



Bhutanese Refugees:

A Brief Introduction for Healthcare Workers

Shelby Chapman

MA Medical Anthropology

How To Use This Presentation

This presentation is designed to give a general overview of Bhutanese culture for individuals working in the healthcare field. It is not intended to be a full account of the culture and beliefs of all Bhutanese immigrants.

It is important to note that the information contained in this presentation will not be applicable to all Bhutanese. Changes in Bhutanese culture will also occur as the acculturation process continues in the United States.

Providers are encouraged to assess the needs and behavior of all patients individually.

Bhutan

- Bhutan is a tiny country bordered by China and India
- It is approximately half the size of the state of Indiana
- Climate varies between tropical in the south and severe winters in the Himalayan north
- Capital: Thimphu
- Languages: Dzongkha, (national language of Bhutan), Nepali, Sharchopa, English (35%)
- Religion: Buddhist, Hindu, Animist, Christian



A Brief History

- 1624-1890's: Nepalese people are brought to Bhutan by the Bhutanese government.
- 1958: Bhutan grants citizenship to the Lhotsampas.
- 1988: Lhotsampas are required to produce land tax receipts from the year 1958. Many people are reclassified as illegal immigrants.
- 1989: 'One Nation, One People' policy passed.
- Early 1990s: Public demonstrations are held to demand civil and cultural rights for the Southern Bhutanese. Thousands of Southern Bhutanese flee to Nepal through India.
- 1992: UNHCR establishes refugee camps in southeastern Nepal.



Current Refugee Situation

- More than 100,000 Nepali-speaking Bhutanese have fled Bhutan.
- Despite 15 attempts to repatriate the refugees to Bhutan, not a single refugee has been allowed to return to Bhutan.
- Resettlement to the United States began in 2008.
- 15,000 Bhutanese refugees are expected to resettle in the United States in 2012.



Food

- Typical staples include: red rice, dhal (lentils), *gundruk* (dried vegetables), *amadachi* (curry), chilies, and potatoes.
- Bhutanese refugees generally eat two meals per day—brunch and dinner.
- Many Hindus are vegetarians. Some Hindus will not eat or touch beef or pork.
- Bhutanese refugees eat with their hands and some older refugees may be unfamiliar with eating utensils.
- Milk is typically boiled before consuming and served hot.



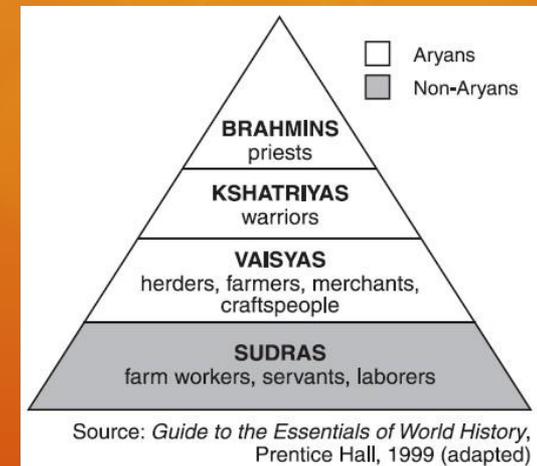
Etiquette



- The preferred greeting is to bow one's head, clasp your hands together at the palms, and say "Namaste"
- Hand shaking and hugging are generally frowned upon
- In Bhutan direct eye contact was a sign of disrespect
- A side head nod can indicate yes or maybe, which can confuse Westerners

Religion

- The majority of Bhutanese refugees are Hindu (60%)
- The Nepalis from Bhutan divide themselves into castes which separates people into different social levels and influences the choice of marriage.
- The 4 main castes are:
 - Brahmins—teachers (e.g. Sapkota, Dahal, Bhandari, Bhattarai)
 - Chhetris—warriors (e.g. Basnet, Khadka, Karki, Thapa, Saha, Ghorsai)
 - Vaishyas—merchants/skilled craftsman (e.g. Rai, Subba, Gurung, Tamang)
 - Sudras—untouchables (e.g. Darjee, Sarki, Bishwa, Silwal)
- Lower caste members tend to act passively around higher caste families.
- High caste Brahmins, especially the older generation, will not allow lower caste members into their kitchens and will not eat food prepared by a lower caste member.



Gender Roles

- Traditionally, women participate in equal measure in the hard labor associated with farming.
- Women are also the primary caregivers for the children and are expected to do virtually all of the housework and cooking.
- These gender roles are changing in the United States as women take on a greater roles outside of the home.
- Polygamy, while not common, is practiced.



Reproduction

- Family planning is readily available in the refugee camps and well accepted.
- Women should be examined by female providers, unless the husband is present and gives permission.
- Women are familiar with in-hospital births.
- After giving birth, a new mother traditionally rests for 22 days. On the 11th day the child is named and a purification ritual is performed by a Brahmin.
- Preventive care, such as mammograms and pap smears, will likely be unfamiliar.



Death and Dying

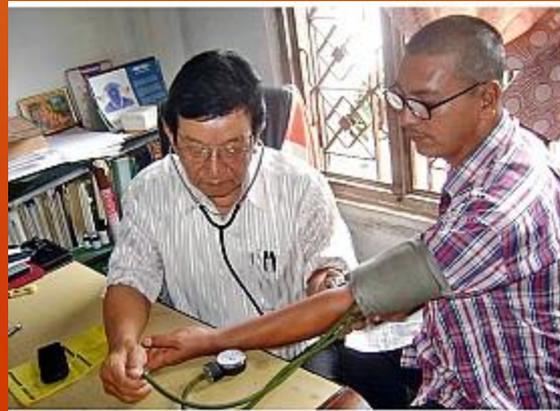
- At the time of death, members of the deceased person's immediate family spend thirteen to sixteen days in formal mourning. This may pose problems for those who working in the United States.
- Those in mourning can only eat rice (once per day), ghee (butter), and fruit. The person in mourning must prepare their own meals.
- Men and women are in separate rooms during the mourning period.
- Male mourners shave their heads and dress in white cloths. Sons will also shave their heads on each anniversary of the death.

