Indian Immigrants' Experiences with Health Care

Author: Aleina LaBrake

Faculty Mentor: Doug Henry, Department of Anthropology, University of North Texas

Department and College Affiliation: Department of Anthropology, University of North Texas;
Department of Anthropology, Hartwick College

Bio:

Aleina LaBrake is a junior at Hartwick College in Oneonta, New York. She is part of the Anthropology honors fraternity, Lambda Alpha. She plans to join the Peace Corps and later get a master's degree in foreign affairs. She will be continuing her research when she studies abroad in India this fall.

Abstract:

To provide a holistic view of health care, it is important to incorporate the insights and opinions of those with an outside perspective on the allopathic health care system here in the United States. This study included one-hour, semi-structured interviews with Indian immigrants of different ethnic, religious, and educational backgrounds. The interviews provided information and analysis from three distinct forms of medicine: Ayurvedic, allopathic, and homeopathic. Other important themes include the combining of these systems, financial obligations, and spirituality. This study strives to lend a greater understanding of one of the various populations taking part in the United States' health care system.

Introduction

There is a constant flow of people coming in and out of the United States on a daily basis. Some of these travelers decide to stay and make a living here. Eventually, they make up parts of new and growing communities. They also bring in new ideals, beliefs, and lifestyles. This can provide both challenges and rewards to the community, government, and immigrants themselves. The only way to accomplish this is by reaching out and understanding these lifestyles.

To some extent, one of the most important aspects of our society and its infrastructure is our health care system. There is a growing need to help the increasing influx of Indian immigrants address their medical and health care issues. This project focuses on one small portion of an immigrant group that is gaining in numbers, the South Asian and Indian populations.

Purpose

There are three main purposes of this research project. The first is understanding the experiences of first-generation Indian immigrants within the U.S. health care system. The second is to understand the participants' perceptions of both Indian and United States' health care services pre-arrival and post-arrival to the United States. The final objective is to identify the role that social support (family and peer support) plays in shaping the participants' health care behavior. These goals were formulated from an extensive literature review. The literature review also facilitated two main research questions: What type of health care experiences do first-generation Indian immigrants encounter both in the United States and in India? How do these experiences shape both their perceptions of the contrasting systems and their ensuing health behavior?

Literature Review

There are three prominent medical systems within India; these include Ayurvedic, homeopathic, and allopathic medicine. There are various other forms such as Yunani and Siddha forms of medicine within India, but the informants specifically named Ayurvedic, homeopathic, and allopathic medicine.

Ayurvedic and Homeopathic Medicine

Ayurvedic medicine is one of the oldest forms of medicine in the world. It dates back as early as the Vedic writings and is a medical practice that has continued to the present day (Foster, 1978). It covers not only treatment and diagnosis of illness but also philosophy and ways of living, including the role of food in balancing the body (Foster, 1978). It is based on a belief of the whole individual and how everything is connected. There is the value of *tridosha*, which is similar to the three humors in early Greek medicine (Foster, 1978). Today, Ayurvedic medicine and natural techniques are being studied to possibly use in future medical treatments. It is currently regarded as a complementary and alternative medicine (CAM) in the United States (National Center for Complementary and Alternative Medicine, 2008).

On the other hand, homeopathy is a form of medicine created in Germany. It is a form of medicine based on previous beliefs in dealing with substances within the body (National Center for Complementary and Alternative Medicine, 2003). Very similar to Ayurveda, it manipulates metals and natural substances and contains ideas about balancing the body. Homeopathic medicines are also individually based and treated, taking into account all aspects of a patient's life (National Center for Complementary and Alternative Medicine, 2003). This medicine does not include an in-depth description of lifestyle behavior. Homeopathy seemed to have reached India through the Punjab state in early 1800s by a European physician who impressed the then ruler of the Punjab, Maharaja Ranjit Singh (Bhatia, 2006).

Allopathic Medicine

“Allopathic” is the term used to describe the system of biomedical treatment popular in the Western world. It is the opposite of homeopathy, using substances that do not react the same as the disease (as they do in homeopathy). These chemical- and prescription-based medicines have been in the United States since the beginning of the 19th century (Allopathic Medicine, 2008).

