Background on Haiti & Haitian Health Culture

History & Population • Concept of Health • Beliefs, Religion & Spirituality • Language & Communication • Family Traditions • Gender Roles • Diet & Nutrition • Health Promotion/Disease Prevention • Illness-Related Issues • Treatment Issues • Labor, Birth & After Care • Death & Dying

THIS PRIMER IS BEING SHARED PUBLICLY IN THE HOPE THAT IT WILL PROVIDE INFORMATION THAT WILL POSITIVELY IMPACT 2010 POST-EARTHQUAKE HUMANITARIAN RELIEF EFFORTS IN HAITI.

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About CultureVision

While health care is a universal concept which exists in every cultural group, different cultures vary in the ways in which health and illness are perceived and how care is given. Culture is a predominate force in shaping behaviors, values, and beliefs that impact an individual's health and response to illness. CultureVision is a web-based knowledge-management tool available by subscription. CultureVision helps providers know what sorts of questions to ask in order to tailor treatments to effectively treat patients in comport with their values and cultural framework.

For more information, visit: www.crculturevision.com

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Chapter 1: Haiti History and Population

Haiti is an island nation located between the Caribbean Sea and the Atlantic Ocean. It occupies the western third of the island of Hispaniola; the Dominican Republic occupies the eastern two-thirds.

The Arawak and Taino were the indigenous peoples inhabiting Hispaniola prior to 1492, the year that Christopher Columbus arrived on the island. He quickly established a Spanish colony and enslaved the original inhabitants. Within a short time, most of the Arawak and Taino population had been decimated by starvation, harsh treatment, European diseases against which they had no immunity or some combination of these factors. Beginning in 1517, the Spanish began to import large numbers of African slaves to replace indigenous labor in the gold mines and sugar plantations.

In 1697, Spain gave the western portion of Hispaniola to France with the remainder handed over in 1795. There were a number of slave revolts in colonial times but none was successful until that organized in 1798 by Toussaint L’Ouverture, a freed slave. L’Ouverture was later captured and imprisoned where he died. His death did not quench the slaves’ desire for freedom, however, and in 1804, Jean-Jacques Dessalines was successful in establishing Haiti as the first, independent Black republic. Dessalines was named emperor but lived only two years in that role; his death was followed by a long period of instability, frequent regime change and, at times, near anarchy.

In 1915, the US invoked the Monroe Doctrine and invaded Haiti; this occupation lasted until 1934. Despite the presence of US troops, political coups and economic chaos continued. Francois (“Papa Doc”) Duvalier, supported by the US, became president in 1957. He maintained political and social control through the “Tonton Macoutes”, a notorious secret police force which effectively terrorized the population through killings and disappearances. In 1971, Duvalier named his son, Jean-Claude (also known as “Baby Doc) as his successor. By 1986, Baby Doc was forced to leave Haiti following widespread protests and riots.

After four years of military rule, Jean-Bertrand Aristide, a former Catholic priest, was democratically elected president in 1990. His short tenure was plagued by conflict between his supporters and critics and eight months later, he was exiled to the US and succeeded by General Raoul Cedras. Cedras launched a brutal campaign of suppression and killings of Aristide’ supporters; after several years of trade embargos, the US invaded in 1994 and overthrew Cedras’s military regime. Aristide resumed the presidency for 10 years until he was again overthrown in 2004.
The constant political strife, economic chaos and a series of natural disasters, including two hurricanes in 2008, have taken an enormous toll on the Haitian people. The majority live an impoverished life (on roughly $1 US per day). Recently, the rising cost of food and fuel have become a crisis in Haiti; protests against the price of basic staples are common. Some have resorted to desperate measures i.e. eating “clay cookies” of edible dirt to survive (Katz 2008). Immigrant waves and settlement trends (Unaeze and Perrin 2000)

Haitian emigration waves are often prompted by regime change as well as heightened discord within the country. Some of these waves include:

- Many of Haiti’s affluent population as well as some slaves left in the 1790s following revolts that ended slavery and won independence for Haiti.
  - They settled in France (most of the educated and affluent) and the US in Louisiana, Virginia, Maryland, New York and Massachusetts.

- During the US occupation in Haiti (1915-1934)

- During the reign of the Duvaliers (Papa Doc and Baby Doc) (1957-1986)
  - Many of Haiti’s students and professionals left at this time.
  - They resettled in the US, as well as in Mexico, Puerto Rico, Jamaica, France, Dominican Republic, French Guyana, and parts of Africa.

- Upheaval of Aristide in 1991

Some refer to Haitian emigrants who left during the 1980s and 1990s, as well as more recently, as “boat people” due to the fact that many of them arrived in Florida on boats. Many perished on the journey, others were turned away or not rescued at sea and many were detained before being granted entrance into the US. This treatment of Haitian immigrants is a major topic of discussion within and outside the Haitian community.

In the late 1970’s, a large proportion of Haitian immigrants settled in Brooklyn, New York while later waves settled primarily in Florida. Some reports indicate that 1 out of 8 Haitians live outside of Haiti (LOCHA 2006) while others estimate that the number is closer to 50% or 1 in 2 (Lauredan and Leiderman 2007). More than 2 million people of Haitian descent live in the US (Lauredan and Leiderman 2007). Many of these immigrants are skilled professionals (doctors, lawyers, educators, nurses, etc.), which has depleted Haiti of the types of workers that it needs (LOCHA 2006). The largest Haitian communities in the US reside in (Lauredan and Leiderman 2007):

- New York (800,000+)
- Florida (700,000+)
- New Jersey (150,000+)
- Massachusetts (100,000+)
- Connecticut (50,000+)

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Pennsylvania (30,000+),
Illinois (100,000+)
Georgia (50,000+)

While earlier waves of Haitian immigrants were educated and skilled professionals, later waves included people from all levels of Haitian society including the uneducated and illiterate.

Most Haitians are proud of their heritage and prefer to be distinguished as such. Often, Haitians self identify as “Black”, particularly younger, American born people of Haitian descent. It is common for Haitians to be included in the Black/African American demographic in national statistical data and reports.

Ninety-five percent of the Haitian population are descendents of African slaves. The remaining five percent is White and/ or mulatto (persons of mixed heritage). While most Haitians share a genetic and historical background similar to that of other ethnicities in the African American Diaspora, the Haitian experience in America may be quite different. In addition to repeated political persecution and economic crises, discriminatory treatment by American immigration authorities and health officials, many Haitians are not proficient in English and thus face limited employment and educational opportunities.

**Haitian Health**

Haitian immigrants to the US may be distrustful of American healthcare providers due to their experiences of discrimination within the system. (Brodwin 2000). In the early 1980s, shortly after the discovery of HIV/AIDS in the US, Haitians were blamed for bringing the virus to the States (Brodwin 2000). Later this was proven to be untrue, in fact, the reverse was the case. They were also marginalized as carriers of other infectious diseases, particularly tuberculosis. Consequently, many Haitians are apprehensive of US health care practices and research, especially those focused on HIV/AIDS and TB.

Even though Haitians make up a large part of the Black Diaspora in America, few studies have included research pertaining to Haitian health status apart from HIV/AIDS and TB.

Chapter 2: Haitian Concept of Health

- The traditional Haitian concept of health is based on the balance and equilibrium of several factors (Colin and Paperwalla 2003):
  - **Hot** (cho) and **cold** (fret)
    - Staying warm
  - **Physical health**
    - Physical health is maintained by:
      - Proper diet
      - Cleanliness
      - Exercise
      - Adequate rest
  - **Emotional health**
    - Excessive anger, fear, sadness are believed to contribute to illness.
  - **Familial relationships**
    - Being in harmony with friends and relatives
  - **Spiritual well-being**
    - Prayer
    - Good rapport with the spiritual world.
    - Illness is often believed to be a result of wrongdoing
- As long as a person looks well, they may be considered as healthy. This includes:
  - Clear, healthy complexion and color
  - Normal body weight/ fair amount of body fat
  - Without significant physical pain
- **Si Bondye Vle** / “God willing” (Colin and Paperwalla 2003)
  - Many Haitians believe that God is the ultimate decider of health, illness, life and death.
    - This belief may be manifested as passivity concerning health decisions.
- **Illness** is viewed in varied stages or degrees of severity (Colin and Paperwalla 2003):
  - **Kom pa bon** (not feeling well) – the person is generally not feeling well
    - Usually a brief illness with easy recovery

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Does not restrict normal activities.

- **Moin malad** (feeling sick)- Feeling sick
  - Disrupts normal activities

- **Moin malad anpil** (very sick) - severe illness
  - Disrupts normal activity
  - Patient may be bedridden

- **Moin pap refe** (dying)- fatal illness

Some Haitians believe that illness may be caused by either natural or supernatural factors (Colin and Paperwalla 2003):

- **Natural causation**
  - Sometimes referred to as *Maladi Bondye*
  - Believed to be allowed by God
  - These ailments usually are not chronic
  - Irregular circulation (flow of blood) is thought to cause natural illnesses.
  - Natural diseases may also be caused by:
    - **Food**
      - Particularly leftovers
        - Believed to cause gas and consequently illness and pain.
    - **Gas**
      - Gas may enter the body through an orifice/opening (ears, mouth)
      - Gas may be present in various places in the body causing pain in that region.
      - **Head** (*van nan tet or van nan zorey*)
        - Enters through the ear
        - Causes headache
      - **Stomach** (*kolik*)
        - Enters through mouth
        - Causes stomach/abdominal pain
        - Gas may move from the stomach to other places and cause pain.
• Extremities
• Back
• Shoulder
• Other organs

• Certain foods are believed to cause gas:
  • Leftovers
  • Beans

• Ailments caused by gas are treated by consuming certain foods/drinks:
  • Tea
  • Mint
  • Clove
  • Garlic
  • Corn
  • Plantain

• Air
• Imbalance of cold and hot
• Bone displacement

• Natural illnesses are typically treated with herbal home remedies.
  • If these treatments do not work, western healthcare may be consulted.

