Complementary Medicine & Spirituality: Preferred Modes of Healthcare for Indian Immigrants

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Background

• 5 percent of Immigrants in America are from India (Zong, Jie, Batalova, 2015).
• The use of Complementary Alternative Medicine (CAM) is a common practice among Indians, and the use may continue upon migration to the U.S. (Rao, 2006).
• Research on health seeking behaviors of Asians exists in the literature.
• Asia has several different ethnicities and cultures, therefore clustering them does not address the needs of a unique group of people.

Literature Review

• Perceived healthcare barrier factors for Indian Immigrants in Canada included: physical proximity of healthcare services, available physicians, language, unemployment, and cost of care (Asanin & Wilson, 2008).
• Filipino migrants in the U.S. reported barriers to health care such as the clash between healthcare and culture, and difficulty of staying true to their traditions and beliefs (Maneze, DiGiacommon, Salamonson, Descallar & Davidson, 2014).

Gaps in Literature

• Studies on health seeking behaviors of Indian immigrants were not found in the literature.
• Research Question: How do Indian immigrants meet their regular healthcare needs?
• Purpose: To explore the health seeking behaviors and the use of complementary and alternative medicine among Indian immigrants in the U.S.
Methods

- Cross-Sectional Descriptive Study
- Sample: 20 Indian Immigrant families
- Snowball Method (word of mouth) recruitment of participants
- Face to face semi-structured interviews

Data Collection

- Demographics
- Current health, presence of chronic disease & lifestyle habits
- Access and frequency to healthcare
- Preferred method of care - Use of CAM/spirituality
- Perceived barriers to accessing healthcare
- Perception of mental health illnesses

Interviewee Demographics
Hypotheses

1. The majority of Indian adult immigrants resort to CAM for self-care, while they use modern medical care for their children and for acute and surgical needs.

2. Indian adults & seniors are not routinely screened for chronic illnesses.

3. The health beliefs and factors such as long waiting time, unfamiliarity, lack of insurance, out-of-pocket expenses, lack of transport, or language may be barriers for accessing healthcare.

4. Indian adults bring CAM agents from India.

5. Some adults depend on their faith only and do not use any medicines at all.

Hypothesis 1 Findings

Process of seeking healthcare for a child and an adult

- Majority of the participants stated they would go to the doctor quicker if their child became ill as opposed to themselves.

  "We definitely go to the doctors quicker with our children"

- Families with more children are more likely to try home remedies first before going to the doctor.

  "After having so many kids, with the first baby I used to take them to the doctor's office right away. Now with the 3rd-4th child, I will give them Tylenol and see how they react"

Hypothesis 2 Findings

Routine Screening

- Majority of participants had annual physicals – driven by insurance.

- The most common tests/screenings mentioned were blood work, mammograms, and pap smears.

- The type of screenings participants received were determined by their insurance.

  "I have not gotten a health screening this year because I switched jobs and haven’t been good with giving all of the insurance information… everything is pending and they misplaced my file. I do not understand the primary insurance cards"
Hypothesis 3 Findings
Perceived Favorable Healthcare Factors

- Accessibility of Doctors
- Insurance
  “Insurance is a major factor for security and peace of mind, and we can use it anytime as needed”
- Health Promotion
  “I feel like health promotion was not as big in India, here everyone knows what to do here, I’m comfortable here. You see flyers, boards, etc. everywhere about health care. Health promotion is good here and everyone knows what to do if they have any health concern”

Hypothesis 3 Findings
Perceived Healthcare Barriers

- Cultural Preference
- Having to make an appointment and appointment wait time
  “In India you can just walk into any doctor’s without an appointment”
- Insurance
  “My husband took one month leave from his job the day before we left for India, his work told us that we were going to lose insurance, so we lost medical insurance and I was pregnant”

Hypothesis 4 Findings
Stock of CAM agents

- Majority of the participants spoke about natural homemade remedies as the first line of defense against sickness.
  “I prefer the turmeric, pepper, honey and milk because it has no side effects and it’s more natural. I prefer this for everyone”.
- Half of the participants bring medicine from India
- Majority of the participants keep OTC medications in the house (I.E. Tylenol, Claritin, Motrin)
Hypothesis 5 Findings

Spirituality

• The power of prayer and faith is an influential factor in both healing and health maintenance.

  “Prayer is a big thing for curing sickness, important for healthcare.”

• Faith-Based Therapy is a preferred treatment option for individuals suffering from mental health issues.

• Mental Health issues holds a stigma.

Discussion

• Insurance plays a major role in determining what kind healthcare the family receives.

• Many Indian immigrant families may prefer natural and Ayurveda treatment options as compared to pharmaceuticals.

• Indian Immigrants are likely to use CAM before seeking medical treatment.

• The role of faith and spirituality plays a major role in the overall health and healing of an individual.

Implications for Practice

• Health Care Professionals (HCPs) should be knowledgeable about the use of CAM therapy among Indians.

• Understanding CAM practice will alert HCPs about:
  • Possible drug interactions
  • Safe prescription
  • Need for appropriate education
  • Respect and support the family’s spiritual needs

• Understanding the barriers will help HCPs to provide resources

• HCPs should be sensitive to mental health issues because of the stigma associated.
Limitations

• India is a country of several cultures and practices.
• Not all states of India were represented.
• Most of the families interviewed were middle to upper class.
• Mostly women (mothers) participated in the interview.
• All of the women were highly educated—employed or unemployed.
• Findings may have been different if people of low socioeconomic strata were interviewed.

References