Concepts and Theories

The preliminary literature search done on this subject was actually through the topic of HIV/AIDS in India. Social support structures were addressed in these works; there is a parallel between illness roles and immigration roles. Other important themes within illness and transition behavior are family support, illness stigmas, personal preference and spirituality, and combinations of medical treatment.

In an article about the Indian community in North Texas in 2005, Caroline Brettel states that immigrants rely heavily on the amount and self-defined value of the social capital/support they have. Social capital is applied to both ethnic solidarity and understanding in a different culture. This can also go even higher to attributing to the formation of many community organizations. These organizations play a key role in sustainability and structuring a new way of life. In essence, social capital is the building block to immigrant lifestyles and incorporations in the United States.

S. Chattopadhyay (2007) writes about the resurgence of beliefs in God, nature, or both within Indian health care. This is important because many traditional forms of medicine are based on natural remedies or balances within the body. Patients increasingly strive for a more personal and emotional link even after allopathic medicine separated itself from these beliefs.

This has a great amount of significance within the Indian community, especially in the context of medicine forms like Ayurveda.

The article “Allopathic vs. Ayurvedic Practices in Tertiary Care Institutes of Urban North India” describes a study done of two different hospitals. The study’s focus was on figuring out if allopathic and Ayurvedic medical practitioners were cross-prescribing medications of both systems (Verma, Sharma, Gupta, Gupta, & Kapoor, 2007). The answer was yes, only at a mere 12%, but it was a very substantial number (the number of prescriptions increased to 58% when it was an Ayurvedic doctor prescribing allopathic medications). Strikingly, the type of affliction the patient had would determine which system of medical care was used (Verma et al., 2007). No matter the allopathic hospital or Ayurvedic hospital, treatments such as allopathic antibiotics and Ayurvedic liver tonics were popular. In many places around the world, traditional medicine is facing laws and programs that are trying to reduce their practices and influence (Verma et al., 2007). This does not mean that it is not used anyway.

In agreement with these articles, the methodology and interview questions could be formulated. These articles were used in analyzing study results.

Methodology

Five audio-recorded, semi-structured interviews were conducted in public places on the campus of the University of North Texas. All participants were first-generation Indian immigrants between the ages of 20 and 36. Four out of five participants lived around the university, whereas their families lived back in India. Participants both attended the University of North Texas and lived in the United States for a minimum of 18 months. This time enables the participant to have a greater familiarity with the health care system here in the United States. Contacting this population was done quickly and efficiently via a “snowballing” technique,

which involves current participants referring others into the study. After snowballing references, the research informants were approached about the study and asked to participate in interviews. When interviews were completed, they were transcribed and coded.

Results

The semi-structured interview questions called upon the participants to think about and evaluate their medical experiences in both the United States and India. Research participants discussed various systems of medicine they use, what others around them use, and their opinions of each system. Within the study results, many themes prevail throughout the interviews:

- Traditional versus nontraditional medicine
- The combination of traditional and nontraditional medicine
- The financial obligations of the participant/patient
- Disease stigma
- The sense of what constitutes an “ideal” health care system.

Traditional and Nontraditional Medicine

Respondents identified a large distinction between three main health care systems within India. Allopathic medicine is the most prominent system discussed. India has both a public and private sector in health care, although devoid of an insurance-based system. Expenses are handled with cash in hand. Depending on economic status, if he or she has a choice a patient will choose to go to a cheaper public hospital or a private hospital. Private hospitals are described as cleaner and providing better care. Public hospitals can be riddled with corrupt doctors and not as clean. Doctors will take bribes or have outside private practices to make ends meet or to make substantial money. This essentially leaves health care decisions up to the consumer patient.

Some patients prefer going to practices run by Ayurvedic or homeopathic practitioners. However, these forms of medicine were described as being a part of the past. From the viewpoint of a younger generation, older individuals who did not trust allopathy stayed with these forms. One informant noted that there are actually dozens of traditional medical schools within India, but traditional medical practitioners just do not have as many clinics or publicity for them as allopathic hospitals.

[In India,] there's not a lot of publicity for homeopathic medicine. So there's not a lot of ability to assume in any given situation to find a homeopathic hospital because there's less and they are always out of the things. (Respondent #2)

Ayurvedic and homeopathic medicine is viewed as being more "natural" than allopathic medicine. Allopathic medicine comparatively has more side affects and is good in treating acute diseases. The respondents indicated it may take longer for Ayurvedic or homeopathic medicines to come into effect, but it treats the body as a "whole."