• Supernatural causation
  • Vexed spirits
    • Feasts (manger morts) are prepared and offered to protector spirits.
      • If this and other rituals to honor the spirits are not performed, the angered spirit may cause calamity and illness in the unfaithful.
  • Curses cast by jealous and/or angry people may cause illness.
    • Voudou priests may be consulted for diagnosis and cure of supernatural illnesses.
Chapter 3: Haitian Language & Communication

Primary Religious Affiliations

- **Christianity** ([LOCHA 2006](#))
  - The majority of Haitians are Catholic (80%).
  - Approximately 15% are Protestant.
    - Baptist
    - Pentecostal
    - Seventh-day Adventist
- **Voudou** (French transcription, also written **Voodoo**, Vodou, Vodoun) ([Perlmutter 2004](#); Colin and Paperwalla 2003; LOCHA 2006; Beauvoir 2006)
  - In addition to being Christian, many Haitians are adherents of Voudou.
  - **Note:** Because of the negative images and stereotypes perpetuated in America about Voudou, many are not forthcoming about their practice of the religion. Consequently, specific, detailed statistics on practicing populations in the US are not readily available.
  - Voudou is a mixture of a traditional African (*Yoruba*) religion with Catholicism.
  - There are over 60 million followers of Voudou worldwide with large practicing populations in Florida, New York, New Jersey, Chicago, California, and Louisiana.
- **Bondye**
  - Supreme deity of Voudou
  - Not directly involved with human life/activity
    - However, *Bondye* gives power to the *Loa*, which are involved in human affairs.
- **Loa/Lwa/Lowa**
  - Deities, saints, spirits and ancestors
  - Each *Loa* is associated with a Catholic saint, which often is the image of that particular *Loa*.
  - Each *Loa* is also associated with one of the natural elements: fire, water, air, and earth.
  - May be good (*Rada*) or evil (*Petro*)
    - *Rada Loas* are benevolent, protective and generous.
• *Petro Loas* are demanding, aggressive and malevolent.
  
  o Are worshipped at various gatherings
  
  o It is the *Loas* that “takes over” an individual during entrancement and possession.
  
  o Feasts are offered to deities.
  
  o *Loa* protect believers; they also provide health and wealth.
  
  o When not appeased, spirits may cause misfortune and illness.
  
  o Each Haitian family has a specific *Loa* that protects its members.
    
    ▪ An individual inherits *Loas* from both sides (maternal and paternal).

• **Possession**
  
  o Available members of the congregation (usually priests and priestesses) make themselves mediums for the spirits/deities to speak to the mortal world.

• **Trances**
  
  o Often music facilitates an altered mental state during worship.

• **Magic**
  
  o Incantations, spells, and curses are used in Voudou to cure illness, ward off evil, or, in some instances, cause harm.

• **Priests/Priestesses**
  
  o Good priests perform “white” magic.
  
  o A male Voudou priest is called a *Wougan*.
  
  o A female Voudou priest is called a *Mambo*.
  
  o Both *Wougans* and *Mambos* officiate ceremonies and perform rituals.

• **Bokors/ Caplatas**
  
  o Evil priests perform “black” magic and evil sorcery.
  
  o Often, negative images of *Bokors* are the general public’s stereotypical association with Voudou.
Usual Religious/Spiritual Practices or Taboos

Note: The practice of all religion is subject to individual conviction and interpretation. Following are universal aspects of some religions; however your patients’ interpretation or practice may be slightly different from those listed here.

- Christianity
  - Prayer
    - Prayer is believed to be talking to or with God.
    - Among many Christians, prayer is often an everyday activity.
  - Sin
    - Many behaviors are viewed as sinful within the confines of most monotheist religions, particularly Christianity. These behaviors are based on the Ten Commandments which include:
      - Lying/dishonesty
      - Fornication/Adultery (any sexual relations outside of marriage)
      - Societal taboos (murder, thievery)
      - Other behaviors that may or may not be classified as undesirable or sinful (depending upon denomination and personal interpretation) include:
        - Smoking
        - Drug use
        - Gambling
        - Sexual uncleanness (pornography, masturbation)
        - Homosexuality
          - Many Christians view homosexuality as sinful.
          - Consequently, many homosexuals may not disclose their sexual orientation for fear of being ostracized.
          - In Haiti, known homosexuals may be physically harmed.
          - Relatives will not admit to having a homosexual relative.
    - Drinking
• Any or excessive consumption of alcoholic beverages (depending on religious and individual definition).

• Many distinguish or define drinking as alcoholic beverages other than wine (i.e. “hard liquor”), which is not considered a sinful drink by some.

• Sugar was/is a major crop in Haiti, consequently, the consumption of rum is commonplace in Haitian culture.

• **NOTE:** It is important to know how a patient defines “drinking,” in order to avoid misdiagnoses or drug interactions

• **Voudou**
  
  o **Prayer**
    
    • Many adherents pray to *Loa*, one or more deities in the pantheon of *Voudou*.
      
      • Followers may set up altars dedicated to their *Loa*.
      • Figurines and/or pictures of the *Loa* are placed on or near the altar.
      • Offerings and sacrifices are presented at the altar.

  o **Singing and dance**
    
    • Singing and dance are important aspects of Voudou.
    • Song/Dance may be done to honor the *Loas*.

  o **Sacrifice**
    
    • For some rituals and ceremonies, Voudou practitioners (priests and priestesses) may perform animal sacrifices (e.g. slaughtering a chicken or goat).
      
      • The blood of the sacrifice may be placed on an altar or on/around an individual or space.
      • This may be done in a healing ceremony.
Use of Spiritual Healing/Healers

- **Herbalists**
  - Individuals knowledgeable in the use of various plants, herbs, roots and other natural substances for therapeutic and medicinal purposes.
  - May be consulted for natural illnesses.

- **Clergy**
  - May be consulted for prayer, spiritual guidance and encouragement, which some believe can result in miracles.

- **Voudou priests**
  - Often priests are consulted about problems such as illness or misfortune caused by the supernatural.
  - They prescribe certain herbal remedies to cure illness and/or perform rituals/ceremonies to expel spirits causing misfortune.

Beliefs/Practices That Might Impact Healthcare Decisions

- **Supernatural illness causation** *(Colin and Paperwalla 2003)*
  - Many followers of Voudou believe that spirits and/or curses cause certain illness.
  - Treatment for supernaturally caused illnesses is usually sought from a Voudou practitioner.
    - In fact, some believe that if conventional western medical treatment is sought for a supernaturally caused illness, it will worsen.

- **Miracles**
  - Some Christians believe in miracles.
    - Consequently, they may delay seeking treatment while waiting on a miraculous healing.
    - This belief may also affect the decision to discontinue life support once it is started.

- **Social Misconduct** *(Beauvoir 2006)*
  - Some Haitians believe that certain illnesses are caused as a result of taboo violation or being disrespectful to elders.
    - If this is the case, the ailing may try to “right” the “wrong” to restore balance instead of consulting a doctor for treatment.
• God’s Will
  o Many Haitians believe that God ultimately decides matters of life and death, health and illness.
    ▪ This belief may be manifested as an external locus of control that is the belief that matters of health, life and death are out of the individual’s control.
    ▪ Some healthcare providers may interpret the Haitian attitude of passive acceptance as fatalism.

• Diagnosis Expectation (Beauvoir 2006)
  o Some Haitians, especially those who visit traditional healers, expect the practitioner to diagnose their problem without asking for information.
    ▪ They may not be accustomed to nor obliging when confronted with many question about their health.
  o Some may give a brief synopsis of the problem and expect the doctor to figure out the cause (which is what traditional healers do to commence their healing session).
    ▪ They may give great detail about surrounding environment, time of day and even what they were wearing, as these are important information when diagnosing supernatural illnesses.
  o The patient may nod or frown depending upon the healthcare provider’s analysis of their symptoms.
    ▪ The provider’s ability to analyze and explain the cause of symptoms/complaints may determine if the patient will return for subsequent visits.

Holidays

• Haitian Independence Day is celebrated every January 1st.
• Ancestor’s Day Celebrated January 2nd.
• Carnival
  o Traditionally celebrated on the Monday or Tuesday before Ash Wednesday, the beginning of Lent (in February or March).
  o Commemorates the last opportunity to celebrate and have fun before the month long Lenten season that observes fasts, repentance, and remembrance of passion of Christ.
  o Elaborate festivals and parades are held.

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• **Fête Dieu**
  o Communion is celebrated on the first Thursday in June.

• **Fèt Gede**
  o November 2
  o A holiday that celebrates and honors the dead.

• **Fête de Notre Dame**

• **Christmas** December 25. Celebration of Jesus' birth.

• **Easter** Celebration of the death, resurrection, and eventual ascension of Jesus to Heaven. Easter is generally considered the most important Christian holiday, as it is because of Christ's resurrection that Christians can be forgiven of their sins and have everlasting life after death.
  o Western churches celebrate on the first Sunday following the full moon that occurs on or following the spring equinox.
    - Consequently, Easter may fall as early as March 22 or as late as April 25.
  o In Christian churches in the East, which are closer to the birthplace of Christianity, Easter is observed according to the date of the Passover festival.
  o **Lent** The month before Easter, during which **Catholics** give up indulgences as a symbol of devotion and repentance.
  o **Palm Sunday** The Sunday before Easter, which commemorates Jesus' return to Jerusalem before He was crucified.
  o **Good Friday** The Friday before Easter, commemorates the day Christ was crucified and buried.

• **Saints Days** Various saints’ days are observed by many Catholics.

• **Sabbath** A day of rest and worship observed either on Sunday or Saturday (depending upon denomination). Some Christians go to church on Sabbath.
  o Seventh-day Adventists and Jehovah Witnesses observe the Sabbath on Saturday.
Chapter 4: Haitian Language & Communication

Oral Communication

- **Languages/Dialects**
  
  - French and more recently, Haitian French Creole, are the official languages in Haiti.

- **Greetings** *(PILC Haiti 2005)*
  
  - Most Haitians greet new and formal acquaintances with a handshake.
    - They are typically addressed by their title *(Monsieur, Madame, Doctor, etc.)* and last name.
  
  - Kisses (usually on both cheeks) are the customary greeting between close acquaintances, friends and relatives.
    - Friends and family are called by their first names.
    - Elders may be called aunt or uncle, even if they are not related.
  
  - When entering a room, one is usually obliged to greet everyone present.
    - This may be expected of healthcare providers who should greet all of those present in a patient’s room.

- **Common greetings include:**
  
  - *Bonjou, kouman ou ye?* – Hello how are you?
  
  - *Sak pase* - What’s up? (Informal greeting exchanged between Haitians)

- **Communication Styles & Customs**
  
  - Most Haitians greet new and formal acquaintances with a handshake.
    - They are addressed by their title *(Monsieur, Madame, Doctor, etc.)* and last name.
  
  - Kisses (on one or both cheeks) are the customary greeting for more familiar.
    - Friends and family are called by their first names.
    - Elders may be called aunt or uncle, even if they are not related.
  
  - When entering a room, one is obliged to greet everyone present.
    - This may be expected of healthcare providers who should greet all of those present when entering a patient’s room.
o Some Haitians may appear quiet, apprehensive or reserved when communicating with healthcare providers (Colin and Paperwalla 2003).

  - This may be out of respect for authority, as most Haitians respect healthcare providers and will not openly disagree.
  - This may also be an attempt to hide illiteracy or confusion.
  - **Note**: Nodding is often a sign of agreement, however, some may nod even if they do not understand what is being conveyed.
  - Engaging in social conversation (in conjunction with health topics) with Haitian patients during healthcare-related interactions is viewed as warm and caring.
    - Practitioners who are overly task-oriented or time-focused may be seen as inconsiderate or rude.

o Conversations may include hand and eye gestures accompanied by boisterous and animated expressions (Colin and Paperwalla 2003).

