer et al., 1998). The most commonly used therapies were massage, diet therapy, relaxation exercises, positive therapy, meditation and non-prescribed vitamins. In the USA, a study of asthma in a Vietnamese refugee population found that most people used traditional health practices such as coining, cupping, oil inhalation and herbal ingestion (Ries, Picchi, Nguyen et al., 1997).

Acupuncture, which has been used in China, Japan and Korea for over 2000 years, has become popular in Western countries this century. It is now used to treat a wide variety of illnesses and conditions, including asthma (Zhu-Fan, 1995). Acupuncture maintains the harmonious balance of yin and yang in the body by stimulating or sedating the energy flow, thereby equalising the forces and allowing nature to restore the body to good health.

Traditional remedies, which seem unusual to those in Western cultures, are still common in many countries. In Hyderabad, Southern India, on a date each year in June (chosen by astrologers), thousands of people with asthma receive an unconventional treatment which they believe will cure them. The people swallow a 5cm long live fish which has, inside its mouth, a mixture of herbs, the recipe for which has been in one family for 152 years. People who have consumed the fish say that it helps to clear the food pipe down to the stomach and later releases the medicine. The fish survives for
about 15 minutes inside the stomach, clearing accumulated phlegm as it flaps about (The Age 11.6.97).

There are a number of other unusual remedies for asthma which may be known of, or even used by, families in Australia. Some Chinese believe that swallowing live, newborn mice is particularly effective. The preferred Malay remedy for asthma is a skinned frog poached gently in a fresh green coconut. In Indonesia, remedies for managing asthma include bats’ lungs fried whole in a dry pan until well blackened or dried gecko (Connett and Lee, 1994).

Despite these practices, it is nevertheless important to understand that, equating beliefs about illness solely to the influence of culture, can be misleading (Parsons, 1990). In addition to cultural meanings, individual and family experiences of illness are likely to be related to a broad range of issues, such as social support, economic circumstances, language and access to resources (Anderson, Wiggins, Rajwani et al, 1995; Dyck, 1992).

The following accounts reflect individual experiences of how two chronic illnesses, asthma and diabetes, are viewed in particular cultures. They are written by people who have lived in the country for many years (East Timor, Turkey and Vietnam) or who have looked at the provision of health care in the country (China). The accounts should be read with two things in mind - firstly, it is misleading to talk about single cultures, as each of these cultures has distinct and significant variations, geographically and ethnically, as well as in terms of class and religion; and secondly, individual and family circumstances mediate interpretations of culture.
Asthma in East Timor³ - Renee Lee

Asthma is called ‘bod meo hap’ (‘cat wheeze’) in Hakka, a Chinese language spoken in East Timor. It is not a common illness in East Timor and is seen as frightening and stigmatising.

Many Timorese think asthma is contagious - similar to tuberculosis but in a different form. Coughs are seen as being of two types - a ‘hot cough’ and a ‘cold cough’. Hot coughs (eg. TB) produce yellow phlegm and cold coughs (eg. asthma) produce white phlegm. These two illnesses are believed to be almost the same, for they both start with a cough, which becomes prolonged and eventually damages the lungs.

Families whose members have asthma keep this a secret, as they fear that they might become isolated or be talked about by the community. A girl with asthma would have to be very pretty to be able to marry a decent husband, while a man with asthma would have to be very wealthy to be able to find a decent wife.

Before the civil war, there was only one hospital in East Timor and few people could afford to go there. Families would treat asthma with the limited cough mixtures (either herbal or Western) that they could get in their home towns and villages. Because treating asthma was so difficult, people with asthma would have to be very careful not to let their asthma flare up. Parents whose child had asthma would give the child vitamins in order to make the child fat and strong, believing that this would keep illness at bay.

One of the preventative remedies for asthma in East Timor is fish oil. Foods to be avoided include deep fried food, roasted peanuts, duck and some seafood like prawns or crabs. In addition, fruits like watermelon and mandarin are considered ‘cold’ foods, which make a cough worse.

In Australia, Timorese parents often take their children to the doctor for seemingly minor coughs and colds. Some doctors can’t understand why parents are so anxious about minor coughs, not realising that they are worried that prolonged coughs might damage a child’s lungs and lead to a terrible illness like asthma or TB.

Many Timorese parents still don’t like to admit that their children have asthma and find it very hard to accept when diagnosed, as they would rather believe that it was a chest infection or bronchitis. They tend to dislike the use of inhaled medications and, if this is prescribed, will often go to another GP hoping to get some cough medicine or antibiotics. They have a strong preference for medication which is in liquid or tablet form.

Asthma in China⁴ - Gerry Silk

Traditional Chinese doctors see asthma as a result of either hot or cold ‘wind’ or dampness. Food is seen by the Chinese as playing a very important part in overall

³ Migration to Australia from East Timor has largely taken place since the late 1970s. East Timorese people in Australia are of Chinese and Portuguese, as well as of Timorese, origin.
⁴ Chinese people have been in Australia since the middle of the nineteenth century and there have been several waves of migration in the twentieth century. The Chinese community is varied in terms of ethnicity, class and language.
health and is often more important in curing illness than medications prescribed by a doctor. All foods are considered to have ‘cold’ or ‘hot’ properties and, for the body to function optimally, the body must have a balance of cold and hot elements, often referred to as ‘yin’ and ‘yang’.