[As a homeopathic physician in India,] I basically distributed classic homeopathy using holistic approach... we will consider everything about the patient... mentally, physically, and emotionally, from head to toe and cure the patient as a whole. So let's say if he had diabetes and hypertension, maybe a heart problem and some skin disease, and also maybe short-tempered and bald and obese. Not like allopathy and you go to... ten different doctors. In homeopathy, it's one [doctor] for the same patient. (Respondent #1)

Combining Forms of Treatment

Many times, there is interaction between the various forms of medicine. This is not to say that treatment is integrated because treatments are distinctly different based on who you see.

Commonly, if the patient does not feel that allopathic medicine is working for them, they will try a traditional form of medicine, and vice versa. The informants explained how whatever form of medicine you grew up with or chose, you usually stuck with this form. Also, while staying with an allopathic system, a person may be referred to a traditional doctor for specific illnesses. As stated previously about acute and chronic diseases, this was expanded to lymph and joint pain and diarrhea by one respondent. A story was relayed to me about how a young man hurt during athletics would go see a man who would apply herbal oils to his skin. This is a popular practice, and the participant felt when he went to an allopathic physician for a similar incident, the physician overplayed the event.

I was... ten, I was playing soccer and fell down, so I went to the doctor. I think there was not much swelling, I don't think it was a fracture... so he was, like, you got a fracture or a crack or something, so I felt there was not much serious in it but he put, like, a cement on it. (Respondent #2)

Another young woman whose father felt treatments were not working for his migraines reverted to Ayurvedic medicine from a man who practiced it for free. Using two forms of medical care simultaneously is rare but it does occur.

The rarity of these actions does not account for the popularity of many traditional home remedies or self-cures. In minor cases, health care was taken care of by oneself or by the family members. Due to the lack of insurance (but great amount of availability), pharmacies are an important part of health care. Before even seeing a doctor, some will try to self-cure and, if that does not work, they will choose to see a physician.

In India, what happens is if you're sick, there's a lot of medical shops, like pharmacies. And here in the U.S., you can't get medicine without a prescription,

but if you go to a pharmacy in India and you say that if you know what tablet, what medicine you can use, so you can go and say I need a tablet for fever, he can give the medicine without a prescription. So that's what happens, most of people try to cure themselves. (Respondent #2)

Among informants, experiences with home remedies seem to vary widely. One described how milk and water were used. Another described how some prevented evil spirits from affecting them:

You see babies who are born, people will come and they're not supposed to 'ooh, she's so pretty,' and 'so fat,' it's like, OK, they're giving the child an eye, and that will make the child sick, so I don't know if I believe it or not because it's something I cannot explain, so it's, like, whether or not you believe God exists, or whether or not you believe astrology is true, same thing. And what my grandmother and my mom do is they take some type of chili and all that stuff... and they throw it in the fire and you hear the cracking, popping sounds, and if it doesn't crack it means the baby doesn't have an eye... I've seen them doing it to my brother and sister, so what they do is when a child is born, someone's coming to visit, they'll put this big dark spot, like eyeliner type of thing... like my grandmother used to pick... leaves, inside my pocket... so these people catch the evil eye and it won't affect me, it's just warding off evil. (Respondent #3)

Each time a home remedy was brought up, including herbal remedies for bones or protecting infants, the participant would explain that they did not know why this occurred but it did and it worked. They did not associate it with any medical, religious, or scientific backing. When asked further, they remained neutral about the instances they talked or heard about.

Financial Obligations

The majority of participants expressed discomfort when discussing the expense of American health care, and therefore preferred Indian health care over the services provided in the United States. At the same time, a participant stated that to control costs, maybe a health insurance system would be a good option for the Indian government.

An important aspect of health care to the informants was the cost of treatment and medicine. Due to the high cost of treatment here in the United States, even with insurance, this could affect your treatment. Many of the informants would send word back to India to have medicines sent to them within the United States. A devoted homeopath was not able to find the medicines he needed here in the United States. He then calls home to India for his father, also a homeopathic physician, to diagnose a problem and send remedies back. Another participant who had a seizure disorder, and with insurance could get one dose for \$80, could send the same amount of money back to India to get a 6-month supply. Her family would also wait for vacations to get medical treatment in India. The same participant identified the growing medical tourism industry within India.

