



# **Cultural and Clinical Care for Haitians**

**by**

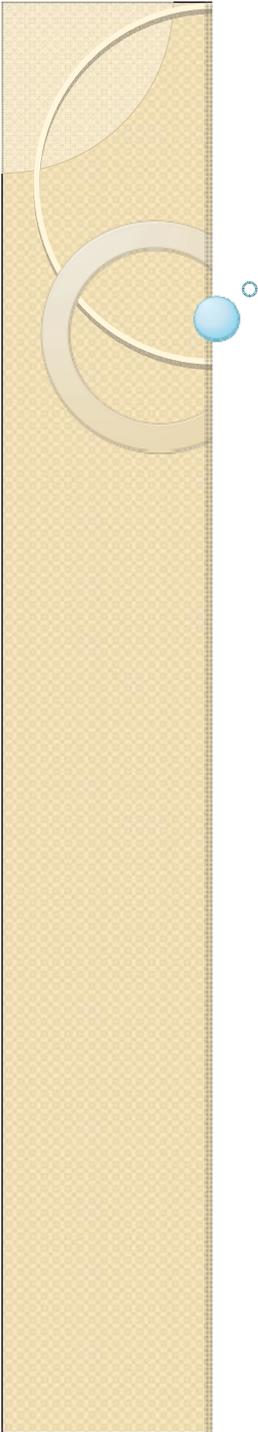
**Jessie M. Colin, PhD, RN**

Prepared by

**Betty Hastings, MSW**

**LCDR US Public Health Service**

**Indian Health Services**



A note of gratitude to author Jessie M. Coin, PhD, RN who is an associate professor of nursing and director of the PhD program at Barry University, Miami Shores, FL. A Haitian American, she emigrated to the US as an adolescent. . She is co-founder of the Haitian Health Foundation of South FL and a member and past president of the Haitian American Nurses Assoc. of Florida. Her research interests are multicultural health and vulnerable populations, particularly Haitian women and children.

Having served a medical mission in Haiti in 2006 with fellow PHS Commissioned Officers and civilians and as a humble effort to assist in the tremendous need created by Haiti's earthquake tragedy, I developed this presentation from Dr. Colin's work as a training tool, in hopes that anyone who deploys to Haiti, or to serve the Haitian people, go with a deeper understanding and knowledge of the Haitian culture in order to provide the most informed culturally appropriate care possible. I believe the better prepared we are, the better job we ultimately do, and in doing so, the better personal and global outcomes we will have.

Go safely and know that you are truly appreciated,  
LCDR Betty Hastings



# Cultural/Ethnic Identity

- **Preferred term(s):** Haitian or Haitian American. Haitians in U.S. strongly resist acculturation, taking pride in preserving traditional cultural, spiritual, religious, and family values.
- **Census:** According to 2000 U.S. census, 548,199 Haitians live in U.S.; however, there are probably well more than 1 million. Foreign-born Haitians represent 1.3% of the total foreign-born population in U.S. Largest numbers live in Miami, New York, Boston, Chicago, and Los Angeles.



# Cultural/Ethnic Identity cont'd

- **History of Immigration:**

- Before 1920, Haitians traveled to U.S. only for educational purposes.
- Since 1920, most emigration has been linked directly to political crises in Haiti. First wave of immigrants came to U.S. is believed to have settled in Harlem
- In 1957, Francois Duvalier became president of Haiti, prompting the first official emigration of Haitians. Among them were politicians whose aim was to organize the overthrow of Duvalier's regime while in exile, and educated professionals in search of a better life, they settled in U.S. and quickly sent for their families.
- Duvalier was elected president for life in 1964, which led to a significant number of Haitians fleeing the island, primarily relatives of politicians who opposed the Duvalier regime. Most of those who had emigrated up to that time entered U.S. legally.
- In 1971, Duvalier died and was succeeded by his 19-year old son, Jean-Claude, also appointed for life. Meanwhile, Haiti was suffering from economic deprivation, which spurred another major exodus consisting of urbanites and peasants, many of whom came covertly through the underground.
- During the political crisis and armed uprising against President Jean-Bertrand Aristide in February 2004, the number of interdictions by the U.S. Coast Guard peaked; it dropped to zero in the weeks after Aristide left the country.



# Spiritual/Religious Orientation

- **Primary religious/spiritual affiliations**

- Catholicism
- Since 1970'2 15%-20% Protestant
- Voodoo an important religious component, an African spirit religion closely related to Catholicism, including trance enhanced communication with ancestors, saints or deities.
  - All Haitians, not just the unlettered persons take voodoo seriously

- **Usual religious/spiritual practices**

- Holy Communion, pray rosary, believe in the sacraments
- Believe in power of prayer to physically heal
- Very fearful of sacrament of the sick, which Haitians equate with death
- In Voodoo Haitians gather to worship deities or spirits (*loa*) whom they believe receive their power from God.



