



THE CULTURE FACTOR: The Effects on Healthcare Decisions Among Guyanese Men

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#### Abstract:

Culture, religious beliefs, and ethnic customs, all play a role in how patients make healthcare decisions. As the racial and ethnic diversity continues to increase in the United States, so does the culture, religious beliefs, and customs. This research aims to explore the cultural and other influences on making healthcare decisions among Indo-Guyanese immigrant men. In-depth interviews were conducted among participants residing in the neighborhood areas of Queens, New York. Thorough qualitative analyses were performed on the data for which three major themes emerged. Family influences on health behaviors, the use of alternative medicines, and religious beliefs were found to have a direct impact on the participants' healthcare decisions. It is very important for healthcare providers to also understand the non-clinical aspects of their patients to holistically address their unique needs.

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### **ABSTRACT**

Culture, religious beliefs, and ethnic customs, all play a role in how patients make healthcare decisions. As the racial and ethnic diversity continues to increase in the United States, so does the culture, religious beliefs, and customs. This research aims to explore the cultural and other influences on making healthcare decisions among Indo-Guyanese immigrant men. In-depth interviews were conducted among participants residing in the neighborhood areas of Queens, New York. Thorough qualitative analyses were performed on the data for which three major themes emerged. Family influences on health behaviors, the use of alternative medicines, and religious beliefs were found to have a direct impact on the participants' healthcare decisions. It is very important for healthcare providers to also understand the non-clinical aspects of their patients to holistically address their unique needs.

**Keywords:** Guyana; Indo-Guyanese; Culture; Cultural; Health Care Decisions; Caribbean; West Indian; Richmond Hill Queens

### **INTRODUCTION**

Culture, religious beliefs, and ethnic customs, all play a role in how patients make healthcare decisions (AHRQ, 2020). Culture can be interpreted as a body of knowledge, belief, and behavior involving many components including, but not limited to language, actions, customs, and values. Culture is uniquely linked to the respective racial, ethnic, religious, social, or geographic groups (NIH, 2020). As the racial and ethnic diversity continue to rise in the United States (U.S.), so does the culture, religious beliefs, and customs. Cultural awareness is the first step towards improving cultural competency, in almost all settings (Vilbig, 2015). In the clinical setting, managing patients is becoming even more complex as clinicians adopt a more holistic approach in their treatment plans. Understanding the non-clinical aspects and the unique needs of

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patients will assist healthcare providers in providing the best quality care for their patients (AHRQ, 2020).

Research has been conducted in a variety of cultures and ethnic groups; however, very little is known about the Guyanese culture, particularly those of Indian descent (Indo-Guyanese). To provide some context relative to its culture and customs, a brief overview of this country will be discussed. Guyana is located in South America and is bordered by the Atlantic Ocean, Venezuela, Brazil, and Suriname (Encyclopedia.com, 2020). It was colonized in 1498 by the Europeans and has since been governed by the Spanish, French, Dutch, and British, until its independence from the United Kingdom on May 26, 1966 (Guyana.org, 2020). As the only English speaking country in South America, Guyanese also speak many other unofficial languages including, but not limited to Creole, English-Creole, Chinese, Portuguese, Hindi, Patois, and Amerindian languages (Encyclopedia.com, 2020). It is comprised of six main ethnic groups/races: Africans, Amerindians, East Indians, Europeans (from Britain), Portuguese and Chinese (Encyclopedia.com, 2020; Guyana.org, 2020). Guyana, although physically located in South America, is part of the Caribbean Community (CARICOM), sharing similar cultures and lifestyles, (such as food, music, sports, and events) to the other Caribbean countries (Caricom, 2020). CARICOM consists of a group of 20 countries with the shared vision of a unified community and a vision of strengthening integration and building resilience within these communities (Caricom, 2020).

Data from the 2019 American Community Survey revealed that 231,649 individuals residing in the U.S. identified Guyana as their country of origin (U.S. Census Bureau, 2019). Because immigrants from Guyana also identify themselves as “Guyanese” or “West Indian,” it is possible that these statistics may be under-reported, in addition to other reasons such as non-response, incorrect self-identification (e.g. Asian American, Indo or Afro-Guyanese [Guyanese of African Descent], etc.), and lack of legal status, which could lead to non-reporting.

Immigrants are known for maintaining their cultural values, even when establishing new roots in other countries. According to Hirschman (2013), Immigrant communities usually find comfort in familiar religious traditions and rituals, from their country of origin. They also enjoy holidays and special events with traditional music, dance, food, and pastimes (Hirschman, 2013). Guyanese immigrants are no exception to this trend. The significant number of Guyanese residing in the U.S., coupled with the scarcity of data on this population, motivated this research to add new data in this understudied group of people. This research aims to explore the cultural and other external influences on making healthcare decisions among Indo-Guyanese men.