Mental Health

- In contrast to many refugee populations, Bhutanese refugees tend to be forthcoming with their health issues, including mental illnesses.
- Depression, generalized anxiety, PTSD, and other mental illness due to forced displacement and cultural alienation are common.
- Vulnerable groups include the elderly, widows, the mentally/physically disabled, and those who have experienced torture.
- Female victims of sexual abuse/rape may face ostracism and harassment by the community.
- Recent rates of suicide within the Bhutanese refugee community have been more than three times as high as the general population.

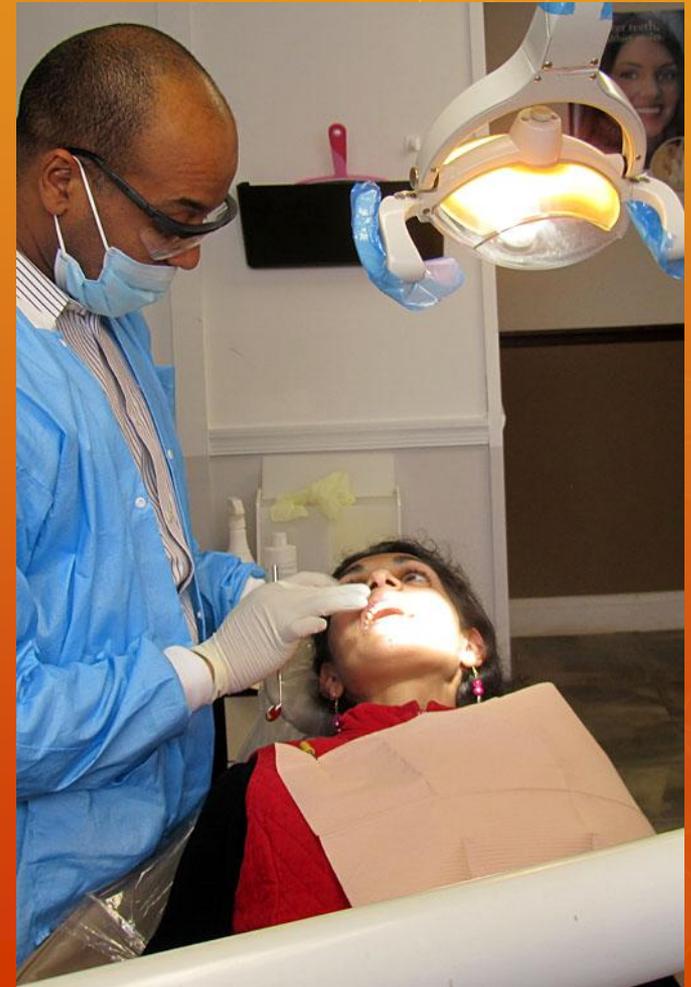
Medical Care

- Access to basic medical care in the refugees camps is considered to be quite good compared to other refugee situations.
- Bhutanese refugees are proactive about seeking medical care.
- Tend to approach medical care from an emergency perspective rather than a preventative care perspective.



Health Issues of Special Note

- Severe chronic malnutrition (Vitamin A and B12) contributes to diminished immune system and neurological problems.
- Many Bhutanese are vegetarians—increasing the necessity of eating a vitamin-rich diet
- Oral and dental health problems from a complete lack of care in Bhutan and the camps
- Tuberculosis
- Mental health disorders
- Developmental disorders
- Deaf/mute



Deafness in the Bhutanese Community

Across the country healthcare providers have noted a higher than expected prevalence of deafness among Bhutanese refugees.

Although the cause of this increased prevalence is unknown, one study noted that:

- Overcrowding;
- Low socioeconomic status and
- Poor nutrition put this group at increased risk for deafness (Bhandary 2011).

Other potential causes include:

- Resettlement priority for deaf refugees;
- Measles, mumps, and rubella and
- Genetic causes.



Erika Schultz/The Seattle Times

References

- Cultural Profile: The Bhutanese Refugees in Nepal: A Tool for Settlement Workers and Sponsors. IOM Damak, Nepal. 2008
- Bhutanese Refugees in Nepal. COR Center Refugee Backgrounder No. 4. October 2007. www.culturalorientation.net.
- Nepali-speaking Bhutanese (Lhotsampa) Cultural Profile. Maya Maxym. EthnoMed. March 1, 2010.
- The Other Face of Bhutan: A Report on the Latest Refugee Arrivals in the U.S. David Zander. Asian Pages. May 5, 2008.
- Bhutanese Refugees in Nepal—Supplement. Cultural Orientation Resource Center, CAL. January 2008.
- Sign Language Class Helps Deaf Bhutanese Refugees Restart Their Lives. The Seattle Times. Allison Barrett. October 13, 2011.
- Screening and Rehabilitation of Hearing Handicap in Bhutanese Refugee Camp—A Step Towards Promoting Effective Interventions for Neglected Health Conditions. Geneva Health Forum. Sangita Bhandary. December 12, 2011.
- Bhutan. CIA Factbook. 2011.
- Susma Dahal
- Om Sapkota