# Spiritual/Religious Orientation cont'd

- **Use of spiritual healing/healers**
  - Female Voodoo Priests (*mambo*) and Male Voodoo Priests (*hougan*) are practitioners of black magic (*bokors*).
  - Believers seek these practitioners when they must worship the spirits to be relieved of illness. Also maintaining a relationship is believed to be a form of protection from harm.



# Spiritual/Religious Orientation cont'd

- **Holidays-3 Major Feasts**

- Carnival (which lasts a week), Good Friday and Easter

- Others

- January 6 Epiphany (Catholic)
- January 25 Annunciation (Catholic)
- April 30 Feeding the Dead (Voodoo)
- Feeding the Deities May 12 (Voodoo)
- Notre Dame de Lourdes August 15 (Catholic)
- All Saints Day –All Souls Day November 1-2 (Catholic)
- Immaculate Conception Dec. 6 (Catholic)
- Feeding the Sea Dec 12-14 (Voodoo)
- Christmas Day (December 25).

- Secular holidays include Independence Day (January 1), Ancestors Day (January 2), Agriculture and Labor Day (May 1), Flag Day (May 18) anniversary of the death of Jean-Jacques Dessalines (October 17.), United Nations Day (October 24), and Battle of Vertieres Day (November 18). Haitians in U.S. and Haiti celebrate all of the holidays.



# COMMUNICATION

## ORAL COMMUNICATION

Haiti also has an oral culture with a long tradition of proverbs, jokes and stories reflecting on philosophy which has been used as a teaching tool to pass on unwritten knowledge.

Haitians are frequently subsumed in the African American Culture

- **Major languages and dialects**

- Creole-is the National language spoken by entire population of Haitian descent
- French-is also spoken by educated residents

- **Greetings**

- Informal-embrace and kiss as a sign of affection and acceptance
- Formal-handshake greeting usually composed and stern
- Gender-men do not embrace women, even if they are friends, a handshake is polite
- Friends address each other by first name and family by nicknames
- Healthcare providers should address patients or their family by “Mr.”, “Mrs.” , “Ms.” or “Dr.”
- Children refer to adult friends as “Auntie” or “Uncle”



# COMMUNICATION

## ORAL COMMUNICATION cont'd

- **Tone of Voice**
  - Intonation conveys emotions. Pitch is high or low depending on message.
  - Tone expresses joy or sadness, happiness or deceit
  - Haitians are very expressive and tend to be loud.
- **Direct Indirect style of Speech**
  - Generally direct except in personal or religious matters
  - With healthcare workers reserved and polite
  - Communication with friends animated and lively
  - Agree even when they disagree to avoid conflict with a person of perceived higher authority
- **Use of Interpreters**
  - Generally mistrust interpreters, prefer to use family members rather than friends to maintain confidentiality.
  - In the absence of family prefer to use professional interpreter with whom they have no relationship and will probably not see again.



# COMMUNICATION

## ORAL COMMUNICATION cont'd

- **Serious or Terminal Illness**
  - Expressed as, “I am very sick” (Moin malad anpil). Meaning in critical condition or I will never be well again (Moin pap refe) meaning terminal and death is imminent
  - Haitians inform designated family member first. That family member informs the patient whether he/she thinks treatment, surgery etc. is necessary
  - Haitians generally fear abdominal surgery



# COMMUNICATION

## WRITTEN COMMUNICATION

- **Literacy Assessment**

- 80% of Haitians neither read nor write
- Health Education materials should be visual or oral
- Illiteracy rate for Haitians in US is also high
- Healthcare professionals can assess literacy by offering to clarify information
- Directly asking the patient if they can read or write is embarrassing and may make the pt. reluctant to ask for assistance

- **Consents**

- Haitians may not want to know about the procedure and just trust “the expert”
- To obtain consent the clinician needs to clearly indicate the importance of a procedure and the absolute need for consent.
- Clinicians should ask a family member to be present throughout the interaction



# COMMUNICATION

## NONVERBAL COMMUNICATION

Uneducated Haitians do not generally show their lack of knowledge to non-Haitians. They tend to be more comfortable with people who do not speak English and who are also islanders.

