



Cultural and Medical Traditions

Hispanic Culture and Medical Traditions¹

Who are the Hispanics? Hispanic is a linguistic-ethnic designation. Hispanics can be of any race. Hispanics in the United States are a diverse group including individuals of Mexican, Puerto Rican, and/or Cuban origins and those of Central and/or South American origins. As a group, Hispanic Americans represent a mixture of several ethnic backgrounds, including European, American Indian, and African.

Terms: The use of the term Hispanic, as well as the terms Latino and Chicano,² are the subject of controversy and debate in the Spanish speaking community. To some, the term Hispanic carries with it an image of conquest and subjugation. Others believe the term Latino is too narrow and dismisses the influence of the country of Spain on Central and Latin America.

The term Latino refers to people or those with family members from countries that speak a Romance language. This is an accepted term used to describe this ethnic group. Hispanic is generally used to describe a population group. It is commonly used in demographic or other written reports. The term Chicano is usually used to describe first, second, or third generation Mexican Americans but in practice is used to describe others who speak Spanish. Hispano has recently been used more frequently to describe those who speak Spanish or to describe material written in Spanish.

Where did Hispanics come from? According to the 2000 Census, the Minnesota Hispanic population increased by 166 percent since 1990 and represents 2.9 percent of the state's total population.³ However, since many Hispanics, for various reasons, including immigration status, were likely not counted in the most recent census, the number of Hispanics may be much greater. Hispanics make up 12 percent of the U.S. population.⁴ Nationally in 2000, 36 percent of Hispanics were less than 18 years old, compared with 24 percent of non-Hispanic Whites.⁵

Two-thirds of the Minnesota Hispanic population trace their heritage to Mexico. The remaining Hispanics are from Central and South America, as well as Puerto Rico and Cuba.

How did they get here? The majority of recent Hispanics immigrating to Minnesota come from Mexico with the majority of these coming from the State of Morelos in south central Mexico. Historically, Mexicans have crossed the border to find jobs or join family members in the United States. However, many immigrants leave their family in Mexico to earn money in the U. S. and send much of it back home. After earning a substantial amount, many return to live with their family in Mexico.

The most recent census revealed that south Minneapolis has more Hispanic residents than any other neighborhood in the Twin Cities, including the more traditional neighborhoods of the Westside in St. Paul and West St. Paul. These traditional neighborhoods, as well as others in Minneapolis, are home to thousands of first, second, and third generation Mexican Americans who are bilingual or speak only English.

In order to escape economic hardship and increased violence, Hispanics from Central and South America continue to immigrate to the United States. In the 1980s many of them were refugees from civil wars and political unrest in Central America, as well as other countries in South America.

Language: The majority of Mexican Americans are bilingual. Most speak Spanish and English. However, those speaking only Spanish form the largest language minority in the United States and represent the majority of immigrants to Minnesota.

Depending on the country of origin, many Latin Americans may speak Spanish as well as an indigenous language. The primary language spoken in Brazil is Portuguese. Accents vary from country to country and "slang" or modern phrases differ from region to region.

Social structure: Hispanic families are traditionally nuclear and include the extended family and godparents (compadres). Family comes first. Help is first sought within the immediate and extended family. Respect for life, wisdom of elders, family structure, hard work, integrity, and the goal of healthy living are all important values in their culture. However, economic conditions may make good nutrition difficult to achieve.

Friendship, loyalty, children, and mothers are highly valued. Divorce is less common in Latin American countries but the number is rising.

Rural vs. urban: The social and economic background of rural and urban immigrants differ and may affect the health history, health care

attitudes, and health care access of the immigrants.

The majority of recent Mexican immigrants are from rural areas and typically have lived in poverty and may have received little or no education. Conditions of poverty may have adversely affected their health and well being. Poverty most certainly limited their access to health care. Often immigrants who had professions in their homeland of origin work here for low pay in unskilled jobs.

Immigrants from larger cities tend to have more education and lived in closer proximity to health care facilities. As such, they may have had greater access to health care and visited health care providers more regularly than rural residents. However, many urban dwellers lived in poverty, which may have adversely affected their health.

Differences among countries: In the United States many people mistakenly assume that all Hispanics are the same and share the same beliefs and customs. Although they may share a language and many beliefs and customs, each country is different. Each country has unique customs. Also, people differ by social and economic class, and whether they come from an urban or a rural area. These differences may be exaggerated in countries where economic conditions are poor.

Role of father: Traditionally, the father or the oldest male is head of the household and the final decision-maker.

