Chapter 2. Overview of Mexican Culture

This chapter provides an overview of Mexican culture in terms of social structure, family, gender, religion, language, literacy, communication styles, socioeconomic position, traditional health beliefs and practices, and health care-seeking behaviors. Readers are cautioned to avoid stereotyping Mexicans on the basis of these broad generalizations. Also note that Mexican culture, as all others, is dynamic and expressed in various ways, owing to individual life experience and personality. Some Mexicans living in the United States may be more or less acculturated to mainstream U.S. culture.

Social Structure, Family, and Gender

Typically, Mexican households in the United States consist of five or more people (Therrien & Ramirez, 2001). The traditional patriarchal structure grants the father or oldest male relative the greatest power, whereas women are expected to show submission (Kemp & Rasbridge, 2004). Though a matriarch often determines when a family member needs medical care, the male head still gives permission to seek treatment (Smith, 2000). The entire family, however, may be involved in the decision-making process (Galanti, 2004).

Religion

Christianity is the most common religion. Most Mexicans (89%) identify themselves as Catholic, while a smaller percentage (6%) identify themselves as Protestant (U.S. Department of State, 2004). Faith and church are often central to family and community life; this is especially apparent in the understanding of illnesses and healing (Kemp & Rasbridge, 2004). Although the Aztec religion, a system of animism (belief that spirits inhabit natural objects) and polytheism (worship of more than one god), is nearly extinct, some aspects are preserved in traditional medical beliefs (Smith, 2000).

Suggestion

- Because family is very important to Mexicans, it may be helpful to speak with both the patient and family members. However, to protect confidentiality, seek a patient’s permission first.

- Do not assume that nonverbal cues, such as nodding “yes,” mean that a patient is agreeing to take medications as prescribed.
Language and Literacy

Spanish is the official language of Mexico; however, as many as 100 Native American languages, such as Nahuatl, Maya, Mixteco, and Zapoteco, are still spoken by nearly 8% of the population (Gordon, 2005). Because of public education programs, the literacy rate in Mexico has improved over the past 35 years. Among Mexicans aged 15 years and older, the literacy rate rose from 74% in 1970 to 89% in 2004 (U.S. Department of State, 2004). A brief list of Spanish phrases and tuberculosis vocabulary is provided in Appendix E.

Communication Styles

Communication styles often reflect Mexican cultural values and can influence how Mexicans interact with one another and with health care providers. Both verbal and nonverbal communication can impact the experience of Mexican patients in a health care setting and may influence their care-seeking behaviors and treatment adherence.

Verbal Communication

Mexican social norms emphasize the importance of personal relationships (Salimbene, 2000; Smith, 2000). Verbal communication should be courteous and respectful. The Spanish usted form (i.e., the formal, polite “you”) should be used to address patients (Guanerero, 2005). Familismo is the value of family over individual or community needs and the expression of strong loyalty, reciprocity, and solidarity among family members (Postgraduate Medical Council of New South Wales, n.d.; Smith, 2000; University of Washington Medical Center, 1999). Mexican patients may want to include family members in discussions of treatment and care; therefore, it may be helpful for the provider to speak with both the patient and his or her family. However, to protect confidentiality, providers should first get permission from the patient.

Suggestion

- Unauthorized immigrants may avoid seeking health care because of the fear of deportation. Explain that they will not be deported because of their TB treatment.

- Because many medications, including antibiotics, are obtained easily in pharmacies in Mexico, it is important to ask patients what medicines or treatment they have taken for their symptoms.
Nonverbal Communication
Although maintaining eye contact is a sign of respect in some cultures, Mexicans may interpret it as a challenge or intimidation. Additionally, a patient’s silence may indicate many things, such as doubt, shyness, disapproval, anger, politeness, or not understanding. It should not be interpreted as agreement or disagreement. The provider can attempt to clarify with further explanation or additional questions. During an examination, patients may feel uncomfortable being touched by a health care provider, as this contact is generally reserved for family members and close friends (Guarnero, 2005).

Socioeconomic Position in the United States
Economic opportunity fuels Mexican population growth in the United States. Mexicans, legal and illegal, are drawn by better paying jobs to support their families in Mexico (Library of Congress, 2002; Public Broadcasting Service, 2005). Although wages are higher, Mexicans living in the United States often face social and economic challenges.

Nearly 70% of Mexicans (aged 25 years and older) do not have a high school diploma or its equivalent, compared with 22% of the general U.S. population. In 1999, the median income among Mexican families was about $30,000 (compared with the U.S. median of $50,000), and 24% of Mexican families lived in poverty (compared with 9.2% of the U.S. population) (U.S. Census Bureau, 2000).

In the 2002 National Survey of Latinos, 39% of Mexicans reported having no health insurance (Pew Hispanic Center & Kaiser Family Foundation, 2004). Research suggests a lack of health insurance results in fewer visits to primary care physicians (Hough et al., 1987; Trevino, Moyer, Valdez, & Stroup-Benham, 1991) and more emergency room visits (Smith, 2000).

Suggestion

- Take time to establish rapport. Mexican patients may more likely trust health care workers with whom they have a personal relationship.