### **Eye Contact**

- Traditional persons avoid eye contact with authority figures to avoid insolence
- Acculturated adults make eye contact with each other but children may avoid eye contact with adults

### **Personal space**

- Interactions are very close 1-2 feet with family and friends
- Keep comfortable distance with healthcare providers
- Adults prefer not to share space with children, believing that children should not be within hearing distance of adult conversations



# COMMUNICATION

## NONVERBAL COMMUNICATION cont'd

- **Use and meaning of silence**
  - Usually signals disappointment, disapproval and possibly disagreement
- **Gestures**
  - Haitians use many hand gestures while talking. There are no particular gestures that may lead to misunderstanding
- **Openness and Expressing Emotions**
  - Will not express emotions unless trusting relationship
  - Among family and friends, hand gestures generally accompany animated and loud conversation as a means of reinforcement
  - May cry if something really bothers them or express fear of the unknown or of procedure and test outcomes.
  - To express major disapproval, may fold arms across their chest, roll their eyes, or look away up at ceiling.



# COMMUNICATION

## NONVERBAL COMMUNICATION cont'd

- **Touch**

- Haitians freely touch family and friends. May touch health care providers to let them know they are being spoken to. Appreciate providers' supportive touch.

- **Orientation to Time**

- Not committed to time or schedule. Perception of time is flexible.
- Not impolite for Haitians to arrive late for an appointment; everyone and anything can wait. Compensate by manipulating the timing of activities. For example, a wedding invitation may indicate a starting time of 6:00 p.m., though the actual starting time is 7:00 p.m. or 7:30 p.m. This practice is pervasive in Haitian society.
- May be on time for medical appointments if health care provider has emphasized the importance of punctuality.
- Haitians from poor backgrounds are more past and present oriented; those who are educated and considered upper-class tend to be present and future oriented.



# ACTIVITIES OF DAILY LIVING (ADLS)

- **Modesty**
  - Both genders are very modest.
  - Men embarrassed to wear hospital gowns
  - Gender important in health care interactions: Physicians should be male, nurses female.
  - Haitians highly respect and trust both physicians and nurses. Although puzzled by male nurses, they accept care provided by the opposite gender.
- **Skin Care**
  - Shower daily, preferably in the morning. Women perform thorough peri-care with soap and water at night before bedtime.
- **Hair Care**
  - Use oil-based pomade to replenish scalp and keep hair from drying. Men shampoo daily while showering.



# ACTIVITIES OF DAILY LIVING (ADLS) cont'd

- **Nail Care**

- Worn short and unpolished for hygiene.

- **Toileting**

- Insist on using bathroom, as privacy is very important.
- If family member can assist, patient may use bedpan or urinal.
- Perform peri-anal care after using toilet-pour water on perineal area and anus, wash with soap, and dry thoroughly.
- Staff should provide small pitcher in bathroom.



## ACTIVITIES OF DAILY LIVING (ADLS) cont'd

- **Special Clothing or amulets**

- Catholics often have religious medallions, rosary beads, or a figure of a saint to whom they are devoted.
- Saints worshipped by Catholics are same as those in voodoo but have different names and functions. A picture of a saint in patient's room may have double meaning, but generally it is there for protection.
- Clinician should not remove articles from patient's room unless they interfere with care; should ask permission before removing them.

- **Self care**

- During initial stages of illness, family members want to help with patient's hygiene, due to privacy.
- The family will wait for directions regarding the care they should provide.
- Patients want to be clean, feel clean, and smell clean.
- Because Haitians fear surgery, patients limit self-care activities, believing that any physical strain may negatively affect their bodies. Clinician must strongly encourage them to cough, breathe deeply, and ambulate to avoid complications.



# FOOD PRACTICES

- **Meal Pattern**

- Lunch is typically largest meal. Breakfast generally consists of bread with butter and coffee, and dinner is soup or hot cereal. Some Haitians have adjusted to U.S. routines. For example, dinner may be their largest meal.

- **Food beliefs and rituals**

- Haitians believe that exposing the body to an imbalance of “hot” (*cho*) and “cold” (*fret*) factors cause illness.
- Haitians also assess food in terms of heavy or light qualities;
  - one should eat heavy foods, such as cornmeal mush, broiled plantain, or potato, during the day to provide energy for work.
  - one should eat light foods, such as hot chocolate milk, bread or soup, for dinner because they are easily digested.
  - Method of preparation also important: Boiled green plantains are heavy but fried yellow/ripe plantains are light.



# FOOD PRACTICES cont'd

- **Usual diet**

- In hospital, prefer fasting to eating non-Haitian food—afraid such food may make them sicker.
- Prefer rice, beans, plantain, spicy braised meat with gravy or stewed vegetables, and chicken.
- Haitians generally do not eat yogurt, cottage cheese, or runny egg yolks.