Role of mother: Today, women are looked upon as the primary caregivers. They are responsible for the support of children and elders. Latin American mothers hold great influence over their children throughout their lives. They are respected for their wisdom and life experiences. Mothers generally make decisions about a child's health care.

Role of elderly Hispanics: The Hispanic culture maintains reverence for elders. They are treated respectfully and formally. Elderly people are actively involved in the education and care of children.

Religion: Some 2/3rds of U.S. Hispanics are Roman Catholic.⁶ In Latin America the figure approaches 80 percent.⁷ The Spanish language and the Roman Catholic religion are among the oldest and most important cultural bonds uniting Hispanics. In Mexico, the Virgin of Guadalupe is perceived as a model of motherhood, peace, faith, strength, and endurance. Personal prayer is also very common among Hispanics. Many Mexican homes contain small shrines for prayer.

Protestant social service organizations are present in many Latin American countries, so the number of Protestants is rising. The Jewish

community also is represented throughout Latin America.

Celebrations: Cinco de Mayo is one of most celebrated days of the year in the United States for Mexican Americans; however, this celebration is limited to the area of Puebla in Mexico. It commemorates the Mexican defeat of the French army at the Battle of Pueblo in 1862.

Carnaval is another official Mexican American holiday that kicks off a five-day celebration before Lent begins. Carnaval is celebrated exuberantly with parades, floats, costumes, music, and dancing in the streets. Semana Santa (Holy Week) is another important holiday season of the year. It occurs from Palm Sunday to Easter Sunday. Día de Los Muertos (Day of the Dead) is a two-day festival in Mexico on November 1st (All Saints Day) and 2nd (All Souls Day). For most Mexicans, death and festivities go hand-in-hand during this period. Virgin of Guadalupe is a nationwide celebration in Mexico on Dec. 12. This is one of the most important holidays in Mexico.

Christmas is a major fiesta. Most workers in Mexico take off the last two weeks in December to celebrate, spend more time with the family or visit with old friends. Most schools are out of session during December and January.

Mother's Day is May 10th in Mexico and considered a very important holiday. The exact date varies from country to country in Latin America.

Immigrants from other Latin American countries bring their unique holidays with them. The U.S. Congress has established Sept. 15 to Oct. 15 as U.S. Hispanic Heritage Month.

Verbal/non-verbal communications: Nonverbal communication is strongly influenced by respect. Direct eye contact is sometimes avoided with authority figures, such as health care providers, or those with perceived class differences.⁸ Handshaking is considered polite and is usually welcomed. Family members may show respect for health care providers by standing when he or she enters the room. Elderly Hispanics should not be addressed by using his or her first name. Privacy: The orientation to the family influences privacy needs in the Hispanic culture. Most sensitive issues, including health issues, are kept within the family. Women tend not share information about contraceptive activities with other members of the family. Males don't disclose health information. Self-disclosure to the same gender is

preferred in general.

Mothers are expected to behave in a manner that maintains the family's social respectability. They are, for this reason; reluctant to report any domestic violence they may encounter.⁹

Caretaking: Women are the primary caregivers. Men typically take on the role of a protector of their mother or sister.

Health Care

Medical conditions due to immigrant or refugee status: The level of education, proximity to health care facilities, and poverty in their native country may affect the current health status of many immigrants. They may be undernourished, carry parasites, and suffer consequences of traumatic events in their native country.

Experience with western medicine: Mexican American people accept both folk healing and modern medical treatment. They tend to choose the most readily accessible treatment method. Recent immigrants and elderly Mexican Americans will continue herbal treatments as a complement to western medicine. The younger generations are more accepting of western treatments. People born in Mexico are more likely to use traditional methods than those who were raised in the United States.

Cause of illness: Hispanics generally approach health holistically and perceive illness as a state of physical discomfort. The most common indicators of good health among Hispanics are a strong body, the ability to maintain a high level of normal physical activity, and the absence of persistent pain and discomfort.

The most commonly held beliefs about the causes of disease in some areas of Latin America are: 1) the existence of natural and supernatural forces; 2) imbalances of heat and cold, and 3) emotions.¹⁰ Examples of "hot" diseases are hypertension, diabetes, acid indigestion, susto (fright sickness), and ojo (evil eye). "Cold" disease examples are pneumonia and colic. "Cold" conditions are treated with "hot" medications and food and "hot" with "cold" medications and food, thus bringing the individual back into balance.

