**Cultural heritage and healthcare**

**Introduction**

Different groups of people have expressed their ways of living differently. This includes customs, objects, places, practices, values and artistic expressions. Access, preservation, and education related to cultural heritage is very important as it enables people to know their past, present and future lives of their community (Spector, 2002). Through understanding their past, different communities are able to appreciate their life and preserve their uniqueness as they also interact with other people around the globe. This paper will provide discussions in relation to Polish-American culture, Russian-American culture and Thai culture. Similarities in their healthcare belief will also be given together with their view on health and disease and their customs in place to deal with them. Lastly, the paper will also focus on how their healthcare belief has affected or influenced the delivery of evidence-based healthcare.

Critically looking at the cultural heritage of the three given groups (Polish-Americans, Russian-Americans, and Thais), there is a visible difference in the manner in which these groups approach life. Their customs, practices, and beliefs are very different and the degree of acceptance to new ways of living is also different. For instance, the Poles have been strong in maintaining their ethnic heritage compared to other immigrants in the United States. As a means of promoting their ways of living, Polish immigrants have continued to attend Catholic churches, parades, and festivals as well as maintain their ethnic food traditions and communicating in Polish language (Purnell, 2012). This is a trend which other immigrants have not been able to hold that high. The majority of the Poles are Catholics while Thais are Buddhist and the Russians being nonreligious and others being Orthodox Christians. Most of the educated

Russians in the United States speak English unlike the other immigrants from Poland and Thailand who always have difficulties speaking English thus making a majority of them not to secure professionals and high paying jobs. For Thais, the first name given to the child is done by a Buddhist monk or a fortune teller based on the date, day and time the child is born. This is a cultural practice that stands unique among the three groups of immigrants in the United States.

A bigger percentage of the population in Thailand is pure Thais with a limited occupation by other groups such as Chinese, Lao, Caucasian, Mon and Asian Indian among others. Despite mixed heritage, skin color, and facial profile, the Thais usually have small body size and structure, and this makes them receive lower doses of ritonavir. For the Russians, most of them are predominantly white, and this is believed to make them prone to skin cancer. Looking at this scenario, the disease is believed to be associated with their skin color and also the fact that most of the Eastern-Europe immigrants had exposure of radioactivity effects of the Chernobyl tragedy in 1986 (Spector, 2002). On the side of the Poles, most of them are of medium height and following the invasions of foreigners, some Polish people are dark and Mongol looking. The Poles also have a belief that they are tough and therefore they are able to tolerate pain from injuries, illness, and disease. Despite these differences and many others among the three groups, there are also visible similarities in their ways of living. For instance, the cultures of these groups recognize the need for respect for the elderly people in the society. Also, the three groups seem to maintain eye-to-eye contact when engaging in various levels of communication. However, for the Russians, they tend to avoid it when speaking with government officials or professionals.

On matters related to pregnancy and childbearing practices, The Poles are strongly opposed to abortion practices as compared to Russians who regularly abort their pregnancies. These groups show a lot of similarities when it comes to pregnancy because there is a visible trend whereby the pregnant women are expected to seek healthcare services and follow the advice given. In addition, pregnant women are also expected to rest and avoid manual tasks and eat a well-balanced diet that will help provide energy for the mother and the unborn child. It is also observable that the pregnant women are not comfortable being attended by male professionals. Mothers are also expected to breastfeed their children up to a certain period. High-risk lifestyles such as alcohol misuse, smoking, and illicit drug use are believed to have contributed so much towards the health problems being experienced by the immigrants (Purnell, 2012). For the Thais, there are high cases of unprotected sex thus increasing the spread of HIV/AIDS among the population.  The Russians are also victims of domestic violence and there are no domestic violence support services in Russia and this makes it hard for the immigrants to report and seek help for domestic violence in the United States because it is something majority have not done before.

On matters pertaining death, the Russian families prefer to have the dying member cared from home. They also prefer internment for cremation. For the Poles, they prefer to stay with the dying person so as to show concern. In addition, they show their support and care by bringing food, attending to the young ones and helping with domestic errands (Hertz, & Dobroszycki, 1988). Poles strongly honor their deceased by appearing for mass as well as making contributions during the All Souls Day that is usually on November 1. Thais believe that when one dies, he or she will be reborn somewhere else depending on his or her actions. In most cases, they follow the custom of cremation with the funeral ceremony being led by Buddhist monks.

A deeper analysis of the healthcare practices and beliefs of these groups clearly shows that offering quality medical services to these people may be really hard. The immigrants of these groups tend to be reluctant in seeking medical services because they strongly have cultural beliefs attached to some illness and therefore they tend to worry about what the society will think of them (Purnell, 2011). For instance, the Poles are very reluctant to discuss their treatment options with healthcare professionals and this is a true challenge to offering quality services because the patient is not cooperative. In addition, the Poles are also strongly opposed to Medicare, Medicaid, and managed care because they see them as forms of social charity and therefore in most cases if the individual is not able to pay the medical bill, they refuse to seek treatment. For the Russians, they are also strongly attached to the cultural practices and beliefs thus making them seek these options first before visiting a healthcare facility.

Also, the Russians are strongly opposed to X-rays and telling healthcare providers about depression and other mental health problems because this carries a significant stigma (Dohan, & Levintova, 2007). These beliefs truly make it hard to deliver evidence-based health care. For the Thais, it worse because they have limited health promotion and disease prevention behaviors. They strongly believe that negative supernatural powers are responsible for mental illness. They seek help from traditional healers first before going to medical facilities. Thais, are reluctant in donating their organs because they believe that during rebirth they may not have the organ. These practices and beliefs provide a strong hindrance to evidence-based healthcare because the patients may not be willing to cooperate in the process.

**References**

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