## **METHODS**

This research is part of a larger study within the Guyanese community residing in the neighborhood areas of Queens, New York. After obtaining IRB approval, a total of 20 Guyanese Immigrant men of Indian descent were recruited to participate in an intensive individual interview discussing their prior experience with healthcare and whether external influences had any impact on their decision-making process. The sample size was supported by current literature (Namey, Guest, McKenna, & Chen, 2016), which was found to be above the minimum required for a study of this nature. This was further established in another area of this larger study where saturation was achieved at 10 participants (Persaud, Yuan, Afable, & Bruno, 2020).

A word-of-mouth technique was used for recruitment and participants received no compensation for their participation. The interview was audio-recorded and transcribed within 72

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hours of data collection. Thorough qualitative analyses were performed on the data to identify major themes, sub-themes and emerging themes. Two coders were used as a means of maintaining the authenticity of the data. Both coders were of the same race and ethnic origin as the study participants, as it was essential to understand and interpret the true meaning of any colloquial slangs used by the participants.

## RESULTS

The following three themes emerged: Family influences on health behaviors, the use of alternative medicines, and the effects of religious beliefs.

### Theme 1 – Family influences on health behaviors

Many participants alluded to the fact that they made their decisions, especially health-related decisions, based on influences from family members and those close to them. These decisions were categorized as both positive and negative attitudes. Those who value their health and make healthy decisions by fostering a mindset opposite from their personal experiences and family influences and increase their chance of good health, were categorized as having positive attitudes. However, those who engage in activities and behaviors, such as neglecting their health or delaying in utilizing healthcare services, as passed down from family members, were categorized as having negative attitudes.

*Positive attitudes towards healthcare.* Positive attitudes toward healthcare can be viewed as a facilitator to improve one's health. There were many participants who explained that they did the opposite of what they had experienced as a child, either from family members or others close to them. For example, a 52-year-old, residing in the U.S. for 39 years explained:

*“Growing up with my father, uncle and everyone else I see the way they were living their life. Not taking care of life, not doing the medicine, not going to doctors. They believe if you're not sick you don't go to doctors. I learned from that, where I see all the mistakes that happens to them.”*

Additionally, a 58-year-old, residing in the U.S. for 26 years talked about his experience growing up in Guyana. He stated that not only were people unaware of many health problems but there were significant issues with access to healthcare services. As a result, many of his friends and family suffered. However, since he now lives in the U.S. where health knowledge and healthcare are accessible, he takes advantage of it to stay healthy.

Participants agreed that their personal childhood experiences with their loved ones shaped the way they currently think about their health. They processed these experiences to determine the best course of action for them, with the hope of not making the same mistakes as their loved ones. It is evident that participants were able to transform these negative childhood experiences into positive attitudes that served as facilitators to making better healthcare choices.

*Negative attitudes towards healthcare.* Negative attitudes toward healthcare, on the other hand, can be viewed as a barrier in efforts to improve one's health. A few of the participants discussed that they have similar views as their parents and other loved ones towards healthcare. Some pointed out that the way you grew up would determine your future choices; as a 52-year-old, residing in the U.S. for 4 years stated:

*“The way how you grow up and you family background got a lot to do with this medical thing.”* A 55-year-old, residing in the U.S. for 1 year added: *“As me tell you, in me family we hardly see doctor. You only got to get accident and thing [you only go if there is an*

*accident]. And even to me [my] children too, we nah go see doctor and thing man [we don't go to see the doctor]."*

In contrast, a handful of participants viewed their loved ones as role models. They believed that their role models made sound healthcare choices and since they did not experience major medical issues, those behaviors were acceptable. These negative behavioral attitudes were transferred to the participants and are now serving as barriers to making better healthcare choices. It is also apparent that these negative attitudes were more prevalent in those residing in the U.S. for fewer years compared to those who were living longer in the U.S.

#### Theme 2 – The use of alternative medicine

The use of alternative medicine, such as home remedies, appears to play a significant role in the lives of Indo-Guyanese, particularly as it relates to their health. Almost 100% of the participants indicated that they were aware of alternative medicines. The participants stated that they either used it themselves or knew others who used or are still using it. Some participants explained their experience with alternative medicine as it was used by their parents. A 71-year-old, residing in the U.S. for 23 years stated:

*"When I was young up to about age 12 or so I used to have tremendous earaches and my mother used to pour hydrogen peroxide in my ear." A 58-year-old, residing in the U.S. for 30 years also explained: "My parents them usually use the traditional so to speak, neem leaf and the breadfruit, and they use it for hypertension. They boil it and they make tea and drink it for hypertension."*

Almost all of the participants understood the role of alternative medicine in the Guyanese culture. Many discussed that they were introduced to this type of medicine from their parents or grandparents. These practices were passed down from generation to generation and were out of necessity rather than choice, and it soon became a part of their normal lifestyle. Because they have experienced positive results from the use of alternative medicine, many continue to use it here in the U.S.