- **Fluids**

- Drink lots of water and homemade fruit juices, coffee in the morning, and tea only when sick.



# FOOD PRACTICES cont'd

- **Food taboos and prescriptions**
  - Food prohibitions are related to particular diseases and life stages. For example, to avoid acne, teenagers should not drink citrus juices, such as orange or lemon.
  - After strenuous activity or any activity that makes the body hot, one should not eat cold food because that will cause an imbalance (*chofret*).
  - When ill, Haitians like pumpkin soup, bouillon, or a special soup of green vegetable, meat, plantain, dumplings and yam, all kinds of porridge, oatmeal, and *akasan*, a cornmeal cream prepared with milk, sugar, cinnamon, vanilla flavoring, and a pinch of salt.
- **Hospitality**
  - Haitians are very hospitable. Welcome guests to their home with food, refusal of which is impolite.
  - May offer child's bed if guest stays overnight.
  - Family offers most comfortable space to guest.



# Symptom Management

- **Pain (*doule*)**
  - Haitians can use numerical scales for symptoms if the scales are explained.
  - Have very low pain threshold. Whole demeanor changes.
  - Very verbal about what hurts. Sometimes moan.
  - Usually very vague about location of pain, believing that whole body is affected; because disease travels, location of pain not important.
  - Prefer injections. In lieu of injections, order of preference is elixir, tablets, and capsules.
  - Accept alternative pain treatments.

# Symptom Management cont'd

- **Dyspnea**

- A primary respiratory ailment is *oppression*.
- Haitians use this term to describe asthma, a state of anxiety and hyperventilation.
- Consider *oppression* (like many respiratory conditions) a “cold” state. Patient says, “I am suffocating” (*M ap toufe*) or “I cannot breathe” (*Mwen-pa ka respire*).
- Offer oxygen only when absolutely necessary, as Haitians associate it with serious disease.

- **Nausea**

- (*Lestomak-mwen ap roule* or *Ke mwen tounin* means “My stomach is churning”; *Lestomak-mwen chaje* means “I feel nauseated”;
- *M santi m anvri vomi* means “I feel like vomiting”).
- More educated Haitians express their discomfort as nausea.
- Because of modesty, they dispense of vomitus immediately so as not to upset others. Hospital staff should provide specific instructions about keeping the specimen.



# Symptom Management cont'd

- **Constipation/diarrhea**
  - Constipation-(*konstipasyon*): Treat with laxative or some herbal teas. Sometimes use enemas (*lavman*).
  - Diarrhea not a major concern among adults. However, Haitians consider diarrhea to be very dangerous in children and sometimes interpret it as a hex on the child. They try herbal medicine, seek help from a voodoo priest (*hougan*), and, if all else fails, may seek a physician.
  - Very important for clinician to assess child carefully because he/she may have been ill for quite some time. If a stranger offers food to a child, parents very reluctant to accept it. They question a health care practitioner who does so—want to make sure physician approves.

# Symptom Management cont'd

- **Fatigue**

- Haitians think fatigue signals a physical weakness known as *febles*, caused by anemia or insufficient blood.
- Generally attribute symptoms to poor diet.
- Patients may suggest a need for special care—i.e., eating well, taking vitamins, and resting.
- To counter *febles*, eat liver, pigeon meat, watercress, bouillon made from green leafy vegetables, cow's feet, and red meat.

- **Depression** (sometimes *depression nerveuse*):

- Stigma attached to mental illness is so strong that Haitians do not readily admit to depression.
- According to voodoo, depression indicates possession by malevolent spirits or is punishment for not honoring good, protective spirits.
- Also may view depression as a hex put on someone by a jealous or envious person.
- Clinicians need to be sensitive to root cause of problem and ascertain need for comfort within particular religious beliefs. For example, clinician may want to summon priest or pastor if depression is related to something spiritual.
- If depression severe, patient accepts therapy with caution.

# Symptom Management cont'd

- **Self-care symptom management**

- Haitians try home remedies first; at the outset, clinician should ask about them and herbal treatments.
- Patient may gauge his/her symptoms and institute treatment based on another Haitian's experience with the same illness.
- Haitians consider health to be a personal responsibility, so patient may tell clinician what illness he/she has rather than describe symptoms, and seek confirmation of self-diagnosis.
- Sometimes use biomedical terms inappropriately. Therefore, very important for clinician to elicit symptoms and history.