  - **Volume**
    - Some Haitians may speak more loudly than what is customary in mainstream American society (when speaking amongst themselves).
    - Passionate and animated communication is generally seen as authentic.
      - This can be misinterpreted as being aggressive or agitated.
    - Discussion may seem aggressive and confrontational to those unfamiliar with the Haitian culture.

- **Common Terms**
  o **Bonjou!** - Good morning!
  o **Bonswa!** - Good afternoon!/Evening!
  o **Kouman ou rele?** - What is your name?
  o **M rele ____** - My name is ____
  o **Kouman ou ye?** - How are you?
  o **Non** - No
  o **Mesi** – Thank you
  o **Anmwe!** - Help!

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- **Souple** - Please
- **Merite** - You're welcome
- **Eskize mwen** - Excuse me
- **Mwen regret sa** - I'm sorry
- **Piti piti** - A little bit
- **Anpil** - A lot
- **Isit** - Here
- **La** - There
- **Toupatou** - Everywhere
- **Anyen** – Nothing
- **Rete!** - Stop!
- **Kounye-a** – Now
- **Souple, ban mwen**... - Please give me...
- **Ye** – Yesterday
- **Jodia** – Today
- **Demen** - Tomorrow
- **Maten an** - This morning
- **Apremid a** - This afternoon
- **Aswe a** - This evening
- **Mwen pa two byen** - I'm not too well
- **Mwen malad** - I'm sick
- **Kote li ou fe mal?** - Where does it hurt you?
- **Pwatrin**- chest
- **Tèt**- head
- **Men**- hand
- **Zye**- eye
- **Janm**- leg
- **Nen**- nose
- Pye-foot
- Bra-arm
- Bouch-mouth
- Pwal-hair
- Ke-heart
- ansent - pregnant
- Mwen pa ka manje/domi - I cannot eat/sleep
- Mwendjare - I have diarrhea
- Mwen anvi vonmi - I feel nauseated
- Tout ko mwen cho - My whole body is hot
- Mwen toudi - I'm dizzy
- Mwen grangou - I'm hungry
- Mwen swaf anpil - I'm very thirsty
- Konben - How much?/How many?
- Poukisa? - Why?
- Kote? - Where?
- Kisa? - What?
- Kile? - When?
- Ki moun? - Who?
- Kijan? - How?
- Kiles? - Which?
- Eske ou gen...? - Do you have...?
- Montre - show
- Eske ou pale angle/franse? - Do you speak English/French?
- Ou konprann? - You understand?
- Kij an yo di...an kreyol? - How do they say... in Creole?
- Kilaj ou? - How old are you?
- Chita-to sit

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- *Manje* - to eat
- *Rete* - to stop
- *Kouche* - to lie down
- *Koupe* - to cut
- *Fimen* - to smoke
- *Mouri* - to die
- *Gran* - large
- *Piti* - small
- *Bon* - good
- *Malad* - sick
- *Fret* - cold
- *Cho* - hot

**More Resources**


**Written Communication**

- French and Haitian Creole French are the official languages of Haiti and both have a written form.

- Official and legal documents are written in French.

- While there are few resources for print health information in Creole, remember that although patients are given literature in their language, this does not mean that they will be able to read it, as some are illiterate in both English and Creole.

**Literacy**

- Literacy rates for in Haiti ([CIA Haiti 2008](http://www.cia.gov/cia/encyclopedia/Haiti.html)):
  - Total population (in Haiti): 52.9%
  - Males: 54.8%
  - Females: 51.2% (2003 est.)

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While literacy rates in Haiti are fairly low, be mindful that many Haitian immigrants are highly educated professionals, particularly those who have emigrated before the 1990s.

Nonverbal Communication

- Often, non-verbal cues are as important when determining a Haitian patient’s thoughts and emotions (Colin and Paperwalla 2003).
- This may include obvious facial expressions or subtle changes in attitude.

**Greetings**
- Most Haitians greet new and formal acquaintances with a handshake.
  - They are addressed by their title (Monsieur, Madame, Doctor, etc.) and last name.
- Kisses (on one or both cheeks) are the customary greeting for those more familiar.
  - Friends and family are called by their first names.
  - Elders may be called aunt, uncle, grandma and grandpa even if they are not related.
- When entering a room, one is usually obliged to greet everyone present.
  - This may be expected of others, i.e. healthcare providers when entering a patient’s room and other (e.g. family) are present.

**Beckoning Gestures**
- Pointing at someone with the index finger is considered rude.
- Some may make a “pssss” sound or tap others lightly to get their attention.

**Eye Contact** (Colin and Paperwalla 2003)
- As a sign of respect, direct eye contact with elders or people in authority is usually avoided.
  - Prolonged eye contact is traditionally considered rude.
  - More acculturated Haitians may maintain eye contact during conversation with age peers.
  - Children are still expected to respect their elders and avoid prolonged stare.
• **Touching Gestures**
  - Touching during casual conversation is common in Haitian culture.
  - Generally, there is not cultural objection to casual touching.
    - However the type of touching (handshake or tap vs. kiss or hug) depends on familiarity.

• **Time Orientation**
  - In social settings, tardiness is commonplace and often expected.
    - However, for business engagements, most make every effort to be punctual.
  - Late arrival may not be seen as disrespectful.
    - This may apply to appointments as well, depending upon the patient’s level of acculturation.
  - Interpersonal relationships may be valued over stringent schedules.
Chapter 5: Haitian Family Traditions

Family Structure & Relationships

- **Family** ([PILC Haiti 2005](#))
  - The family is the most important relationship, function and responsibility in Haitian culture.
  - Family is considered and consulted when making decisions.
  - Everything that an individual does reflects and weighs on his/her family.
  - Traditionally in Haitian culture, each family has a reputation which affects its status and respect in society.
  - Traditional Haitian families are extended families, often including grandparents.
  - Haitian families are close, even if some are far away.
  - It is obligatory for family to visit an ailing member.
    - Consequently, Haitian patients may have a large number of visitors.

- **Elders**
  - Elders are highly respected in Haitian culture.
  - Because they are wise and have life experience, they are often consulted for a variety of issues (illness, mental/emotional disturbances, civil disagreement, etc.).
  - Elders often help raise their grandchildren.
  - Adult children/family members are traditionally expected to care for the elders.
  - Putting ailing or aging elders in a nursing home is unheard of in traditional Haitian culture.

- **Children**
  - Great stress may be placed on youth to achieve high grades and excel academically.
  - Children are expected to behave well and be respectful and obedient to their elders.
  - If/When children are disrespectful to their elders, they are said to reap a future of misfortune - *Madichon*.
  - Children must never show anger to their elders.
o Ill-mannered children are typically considered to be an embarrassment to their families.

- **Corporal punishment** (*Colin and Paperwalla 2003*)
  - It is not uncommon for some Haitians to physically discipline their children when they misbehave.
  - Some (particularly by American standards) may argue that physical punishment is child abuse.
  - Out of fear of being reported, Haitian parents may keep their children out of school or avoid doctor's appointments if they have visible signs of physical punishment (e.g. bruises/belt marks, etc.).

- **Social Issues**
  - **Single parent household** (*PILC Haiti 2005; Colin and Paperwalla 2003*)
    - Single parenthood - particularly single mothers - is not uncommon in Haitian culture.
    - This often creates financial and emotional hardship for all involved.
  - **Immigration**
    - Many Haitian immigrants come to the US for economic opportunities.
      - This often involves leaving family members (spouses, or children left with other relatives) behind in Haiti until the immigrant is financially stable and able to support family in the United States.
    - Monetary support (remittances) is often sent home to support these children/ spouses and extended family.
    - Separation may cause depression and great anxiety for all involved.
    - In addition to their separation from family, some Haitian immigrants have a precarious immigration status (they may be illegal aliens or waiting for proper documentation).
      - Unsure or illegal status may cause constant anxiety.
    - Haitian immigrants have many barriers and hardships to overcome as immigrants to the US including (*Douyon et al 2005*):
      - Racism
      - Language barrier
      - Unfamiliarity with American culture/society
      - Poverty/unemployment/underemployment
• Falsehoods/stereotypes
  • Historically, Haitians were blamed for bringing HIV/AIDS to the United States.
  • This was proven to be untrue, however, the pervasive stereotype of Haitians being disease carriers may influence how others treat them.

  o **Homosexuality** *(Colin and Paperwalla 2003)*
    • Homosexuality is not accepted and not talked about in traditional Haitian culture.
    • This may prevent those who are homosexual from disclosing their sexual orientation for fear of alienation, bringing shame to the family and/or being maltreated by others.
    • Even if family members are aware of a homosexual relative, they will often deny it.

  o **Gangs** *(Douyon et al 2005)*
    • In some areas, particularly in Miami, Florida, there has been an increased formation of Haitian gangs.
    • At least 20 have been identified in Miami/Dade County, Florida.
    • Often these gangs refer to themselves and their members as “Zo”.
      • Zo means bone in Creole, its meaning (in this context) is that members are “Haitian to the bone”.
      • These gangs may be named Zo ____ (neighborhood, personality trait, etc.).
    • These groups are often associated with violence, drug activity, and other crimes.
      • Violent acts may be perpetrated against non-gang members, gang member initiates, current members of rival gangs or others.
      • Surviving victims of gang violence are often reluctant and/or completely unwilling to disclose the particulars surrounding their injuries for fear of retaliation or even death.

• **More Resources**
  • Some resource organizations which assist with gang related issues include:
• Juvenile Justice Clearinghouse
  • (800) 851-3420;  
  • A component of the National Criminal Justice Reference Service that maintains information and resources on juvenile-justice topics.

• National Alliance of Gang Investigator Associations
  • www.nagia.org.
  • An online coalition of criminal-justice professionals dedicated to promoting a coordinated anti-gang strategy.

• National Criminal Justice Reference Service
  • (800) 851-3420;  
  • A federally funded service that provides information on justice and substance abuse to support research, policy and program development worldwide.

• National Major Gang Task Force
  • (317) 322-0537; www.nmgtf.org.
  • An independent organization specializing in intervention, management strategies, networking, training and information-sharing regarding gangs.

• National Youth Gang Center
  • (800) 446-0912; www.iir.com/nygc.
  • A Department of Justice-funded group that collects and analyzes information on gangs.