There were, however, a few participants who did not believe in the effectiveness of, nor had used alternative medicines, and had no plans to do so in the future. On the contrary, a significant number of other participants discussed how challenging it is to obtain these herbal ingredients in the U.S. They admitted that they would use home remedies providing that they had access to the ingredients and continue to experience positive results. A few participants explained that they would consider using alternative medicines as a first option and would they go to the doctor if that failed. A 63-year-old, residing in the U.S. for 18 years explained:

*"I had a headache a while back and one of my friends boil soursop and few other leaves and gave it to me. Since then, I never had this headache again. I boil soursop leaves and drink every day. I would use this first before going to the doctor. I believe in this stuff, they work."*

A 52-year-old, residing in the U.S. for 4 years added:

*"We use different kind of thing you know. We call it the home remedy. Different, type of herb. Only when something happens to you, major like you get an accident, only then you go and see a doctor. But fever or headache, or whatever, we use home remedy. All my generation, my parents, all using those things."*

A few participants rationalized the idea that medications are made from herbs, therefore, if they used the herbs instead of taking the manufactured medicines, it was better for their health. One participant stated,

*“most of the tablets you get are herbal. It’s from plants. And if you know the types of plants you can use, you use them before you go to the doctor.”*

For these participants, and those who opted to use herbal medications before seeking standardized healthcare services, such behaviors can create a barrier to health services and can potentially result in negative outcomes.

### Theme 3 – Religious beliefs

Religious beliefs and the power of religion are other factors that played a major role in the lives of Indo-Guyanese people. The level of faith in God may have some impact on one’s health. For example, some participants stated that god played a critical role in their life, including their health, and prayers should be used as a supplement to medical therapy. They further explained that God would not provide direct care, but God would guide them to the appropriate care and the individual would then be responsible for their health. As a 52-year-old, residing in the U.S. for 39 years explained:

*“Growing up, as my father, my grandfather was a priest. My mom’s very religious, my grandma everybody else. Yes, I think religion helps. There is a god yes, but you have to take care of your body.”*

A 56-year-old, residing in the U.S. for 21 years added,

*“you could pray but you got to keep your body healthy. The prayer will lead you to do what you have to do.”*

As a religious person, a 58-year-old, residing in the U.S. for 30 years discussed his views on the importance of religion, stating,

*“I believe religion is very important in life and it plays an important role whether good health.”*

Faith in God in this case is being used as a supplement to good health. This can be seen as a facilitator to positive health behavior. Participants acknowledged that it is science and technology that will help them medically, although it is the guidance and direction from God that will lead them to seek the appropriate medical services.

On the other hand, there were some men who believed that one should pray to God first, before seeking medical help; as a 58-year-old, residing in the U.S. for 26 years stated,

*“Well he (god) is the first person you go to. Then if you can’t succeed there then go to the doctor. Prayers do help.”*

A 62-year-old, residing in the U.S. for 30 years, being a very religious person, further went on to explain that there were a lot of people who were not medically sick but rather spiritually sick, and it therefore, depended on their level of faith in god. It was his firm belief that whatever was written for someone by god will be inevitable. He added,

*“so many people are not medically sick, they’re spiritually sick also. So, we don’t rush to medical solution right away. It depends on your level of faith.”*

For these few individuals, this higher level of faith in God may serve as a barrier to seeking appropriate and timely medical services. During our conversation, the participant above discussed how he still struggles with many chronic diseases such as diabetes and

hypertension. Even though he is well educated and holds a master's degree, he firmly believes that prayers will heal him.

## **DISCUSSION**

### Family influences on health behaviors

Past experiences can certainly predict future behavior, as stated by Albarracín & Wyer (2000), supporting this statement with a multitude of prior research. It is believed that people who behave a certain way at one point will likely repeat such behavior in the future. However, exceptions to this rule exist. For example, if the behavior resulted in adverse outcomes, then it is less likely to be repeated (Albarracín & Wyer, 2000). Prior research showed that it was the participant's perceptions of their past behavior that resulted in a repeat of that behavior (Albarracín & Wyer, 2000). These findings were confirmed in the current research where it was determined that the participant's perception of past behaviors and prior experiences dictated whether they received screening for prostate cancer (positive outcome – received screening or negative outcome – did not receive screening).

Although 70% of the study participants did not have prostate cancer screening, many admitted that their past experiences and family influences had changed their views on healthcare. They discussed that their experiences with the lack of healthcare resources in Guyana led to significant poor health outcomes, not only for their own families but others around them. As far as they could recall, very few had the ability to obtain routine healthcare in Guyana which was associated with sizeable out-of-pocket costs. Among those without the ability to pay for healthcare, they only visited a healthcare provider if they were severely ill or encountered a traumatic accident. As a result, many chronic diseases and early deaths were experienced by the participants in the past. For some participants, their future behaviors were altered based on these traumatic past experiences resulting in an increased probability of embracing the health services provided by the U.S. healthcare system.