# BIRTH RITUALS/CARE OF NEW MOTHER AND BABY

- **Pregnancy care**
  - Some seek prenatal care but many women do not
  - View pregnancy as a happy time for entire family, not as a health problem. P
  - Pregnant woman is expected to fulfill her work obligations throughout pregnancy.
  - Pregnant women experience an increase in salivation and rid themselves of the excess in places that may seem inappropriate. Sometimes carry a spit cup with them; not embarrassed to use it. Do not believe they should swallow their saliva.
  - Pregnant women are restricted from eating spices, as spices may irritate fetus. However, they are permitted to eat vegetables and red fruits, believing that these will build up fetus's blood. Are encouraged to eat large portions because they are eating for two.



# BIRTH RITUALS/CARE OF NEW MOTHER AND BABY cont'd

- **Preferences for children**
  - Perceive all children as key to their culture and values; celebrate them as a gift from God. Welcome large families.
  - Prefer first-born to be a boy; if it is a girl, implies father is not *macho* enough. Having a son is extremely important because it means he will carry on the family name.
  - Large families also welcome female children because they help with household chores and care of siblings.
- **Labor practices**
  - May walk, pace, sit, squat, and rub belly. Do not request analgesics.
- **Role of laboring woman during birth**
  - Active role. Talks loudly, may scream or curse, and sometimes even becomes hysterical. Some are stoic—only moan or grunt.
- **Role of father during**
  - Father does not participate, believing that birth is a private event best handled by women.
  - Laboring women not coached; however, female family members help as needed if midwife involved.



# BIRTH RITUALS/CARE OF NEW MOTHER AND BABY cont'd

- **Vaginal vs. cesarean**
  - Vaginal delivery more common, as natural childbirth is the norm. Women in higher social strata quicker to have cesarean. Fear C-section because it is abdominal surgery.
- **Breastfeeding**
  - Encouraged for up to nine months postpartum.
  - Believe that milk of lactating woman can be detrimental to both mother and child if it becomes too thin or too thick. If too thin, believe that milk has “turned” and may cause diarrhea in the child, and headache and possibly postpartum depression in the mother.
  - If milk is too thick, may cause impetigo (*bouton*).
  - In rural areas, mothers continue to breastfeed children before going to, and after returning from, working in the fields.
  - Based on “hot/cold” theory, do not use formula—consider it to be hot; may use whole milk, as it is cold. Herbal tea an integral part of the feeding. Routinely use herbs such as marjoram for colicky infants.



# BIRTH RITUALS/CARE OF NEW MOTHER AND BABY cont'd

- **Birth recuperation**

- Very important period for Haitian women. Take active role in their own care, dress warmly, take sitz baths (*vapors*), and drink tea to rejuvenate.
- Believe that during first three days postpartum, new mother should be on bed rest, avoid drafts, and not venture out at night.
- A common practice during this period is “three baths”: Special leaves are boiled in preparing water for hot bath. New mother encouraged to drink tea brewed from these same aromatic leaves, which include papaya, sour orange, sour soup (*corossol*), mint (*ti baume*), anise, bugleweed, and eucalyptus. These relax and tranquilize the mother, and cause her muscles to tighten.
- One month postpartum, she takes a cold bath; it enhances healing and tightens muscles and bones loosened during delivery. Believe that after childbirth, women are particularly susceptible to gas (*gaz*) entering the body. They can prevent *gaz* by wearing a tight belt or piece of linen around the waist, a practice that also tightens the bones loosened during childbirth.
- Avoid white foods, such as white lima beans, lobster, and milk, which they consider to be “cold”, believing that such foods increase vaginal discharge and/or hemorrhage. Acceptable foods include cornmeal mush or porridge, red bean sauce, rice, beans, and plantain.



# BIRTH RITUALS/CARE OF NEW MOTHER AND BABY cont'd

- **Baby care**
  - Name the baby after one month of confinement. Keep infant wrapped to avoid drafts. May place nutmeg, castor oil, or spider web on umbilical stump. May use belly bands.
- **Problems with baby**
  - Pediatrician should communicate with both parents if they are available. Mother relies heavily on husband to make final decision about care of child. If mother is a single parent, pediatrician should ask if there is an elder family member she wants present during discussion. At home, maternal grandmother is first person summoned if problems arise. Haitians try home remedies first.
- **Male/Female circumcision**
  - Do not encourage male circumcision, believing that it reduces sexual satisfaction. Females not circumcised.