Spiritual healing: Spiritual healing is practiced among some Mexican immigrants and some other Latin Americans. They have spiritual ceremonies to relieve symptoms and remove the cause of the illness. They believe illness will pass in and out of them with the help of prayer and other remedies. Spiritual and religious influences play a major role

in health, illness, and daily life.

Nutrition: Traditionally, Mexican Americans use fresh, natural ingredients. Beans and corn tortilla shells are staples in most meals. They also like fresh fruits and vegetables, mainly tomatoes that are used for various sauces and salsas. Many Mexican dishes contain high levels of fat. [11](#)

Health prevention: Access to health care and the ability to afford health care services in their native country as well as in the United States prevents recent immigrants from practicing health prevention or using primary care providers. This contributes to higher prevalence of chronic illnesses such as diabetes and hypertension. However, they may practice prevention by, for example, avoiding a "hot" sickness by never allowing oneself to become cold. Some pregnant Hispanics in the U.S. will not come in for prenatal care because the doctor in their town of origin was only available every two months.

Many Hispanics will not seek medical help for a minor health condition, or delay getting help until the condition worsens. Some accept pain as a natural part of life.

Death and dying: Extended families feel obligated to visit and attend to the sick and dying to pay their respects. It is common for spiritual amulets, religious medallions, or rosary beads to be present near the patient. Prayers are commonly practiced at the bedside of a dying person. Wailing is common and is socially acceptable as a sign of respect.

Death is a very important spiritual event to Mexican Americans. A relative or member of the extended family may help with the body and the family may request some time to say goodbye before the body is taken to the morgue. They are generally opposed to organ donations because the body is to be respected and intact for burial or resurrection.

Immunization: Immunization is accepted. There is little crying or fear shown in immunization clinics in Hispanic communities.

Surgery: Hispanics have no major issues about having surgery. They will need information about why it is required.

Tests: Testing is accepted but must be fully explained. Consent from family members is needed.

Vitamin injections: In Mexico and in some other Latin American countries it is common for some Hispanics to inject daily vitamins. They may continue this practice in the United States.

Feeding infants and children Coca-Cola: Many mothers from Mexico feed their infants and younger children Coca-Cola in the same way mothers in the United States use "sugar water." They may be unaware of the effects this has on the child's teeth or oral development. Juice, coffee with milk and sugar also are commonly given.

Breastfeeding: Most Latin American women breastfeed. Formula promotion in Latin America has led some women to believe breastfeeding is less nutritious. Many women believe that if they become upset or angry this will affect the quality of their breast milk. Sudden weaning may occur when the mother is experiencing marital, social, or emotional problems.

Circumcision: Circumcision in males or females is not practiced in the traditional Hispanic culture.

Treatments and practices: The younger generation is more accepting of western medicine along with the traditional ways of health care. Neither is completely excluded; both may be used. The older Hispanic population may still seek medical advice from family or a folk healer before turning to western treatments.

Pediatric treatments: Some Hispanic families restrict their children's diet when they are ill. They avoid giving them meats and any fried food during this time. They avoid Popsicles. Flu is relieved by placing a cold towel on the stomach. Fever is usually not treated at the outset. They will seek medical treatment if the fever worsens.

Complementary medicine: Many Hispanics traditionally relied solely on folk healers as their guide for medical treatments. But today, rather than relying exclusively on folk or western medicine, they seek help from folk healers and western health care providers simultaneously.

Child illness and traditional Mexican folk treatments:[12](#)

Empacho (blocked intestine)

Cause: Believed to be caused by a bolus of food that sticks to the wall of the intestine and by eating improperly cooked food (e.g. cold tortillas, meat not fully cooked) and certain foods at the wrong times (e.g. bananas late at night).

Major Symptoms: Bloating of the stomach (stiffness in the stomach), constipation, indigestion, diarrhea, vomiting and anorexia.

Treatments: Massage of the stomach or back and pulling the skin, administration of olive oil by mouth, chamomile tea, mint tea,

administration of cooking oil by mouth.

Susto (fright sickness)

Cause: A person is involved in a startling event. A person may be scared by a dog chasing them or trying to bite them, by a car accident or by other frightening events that dislodge a person's spirit.

Major Symptoms: Daytime drowsiness, nighttime insomnia, irritability, depression, and anxiety.

Treatments: Ceremonial sweeping ritual and prayers with an egg, a candle or herbal or mint tea. Scattering herbs over the body.

Mal de ojo (evil eye)

Cause: Believed to be caused by a person with a "strong eye" who looks at or compliments a child without touching the child.

Major Symptoms: Acute febrile illness, vomiting, excessive crying or listlessness.