The flow of money is important in India. One participant described how he would give money to a friend or family member for medical treatment. He did not see this happening in the United States.

No, I was in a good position where I could support my health care, but I know people who are in a position who can't support their health care, in my point of view. I have not had major health care problems, so I have not spent a lot of money, but there are my friends who have, like, borrowed money for treatments,

there are a lot of them, like stones in the kidneys, even their ankle is broken, sometimes even I will help him to get the treatment. (Respondent #2)

Patient and Participants' Experiences

Choices of health care and the way people will spend their money is also influenced by personal feelings and levels of trust. The role of a physician is naturally very important in the decisions of how to help yourself. Informants acknowledged that the United States' medical system was impersonal. A physician would not spend time or talk to you as long about your illnesses or symptoms as they would in India. The approach was very systematic and not personal, which proved uncomfortable for those who were used to having a private doctor who has known them for a long time.

If they know the patient well from the beginning, like from childhood, they'll know what the problem is with you, like, if they don't, it's supposed to be good for the patients, sometimes it hurts them. (Respondent #5)

This was not to say they did not trust the doctor—all of the participants stated that the physicians were well-trained and that Indian technology was similar to that in the United States.

Participants contrasted the U.S. situation with that of India, where services might be more personal but also more corrupt. Some even went on to say that Indian doctors were not as dedicated to their profession as physicians here. After asking a male participant what he most wanted me to know about in this project, he relayed a story about corruption:

One of them was one incident, a person dies in a government hospital and the hospital issues a signature and a death certificate, they issue that certificate to the family, and then the cops take the body to a super-specialty hospital and they say 'yeah, he's alive and we can start treating him,' and they treat him, like, two to

three hours, three procedures, and cost, like, \$10,000, and yeah, you can pay this \$10,000 and take the body, so that's the way it goes. I've been moved by it, it's very frustrating that you treat a dead body and charge, like, \$10,000, keep pretending and they comfort every one of them and saying, 'yeah, treatment is going on and he's OK, he's breathing,' for a dead body. It happened in reality so, it's a lot of corruption, but we have a lot of good doctors too. My father has... a problem with the knees and he always goes to a good doctor. He's been, like, to a lot of conferences. I've known a lot of good doctors and a lot of bad doctors, it's... mixed, that's what incident I wanted you to know about. (Respondent #2)

Ironically, with one exception the allopathic system was trusted but not the physicians in India. It was similar to the United States; one participant trusted the doctors and their training here in the United States but not the allopathic system on a general level.

Disease Stigma

A final common theme within the interviews was the subject of disease stigma. Many diseases on a general level were simply categorized as acute and chronic, and treatment was designated upon that ideal. Some distinct diseases were treated with a greater level of precautions. The most frequently mentioned disease was HIV/AIDS, closely followed by leprosy. Collectively, among the participants there were stories about people being shunned from their communities for having these illnesses. Those with the illness were generally avoided.

HIV/AIDS has a health-related stigma, that's the way it is in India. In fact, there's a recent news article of a woman who was diagnosed with [AIDS], and the entire village boycotted her family. (Respondent #1)

The participants stated that in the United States, people were more open-minded and did not treat these patients as they do in India. Nothing more was explained on the subject.

The "Ideal" Health Care System

The final set of interview questions touched on what the systems in the United States and the systems in India could learn from each other. The responses to this question varied from the length of education for medical students to insurance. Overall, participants would like to see good medical care and affordable health care for all. There were also some responses dealing with how homeopathic and Ayurvedic medicine could use many allopathic techniques. A personal touch could be put to allopathic medicine, and so on. Otherwise, the participants noted that the systems were pretty much the same minus some aspects. A medical student from India stated how the Indian system worked for India, whereas the U.S. system worked for the United States. It was all society-specific.