• Office of Juvenile Justice and Delinquency Prevention
  • A Justice Department office providing leadership, coordination and resources on preventing juvenile delinquency and victimization.
- **Interpersonal Violence**
  - **Child Abuse** *(Martin 2004)*
    - While child abuse/neglect is not more prevalent in the Haitian American community than it is in the general American population, one study showed that 60% of interviewed women and 85.7% of interviewed men experienced at least one type of moderate abuse as children.
    - These experiences of childhood abuse may predispose individuals to depression and substance abuse in adulthood.
    - The results of childhood abuse may also manifest itself as physical illness including: headaches, chronic back pain, GI (gastrointestinal) disorders or respiratory disturbances.
  - **Intimate Partner Violence** *(Latta and Goodman 2005)*
    - When compared to the general population, female immigrants may be at a greater risk of interpersonal violence, particularly intimate partner violence.
    - Societal violence along with stresses of immigration (unemployment/underemployment, poverty, difficulty with language acquisition, etc.) may cause aggressive behavior in some.
    - Victims of domestic violence may be reluctant to report an abuser for fear of retaliation or deportation.
      - Many women stay with their abuser because they do not want to disrupt their children’s homes.
      - Some fear that leaving a spouse/partner will result in financial hardship.
    - One study reported that some abused Haitian women thought of abuse as “something to endure rather than escape.”
    - Haitian women may consult their clergy and/or elders concerning issues of abuse.
      - This may or may not prove to be helpful as some families discourage reporting perpetrators to avoid family shame.
      - Clergy may encourage the abused woman to stay with their partners, as divorce is discouraged in the Catholic faith.

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Recent Haitian immigrants may not be aware of services and resources available to them in this country since these do not exist in Haiti.

Decision Making

- Decisions are usually made by or with the input of the family.
- Many Haitians believe that what one member of the family does affects the entire family.
- Elders are often consulted to help make decisions.
  - Female elders often weigh heavily in health decision-making. Elders are often the first person to learn of a complaint/illness, as many consult elders for treatments and home remedies before seeing a doctor.

Dress

- Haitians usually wear western style clothing.
  - Generally, Haitians are well dressed in clean, neat and conservative clothing.
- Some women may wear a head scarf or head wrap.
- Appearance is very important in traditional Haitian culture.
  - Appearance often is an indicator of health.
  - Cleanliness and good personal hygiene is often considered indicative of good health.
Chapter 6: Haitian Gender Roles

Gender Roles

- In theory, traditional Haitian culture is considered to be patriarchal. However, some argue that women are the backbone of Haitian society.

- **Men**
  - Men are traditionally the head of the households and the primary breadwinners.
  - Males are the figure of authority within the family.
  - Men have relative social freedom when compared to women in Haitian society (they are free to go and come as they please).

- **Women**
  - Women are traditionally the nurturer in the family.
  - They handle the domestic duties and childcare.
  - Women are expected to be faithful and respectable.
  - Traditionally, females have less freedom in Haitian society than males.
  - As single parenthood is a common family arrangement in Haitian society, many women are also the head of the household.
Chapter 7: Haitian Diet & Nutrition

Food Beliefs

- In traditional Haitian culture, food may be categorized as (Colin and Paperwalla 2003):
  - Hot
  - Cold
  - Acid
  - Non-acid
  - Heavy (gives energy)
  - Light (easily digested foods)
- These properties must be in perfect balance in order to maintain good health.
- Illness occurs when there is an imbalance.
- Treatment of illness involves consuming foods that have an opposite property than the illness.

- Some believe that citrus fruits cause acne.

- Chofret (Colin and Paperwalla 2003)
  - An acute illness that results from exposure to or consuming cold immediately after exposure to hot.
  - This applies to strenuous exercise or activities where the body temperature rises or activities that expose one to hot (e.g. ironing, cooking, etc).
    - This is different from restoring balance with the opposite property, because the state of hot is temporary.
    - Therefore when the state returns to normal, there would be an abundance of cold, disturbing balance and causing illness (catching a cold or pneumonia).

- Many Haitians believe that eating enough (amount) to feel satisfied and maintain body weight is “eating well or right”.
  - Note: this differs from the western idea of “eating well or right” which usually implies a balanced meal with the recommended daily amount of fruits and vegetables, grains, dairy and protein.

- Foods are classified on a gradual scale from cold to hot. Foods are often used to treat illness. Foods with the opposite properties from the illness are consumed (Colin and Paperwalla 2003).

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Some examples of cold-hot foods include (1 = cold; 6 = hot; 4 = neutral):

- **Cold (1)**
  - Avocados
  - Cashews
  - Mango
  - Coconut
  - Cassava

- **Fairly cold (2)**
  - Bananas & Grapefruit
  - Lime
  - Okra

- **Cool (3)**
  - Tomato
  - Sugar cane syrup
  - Oranges
  - Cantaloupe
  - Chayote

- **Neutral (4)**
  - cabbage
  - Conch
  - Carrots
  - Watercress
  - Brown rice

- **Warm (5)**
  - Eggs
  - Pigeon
  - Soup & Bouillon
  - Pork
Haitians tend to take pride in their cuisine and often prefer to eat meals prepared at home.

- Some patients may refuse to eat hospital food.
  - In these cases, family members may be allowed to bring food which fits the prescribed dietary plan.

- Traditional diet may include:
  - **Fruits and vegetables**
    - Tomatoes
    - Squash
    - Spinach
    - Cabbage
    - Watercress
    - Carrots
    - Onions
    - Peppers
    - Okra
    - Eggplant
    - Citrus fruits (lemons, limes, oranges, grapefruit)
    - Cherries
    - Coconut
    - Bananas
- Avocados
- String beans
- Mangos
- Papayas
- Passion fruit

  - **Starches**
    - Plantain
    - Cassava
    - yams
    - Corn
    - Rice
    - Various breads

  - **Proteins**
    - Beans (kidney, white lima, black-eyed peas)
    - Various fish
    - Pork
    - Beef
    - Chicken
    - goat

  - **Beverages**
    - Coffee
    - Tea
    - Water
    - Fruit juices
    - Sodas
    - rum
o **Fats and sugars**
  - Butter
  - Meats are often fried in oil.
  - Beverages are usually sweetened with sugar.

o *Pois et ris* - rice and beans is the national dish of Haiti

o **Akasan**
  - Nutritional supplement drink made from cream of cornmeal, evaporated milk, cinnamon, vanilla extract, sugar, and a pinch of salt. ([Colin and Paperwalla 2003](#))

- There are some foods that Haitians do not eat including ([Colin and Paperwalla 2003](#)):
  - yogurt
  - cottage cheese
  - runny egg yolks

- The heaviest/largest meal is usually eaten at lunch.
- Men are usually served the choice and largest portions of meat.
Chapter 8: Health Promotion/Disease Prevention

Drinking & Smoking

- Social drinking is common in Haitian culture (Colin and Paperwalla 2003).

- Smoking Rates (Taylor et al 1997)
  - Haitian-born men and women have a lower smoking commencement rates than US-born Haitians.
  - In 1997, roughly 8% of female and 30% of male Haitian immigrants have ever smoked.
  - Nicotine metabolism and effects (NCCDPHP 2000)
    - Serum cotinine (metabolized nicotine) levels are higher in African Americans than in White and Mexican Americans.
    - African Americans are 50% more likely to develop lung cancer than Caucasians.

Exercise

- Exercise as disease prevention and health promotion is not a usual part of Haitian life.
  - However, many may be involved in physical activities including:
    - Sports - football, soccer
    - Dancing - an essential part of Haitian culture.
  - These activities may be encouraged when physical activity is part of a prescribed treatment regimen.
  - Suggesting participation in culturally acceptable and familiar activities may increase patient compliance.
  - Some believe that too much exercise may cause illness - Chofret and Chale.

Obesity

- What is considered normal body weight by Haitians may seem to be overweight by other standards (Unaeze and Perrin 2000).
  - A moderate amount of body fat is considered healthy.
  - Thin people are traditionally considered sickly and malnourished.
• Many believe that psychological disturbances cause weight loss.

**Metabolic Syndrome** *(The Endocrine Society 2004)*

- When compared to Whites, people of African descent have higher rates of metabolic syndrome *(De'silets et al 2006)*.
- 12-18% of Haitians have metabolic syndrome, compared to 32% of the overall American population *(Delisle et al 2008)*.
- Metabolic syndrome is a collection of health risks such as *(Delisle et al 2008)*:
  - **Obesity**
    - Measured by waist circumference (WC)
    - For men, a waist circumference of greater than 102cm is considered obese.
    - For women, a waist circumference of greater than 88cm is considered obese.
    - Waist circumference is not a good indicator of metabolic syndrome in Haitians *(Delisle et al 2008)*.
  - **Dyslipidemia**
    - Measured by Low HDL cholesterol levels (high density lipid)
    - < 1.03mmol/L (men); < 1.29mmol/L (women)
    - This risk factor is not a good indicator of metabolic syndrome in Haitians *(Delisle et al 2008)*.
  - **High blood pressure**
    - =130/85mmHG
  - **Hyperglycemia**
    - Measured by elevated triglycerides
    - =5.6 mmol/L
    - Elevated triglyceride level was a good indicator in Haitian women, but not in Haitian men *(Delisle et al 2008)*.
- Metabolic syndrome increases the chance of developing:
  - Diabetes
  - Heart Disease
  - Stroke

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Screenings & Vaccinations

- Many chronic diseases may be undiagnosed or untreated including:
  - CVD (cardiovascular disease)
  - Diabetes (Type II)
  - Hypertension

- Some explanations for resistance to screenings include (Lasser et al 2008):
  - Mistrust of healthcare providers
    - Historically, Haitians have been accused of being carriers of infectious diseases, particularly HIV/AIDS and tuberculosis.
    - Testing and research of any kind may be met with apprehension and caution.
  - No presenting signs nor symptoms
  - Screening was not specifically recommended by the doctor
  - Belief that cancer is always a fatal diagnosis
    - It may not be understood why measures are taken to confirm a disease process that will surely result in death.

- When compared to Black American and Hispanic women, Haitian women had the lowest breast and cervical cancer screening rates (Mandelblatt et al 1999).

- Compared to US born Blacks, Haitian (as well as English speaking Caribbean) women are diagnosed with advanced invasive cervical cancer at a higher rate (Gany et al 2006).

- In 2005, 78% of Haitian women had Pap smears performed within the last three years compared to 87% of African American, 88% English-speaking Caribbean women and 92% of Latina women (Green et al 2005).

- When compared to European American men and Latino men (Dominican), Haitian men had fewer digital rectal exams and prostate-specific antigen tests for prostate cancer. (Consedine et al 2006).

- Immunizations
  - Many Haitians in Haiti were routinely vaccinated with Bacille bilié de Calmette-Guérin – BCG (Colin and Paperwalla 2003).
    - Consequently, skin test for tuberculosis may return a false positive result.
    - A chest X-ray should be done to rule out active TB before treatment is prescribed and started.
Creole words for common immunizations include (IAC 2003):

- *Difteri* - Diphtheria
- *Epatit A, B* - Hepatitis A, B
- *Flou* - Influenza
- *Koklich* - Pertussis
- *Lawoujòl* - Measles
- *Malmouton* - Mumps
- *Polyo* - Polio
- *Ribeyòl* - Rubella
- *Saranpyon* - Varicella (Chickenpox)
- *Tetanòs* - Tetanus

**More Resources**

- Immunization info in Haitian Creole may be accessed at http://www.immunize.org/vis/vis_haitiancreole.asp.
Chapter 9: Illness-Related Issues for Haitians

Attitudes About Physical Illness

- Many Haitians equate the need for oxygen with severity of illness.
- Overall weakness and fatigue may be believed to be a result of anemia or low blood.
- Social Misconduct (Beauvoir 2006)
  - Some Haitians believe that certain illnesses result from taboo violation or being disrespectful to elders.
    - If this is the case, the ailing person may try to “right” the “wrong” to restore balance instead of consulting a doctor for treatment.

