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# **The Sacred Cow: Understanding the Role of Culture in the Health-Related Behaviors of Older Asian Indian Immigrants**

**Swathi Nath Thaker**

## **Introduction**

In today's society, life expectancy continues to increase as advances in technology continue to encourage the development and implementation of new medical treatments and solutions. For example, within the United States, persons over age 65 currently represent approximately 13% of the population (Bee, 2000). As the baby boomer generation enters retirement, this number will continue to increase. In addition to this growth, the rise in immigration continues to change the demographics within the United States, thus impacting the composition of the elderly population. As individuals within these minority populations age, their use of health services will continue to increase. Although there has been a wide array of research concerning minorities and healthcare, knowledge on the Asian Indian community is limited, even though this is one of the fastest growing elderly groups in the United States (Doorenbos, 2003). These immigrants value family and maintaining relationships and much of their learning takes place within and among the community in an informal setting. Furthermore, these distinctions become increasingly evident when exploring traditional Asian Indian health practices, such as Ayurvedic medicine, which focuses on treating the mind, body, *and* spirit. Understanding these nuances is critical to serving the needs of this growing population. However, very little research explores how these cultural values impact the way in which these immigrants learn about health in the United States. For this reason, it is imperative to have a better understanding of how cultural values shape Asian Indians' behaviors and approaches to health.

With this in mind, the purpose of this study was to understand how cultural values influence health-related behaviors among older Asian Indian immigrants in the United States. The following 3 questions were explored: (1) How do older Asian Indian immigrants learn about health-related issues? (2) In what ways do culture and heritage affect older Asian Indian immigrants' health behaviors? and (3) How do older Asian Indian immigrants mediate between Western and Eastern healthcare approaches?

## **Literature Review**

Culture and learning are interwoven and inseparable (McLoughlin, 1999). In the field of adult education, the awareness of cultural issues manifested itself in critiques of traditional learning theories, such as andragogy and self-directed learning. Merriam and Caffarella (1999) criticized these theories as neglecting the context of learning and the background of learners. Amstutz (1999) and Lee (2003) highlighted that these theories are based on the mainstream culture of the Western, White, and male populations. Culture can be defined as the learned and shared knowledge, belief, values and habits (Krochber & Kluckhonn, 1952) which distinguish one group of people from another (Hofstede, 1980). Values represent the core of a cultural system and serve as a standard for people to make judgments in their lives. Studies indicate that Asian Indians value collectivism, hierarchy, family, and community (Merriam & Mohamad, 2000; Pai & Adler, 2001; Roland, 1988). These beliefs shape these individuals' learning process.

Informal learning takes place outside of formal institutions and can occur in many contexts, such as on the job, within family relationships, or in leisure pursuits. Although this form of learning is often considered residual, researchers still argue that much of adults' learning

takes place in this manner (Cairns, 2000) and happens continuously (English, 2000). Networking is a type of informal learning which is readily evident in the Asian Indian community. By consulting one another, informal learning allows for not only individual growth, but also community growth, a key value among Asian Indians.

Just as cultural values shape the learning process, such beliefs also play a role in healthcare. Asian Pacific Islander Americans (APIAs) represent the fastest growing ethnic group in the United States, and Asian Indians rank third among this extremely diverse minority population. Studies show that there is still a strong belief in traditional medicine such as Ayurveda among Asian Indians (Channa, 2004). Additionally, the teachings of Hinduism play a role in the way these individuals view sickness and well-being (Panganamala & Plummer, 1998). Similarly, these beliefs also impact one's perception of death and end-of-life care (Doorenbos, 2003).

### **Methodology**

A qualitative research design was used and in-depth interviews, lasting between one to two hours, were the primary method of data collection. Eleven Asian Indian immigrants who are 60 years of age or older and are not affiliated with a health profession, were purposefully sampled as research participants. The constant comparative method was used to analyze the data in order to determine common categories, themes, and patterns across the research sample. In order to enhance reliability and validity, member checks, peer review, and an audit trail was used in order to increase the trustworthiness of this study.

### **Findings**

Findings are presented based on each of the three research questions guiding this study. When considering how older Asian Indian immigrants in the United States learn about health issues, the participants mentioned their healthcare professional, immediate family, the media, Internet, and the Indian community.