# DEVELOPMENTAL AND SEXUAL ISSUES

- **Celebration of menarche or becoming a man**
  - No special rituals. Caution girls about their fertility and risk of having sex. Boys are free to explore and initiate sexual activity.
- **Attitudes about birth control**
  - Inappropriate and undesirable. Consider children to be a blessing from God.
- **Attitudes about sexually transmitted infection (STI), control, including condoms:**
  - Very sensitive and suspicious when topic of discussion is about STIs and HIV because, in 1982, Haiti was the first developing country blamed for the origin of AIDS.
  - Haitians still endure stigma of “Haitians are AIDS carriers.”
  - Do not recognize male partner’s responsibility in preventing conception.
  - Males resent condom use, believing that condoms reduce sexual pleasure.



# DEVELOPMENTAL AND SEXUAL ISSUES

## cont'd

- **Attitudes about abortion**

- Not socially sanctioned.
- May drink herbal teas during first trimester to induce abortion. An herbal leaf called *boule ti mas* produces a tea that has anticoagulant and abortive properties.

- **Attitudes about unwed sexual experimentation**

- Believe that teenage girls should not engage in premarital sex
- Girls should prepare themselves for marriage and learn about sexual intercourse from their partner. This view is less strict in rural areas; there, it is more acceptable for young girls to engage in premarital sex with older men because it helps secure the family's economic well-being.
- Permit teenage boys to have premarital sex as part of their "training."
- Male sexuality closely associated with prestige; it also affirms manhood.

- **Sexual Orientation**

- Homosexuality taboo in Haitian culture. Gay and lesbian persons remain closeted. Haitians do not acknowledge or discuss homosexual relationships. Do not overtly display sexual behavior.



# DEVELOPMENTAL AND SEXUAL ISSUES

## cont'd

- **Gender identity**

- Very private issue, not openly discussed.
- Taboo to deviate from normal male and female identities.
- Pressure masculine girls and feminine boys to conform to societal rules of female and male behavior.

- **Attitudes about menopause**

- Believe that menopause is a natural occurrence.
- Generally welcome it as liberation from pregnancy.
- Drinking herbal teas an integral part of strategies for dealing with hot flashes and other symptoms.



# FAMILY RELATIONSHIPS

- **Composition/structure**

- Close, tightly knit nuclear family and extended family.
- Sometimes, three generations and extended family members live together under one roof and in small quarters.

- **Decision-making**

- Men influence and sometimes direct family decisions, although behind the scenes, women are highly influential; men allowed to believe that they are head of household.

- **Spokesperson**

- Depending on situation, spokesperson may be father, mother, or an elder kinsman/person in position of authority in that family unit.

- **Gender issues**

- Haitian society projects image of male chauvinism.
- Men relinquish all responsibilities for managing household and caring for children; they are expected to be financial providers and to discipline children.
- Fathers are distant figures with great authority.
- Women are the family unit's real backbone.



# FAMILY RELATIONSHIPS cont'd

- Changing roles among generations in U.S.:
  - Haitian society in U.S. is very much in flux.
  - Many intergenerational conflicts as a result of Haitian parents holding views different from those of their children growing up in U.S. These conflicts create tension regarding sex, reproduction, peer affiliations, and roles within the family.
  - There are also male/female role conflicts in family relationships.
  - Traditional Haitian culture is highly paternalistic, one in which women play a subservient role.
  - Haitian American women, in contrast, make overt decisions about their lives, challenging their partners and expecting equality in relationships.
  - This change has come about because many Haitian American women work and generate income, and also because they see that male-female interactions in various U.S. cultures differ from those in their native culture.
- **Caring Role**
  - Women generally responsible for care. Haitians expect men to project an image of strength and not display emotion.



# FAMILY RELATIONSHIPS cont'd

- **Expectations for Children**

- Expect children to be respectful, caring, and obedient, and to become self-sufficient and competent at an early age.
- Both parents provide emotional care, but mothers take care of the day-to-day task of raising children in a highly protective, secure environment.
- Expect children to be high achievers, especially in education.
- May send children to boarding school.

- **Expectation for Elders**

- Highly respect elders.
- Children should care and provide for them.
- Elders are the family advisers, babysitters, historians, and consultants. Haitians usually care for elders at home, despite the challenges posed by children who work outside the home.
- Small percentage reluctantly decide to place elders in nursing homes.



## FAMILY RELATIONSHIPS cont'd

- **Expectations for hospital**
  - Encourage visits by close family members and friends.
  - They help maintain comfort of patient around the clock until they think he/she is ready to be independent.
  - If patient is on a strict hospital diet, clinician should inform family members, as they will bring in home-cooked meals.
  - Haitians are very traditional—do not enjoy American food. Would rather go hungry than eat hospital food.