- The traditional Haitian concept of health is based on the balance and equilibrium of several factors (Colin and Paperwalla 2003):
  - Hot (cho) and cold (fret)
    - Staying warm
  - Physical health
    - Physical health is maintained by:
      - Proper diet
      - Cleanliness
      - Exercise
      - Adequate rest
  - Emotional health
    - Excessive anger, fear and sadness are believed to contribute to illness.
  - Familial relationships
    - Being in harmony with relatives and close friends
  - Spiritual well-being
    - Prayer
    - Good rapport with the spiritual world
    - Illness is often believed to be a result of wrongdoing
As long as a person looks well, they may be considered healthy. This includes:
  - Clear, healthy complexion and color
  - Normal body weight/ fair amount of body fat
  - Being without significant physical pain

**Si Bondye Vle** / “God willing” ([Colin and Paperwalla 2003](#))
  - Many Haitians believe that God is the ultimate decider of health, illness, life and death.
    - This belief may be manifested as passivity concerning health decisions.

**Attitudes About Mental Illness**

- Mental illness is highly stigmatized in traditional Haitian culture ([Colin and Paperwalla 2003](#)).
  - Few readily admit or recognize being depressed.

- Mental illness may be thought of as caused by supernatural forces ([Colin and Paperwalla 2003](#)):
  - Curses
  - Possession
  - Malevolent spirits
  - Vexed Loas (see [Voudou](#))

- Many Haitians rarely consult mental health professionals for psychological and emotional disturbances; instead, they consult with family, clergy and/or Voudou practitioners.

- Many Haitians, particularly the less acculturated and educated, tend to attribute symptoms of mental illness to physical disease or other external forces (God, spirits, curses, loss of family/job, hardship, etc.).
  - Attempts to help patients take ownership of their emotional and mental status may be met with opposition ([Nicolas et al 2007](#)).
    - They may misinterpret this effort as blaming them for their situation.

- Some Haitians may be hesitant to take psychoactive medicines based on a belief that they may cause substance dependence, substance abuse and mental illness ([Prudent et al 2005](#)).
• **ADHD** (Attention Deficit Hyperactivity Disorder) ([Prudent et al 2005](#))
  
  o Often ADHD is considered to be an unnatural/supernatural illness.
    - Some may believe that ADHD is caused by a curse or malevolent spirit.
    - They may believe that an affected child is being punished by God.
  
  o Many Haitians believe that behaviors associated with ADHD are indicative of a "poor upbringing".
    - It is thought that additional discipline (including corporal punishment) will remedy the problem.
  
  o Typical treatment usually includes:
    - Cold (property, not temperature) foods
    - Natural sedatives and purgatives
    - Herbal teas (mint, lettuce, sweetsop)
    - Prayer
    - Rituals to appease vexed spirits

• Haitians with **depression** may present very differently than other Americans (particularly White Americans) ([Nicolas et al 2007](#)):
  
  o Haitian patients rarely report an inability to function normally, due to mental illness, particularly depression.
  
  o Patients may report one of many kinds of depression including:
    - **Douluer de Corps** - "body pains"
      - Usually includes complaints of general body weakness and pain (gaz). These symptoms may include:
        - Headaches
        - Stomach pain
        - Gastrointestinal disturbances
      - It has been noted that these patients may/may not fit all of the criteria for a Somatization Disorder diagnosis, however their symptoms are valid and need treatment.
      - This is the most common form of depression reported by Haitian patients.
      - Patients may have been to several other practitioners (family, herbalists, Voudou practitioner, and primary care physician) without...
success before seeking or being referred to a mental health specialist.

- This process may be frustrating, as proper diagnosis and treatment seems almost impossible.

- **Soulagement par Dieu** - “God will resolve”
  - Sleep disturbances and sadness are indicative of this type of depression.
  - This type of depression is often a result of difficult life situations.
  - It is believed that God will resolve these issues and all will be well again.
    - Because of this belief, these patients may be extremely difficult to treat as they are waiting for God to remedy their problems.
      - Therefore, western modalities and medicines may not be seen as necessary, and therefore opposed.
    - Assuring the patient that “at times, God works through doctors”, may ease this opposition and increase cooperation and compliance.

- **Lutte sons Victoire** – “fighting an impossible battle”
  - This form of depression is characterized by an overall feeling of defeat and hopelessness.
  - Fixation on problems and suffering is common.
  - Patients may describe feeling exhausted.
  - Despite complaints, many have an attitude of acceptance of present situation and circumstances.
  - This may be associated with Posttraumatic Stress Disorder.
  - This type of depression is likened to a dysthymic disorder, except normal functions (appetite and sexual drive) are not disturbed.

**Immigration & Immunization**

- Many Haitian immigrants come to the US for economic opportunities.
  - This often involves leaving family members (spouses, or children left with other relatives) behind in Haiti until the immigrant is financially stable and able to support family in the United States.
• Monetary support (remittances) is often sent home to support these children/ spouses and extended family.

• Separation may cause depression and great anxiety in all involved.

• In addition to the separation from family, some Haitian immigrants have a precarious immigration status (they may be illegal aliens or waiting for proper documentation).
  o Unsure or illegal status may cause constant anxiety for them

• Haitian immigrants have many barriers and hardships to overcome including (Douyon et al 2005):
  o Racism
  o Language barrier
  o Unfamiliarity with American culture/society.
  o Poverty/unemployment/underemployment
  o Falsehoods/stereotypes
    ▪ Historically, Haitians were blamed for bringing HIV/AIDS to the United States.
      ▪ This was proven to be untrue; however, the pervasive stereotype of disease carriers often influences how others treat them.

• Immunizations
  • Many Haitians in Haiti were routinely vaccinated with Bacille bilié de Calmette-Guérin BCG (Colin and Paperwalla 2003).
    o Consequently, TB skin tests may return a false positive result.
      ▪ A chest X-ray should be done to rule out active TB before treatment is prescribed and started.
  • Immunization records may be written in Creole.
    o Creole words for common immunizations include (IAC 2003):
      ▪ Difteri - Diphtheria
      ▪ Epatit A, B - Hepatitis A, B
      ▪ Flou - Influenza
      ▪ Koklich - Pertussis
      ▪ Lawoujòl- Measles
      ▪ Malmouton - Mumps
- *Polyo* - Polio
- *Ribeyòl* - Rubella
- *Saranpyon* - Varicella (Chickenpox)
- *Tetanòs* - Tetanus

- **More Resources**
  - Immunization info in Haitian Creole may be accessed at http://www.immunize.org/vis/vis_haitiancreole.asp.

- **Screenings**
  - Recent immigrants from the Caribbean should be screened for ([Kemp and Rasbridge 2004](#), [Colin and Paperwalla 2003](#)):
    - **Vector-borne diseases**: arbovirus encephalitis, Chagas’ disease, dengue fever, dracunculiasis (guinea worm), filariasis, leishmaniasis, malaria, mucutaneous leishmaniasis, tungiasis
    - **Food/water-borne diseases**: amebiasis, angiostrongyliasis, anisakiasis, cholera, chromomycosis, cryptosporidiosis, leptospirosis, strongylodiasis, typhoid fever, trichuriasis
    - **Other infectious diseases**: granuloma inguinale (donovanosis), hepatitis B, HIV/AIDS, leprosy, mycetoma, paracoccidioidomycosis, STD/STIs, tuberculosis, yaws, yellow fever

- **Additional health concerns** may include:
  - Malnutrition
    - Common among women and children
    - Traditionally, males are given choice and largest portions of meat ([Colin and Paperwalla 2003](#)).
  - Sickle cell disease
  - Gastrointestinal cancers
  - Chronic illnesses
    - Recent Haitian immigrants may have chronic diseases that may be undiagnosed or untreated including:
      - CVD (cardiovascular disease)
      - Diabetes (Type II)
      - Hypertension
Genetic Issues
Note: There is limited health data on Haitian residents of the US; references to these studies are included along with more general information on the African American population.

- **Sickle Cell Disease** *(SCDAA nd)*
  - It is estimated that over 70,000 people in the US have sickle cell disease.
  - About 1,000 babies are born with the disease each year in America.
  - There are several types of sickle cell disease. The most common are
    - Sickle Cell Anemia (SS)
    - Sickle-Hemoglobin C Disease (SC)
    - Sickle Beta-Plus Thalassemia
    - Sickle Beta-Zero Thalassemia.
  - The mid-40’s is the average life span of those with sickle cell disease.

- **Symptoms** *(SCDAA nd)*
  - Lung tissue damage, pain episodes, and stroke are common symptoms of sickle cell disease.
  - Organ damage, most commonly spleen, kidneys, and liver, is caused by blocked blood flow caused by sickle cells.

- **Sickle cell trait** *(SCDAA nd)*
  - Approximately 8% of the African American population carries the sickle cell trait.
  - Sickle cell trait (AS) is an inherited condition in which both hemoglobin A and S are produced in the red blood cells, always more A than S.
  - Sickle cell trait is not a type of sickle cell disease.
    - People with sickle cell trait are generally healthy.
  - Sickle cell is not isolated to Africans/ African Americans.
  - Carriers of the sickle cell trait/ disease have a decreased risk of malaria infections/ severity.

- **Lupus** *(NIAMS 1996)*
  - Researchers have identified a gene associated with increased risk of lupus kidney disease in African Americans.
Lupus is an autoimmune disease that is three times more common in African Americans than in White Americans, and also tends to be more severe in African Americans.

- **Glucose-6-dehydrogenase deficiency** ([National Library of Medicine-Genetic Diseases 2006](https://www.ncbi.nlm.nih.gov/books/NBK1403/))
  - Most prevalent among Blacks.
  - Between 10 and 15% possess two defective copies.
  - A disorder that leads to anemia of the hemolytic type.
  - Generally only men have the disorder, although women are carriers.

- **Lactose intolerance** ([NDDIC-Lactose Intolerance nd](https://www.nlm.nih.gov/medlineplus/lactoseintolerance.html))
  - Up to 80% of African Americans are lactose intolerant.
  - In Caucasians, it usually starts to affect children older than age five.
    - However, in African Americans, lactose intolerance often occurs as early as age two ([National Library of Medicine 2006-Lactose Intolerance](https://www.nlm.nih.gov/medlineplus/lactoseintolerance.html)).