#### *Healthcare Professional/Immediate Family*

All of the participants mentioned that they rely on their healthcare professional for accurate and pertinent health information, whether it is for a referral or knowledge about a treatment option that they are proposing. For example, when asked about how he checks and maintains his diabetes, Suresh shared, "The doctor gave me a little gadget which, you know, prick yourself and then read and give you all those things. In fact he pushed me into that habit." This trust in authority is one of the reasons that the healthcare professional is a main source of information for Asian Indians. These individuals believe that their doctor has their best interest in mind, which is echoed by Hanuman, "So if the doctor suggests something, I just follow him because he is my doctor and he is going to take care of me."

All the participants also relied their physician's knowledge during the decision making process. For example, Anita recalled how she changed her exercise habits after a consultation with her physician: "But, and I think this uh exercises in the weight bearing exercises in the gym is better because my doctor you know OBGYN had suggested that you know I start doing weight bearing exercises to improve the bone density and all that." This reliance on the healthcare professional was even more evident in those individuals who were faced with a serious illness. For instance, when Raj was diagnosed with cancer, his doctor was his primary source of information, especially regarding his options: "Once it [the test] came positive then he gave me a book to read with all the options. And I talked to my doctor basically that's what you need."

The immediate family, which included spouses, children, and siblings, was also utilized for health information. First and foremost, these individuals depend on their family when seeking

physician referrals. Suresh shared a story of a time when he was not receiving proper treatment and his daughter stepped in: “After that, I think couple of days later I was not feeling better, I was not getting the right treatment so then my daughter suggested this other doctor that was in uh the Alcoa area.” Participants also revealed that spouses were not only a source of information, but also provided encouragement to practice good health habits. This was especially true for the women in this study. For example, Leela notes, “My husband pushes me to it...he says I’ll go walking with you, he’s an exercise fanatic he does not even miss a day of exercise.” In contrast, the male participants depended increasingly on their children and/or siblings when confronted with a health issue. For instance, Deepak notes that after experiencing heart problems, his daughter taught him to be more careful about the food he ate: “I never knew those labels, you know, Avani [his daughter] told me you have to see saturated fat, this and that. And now I’m always reading labels.”

#### *Media/Internet*

The media, such as television, radio, and popular magazines, was also used by these individuals to learn about varying health topics. Balram shared this story to illustrate why he began yearly exams:

But after I saw this one [a magazine article] I said boy, then reading lot of articles it says after certain years of age you should be going for this one regularly, after this age you should be doing this one and it was common knowledge after 50 years you should be more uh paying attention to what you do, your exercising, your uh health.

Magazines and other reading material were a particularly important resource for the women in this study. For example, when asked how she learns about health topics Anita shared, “I uh I read these uh you know health magazines you know every month they send some articles about health.” When Leela was diagnosed with a problem, she went to the library and “read everything I could find in books and magazines” to better comprehend her condition, its symptoms, as well as available treatments. In a similar fashion, Nirali noted “I’m interested to, even when my daughters uh get some problem also, I used to read [about] those things.”

In addition to media, all of the men in this study also used the Internet in some way to learn about varying health issues. Jai made use of the World Wide Web to learn more about a recommended physician when he was in need of surgery. He notes, “When we found out this guy’s name, and we went to the internet and found out his qualifications and what in all on him.” Suresh shared that he uses the Internet to help him learn how to maintain his diabetes. He notes, “There is so many medical websites that talks about uh diabetic foundations, there are so many websites I don’t remember specific particular name.” Overall, the Internet serves as a major learning tool for these immigrants.

The women in this study were less likely to utilize the Internet as a source of information. And even when they did use this technology, it was with someone else, generally their spouse. For instance, Anita shared “We [my husband and I] look up on the Internet um just you know stay up to date on the issues of older people.” Likewise, Leela expressed that she and her husband used the Internet to find out about physicians specializing in her illness: “Uh we were looking on the Internet to find information and then her name came up as the, you know, she’s really the pioneer in the research.” For both of these women, using the Internet was a joint activity, once again emphasizing the support that their spouse provides.