# Illness Beliefs

- **Causes of/attitudes about physical illness**

- Haitians have a fatalistic view of illness, reflected in the expression, “God is good” (*Bondye Bon*). Whatever happens in God’s will.
- They think of illness as a continuum from “I do not believe I feel well” (*Kom pa bon*) to “I am dying” (*Moin pap refe*).
- Perceive illness as punishment, an assault on the body that may have natural or supernatural etiologies.
- Natural illness, known as “disease of the Lord” (*maladi Bondye*), is of short duration.
  - It may occur frequently and is caused by such environmental factors as food, air, cold, heat, and gas.
  - Other causes of natural illness are movement of blood within the body “hot/cold” disequilibrium, and bone displacement.
- Supernatural illness is very serious; Haitians attribute it to the anger of spirits (*loa*).
  - This happens when a body inhabited by a spirit deceives it.
  - Voodoo priest must find out what the spirit advises for a cure.
  - A folk condition is fright (*sezisman*), in which bad news, a frightful situation, or an indignation as a result of unjust treatment disrupts normal blood flow.
  - Haitians believe that *sezisman* makes blood move to the head, causing partial loss of vision, headache, increased blood pressure, and/or stroke.



## Illness Beliefs cont'd

- **Causes and attitudes mental illness**

- Highly stigmatized and shameful for the family. Topic is taboo.
- Haitians typically believe that mental illness has supernatural causes, such as a hex or punishment for not honoring protective spirits with feasts.
- Accept treatment and hospitalization only in cases of severe mental problems.

- **Causes of defects**

- An angry spirit, perhaps enlisted by an enemy, causes physical deformity.
- Persons with genetic defects are viewed as a curse on the family.
- Receive care at home and sometimes are hidden from society.
- No institutional placement in Haiti. Because both parents work outside the home in U.S., institutionalization may be acceptable; it also maintains the silence about this shameful aspect of their life.



## Illness Beliefs cont'd

- **Attitudes about disabilities**

- View a disabled child as punishment or as a condition caused by a supernatural force.
- Mother feels extremely guilty, wondering what she is being punished for or what she has done to deserve it.
- Parents attempt to determine if the disability is due to the influence of a powerful spirit who has been neglected or to a spirit who is being malicious.
- If their search confirms their belief, they participate in all types of prayer services or voodoo ceremonies in hopes of placating the spirit. If that does not work, they seek medical care.
- Adults who become disabled may follow these same steps.
- Disabled family member is loved, sheltered, and cared for at home.
- Disability not shameful for family.

- **Sick role**

- Sick person assumes passive role and allows others to care for him/her. All family members participate in providing care.



## Illness Beliefs cont'd

- **Home and Folk remedies**

- Usually the first line of treatment.
- May include tea, massage, hot bath with boiled leaves (*benye fey cho*), or poultice.
- Immigrants may ask friends or relatives to send medications from Haiti. Such medications may consist of roots, leaves, and products made in Europe.

- **Medications**

- Some Haitians stop taking prescription medicine when symptoms abate, rather than continuing full course.
- Haitians are self-diagnosticians: They have home remedies for particular ailments and take medicines prescribed for others.
- May take herbal and prescribed biomedicines concurrently.
- Barriers to medications include lack of health insurance and affordability.



## Illness Beliefs cont'd

- **Acceptance of procedure**

- Greatly fear surgery, especially abdominal surgery, because of its seriousness.
- Also fear blood transfusions for that reason and because of potential HIV transmission.
- Organ donations rare; Haitians believe that a body should be buried intact.
- May not accept transplant, fearing that the organ will bring in some of the donor's personality.
- Clinician should explain procedures clearly and slowly.
- Use of a trusted interpreter essential.

- **Care-seeking**

- Very strong belief in God's power and His ability to heal.
- God works through various media, including dreams and both traditional and medical means.
- Haitians seek medical care when it becomes clear that an illness requires attention.



# HEALTH ISSUES

- **Concept of Health**

- Maintaining equilibrium and praying are essential for good health.
- Achieving a healthy balance requires good spiritual habits.
- A healthy person is strong and plump, has good color, and is without pain.

- **Health Promotion and Prevention**

- To maintain health, one must eat right, sleep right, keep warm, exercise, and keep clean.
- Eating right means balancing food in terms of “hot/cold”, acidic/non-acidic, and heavy/light. T
- Haitians self-treat as a way to promote health or prevent disease. For example, a person who suspects a venereal disease may buy penicillin and have someone administer it, or to treat a minor cold, they may take antibiotics supplied by a friend.
- In summer, parents promote the health of their children by, giving them *lok*, a mixture of bitter tea leaves, juice, sugar cane syrup, and oil. Also give their children enemas (*lavman*) to ensure cleanliness. Enemas also rid the bowel of impurities and refresh it, prevent acne, and rejuvenate the body.