- **Metabolic Syndrome**
  - When compared to Whites, people of African descent have higher rates of Metabolic Syndrome ([De’silets et al 2006](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2470701/)).
  - 12-18% of Haitians have metabolic syndrome, compared to 32% of the overall American population ([Delisle et al 2008](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908375/)).
  - Metabolic Syndrome is a collection of health risks such as ([Delisle et al 2008](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908375/)):
    - **Obesity**
      - Measured by waist circumference (WC)
      - For men, a waist circumference of greater than 102cm is considered obese.
      - For women, a waist circumference of greater than 88cm is considered obese.
      - **Waist circumference is not a good indicator of metabolic syndrome in Haitians** ([Delisle et al 2008](https://www.ncbi.nlm.nih.gov/pmc/articles/PMC2908375/)).
    - **Dyslipidemia**
      - Measured by Low HDL cholesterol levels (high density lipid)
      - < 1.03mmol/L (men); < 1.29mmol/L (women)
- This risk factor is not a good indicator of metabolic syndrome in Haitians (Delisle et al 2008).

- High blood pressure
  - =130/85mmHG

- Hyperglycemia
  - Measured by elevated triglycerides
  - =5.6 mmol/L
  - Elevated triglyceride level was a good indicator in Haitian women, but not in Haitian men (Delisle et al 2008).

  - Metabolic syndrome increases the chance of developing (The Endocrine Society 2004):
    - Diabetes
    - Heart Disease
    - Stroke

**Common Health Problems**

**Note:** Exact statistical information about the prevalence of chronic illness in the Haitian population in the US (because they are often reported under the African American/Black on statistical data) (Colin and Paperwalla 2003).

- It is known that Haitians commonly suffer from (Colin and Paperwalla 2003; Eveillard and Benjamin 2004):
  - CVD (cardiovascular disease)
  - Type II Diabetes
  - Hypertension
  - Obesity

- STD/STIs (sexually transmitted diseases/infections) and infant mortality are other common health problems (Eveillard and Benjamin 2004).

- HIV/AIDS (LOCHA 2006)
  - Haiti has a high incidence rate of HIV/AIDS.
    - In fact, it is the highest outside of the African continent.
  - Depending upon the source and location (urban vs. rural) statistics show that 4.5-12% of the Haitian population has HIV/AIDS.

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There are 5,000 babies born with HIV/AIDS in Haiti every year.

It is estimated that 200,000 children have been orphaned in Haiti because of HIV/AIDS.

It is the 5th most important cause of infant death.

**Culturally bound illnesses**

- **Sezisman** - fright (Colin and Paperwalla 2003)
  - This occurs following a frightening, sudden or traumatic experience.
  - This event affects normal blood flow, causing Sezisman.
  - It is believed that blood travels to the head that results in:
    - Headaches
    - Vision disturbances
    - Increased blood pressure
    - Stroke
  - Treatment for Sezisman may include:
    - Cold compresses
    - Tea
    - Rum
    - Coffee
    - Water

- **Chalè** - heat (Minn 2001)
  - An illness that is caused by overexposure to heat and/or strenuous physical labor.
  - Sources of Chalè include:
    - Sun
    - Hot rooms
    - Cooking sources (stoves, hot plates)
    - Ironing clothes
    - Driving
    - Welding
- Exercise (walking, climbing)
- Heavy lifting
- Playing sports
- Construction work
- Some believe that poor hygiene may also cause Chalè
  - It is believed that heat enters the body and causes illness.
  - This is based on the **Humoral theory** of illness.
- *Chalè* causes general pain and discomfort of the affected area. Pain may occur in various parts of the body including:
  - **GI (gastrointestinal) tract**
    - This is the most commonly affected area.
    - Symptoms may include:
      - *Pouse-* constipation
      - *Gle-* clear, watery stool
  - **Stomach**
    - Gastric distention is indicative of *Chalè* in the stomach.
    - May be treated by consuming "cool" foods/drinks (*rafèchi*): coconut milk, cassava bread, okra, cucumbers, sugar, bananas and melon
  - **Head**
    - *Chalè* in the head may cause:
      - Dizziness
      - Headaches
      - A hot head (warm/hot to the touch)
      - Vertigo
    - May be treated by putting cool compresses on the head or dunking the head in cool water (*koule tet*)
  - **Eyes**
    - Vertigo is a symptom of *Chalè* in the eyes.

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- **Skin**
  - Fluid filled bumps (*bouton*) or rashes (*gran dife Chalè*) are symptoms of *Chalè* of the skin.

- **Genitals**
  - *Chalè* of the genitals is characterized by burning urethra and dark urine.
  - It is believed that it is caused by sitting on a hot surface.
  - Some believe that *Chalè* in the genitals is sexually transmitted
  - Left untreated, many believe it will end fatally.

- Some other general symptoms of *Chalè* include:
  - Hair loss
  - Hysteria
  - Dyspnea (difficulty breathing)
  - High blood pressure
  - **Pedisyon** *(Minn 2001)*
    - This condition is believed to be a suspended pregnancy.
      - The growth of the fetus is arrested and the fetus shrivels.
        - The baby is born later, often several years later.
        - *Pedisyon* is associated with female infertility.
  - **Gas**
    - Gas may enter the body through an orifice/opening (ears, mouth).
    - Gas may be present in various places in the body causing pain in that region.
      - **Head** *(van nan tet or van nan zorey)*
        - Enters through the ear
        - Causes headache
      - **Stomach** *(kolik)*
        - Enters through mouth
- Causes stomach/abdominal pain
- Gas may move from the stomach to other places and cause pain.
  - Extremities
  - Back
  - Shoulder
  - Other organs
- Certain foods are believed to cause gas:
  - leftovers
  - beans
- Ailments caused by gas are treated by consuming certain foods/drinks:
  - Tea
  - Mint
  - Clove
  - Garlic
  - Corn
  - Plantain
  - **Oppression** *(Colin and Paperwalla 2003)*
    - Respiratory illness
    - Often associated with asthma
    - Characterized by anxiety, agitation and hyperventilation
    - Oppression is a cold illness.
    - One treatment for oppression is a cough syrup made from dry coconut, sugarcane, honey, and nutmeg.
Access to Healthcare

- **Cultural issues that may affect access** (McAlpine & Call 2004; Colin and Paperwalla 2003; Eveillard and Benjamin 2004)
  - Low medical literacy
  - Low overall literacy
  - Limited transportation options
  - Inability to communicate with caregivers
  - Lack of awareness of how to navigate the healthcare system
  - Limited availability of services
    - Few health facilities are culturally competent in caring for Haitian patients.
  - Inadequate financial resources
    - Haitians immigrants have some of the lowest health insurance coverage rates (Saint-Jean and Crandall 2005).
      - Roughly 53% of Haitians in America are insured- of these 41% have private insurance; 12% have federally funded insurance.
      - 48% of Haitians are uninsured.
  - Other issues associated with poverty

Healthcare Utilization Patterns

- **Language barriers**
  - There are not enough resources for patients who speak Haitian Creole, including written resources, interpreters.

- **Alternative Resources**
  - Many Haitians seek care from family, herbalists and religious authorities (Christian and Voudou) before consulting a Western doctor.

- **Supernatural forces**
  - If a disease is believed to be caused by a supernatural force (spirits, curses, social taboo violation), conventional medicine may not be considered helpful.
• **Fear of Deportation**
  
  o Haitian immigrants who are undocumented may not utilize services, especially federally funded resources/services, for fear of deportation.

  o It is fairly common for documented Haitian immigrants to avoid federally funded services for fear that their utilization may hinder other relatives from immigrating to the US in the future.

• **Underinsured**

  o Lack of financial resources may delay or prevent Haitian immigrants from seeking medical attention.

  o Haitians immigrants have some of the lowest health insurance coverage rates ([Saint-Jean and Crandall 2005](#)).
    
    ▪ Roughly 53% of Haitians in America are insured- of these 41% have private insurance; 12% have federally funded insurance.

    ▪ 48% of Haitians are uninsured.

  o Less than 1% of Haitians utilize emotional and/or mental health services ([Portes, Kyle and Eaton 1992](#)).

**Health Disparities**

In the US, Haitian Americans are often grouped with African Americans/Black for epidemiological research purposes ([Colin and Paperwalla 2003](#)); disaggregated statistics on this population will be used where possible.

The health of Blacks born in regions where the majority is made up of persons of color (e.g. Africa, Caribbean, and Haiti) is superior to those from locations where people of color are the minority (e.g. US, Europe) ([Read, Emerson 2005](#)).

• **HIV/AIDS** ([UNAIDS 2006](#))

  o The Caribbean has the second highest rate of HIV infection, globally.
    
    ▪ Sub-Saharan Africa ranks number one in highest rate of HIV infection.

  o Haiti is the country in the Western hemisphere with the highest HIV prevalence rate.
    
    ▪ More that 6% of the adult Haitian population is HIV positive and/or has AIDS.

  o AIDS is the leading cause of death among sexually active adults in Haiti.

• **Type II Diabetes** ([OMH 2001](#))
- Diabetes mellitus is among the most serious health problems facing African Americans.
- Diabetes is the sixth leading cause of death for this population.
- Due to diabetes, the African American death rate was more than twice that for Whites.
- African Americans with diabetes are more likely than Whites with the same diagnosis to develop complications and related disability.
- Almost 12% of all African Americans over twenty years old have diabetes.
  - One-third of these people do not know they have diabetes (Diabetes-African Americans).
- 25% of African Americans over 65 have diabetes (Diabetes-African Americans).

- **Cancer (OMH 2001)**
  - African Americans have the highest rates of cancers and mortality of any racial or ethnic group in the country.
  - African American women are more likely to die of cancer than people in any other racial or ethnic group. Possible reasons for this higher mortality rate include (NWHIC nd):
    - poor access to healthcare services
    - poverty
    - neoplasms found at later stages
    - lack of trust of the medical system
  - The five-year survival rate for cancer among African Americans diagnosed from 1986 to 1992 was approximately 44%, compared to 59% among Whites.
  - When compared to Black American and Hispanic women, Haitian women had the lowest breast and cervical cancer screening rates (Mandelblatt et al 1999).
  - Haitian (as well as English speaking Caribbean) women are diagnosed with advanced stage invasive cervical cancer at a higher rate than US born Black women (Gany et al 2006).

- **Asthma (African Americans and Lung Disease 2005)**
  - As of 2002, there were 3.4 million African Americans with asthma.
    - This is the highest percentage of any racial or ethnic group.
  - African Americans are three to four times more likely to be hospitalized for asthma.

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- African Americans are four to five times more likely to die from asthma due to poverty, poor housing, air pollution, lack of education, and lack of access to healthcare services (NWHIC nd).
- Statistically, African Americans are more likely to live near areas with high levels of pollutants in the air, ground, and water.

- **CVD/Stroke** (Ingram 2006; Jones 2000; NWHIC nd; OMH 2001)
  - African Americans are at a higher risk for hypertension than any other race or ethnic group.
    - It tends to happen at an earlier age, and is typically more severe.
    - One out of three African Americans has high blood pressure (NWHIC nd).
  - The mortality rate from cerebrovascular disease, particularly stroke, among African American women is nearly twice that of all other women regardless of age.
    - Death from stroke accounts for 28% of the black-white mortality difference.
    - African Americans between the ages of 35 and 74 are almost twice as likely to have a stroke as Caucasians of the same age.
  - **Heart disease** is the leading cause of death for all racial and ethnic groups.
    - African Americans were 30% more likely to die of heart disease than whites when differences in age distributions were taken into account.
    - Blacks have a greater probability of dying from coronary heart disease (CHD) than whites.
    - Blacks are less likely to receive coronary angiography or coronary revascularization.