### *Indian Community*

The Indian community is another key source of information for these individuals. While this can include the immediate family, it is much broader and often includes a large circle of friends who serve as a family away from home. A number of participants mentioned that they discuss health issues with their circle of friends. For instance, Anita shares, “we will be talking you know people our age will be talking about health matters and then we learn little bit from them also at parties or functions or when we visit friends and all that.” Through these types of discussions, these individuals not only learn about specific topics, but they also encourage one another to practice good health habits. The participants’ network of friends is an integral source of knowledge, providing these individuals with valuable insight on various health issues.

The second set of findings relate to the cultural values that shape these immigrants health-related behaviors and include: forming a personal relationship with their healthcare professional, including family in decision making, and valuing alternative medicine.

#### *Personal Relationship with Healthcare Professional/High Level of Family Involvement*

These participants revealed that they desired a personal connection with their healthcare professional. This longing for a personal connection is a driving factor when these individuals are selecting a physician. Some feel that an Indian doctor is key to obtaining the desired treatment. Jai notes, “I found an Indian origin doctor, and I said, “I will go to that guy. And he was an extremely nice guy, and he was now his intellectual level as well as on a social.”

In addition to favoring Asian Indian doctors, still others are willing to make sacrifices in order to find a personal connection with their healthcare professional. For instance, Suresh noted that he drives over a 100 miles to see his physician. When asked why he chooses this commute, he shared the following: “See him, I can talk to him a little closer and you know personal I can call anytime and he can call me. That way a little closer than some outside doctors I guess.” By building a personal relationship, these immigrants felt greater rapport with their healthcare professional and thus had increased confidence in the treatment process.

In addition to cultivating a relationship with their doctor, these individuals also include their family in their medical decisions and treatment. A number of these participants take a family member with them whenever they visit their doctor. For example, both Suresh and Hanuman note, “Basically my wife was with me going to the doctor’s office” and “Or sometimes my wife comes... but mostly we go together.” This is another illustration of how these immigrants not only look to their family, but often rely on these individuals to make critical decisions.

#### *Valuing Alternative Medicine*

When considering medical treatment, whether on their own or with their family, all of these participants mentioned that they have contemplated the use of alternative medicine at one time or another. Family plays an integral role in this belief. For example, when questioned about his interest in alternative medicines Deepak stated, “Yeah, they believe, and now I believe too,” noting that his family’s confidence in this form of treatment influenced his decision to try this type of medication. Others utilize their own understanding of the system as reason enough to try alternative medical treatments. “Ayurvedic is plant based and natural and they have been dispensing these ayurvedic medicines for, in their families, for so many generations, so the knowledge base is there,” described Jai, explaining why he believed this medical system has value.

The last set of findings explores how these participants mediate between Western and Eastern treatments of medicine. Not only do these immigrants consider alternative medicine, but

each of these participants had also used this form of treatment at one time or another. When discussing their decision making process during treatment it was clear that these individuals experimented with both systems, resulting in varying patterns of use between Western and Eastern medicine. Suresh began with alternative treatment when he was first diagnosed with diabetes. “But my friends they used to um say some of the Indian herbs and some of the seeds uh [in] vegetables would help to minimize diabetic effect. I used to eat that,” he commented, noting that he preferred to try this natural remedy rather than take medication.

In contrast, others described situations where they started with Western treatment and moved to alternative medicine in the hope of better results. Leela has been struggling with an illness for several years and after becoming discouraged with Western treatments, as well as the physicians, she turned to alternative medicine. She even went to India to visit with a doctor specializing in alternative remedies and is planning to return for follow-up: “I’m going to India again in May so I’ll go back to him [homeopathy doctor] and see what he thinks of it.”

Still others noted that they utilize both Western and Eastern treatments simultaneously, believing that the two forms of medicine complement each other. “So I do that one whenever there is a need, use of lemon, ginger, things like that” shared Balram. But when asked if he starts with these natural remedies he stated, “No, no, no, it’s not that I will try that first and then go to something. I will try that one along with other over the counter [medicines] what has worked for me.” Listening to these stories it became evident that with these participants there was no clearly defined pattern of mediation between Western and Eastern medicine. Instead, the decision was based on each individual’s experience, knowledge, and belief in each form of treatment.

