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## **The Mexican-American Culture**

Mexican workers came to the United States in the late nineteenth and early twentieth centuries for the major industries of the southwest. Some examples of these industries consist of mining, agriculture, and manufacturing. Immigration started to pick up during the 1920s. The Mexican Revolution had many Mexicans fleeing the country to come to the United States to avoid danger and to live a stable life. Starting in the 1920s, there were around 50,000-100,000 immigrants every year ("Mexican Immigration to the United States"). According to the U.S. Census Bureau, 36.6 million individuals lived in the United States in 2017 (Noe-Bustamante, Flores & Shah, 2019). Mexican-Americans mostly live near the southern border in states such as Texas, California, and New Mexico.

### **Environmental Control**

Mexican-Americans have an external locus of control. They believe that illness, physical or mental, may be caused by some form of imbalance between the environment and an individual. A typical imbalance that they see is through the terms "hot" and "cold". These terms are associated with properties related to health conditions. Cold conditions involve vasoconstriction and a reduced metabolic rate. Some examples of this include pneumonia or menstrual cramps. Hot conditions involve vasodilation and an increased metabolic rate. Some examples include hypertension or diabetes (Englekirk & Marin). Mexican-Americans believe in fatalism, which is believing that illness is caused by God's will or punishment by past sinful behaviors (Medina).

### **Biological Variations**

One of the most prevalent chronic diseases that Mexican-Americans have is Type 2 Diabetes Mellitus. The causes of diabetes are being overweight or obese from not having healthy diets and overeating. Another big health concern that is prevalent within the Mexican-American population is alcoholism. A cause of alcoholism can be due to low socioeconomic status and no awareness or knowledge about treatment programs. Alcoholism has many negative effects on the body especially the liver (Englekirk & Marin). Mexican-Americans are not proactive about their health, so many of these disorders end up going untreated. Some of the most common causes of death of Mexican-Americans are cardiovascular disease, cancer, and liver disease (Velasco-Mondragon, Jimenez, Palladino-Davis, Davis & Escamilla-Cejudo, 2016).

### **Social Organization**

The family structure of Mexican-Americans is the nuclear family. A common term that describes the nuclear family is "machismo". This means that the men hold the highest power and are the ones who are in charge of providing for their families and making decisions. The women expect to keep the family together through being the caregiver and being the one responsible for parenting (Medina). Mexican-Americans also believe in having extended family around for help with everyday life. Mexican-Americans believe in Roman Catholicism. They believe that religion plays a large role in their health and well-being (Medina).

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## Communication

The main language of Mexican-Americans is Spanish. It is often hard for them to obtain health care when they are not able to speak English. Their typical responses are in the form of silence because they do not understand their health care providers. They also do not like to use a lot of eye contact, especially in health care settings. Touch is normally unappreciated, especially with strangers. To provide appropriate culturally competent care, the nurse must address the patient by what they want to go by as well as avoid gestures that may be interpreted differently (Medina).

## Space

The use of space by Mexican-Americans is typically more conservative, especially in health care settings. Many women feel uncomfortable with a male health care provider, so getting them a female health care provider is important. They show affection by hugging and kissing when they are around their family members (Medina).

## Time Orientation

Mexican-Americans are present-oriented, meaning that they are not as preventative as other cultural groups. They are not proactive about their health conditions and they often engage in risk-taking behaviors which results in negative health outcomes for them (Medina).

## Religion and Health Practices

Mexican-Americans are typically Roman Catholic and they believe that religion has a large impact on their health. They believe that there are saints that have functions. For example, St. Peregrine has the function of healing people who have cancer and St. Joseph helps individuals who are dying. Mexican-Americans follow sacraments within the church that help to heal sick individuals. An example of a sacrament would be The Anointing of the Sick. This is a sacrament when a priest puts oil that is blessed on the head of an individual who is ill. Something that has been evolving with Mexican-American women is oral contraceptives. The Roman Catholic church does not believe in contraceptives but yet there is a rise in women using them (Lujan & Campbell, 2006).

## Traditions of Health

When a person has an illness, there is an imbalance between them and the environment. When an individual has a cold condition, they relieve it with a hot remedy and the other way around. This helps the individual to get back to a balance in their life. Some of the folk remedies that they use to help with getting back to balance are using garlic for hypertension, eucalyptus for respiratory illnesses (asthma, bronchitis), and sage for diabetes (Lujan & Campbell, 2006). There are some Mexican Americans that use primary care providers, while some like to stick with their home remedies and obtain folk healers which are often called a "curandero" (Medina).

## Use of American Health Care System

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The two reasons why Mexican-Americans do not utilize the American health care system are communication barriers and the prevalence of no insurance coverage. Many Mexican-Americans speak Spanish and little to no English. This prevents many from going to get the health care that they need. Another barrier to health care is that many Mexican-Americans cannot afford health care. In 2014, there were 26.5% of individuals did not have health insurance (Velasco-Mondragon & Jimenez, 2016). Mexican-Americans are not proactive and they have risk factors in regards to their health including poor diet, alcohol use, and living sedentary lifestyles.

Providing culturally competent care is very important in the health care field. Health care providers need to recognize their own biases and obtain knowledge about all of the many cultures that there are. An example of practicing culturally competent care is getting an interpreter for the individual so that information is facilitated appropriately. Another way that culturally competent care is practiced is by making sure that the health care provider asks open-ended questions that facilitate information as well as avoiding using medical jargon with the patients.