- **Lupus** (NIAMS 1996)
  - According to the Centers for Disease Control and Prevention (CDC), African American women are much more likely to develop systemic lupus erythematosus.

- **Women's Health** (OMH 2001)
  - African American women are less likely to receive care, and when they do receive it, are more likely to have received it late.
  - Approximately 69% of African American women between the ages of 20 and 74 were overweight.

- **Organ and Tissue Donation** (OMH 2001)
African Americans are almost four times as likely to have end-stage renal disease as whites.

African Americans are less likely to be evaluated and placed on waiting lists for kidney transplants in a timely manner.

- **Curative Surgery** ([Freeman 2000](#)).
  
  There is disturbing evidence that African Americans are less likely than Caucasians to receive curative surgeries for cancer.

  - African Americans diagnosed with *early-stage lung cancer* have lower survival rates due to the low rate of curative surgery offered or available to African Americans.
  
  - This imbalance is still present even when the two groups do not differ in socioeconomic status, insurance coverage, and general access to care.

  It is speculated that high mortality rates for cancer in the African American community is partly due to avoided or delayed screening.

  - Consequently, ailments are discovered in the late stage of the disease process, when curative modalities are least effective ([Horner 1998](#)).

- **End of Life Care** ([Crawley 2000](#)).
  
  Studies have shown that African American patients are given less resource intensive treatments than Caucasian patients.

  - This discrepancy is prevalent, despite no overwhelming evidence that African Americans are opposed to life prolonging measures.

- **Pain management** ([IASP 2002](#)).
  
  African Americans are at risk for inadequate pain control.

  - With similar complaints of pain (using similar descriptive terminology), Blacks are less likely to receive pain medication than Whites.
  
  - In one study of patients suffering from limb fractures, white patients received an average of 22mg of morphine/day, while black patients received an average of 6mg of morphine/day.

- **Glaucoma** ([Cross, Shah and Spurgeon 2005](#)).
  
  People of African–Caribbean descent are up to eight times more likely to develop primary open angle glaucoma (POAG).

  - Symptoms are evident on average 10–15 years earlier in Afro-Caribbean patients than in other ethnic groups.
Chapter 10: Treatment Issues for Haitians

Ethnopharmacology

- Sodium retention *(Purdue Study 2005)*
  - A recent study has determined that African American women retain more sodium than Caucasian women, which results in lower rates of osteoporosis among African American women.
  - However, this retained sodium is also one of the factors that place African American women at a higher risk for hypertension.

- Herbal treatments
  - People of African origin were more likely to use alternative medicines than Caucasians *(Burroughs et al 2002)*.

- Agents that show susceptibility to Genetic polymorphisms* *(Burroughs et al 2002)*
  - Psychiatric Agents
    - Response to psychotropic agents (Chlorpromazine, Nortriptyline, and Imipramine) was more rapid in African Americans than in Caucasians.

- Antidepressant agents
  - Blakcs show a faster therapeutic response to antidepressants *(Eric & Dick 2000)*.

- Cardiac Agents
  - African Americans respond better to diuretics than Caucasians.
    - ACE inhibitors, Beta-Blockers, and angiotensin receptor blocking agents are more effective in Caucasians, but show no difference if a diuretic is added.
  - BiDil *(Meadows 2005)*
    - In June of 2005, the FDA approved a heart failure drug that is designed for use by African Americans.
      - This is the first FDA approved drug for a specific racial or ethnic group.
      - This controversial drug has been shown to reduce death and hospitalization for heart failure in African Americans.
      - It is still not known why the drug is so much more effective in African Americans.
- **Nicotine**
  - African Americans metabolize **nicotine** more slowly, and have higher serum nicotine metabolite levels, than whites.
    - Sustained release **bupropion** has been found to be more effective in helping African Americans quit smoking than whites.
- **Levodopa** *(Chaudhuri et al 2000)*
  - In a study of Afro-Caribbean Parkinson’s disease patients, the majority of participants had an atypical form of Parkinson’s (other than multiple system atrophy [MSA], progressive supranuclear palsy [PSP]).
    - These forms showed there was a decreased response to Levodopa.
    - In fact, this population showed to be three times more likely to have atypical Parkinsonism with Levodopa hypo-responsiveness than Caucasians in Britain.

*Naturally occurring genetic variations.*

**Traditional Treatments**

**Note:** Many herbal supplements have potent health affects. Healthcare professionals should always inquire about other supplements and treatments that patients are taking to avoid drug interaction.

- Some Haitians rely on self-diagnosis and treatment *(Colin and Paperwalla 2003).*
  - Often, these self-diagnoses are based on similar symptoms and diagnosis of others *(Colin and Paperwalla 2003).*
    - It is important to explain that many illnesses present with similar symptoms, but require very different treatments.
    - Sharing medicine (which is not uncommon) should be discouraged.
    - Some may acquire medications from relatives or family in Haiti.
    - Some drugs that have been discontinued or banned in the US may be available over the counter in Haiti.
  - It is always best to inquire about all other medications and/or herbal treatments being used, in order to ensure avoiding drug interactions.
  - Spiritual treatments are just as important to traditional Haitian health as other modalities (i.e. medications).
  - Traditional Haitian treatments are usually natural remedies derived from medicinal herbs and various foods.

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• Traditional treatment usually involves balance of hot and cold (properties vs. temperature).
  o If a person has a "hot" illness, to restore balance a "cold" treatment would be taken.
• Treatments are usually:
  o Teas
  o Purgatives
  o Laxatives
  o Enemas
  o Baths
  o Topical rubs
• Some common treatments include (Thomas-Stevenson 1991):
  o Sarsaparilla
    ▪ Cleans blood, liver, kidneys, spleen and bowels.
  o Catnip or catmint
    ▪ Blood purifier
    ▪ Mild sedative properties
    ▪ Weak tea may be given to infants
  o Quassia, or bitterwood
    ▪ *Simarouba excelsa* plant
    ▪ Used as a tonic and febrifuge (expels intestinal worms)
  o Senna
    ▪ Expels worms
    ▪ Relieves indigestion
    ▪ Used as a laxative
  o Red sage
    ▪ Used as an emmenagogue (promotes menstrual flow)
  o Vervain
    ▪ Also used as an emmenagogue

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- May be used to induce abortion
  - **Verbena**
    - Pain reliever
    - Used during childbirth
  - A douche made from **oak bark** is used for feminine hygiene and to eliminate copious discharge.
  - Children are periodically given **lok**, a laxative made of bitter tea leaves, juice, sugarcane syrup, and oil (**Colin and Paperwalla 2003**).

- **Voudou treatments** (**Craan 1988**)  
  - The particular ingredients used in many Voudou treatments can be both curative and potentially toxic.
    - Symptoms of poisoning may include:
      - Rashes
      - Neuromuscular dysfunction
      - Cardiovascular disturbances
      - Respiratory difficulties
  - **Catalepsy**
    - Zombie-like state
    - Human that has been resurrected after having been determined dead
  - **Mucuna pruriens**
    - Powder used in some treatments
    - Causes skin irritation
  - **Tetrodotoxin**
    - Neurotoxicant
    - Found in puffer fish
    - Used to induce a zombie-like state
    - Side effects associated with the use of tetrodotoxin include:
      - Skin irritation
      - GI upset
- Nausea
- Vomit
- Diarrhea
- Epigastric pain
- Insomnia
- Delirium
- Respiratory disturbances
- Anxiety
- Nervous system disorder

- **Mercury** *(Riley et al 2001; Mahaffey 2005)*
  - Used in 49% of treatments/ remedies prescribed by Voudou priests.
  - Mercury may be:
    - Sprinkled on the floor of the home or car
    - Burned in candles
    - Mixed in perfume
    - Carried in the pocket
    - Made into an amulet
  - Elevated serum mercury levels have been associated with:
    - Neurological damage
    - Motor and sensory organ damage/dysfunction
    - Motor-sensory integration effects
    - Death

**Attitudes Toward Medications**

- Many Haitians prefer to take home remedies that are natural and herbal based.
  - However, most are not opposed to synthetic medications as long as the purpose and action of the substance are thoroughly explained.
- Some Haitians may be hesitant to take psychoactive medicines, as they believe that they may cause substance dependence, substance abuse and mental illness *(Prudent et al 2005)*.
• It has been noted that some Haitian patients will discontinue medication if symptoms have seemed to subside.
  o This can be problematic particularly when antibiotics are prescribed, as the entire prescription must be taken to ensure complete removal of infection and prevention of recurrence or development of drug-resistant organisms.

• It is not uncommon for some Haitians to share medications with others who have similar symptoms.
  o It should be stressed that different ailments can have similar symptoms, but treatment is individual and therefore drugs should not be shared.

• Some may acquire medicines from family and friends in Haiti or abroad.
  o Be aware that drugs that may have been discontinued or banned in the US may be available over the counter in other countries.

• Injections may be preferred over tablets (Colin and Paperwalla 2003).

Neuropsychological Issues

• Schizophrenia
  o Afro-Caribbeans may be at increased risk of developing schizophrenia.
  o In studies from the UK, Caribbean immigrants display schizophrenic symptoms up to 3-4 times higher than Whites (Jackson et al 2007).
    • However, mental health statistics from the country of origin show rates of schizophrenia like those of Whites in Europe, suggesting that some mental illness disparities may be result of immigration experience and acculturation difficulty.

• Many mental illnesses are attributed to supernatural causes.
  o Those who are considered to have been cursed may have the following symptoms (Colin and Paperwalla 2003):
    • Physical symptoms
      • burning skin
      • rashes
      • nausea
      • vomiting
      • headaches
• Psychological symptoms
  ▪ hallucinations
  ▪ violent attacks
  ▪ delusions
  ▪ possession of evil spirits
  ▪ While some of these symptoms may be indicative of mental illness by Western standards, they are normal in the context of Haitian culture.