### **Discussions and Conclusions**

Findings from this study resulted in two main conclusions. The first conclusion of this study is that Indian culture and heritage shape healthcare behaviors of older Asian Indian immigrants. Asian Indians are a collective community, valuing relationships with others over individual gain. This desire to emphasize the community over the individual also encourages these individuals to seek out help from family, friends, and other community members. When examining which family members are included, it was evident that the women relied on their spouse, while the men often looked to their adult children and/or siblings. Although research indicates these immigrants often turn to the male elders in the family (Ma, 1999; Pai & Adler, 2001; Roland, 1988), this was not the case for these participants. This could be due to a variety of reasons. For some of these participants, their siblings still live in India and so they turn to other family that are in closer proximity and more readily accessible. Other individuals mentioned that they contemplate other factors, such as education and connections, when considering who to ask for help. This illustrates the complexity of family dynamics and underscores the importance of the extended family unit.

Choudhry (1998) argues that often Asian Indians believe that it is the physician’s responsibility to monitor and guide their health behaviors. Hanuman, Suresh, Bansi, and Nirali all relied primarily on their physician to help them stay healthy. Each of these individuals trusts the judgment of their doctor and believes that he or she will provide them with necessary information regarding their health. However, this did not overshadow their desire to connect with their healthcare professional. Although the literature on Asian Indians indicates that a respect for hierarchical structure may prevent these immigrants from asking questions and sharing their opinions (Pai & Adler, 2001; Roland, 1988), findings from this study challenge this premise. Rather than being timid and docile, these participants worked to cultivate a personal relationship with their doctor so that it would be possible to have an open dialogue. Once again this is in

contrast to the hierarchical nature of the Asian Indian culture (Roland, 1988). Although there is a respect for authority and the physician's expertise, this does not always lead to compliance. Instead, these immigrants prefer to have a relationship where communication flows not only from the doctor to the patient, but vice versa as well.

The second conclusion drawn from this study is that these participants utilize different forms of informal learning when seeking information about health matters and/or concerns. Cairns (2000) suggests that what is learned through this method may be the most significant learning that an individual acquires, and this is especially relevant when considering health knowledge. A number of participants shared how a news program, a magazine article, or even a conversation with a friend, altered their health habits.

Since individuals are not directly seeking information, English (1999) argues that for learning to occur, "there has to be some element of reflection on action" (p. 391). This form of reflection was evident in the decision making process of these participants when they were faced with an illness. The experimental attitude that these immigrants adopted was in itself an informal learning process. They started with one treatment, reflected on the outcome, and then decided whether or not they should take a different course of action.

These conclusions highlight several implications for practice. First, the desire to maintain relationships with other members of the Indian community is an integral component to reaching this audience. These individuals look to their network of friends and family first for information, guidance, and support and through these interactions, there is a form of knowledge sharing that continues to develop the members of its community. For this reason, organizations within the Indian community, such as a local temple, are excellent initial entry points to reach this population. Second, it is evident that cultural values shape these individual's health behaviors, even those who have been living in the United States for an extended period of time. Traditional systems of medicine, such as Ayurveda or homeopathy, are considered as treatment options by these immigrants when they are ill. This information is vital when offering medical treatment and for this reason, healthcare workers need to not only understand the value that these immigrants place on traditional medicine, but also establish a clinical atmosphere that will allow this information to be shared. And finally, when working with these immigrants, it is important to remember that the entire family is involved in decision making. Data from this study reveals that participants were often accompanied by other members of their family when seeking medical attention, even if the visit was a regular check up. Physicians should attempt to include the patient's family during the visit, sharing information with all those involved. Similarly, when developing educational interventions, programs targeting the entire family will be increasingly successful, as they will allow individuals to work together towards a common goal.

### References

- Amstutz, D. (1999). Adult learning: Moving toward more inclusive theories and Practices. In T. Guy (Ed.), *Providing culturally relevant adult education: A challenge for the twenty-first century* (pp. 19-31). New Directions in Adult and Continuing Education, No. 82. San Francisco: Jossey-Bass.
- Bee, H.L. (2000). *Journey of adulthood* (4<sup>th</sup> ed.). Upper Saddle River, NJ: Prentice-Hall.
- Cairns, T. (2000). For the sake of informality. *Adults Learning*, 12(3), 16-18.
- Channa, S.M. (2004). The Re-emergence of traditional medicine and health care in post-Colonial India and national identity. In A. Bicker, P. Sillitoe, & J. Pottier (Eds.), *Investigating Local Knowledge: New Directions, New approaches*. (pp. 189-205).