The symptoms which are typical of asthma such as cough, wheeze and too much phlegm, are considered to occur because of an excess of yin, so yin type foods such as certain kinds of fruit are restricted, as are cold drinks and ice cream. The effect of the cold foods is usually reported to start several hours after ingestion and to continue for days at a time. Apples, oranges, grapes and melon are yin foods, while papaya, banana and durian are yang foods and are therefore allowed during respiratory illnesses, although not in large quantities. Other cold, or yin, foods, such as vegetables, fish, duck and chicken are avoided by people with asthma, whereas ‘hot’ meats such as crocodile or dog are thought to be of particular benefit.

In China today, if a child is moderately to severely ill with an asthma attack, the situation would generally be initially managed with bronchodilators. However, traditional Chinese medicine - herbal therapies, acupuncture and acupressure - is subsequently used as a preventative therapy.

The Chinese believe that a life force, chi or qi, flows through the body and that acupuncture stimulates this energy at particular points of the body. The flow of chi is believed to be unblocked, decreased or increased by the needles. Acute asthma episodes have been relieved when sedative points are activated to relax the person with asthma. However, acupuncture is more reliable when an episode is not in progress, as the treatment aims to strengthen the lungs and prevent future episodes. The lung, stomach and large intestine meridians are most commonly used to treat asthma. People with asthma reportedly start feeling better after 4-6 sessions.

Acupressure, the application of pressure to one or more of the acupuncture points in the body, is sometimes used instead of acupuncture. Cupping is also used to treat a number of ailments including asthma by ridding the body of unwanted or perverse chi by drawing it to the surface and diffusing it. Cups are applied to energy meridian lines or to the affected areas of the body (for arthritis, rheumatism etc).

**Diabetes in Vietnam** - Hong Nguyen and Binh Ngo

In rural areas of Vietnam, diabetes (‘sugar urine’) was traditionally diagnosed when people urinated in the rice fields and ants were attracted to the urine. At this stage, the illness was advanced and, since medical care was expensive, it was (and is) seldom able to be sought. Although gestational diabetes is high in the Vietnamese community, pregnant women are not routinely tested for this.

Preventative health care promotion is still not common in Vietnam and, although it is possible to buy medicine for diabetes and other conditions over the counter at pharmacies, the kinds (and amounts) of medication are therefore unlikely to be optimal. Avoiding sugar is thought to be the main remedy for diabetes.

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5 Migration to Australia from Vietnam largely began in the late 1970s. Vietnamese people in Australia are of Chinese and Vietnamese origin.

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In Vietnam, many people perceive that to be fat is to be healthy and fortunate and therefore find it hard to understand that some of the more fatty foods are in fact unhealthy. Hospitality is very important and the person who cooks is expected to take part in the meal. Avoiding certain kinds of food may therefore be quite difficult.

Typical sayings in Vietnamese which emphasise the importance of food are:-

‘An duoc ngu duoc la tien khong an khong ngu mat tien lo’ (eating and sleeping well is more important than wealth).

‘Thit mo dua hanh cau doi do’ (at New Year, have fatty meat, pickled onions and lovely decorations).

Some of the traditional remedies which have been used by Vietnamese people for the treatment of diabetes are bitter melon tea, varieties of aloe vera and lotus seed tea.
Diabetes in Turkey⁶ - Sultan Cinar

In various languages spoken in Turkey, there are popular proverbs relating to food and eating - for example, ‘can bogazdan gelir’ (life comes from eating), ‘malimizi yiyelimde olelim’ and ‘tandir tavında gerek’ (if you feel like it now, eat it now, forget about what will happen tomorrow).

Health is spoken of in phrases such as ‘kanli canli’ (blood and strength), ‘etli butlu’ (well built), ‘tas gibi’ (solid like a rock), ‘babayigit’ (big and powerful) and ‘besili sulak yede buyumus’ (well fed); while ill health is seen as ‘ciliz zayif’ (weak, skinny, crippled), ‘siska - kemikleri sayiliyor’ (neglected - count his bones), ‘uflesen ucaçak’ (blow them and they fly away like a feather), ‘bir kus kader cani var’ (the strength of a bird) and ‘zayif kitliktan cikmis’ (out of famine).

Most people in Turkey traditionally ate a diet which was high in vegetables, fruit, pasta, pulses, rice and bread and relatively low in dairy products, eggs, sugar, meat and other fats. They worked hard physically and spent a considerable amount of time preparing their food.

Migration to Australia and other Western countries has changed these patterns markedly. Far more of ‘rich people’s food’ is now eaten - dairy products, meat, eggs and ‘fast food’ - and far less of the carbohydrate rich foods traditionally eaten (although the new foods have been added to the traditional diet, rather than completely replacing them). In addition, people tend to work less hard physically.

With this strong emphasis on the connection between food and health, it is hard for people to understand that foods which were expensive in Turkey and which are relatively cheap and available in Australia, are in fact not appropriate for many chronic conditions, or indeed for general health.

People with diabetes may feel that they are starving and that health professionals don’t understand, while reactions from relatives and friends tend to range from pressure to eat (‘just a little, it won’t affect you’) to denial (‘nothing is wrong’, ‘just stop eating sugar’).

However, once people do understand the need to modify their diet, through education which is culturally relevant, it is relatively easy for them to return to a more traditional diet, as these foods still form the basis of everyday cooking.

Conclusion

This paper has given some examples of various meanings of health and illness to different groups, and of how health care practices reflect these meanings. As stated earlier, however, it is also important to recognise that individuals within cultural groups may have quite different life experiences and health beliefs than those described. It is therefore crucial, when providing care for people from linguistically and culturally diverse backgrounds, to combine an openness to cultural difference with an avoidance of assumptions about what these might be.

⁶Most people of Turkish origin in Australia have arrived here since 1968. The community is varied in terms of language, ethnicity and class.
References