• PTSD (Post Traumatic Stress Disorder) (Douyon et al 2005)
  o Many Haitian immigrants have come to the US under desperate circumstances.
  o They may have been victims of violence, torture and great loss or have witnessed violent and/or traumatic acts against others.
  o Maltreatment upon arrival in the US as well as detainment in detention camps administered by the Department of Homeland Security may exacerbate already fragile mental states.
  o Those suffering from PTSD may have difficulty concentrating as well as academic and social difficulties.
  o They may constantly relive traumatic events in nightmares, memories, and random thoughts.
  o Anything may trigger a flashback including a date, event, picture or smell.
  o Psychological symptoms may include:
    ▪ emotional numbness
    ▪ sleep disturbances
    ▪ depression
    ▪ anxiety
    ▪ irritability
    ▪ anger
    ▪ guilt
  o Many people with PTSD have an array of physical symptoms including:
    ▪ Headaches
    ▪ GI disturbances

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- Diarrhea
- Upset stomach
- Neck or back pain

**ADHD (Attention Deficit Hyperactivity Disorder)** ([Prudent et al 2005](#))
  - Often ADHD is considered an unnatural/supernatural illness.
    - Some may believe that ADHD is caused by a curse or malevolent spirit.
    - They may believe that an affected child is being punished by God.
  - Many Haitians believe that behaviors associated with ADHD are indicative of a “poor upbringing”.
    - It is thought that additional discipline (including corporal punishment) will remedy the problem.
  - Typical treatment usually includes:
    - Cold (property, not temperature) foods
    - Natural sedatives and purgatives
    - Herbal teas (mint, lettuce, sweetsop)
    - Prayer
    - Rituals to appease vexed spirits

**Depression** ([Nicolas et al 2007](#))
  - Haitians with depression may present very differently than other Americans (particularly white Americans) ([Nicolas et al 2007; Desrosiers and Fleurose 2002](#)):
  - Haitian patients rarely report an inability to function normally due to mental illness, particularly depression.
  - Patients may report one of many kinds of depression including:
    - **Douluer de Corps** - “body pains”
      - Usually includes complaints of general body weakness and pain (*gaz*). Symptoms may include:
        - Headaches
        - Stomach pain
        - Gastrointestinal disturbances
• It has been noted that these patients may/may not fit all of the criteria for a Somatization Disorder diagnosis, however their symptoms are valid and need treatment.

• This is the most common form of depression reported by Haitian patients.

• Patients may have been to several other practitioners (family, herbalists, Voudou practitioner, and primary care physician) without success before seeking or being referred to a mental health specialist.
  • This process may be frustrating as proper diagnosis and treatment seems almost impossible.

• **Soulagement par Dieu**- “God will resolve”
  • Sleep disturbances and sadness are indicative of this type of depression.
  • This type of depression is often a result of difficult life situations.
  • It is believed that God will resolve these issues and all will be well again.
    • Because of this belief, these patients may be extremely difficult to treat, as they are waiting for God to remedy their problems.
      • Therefore, western modalities and medicines are not necessary and opposed.
  • Assuring the patient that “at times, God works through doctors”, may ease this opposition and increase cooperation and compliance.

• **Lutte sons Victoire** – “fighting an impossible battle”
  • This form of depression is characterized by an overall feeling of defeat and hopelessness.
  • Fixation on problems and suffering is common.
  • Patients may describe feeling exhausted.
  • Despite complaints, many have an attitude of acceptance of their present situation and circumstances.
  • This may be associated with Posttraumatic Stress Disorder.
  • This type of depression is likened to a dysthymic disorder, except normal functions (appetite and sexual drive) are not disturbed.
Treatment of Pain

- It has been noted that treating some Haitians for pain may prove to be challenging (Colin and Paperwalla 2003):
  - Some may have a low threshold for pain.
  - Some patients find it difficult to locate the site of pain and feel that it tends to travel.

Use of Blood Products and Transplants

- Blood transfusions
  - Many Haitians are cautious about blood disturbances and diseases (Colin and Paperwalla 2003).
    - It is believed that the flow of blood causes illness.
    - This may make the subject of blood transfusion a cause of great anxiety.
      - This may also be linked to the prevalence of HIV/AIDS in Haitian society.
  
- Organ Donation
  - Many Haitians believe in life after death, for which the body should be intact (Colin and Paperwalla 2003).
    - Therefore, organ donation is usually opposed.

- Organ recipient
  - Many Haitians believe that if a donated organ is received, the donor’s personality will affect that of the recipient (Colin and Paperwalla 2003).
Chapter 11: Labor, Birth & Aftercare for Haitians

Birth Control
- Family planning might not be openly discussed (Colin and Paperwalla 2003).
- The majority of Haitians are Catholic.
  - Artificial birth control methods are discouraged in Catholicism.

Termination of Pregnancy
Note: The termination of a pregnancy is a sensitive subject and the point of contention between many Christian denominations and their followers. In most cases, the decision to have an abortion is not arrived at lightly. This decision should be respected as it is ultimately a decision governed by individual conviction and interpretation. It is best to ask the preferences of your patient rather than make assumptions based on religious affiliation.
- Devout Catholics are opposed to abortion.
  - However, the decision may vary by individual.

Pregnancy Care
- Many Haitian women work while pregnant.
- Because it is seen as a normal bodily function rather than an illness, Haitian women may not feel the need to seek prenatal care, unless something is wrong with the pregnancy (Colin and Paperwalla 2003).
- Pregnant women are traditionally encouraged to eat vegetables and red fruits.
  - This is thought to improve the developing fetus’ blood.
- Pregnant women typically avoid spicy foods.
- Hyperemesis Gravidarum (HG) - severe morning sickness
  - Is more common in African women (particularly West African) compared to Caucasian women (Roudiere 1998).
  - Symptoms of hyperemesis include (Sheehan 2007):
    - Severe nausea
    - Vomiting/spitting
  - Severe symptoms can result in:
    - Weight loss
    - Acid base/electrolyte imbalance
• Dehydration
• Depression - occurs in as many as 60% of women who develop hyperemesis.
  o Risk of developing HG increases
    • With multiple pregnancies (twins, triplets, etc.)
    • When the fetus is female

• Geophagy (Callahan 2003)
  o Some Haitian women may consume clay/dirt during pregnancy.
    • This may be the result of attempts to balance minerals and vitamins.
    • May be a remedy for nausea during early pregnancy.

• Haitian women were more likely than African-American women to have chronic hypertension (2.7% vs. 2.1%) (Odell et al 2006).
  o They presented with preeclampsia at similar rates (Odell et al 2006).

• 8.2% of Haitian women give birth to low birth weight babies.

• Chronic hypertension and preeclampsia were strong risk factors for Haitian women delivering a baby of low birth weight (Odell et al 2006).

• 5.8% of Haitian women develop gestational diabetes. This is compared to 3.2% of African American women (Odell et al 2006).

• Peripartum cardiomyopathy (PPCM) (Fett, Christie and Murphy 2006)
  o Heart failure during pregnancy and postpartum in otherwise healthy women.
  o Subsequent pregnancies often worsen the condition.
  o One study in Haiti showed that of women who had PPCM, 53% reported a worsening of their condition with subsequent pregnancies.
  o 47% had a full recovery and no recurrence during subsequent pregnancies.
  o Toxemia during pregnancy is a high risk factor for PPCM in Haitian women.
Labor Practices
Generally, in Haiti, women deliver without anesthesia.
- In the US, many opt for some form of anesthesia.
- They may be active during labor.
- Some women may be very expressive about their pain, while others are stoic.
- Many Haitian are afraid of Cesarean sections.
- Usually a female relative accompanies the laboring mother; however, they are more of a support system rather than a “birth coach”.

Role of Father During Birth
Labor and delivery is traditionally left to the women; the father is typically not present during the delivery (Colin and Paperwalla 2003).

Birth Recuperation
- Traditionally, women are kept warm while in the postpartum period.
- Cleanliness is important during this time.
- Some believe that women’s bones are open after delivery.
  - She must remain in the bed for 2-3 days while the bones close.
    - Some women wear an abdominal binder to assist in closing the bones.
- They may wear a band around their waist to prevent gas.
- Some Haitian women give a laxative to the infant to expel meconium.
- Three baths (Colin and Paperwalla 2003)
  - The new mother takes three baths in a hot bath made from special leaves.
    - This helps to constrict internal muscles and promotes cleanliness.
  - A tea is also made from these leaves which she must drink for the three days.
    - For the three days she only drinks warm tea or warm water.
  - After the third bath, the new mother may drink cold water and return to her normal activities.
  - She may also be given a purgative.

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• Following delivery, Haitian women traditionally do not eat certain foods that are believed to increase vaginal discharge, including (Colin and Paperwalla 2003):
  o White foods
  o Lima beans
  o Okra
  o Mushrooms
  o Tomatoes

• Foods that are eaten to increase strength include (Colin and Paperwalla 2003):
  o Porridge
  o Rice and red beans or Plantains
  o Carrot and/or Red beet juice

**Breastfeeding**

• Many Haitian women initiate breastfeeding following delivery and continue for nine months.

• It is believed that if breast milk is thin, it causes the infant to have diarrhea.
  o If the infant does develop diarrhea, breast feeding is typically stopped.

• If the breast milk is thick, it is believed to cause a rash (impetigo) in the infant.

**Circumcision**

• Generally, Haitian men are not circumcised.

**Antenatal Diagnoses**

• Haitian immigrants have an increased risk of delivering a baby with certain birth defects when compared to other minority populations.
  o The etiology of this trend is not known, however, it is speculated that lower rates of antenatal testing/diagnosis may account for part of this disparity.
    • An unwillingness to have abortions may also affect these findings.
• Haitian women were more likely to report that dietary choices during pregnancy are influenced by culture rather than nutritional value.
  - It has been proven that the consumption of certain foods decrease the risk of certain birth defects.

• In Florida, roughly 50% of pregnant Haitian women receive adequate prenatal care (at least nine prenatal visits, starting in the first trimester).

- Birth defects that are higher in Haitian babies include:
  - cardiovascular birth defects
    - Atrial septal
    - Endocardial cushion defects
  - Pulmonary artery anomalies
  - Hirschsprung
  - Reduction deformity (lower limbs)
    - A musculoskeletal birth defect
  - Microcephalus
  - Down syndrome
    - Choanalatresia (A narrowing of the nasal passage)
Chapter 12: Death & Dying for Haitians

Beliefs About Death

- Most Haitians believe in life after death, whether in the Christian context of eternal life and/or in the Voudou context of crossing over into the invisible supernatural world.

- Some Haitians believe in Zombies (Unaeze and Perrin 2000).
  - Zombies are believed to be human beings who are brought back to life after dying.
  - Zombies are believed to have their soul taken.
    - These zombies are at the will and command of the Loa or Voudou practitioner who has taken the soul or induced the Zombification.

Practices Before Death

- Traditionally, Haitians prefer to die at home but in the US, most die in the hospital.
- Spiritual leaders may come to pray with the dying and to give support to the family.
- If the death is anticipated, the patient may have many visitors.
- Visitors may openly express their grief and sadness.

Practices After Death

- **Veye**
  - Not only do friends and family get together immediately after the death, but they additionally meet before the funeral to grieve and remember the deceased.

- **Dernie Priye**
  - Prayer service that facilitates the passing of the soul to the next world.
  - This ritual lasts for seven days.

- **Prise de Deuil**
  - This mass, held on the seventh day postmortem, officially commences the mourning process.

- Mourners traditionally wear white (Unaeze and Perrin 2000).
- The dead are buried.
  - Because traditionally Haitians believe in resurrection, cremation is not common.
- Autopsies are usually resisted unless legally required.