Analysis

Many of the themes presented in the literature review, and assumptions that were made before the project started, were not presented within the conducted interviews. Although the role of social support was emphasized throughout many texts, participants did not identify with it as a large theme. A small number of participants stated that there was a greater amount of community involvement when a person was sick in India than there was here in the United States. There are also one or two organizations on campus that catered to Indian students and Indian Americans. Participants discussed these organizations and the support felt from the other members. This was still not identified as a major factor within their lifestyle or health-related behaviors. One young woman felt that the individualistic lifestyle within the United States was good but at times very lonely. This strengthens the social support concept within India, and reflects on the lack of it

within the United States. This could also explain why the few participants who felt limited in their medications and medical options felt the way they did.

Participants did not identify any lifestyle or culture transition as a challenge to receiving health care. The same young woman who felt lonely conceded that she could not buy the foods here in the United States that she would in India, which were important to her view of an “ideal health care” that included a healthy diet. Besides that example and having to request medicine from home, most participants did not identify a hardship in trying to transition to the United States.

Spirituality and illness stigmas were recognized within both the interviews and literature review. Having not interviewed someone with a stigmatized disease may have hindered a broader explanation in this aspect of my analysis. The basic concept of preferring Ayurvedic medicine because it is more natural reflects this link to spirituality that some try to achieve. One respondent gives the defense, “I prefer Ayurvedic because it’s closer to nature, I’m a nature person.”

Interviews supported the study review of the interplay between traditional and nontraditional medicine. As explained previously in the study, despite the social or law discrimination against traditional medicine, it is still prevalent within health care in India.

Discussion

Limitations

Being unfamiliar with conducting anthropological research, there were many challenges and research biases that had to be identified. This included sociocultural and gender differences. The topic could have turned sensitive for the participant when recounting personal medical differences, and respondent bias had to be taken into consideration. My research bias included

not being familiar with Indian cultural norms. Each of these problems had to be strategized and taken into account.

When using the snowballing technique, references were constantly being made back to the same informants or contacts. After being told about some of the Indian student clubs and organizations on campus, it seemed clear that the population was tight-knit.

Reflections

This study included themes and analysis from three distinct forms of medicine: Ayurvedic, homeopathic, and allopathic. These themes not only reflect upon these three medical systems but also the personal beliefs in each. Respondents touched on important aspects of combining medical treatment, financial obligations, and spirituality. The researcher had to be aware of this different outside perspective on the allopathic system, as well as other important limitations.

As a concept in Chattopadhyay's article, perhaps an understanding of the links between people and their treatment can produce a better holistic perspective on health care today. This understanding is not limited to India but could carry over to the Indian immigrants in the United States. Ultimately, the information I was provided can help in the drive for understanding one of the diverse populations within the United States' health care system.

References

- Allopathic Medicine. (n.d.). *Bio-Medicine*. Retrieved July 28, 2008, from http://www.bio-medicine.org/medicine-definition/Allopathic_medicine.
- Bhatia, M. (n.d.). Homeopathy in India. *Homeopathy 4 Everyone*. Retrieved July 28, 2008, from <http://www.hpathy.com/Status/homeopathy-India.asp>.
- Brettel, C. B. (2005). Voluntary organizations, social capital, and the social incorporation of Asian Indian Immigrants in the Dallas-Fort Worth Metroplex. *Anthropological Quarterly*, 78(4), 853–883.
- Chattopadhyay, S. (2007). Religion, spirituality, health, and medicine: Why should Indian physicians care? *Journal of Postgraduate Medicine*, 53(4), 262–266.
- Foster, G. M., and Anderson, B. G. (1978). Ayurvedic medicine. *Medical Anthropology*. New York: Alfred A. Knopf.
- National Center for Complementary and Alternative Medicine. (2003). *Research Report: Questions and Answers about Homeopathy*. (NCCAM Publication No. D183). Retrieved July 28, 2008, from <http://nccam.nih.gov/health/homeopathy>.
- National Center for Complementary and Alternative Medicine. (2008). *Backgrounder: What is Ayurvedic medicine?* (NCCAM Publication No. D287). Retrieved July 28, 2008, from <http://nccam.nih.gov/health/ayurveda>.
- Verma, U., Sharma, R., Gupta, P., Gupta, S., and Kapoor, B. (2007). Allopathic vs. ayurvedic practices in tertiary care institutes of urban North India. *Indian Journal of Pharmacology* [serial online, cited 2008 Jul 29], 39, 52–54. Retrieved on July 28, 2008, from <http://www.ijp-online.com/text.asp?2007/39/1/52/30765>.