- To build rapport, consider beginning a conversation with a story or small talk.
Traditional Health Beliefs and Practices

The meaning of health varies among Mexicans. Some may maintain that health results from good luck or is a reward for good behavior (Spector, 1996). Furthermore, illnesses are thought to have either natural or supernatural causes. The following are descriptions of common Mexican folk illnesses, causes, and remedies.

Humoral Imbalance
In general, physical and mental illness is thought to result from an imbalance between a person and the environment, expressed as either “hot” and “cold” or “wet” and “dry” (Kemp & Rasbridge, 2004; Spector, 1996). The four humors contained in the body include blood (hot and wet), yellow bile (hot and dry), phlegm (cold and wet), and black bile (cold and dry) (Spector, 1996). An imbalance of the humors causes illness. Humors vary by person, depending on where in Mexico a person originates.

To correct an imbalance, people consume foods or herbs with the opposite quality (e.g., “cold” conditions are treated with “hot” medications). If a health care provider suggests a remedy deemed inappropriate for a particular condition (e.g., penicillin, a “hot” medicine, for a “hot” disease such as fever), patients are less likely to comply (Smith, 2000).

Empacho
Illness can also result from a “dislocation” of different parts of the body. One example of dislocation is empacho, a form of upset stomach or indigestion, thought to be caused by eating the wrong food at the wrong time of day, eating undercooked food, or swallowing gum. Empacho includes common symptoms such as stomach pain or cramps, vomiting, diarrhea, indigestion, or constipation. The most common treatment is rubbing the stomach or back gently with cooking oil and pinching the spine (Smith, 2000; Spector, 1996).

Suggestion

- Many Mexican patients may not speak English fluently and may prefer interactions and materials in Spanish.
- Ensure that adequate bilingual staff and Spanish-language materials are available.
**Mal de Ojo**

*Mal de ojo* ("bad eye") is caused when someone looks with admiration or jealousy at another person. The person looked upon experiences malaise, sleepiness, fatigue, and severe headache. Folk remedies include saying a prayer while passing an egg over the victim's body then placing the egg in a bowl under the victim's bed overnight, or alternately, having the person who caused *mal de ojo* care for the victim (Kemp & Rasbridge, 2004; Smith, 2000).

**Envidia**

Many Mexicans believe *envidia*, or envy, causes illness and bad luck. Envy can be provoked by success, but can result in misfortune and illness. Some research concludes that low economic status is associated with the belief in *envidia* (Spector, 1996).

**Susto**

*Susto*, also known as fright sickness, arises from a traumatic or frightening experience and is thought to cause soul loss, whereby the soul leaves the body and wanders freely. Although *susto* affects men and women, women are considered more at risk than men (Kemp & Rasbridge, 2004). Symptoms include anxiety, depression, insomnia, introversion, irritability, lethargy, and anorexia.

Tuberculosis (TB) is sometimes classified as *susto*. Treatments for *susto* include herbal teas, relaxation techniques, covering the face with a cloth and sprinkling holy water, spitting a mouthful of water or alcohol into the person's face unexpectedly, or the use of a folk healer to coax the soul back to the person's body (Kemp & Rasbridge, 2004; Spector, 1996).

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**Suggestion**

- Recognize that some Mexicans may use folk remedies. As a result, they may delay seeking treatment while waiting to see the effect of these remedies.

- When possible, discuss ways to incorporate traditional remedies into TB treatment.

- Seek a patient’s permission before making physical contact during an examination. Mexicans may be uncomfortable being touched by a health care provider.
**Health Care-seeking Behaviors**

Mexicans may combine traditional health care practices with Western medicine. In Mexico, Western medicine is prevalent in larger cities; however, urban Mexicans who cannot afford these services often resort to traditional practices. Traditional health-seeking behaviors include using home remedies and seeking care from relatives, neighbors, community members, or traditional health care providers. Home remedies often include drinking herbal or spiced teas.

If the home remedy is ineffective, the ill person may consult a *yerbero* (herbalist), a *sobador* (massage therapist), or a *partena* (midwife) (Kemp & Rasbridge, 2004). If a person does not experience relief, he or she may seek the services of a *curandero* (holistic healer). *Curanderos*, male or female, address the social, physical, spiritual, and psychological aspects of health. Other forms of healing that may be used during the treatment process include conducting religious rituals such as prayer, using religious symbols (either worn on the body or kept in the home), making promises, and visiting shrines (Spector, 1996).

Some medications sold only by prescription in the United States, including antibiotics, may be purchased easily without a prescription from Mexican *farmacias* (pharmacies). Regardless of their insurance status, Mexicans living in the United States may make regular trips to Mexico to purchase medications at a lower cost (Becker, Garcia, & Ellertson, 2004; Calvillo & Lal, 2003; Flores, Ochoa, Briggs, Garcia, & Kroeger, 2003). Further, Mexicans living in the United States are likely to travel to Mexico to purchase TB medications to avoid the social or legal stigma associated with divulging their TB status in a Western health setting (Flores et al., 2003; Larkey, Hecht, Miller, & Alatorre, 2001). In Mexico, antibiotics are the most commonly purchased medication as nearly 43% of antibiotic purchases may be made without a prescription (Calva & Bojalil, 1996). Many Mexican pharmacy workers, however, may not be licensed to sell antibiotics, and may sell customers an inadequate regimen or incomplete course of TB medication, which may contribute to drug resistance.