# HEALTH ISSUES

- **Screening**

- Haitians do not admit to diseases, especially contagious diseases.
- Very respectful of doctors and nurses, follow their suggestions for screening.
- Health promotion and disease prevention are not first and foremost in Haitian minds.
- Believe that the more one visits a doctor, the more problems one attracts.

- **Common Health Problems**

- Prone to hypertension and diabetes, due to Haitian diet and genetic predisposition.
- High incidence of cancer and heart disease related to high fat diet.
- Sickle cell anemia seems to be highly prevalent, although there are no statistics demonstrating this.
- Sexually transmitted infections and tuberculosis are also common.



# DEATH RITUALS

- **Beliefs and Attitudes about death**
  - Haitians greatly fear and misunderstand death.
  - Death of an old person more acceptable than that of a young person.
  - An old person lived his/her life, but a young person did not accomplish life goals or mission.
  - Death of a young person may have supernatural connotations.
- **Preparation**
  - Tell family spokesperson when death is imminent so family members can assemble at the bedside.
  - The whole extended family is mobilized; it prays and cries uncontrollably, even hysterically.
  - Family members try to meet spiritual needs of dying person by bringing religious medallions, pictures of saints, or fetishes/talismans for protection or as good luck for a peaceful death and restful afterlife.
  - Dying person's elder kinsman usually makes arrangements, Kinsman also arranges pre-burial activities (e.g., purchase of coffin and prayer services before funeral) and funeral and burial services.



# DEATH RITUALS cont'd

- **Home vs. hospital**

- Generally prefer to be cared for, and die, at home.
- However, since immigrating to U.S., Haitians have accepted death at the hospital because of the heavy burden that terminal illness imposes on family.
- No hospice care in Haiti, so this concept is foreign to immigrants and must be carefully explained.

- **Special Needs**

- Deep respect for the dead, keep body until all family members can be present for the service.
- *Dernie priye* is a special service consisting of seven consecutive days of prayer. Usually takes place in the home. Purpose is to facilitate passage of the soul from this world to the next.
- On the seventh day, there is a mass called *prise de deuil*, which begins the official mourning process.
- Each of these activities concludes with a reception/celebration in memory of the deceased.



# DEATH RITUALS cont'd

- **Care of Body**
  - Family member gives deceased a final bath.
  - Health care providers should allow family to participate in postmortem care if this is not too disruptive for the nursing unit.
  - Cremation unacceptable because of Haitians' deep respect for the body and their belief in resurrection and paradise.
- **Attitudes about Organ Donation**
  - Neither acknowledge nor encourage donation.



# DEATH RITUALS cont'd

- **Attitudes about autopsy**

- However, if Haitians suspect foul play or an unnatural death, they request autopsy to ensure that patient is really dead.
- The practices of zombification –creating a zombie out of malice or greed—are more prevalent among persons of rural origins.
- Haitians believe that zombies are persons whose spirits have been captured and are brought back from the dead.
- In a postmortem state, such individuals are in a trance and aware of their surroundings and what is happening to them, but they cannot react.
- A master, the one who made the person a zombie, directs the zombie mentally.
- Zombies have listless eyes, speak in a nasal voice, and walk very stiffly.
- They are conscious but deprived of will, which indicates their “other world” origin.
- Fear of zombies prompts some families to poison the body to ensure that the deceased is truly dead.
- Haitians consider zombification the supreme punishment, as it reduces an individual to slave—precisely the condition that voodoo evolved to counteract.



# References

## SELECTED REFERENCES

- Colin, J., & Paperwalla, G. (2003). *Haitians*. In P. St. Hill, J.G. Lipson, & A.I. Meleis (Eds.), *Caring for women cross-culturally* (pp. 172-187). Philadelphia: F.A. Davis.
- Colin, J.M., Paperwall, G. (2003). *People of Haitian heritage*. In L.D. Purnell and B.J. Paulanka (Eds.), *Transcultural health care: A culturally competent approach* (2nd ed.) (pp.517-543). Philadelphia: F.A. Davis.
- Laennec, H. (1995). *Voodoo: Search for the spirit*. New York: Harry N. Abrams.
- Laguerre, M.S. (1981). *Haitian Americans*. In A. Harwood (Ed.), *Ethnicity and medical care* (pp. 172-210). Cambridge, M.A.: Harvard University Press.
- U.S. Department of Commerce (2000). Economic and Statistics Administration: U.S. Census Bureau. Retrieved March 30, 2003, from <http://www.uscensus.gov>