On the other hand, a few participants chose not to engage in routine health assessments. Even though they encountered the same limited access to health services in Guyana, they attributed their behavior to their family genetics, claiming that because others in their family did not encounter any severe illnesses, it was unlikely for them to experience these diseases. Therefore, frequent or routine visits to their doctors were unnecessary.

### The use of alternative medicines

The usage and beliefs in the healing powers of complementary and alternative medicines have been practiced in Guyana and the Caribbean and can be found throughout the history of the people in these cultures. One of the current driving forces behind seeking complementary and alternative medicine is believed to be the limited healthcare resources and the financial burden experienced in these countries (Aarons, 1999). Particularly in the rural communities, biomedical care is almost nonexistent. Therefore, it is not surprising when a moderate number of participants admitted to currently using or were interested in the future use of alternative medicine in the U.S., if the ingredients become available. Some stated that during their trips to Guyana, they would bring back herbal ingredients or would ask family members to do so. For some, these alternative medicines played a major role in their health care during their upbringing. The positive effects of these practices have instilled a firm belief in some participants regarding the efficacy of these products. A few went on to explain that they would try using alternative medicines first before

visiting a healthcare provider. Some also rationalized that most medications are being manufactured from an herbal source and therefore felt it was safe to consume these herbs.

Studies conducted in Trinidad and Tobago highlighted the participants' view of complementary and alternative medicine (CAM) where they reported that 'holistic care, improved their quality of life, overcame the limitations of conventional medicine, satisfied their increased expectation for comprehensive care, and prevented or counteracted adverse effects caused by conventional medicine' (Bahall & Edwards, 2015). Its use was also found to be associated with spiritual beliefs and was strongly influenced by close relatives, friends and other patients (Bahall, 2017). Another study conducted in Barbados found that approximately 33% of the study population were using CAM regardless of whether or not they had health insurance coverage (Cohall, Scantlebury-Manning, Cadogan-McLean, Lallement, & Willis-O'Connor, 2012).

Complementary and alternative medicine usage and awareness are becoming more popular as U.S. medical schools are incorporating some form of this into their curriculum (Cowen & Cyr, 2015). A survey across 130 U.S. medical schools found that approximately 50% were offering a course or clerkship in CAM (Cowen & Cyr, 2015). Given the increasing diversity of the U.S. population and the widespread use of CAM among different cultures, educating future healthcare providers on this topic is seen as a positive move to provide safe and culturally sensitive care to their patients.

#### Religious beliefs

It is believed that the force of a higher power is said to have a significant impact on one's health. Contrary to this belief, the majority of participants acknowledged that god has some influence over life and health, but no direct ability to heal or cure illnesses. Almost all admitted believing in god in some form or the other. Religion and spirituality have been well studied across many different populations to assess their relationship with all aspects of life, including health (Koenig, 2012). Many studies also conducted on the Caribbean people revealed differences in religious beliefs between ethnic origins and health associations. Census data from the National Survey of American Life, comprised of African Americans, Afro-Caribbean, and non-Hispanic whites, were analyzed. The results indicated that African Americans and Caribbean Blacks demonstrated a higher level of religious participation when compared to whites (Taylor, Chatters, & Jackson, 2007). Other studies in the Caribbean established relationships with prayer and health, where prayer was used to help influence the management of diabetes (Archibald, 2011; Brathwaite & Lemonde, 2017).

Due to the positive link between spirituality and health, particularly in ethnic minorities, healthcare providers should take this into consideration when treating their patients. Many large healthcare facilities, such as hospitals, palliative, and long-term care settings offer pastoral services to their patients. Facilities provide access to pastors and set aside areas for prayer such as nondenominational chapels. However, lack of access to religious pursuits for some ethnic minorities could pose a potential barrier to the use of health services (Scheppers, van Dongen, Dekker, Geertzen, & Dekker, 2006).

## **CONCLUSION**

Immigrants make up a large portion of the U.S. population and this number is rapidly growing, contributing to the diversity within this country. To provide the highest quality of care, healthcare providers must gain a better understanding of the culture, religious beliefs, and ethnic

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customs of the patients they serve. Cultural humility awareness and training is believed to be the first step towards reaching this goal. This research has provided some new information to the literature pertaining to an ethnic group, Indo-Guyanese, for which little is known. It is the hope that the findings of this research will assist healthcare providers in acquiring a deeper understanding of this population to meet their unique health-related needs. Adopting a holistic approach to patient care is one step closer towards addressing the public health burdens in the United States.

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