Defining Barriers to Acceptance of Westernized Medicine Among Montagnard Refugees
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What are the cultural barriers to displaced populations’ acceptance of Western medicine and compliance to its tenets? How can medical practitioners overcome these barriers to improve the health of these displaced populations? Culture is primary in shaping an individual’s perception of illness and compliance with prescribed medical regimens. Identification of health-related cultural elements is critical, as the Healthy People 2010 report identified. Respect for these factors is essential to the acceptance of recommended care regimens and preventative programs (Kreuter et al., 2002). Refugee populations are at greater risk than other segments of the population (Kreps & Sparks, 2008) and are the most likely to experience dissonance with Western medical culture. A bridge must be created between cultural axioms and the foreign, yet effective interventions that Western medicine provides, in order for the target population to accept the medical notions of their new nation. This research attempts to guide health care providers in offering acceptable interventions that will better the overall health of the target population. This ethnographic study focused on collecting evidence-based cross-cultural health knowledge of the Montagnard community in Greensboro, North Carolina. Snowball sampling was used to contact members of the Montagnard community, through refugee resettlement agencies, community leaders and the United Montagnard Church. Photographs and video of informant interviews, their settings, and audio material from taped conversations were collected. These subjective narratives, in combination with investigator observations and review of previous research, were used to analyze the overall patterns observed in both first- and second-hand accounts of health-related activities and health care utilization by the Montagnard community. Patterns found included misunderstandings between patient and provider due to differences in defining illness, passive obedience, and false perceptions of Western medicine. These fostered patient noncompliance, explained ignorance of clinical appointment and payment systems and highlighted the influence of causation and collectivism in the decision to seek care. In order to overcome cultural barriers, health providers must be willing to familiarize themselves with a patient’s unique health culture. It is through multicultural awareness that health care providers can achieve treatment success and eliminate health care disparities between refugee and native populations.