Treatments: Ceremonial sweeping ritual and prayers with an egg or chile, specifically in the eyes. Afterwards, the chile is burned.

Caida de mollera ("fallen fontanel")

Cause: Believed to be caused by pulling a baby away from the breast or bottle too quickly, holding or carrying the baby incorrectly or letting the baby fall on the floor.

Major Symptoms: Diarrhea and vomiting, inability to suck, decreased appetite, restlessness and irritability, sunken eyes, and decreased tears.

Treatments: Push up on the palate, hold child upside down and hit heels or shake, put foam or soap on fontanel.

Aire de oido ("air in the ear")

Cause: Believed to be caused by getting air trapped in the ear canal.

Major Symptoms: fullness or popping of the ears, earaches, and pulling at ears by infants.

Treatments: Place cone of paper in ear and set paper on fire, or blow smoke in ear. [13](#)

Practical tips for treating Hispanic patients:

- Find out what, if any, care is under way. Ask about treatments and if any herbs, medicines, or foods are being given as part of the treatment.
- Be aware of economic circumstances. Older Hispanics or new immigrants may have gotten inadequate health care due to cost and accessibility.
- Be respectful. Build trust. Be open to the family's suggestions. Involve both parents in decision making, if possible.
- Use a normal tone of voice. Watch your body language. Hispanics present who don't speak English fluently will listen and learn from the tone of voice used and body language.
- Provide a Spanish interpreter. Language problems can be a significant barrier

- to getting health care. Federal law requires the health care provider to have an interpreter available. Don't rely on a child to interpret. The interpreter should have knowledge of health care terms and procedures. Bilingual Hispanics may prefer to use Spanish for emphasis or to express pain. Ask for feedback so parents fully understand what is being stated. Literature written in Spanish may help reinforce instructions about medicines and procedures.
- Match gender. Self-disclosure to the same gender is preferred in general.
 - Allow amulets. Allow Hispanics to wear ornaments that have spiritual significance, if possible.
 - Watch for non-compliance in taking medicines. Patients may say yes, then not take the medicines.
 - Watch for presence of parasites in recent immigrants. Parasites are commonplace in their country of origin.

End Notes

[\[1\]](#) General characteristics of the Hispanic cultural group are summarized here. Factors such as how long the Hispanics have lived in the U.S., the strength of their identity with their Hispanic roots and their religious faith will result in individual variation. Hispanics living in the U.S. may have roots here, or in Mexico, Central and South America, as well as countries in Europe, so it is impossible to describe members of this diverse group with complete accuracy. The intention of this general description is to increase cultural awareness without enforcing stereotypes or prejudice. Children's Hospitals and Clinics, Minneapolis-St. Paul, Minnesota prepared this description. Representatives of the Hispanic community of the Twin Cities of Minnesota reviewed and critiqued the information. Hispanic representatives were: Victoria Amaris, Rosita S. Balch, and Rocio Sotelo.

[2](#) Children's Hospitals and Clinics intend no disrespect to Spanish speaking people in the use of these terms.

[3](#) Minnesota Planning State Demographic Center. 2000 Census Shows a More Racially and Ethnically Diverse Minnesota. Population Notes. May, 2001.

[4](#) U.S. Census Bureau. State and County Quick Facts. July, 2001.

[5](#) Therrien, Melissa and Roberto R. Ramirez. The Hispanic Population in the United States. March, 2000. Current Population Reports, P20-535. U.S. Census Bureau. Washington, D.C.

[6](#) Joseph Claude Harris. Are American Catholics in Decline? June 2, 2000. America.

[7](#) Jean-Pierre Bastian. The New Religious Map of Latin America: Causes and Effects. Cross Currents. Fall 1998.

[8](#) The practice is more common to Hispanics from rural areas, or those with low incomes and less education.

[9](#) Privacy statements are generalizations. Immigrants from different countries of origin will vary.

[10](#) Chesney, A.P.; Thompson, B.L.; Guevara, A.; Vela, A.; and Schottstaedt, M. F. Mexican-American Folk Medicine: Implications for the Family Physician. Journal of Family Practice 11,4 (1980).

[11](#) Each country in Latin America has its own traditionally prepared foods. Most Latin American countries do not use hot sauce, tortillas, or other traditional Mexican seasoning in their cooking.

[12](#) Folk treatments may be more prevalent in immigrants from rural areas and be used in conjunction with other forms of treatment if available.

[13](#) Wallace Marsh and Kae Hentges. Mexican Folk Remedies and Conventional Medical Care. AFP, Vol. 37, No. 3. March, 1988.