

Community Profile: Bhutanese

Language: Nepali, Dzongkha, English

Country of Origin: Bhutan

Places of Transition: Nepal, India

***This guide is meant to provide a general cultural orientation and does not describe every person from this community**

Dos and Don'ts

- Recognize that most Bhutanese refugees are Lhotsampas, people originally from Nepal whose families settled in southern Bhutan several generations ago.
- Patients may have high expectations for healthcare providers. It is important to take some time to build rapport, treat the patient kindly, and be receptive to the patient's concerns.
- Many Bhutanese have been exposed to English, but may still find it difficult to understand. Speak slowly and recognize that most refugees will require an interpreter.
- Elders are highly respected in Lhotsampa culture. Decision-making is often first discussed with elders in the family, so be sure to keep them informed.
- For OB/GYN and reproductive health issues, try to match the patient with a female provider. The patient will feel more comfortable discussing these issues with a female provider.
- Emphasize the importance of preventive health measures, routine check-ups, and screening procedures.
- Encourage patients to communicate openly about their use of traditional medicine.
- Many Bhutanese are malnourished due to the limited nutritional diversity of food rations in the refugee camps. Give patients appropriate nutrition advice and supplements. Vitamin B12 supplements are particularly important for this population.

Health attitudes, beliefs and stigmas

Most Bhutanese refugees are Hindu (60%). Other religions include Buddhism (27%), Kirat (10%), and Christianity.

Hindus and Buddhists believe in reincarnation and often attribute illnesses to karma, actions performed in past lives.

Some Hindus and Kirat are vegetarian. Cows are considered sacred, and eating beef is prohibited among Hindus and Kirat.

Home remedies, traditional healers and shamans, spices and herbs, and astrological readings are often used as first-line treatment for illnesses.

Lhotsampas tend to be reluctant about seeking medical care. Many prefer going to the ER for immediate care of serious health problems, rather than scheduling appointments for preventive care.

Physical and mental disabilities are considered shameful and are often kept hidden.

Pregnancy, birth, and death are viewed as spiritually impure periods that require the performance of rituals. In some families, women are expected to rest and not prepare food during their menstrual period.



Contraception and family planning are widely accepted and used, except by some more traditional individuals.

Many women have never encountered health screening procedures such as mammograms and pap smears.

Patients from the pre-literate class are often uncomfortable discussing sexual relationships and reproductive health.

The rate of exclusively breastfeeding infants for the first 6 months is low. Other liquids are often introduced early on.

The Bhutanese tend to depend on herbal remedies and prefer to only take low doses of pharmaceutical drugs.

Traditional gender roles may influence utilization of health services. A woman will voice concern about the health of her spouse and children, but may be reluctant to discuss her own health.



What you may see

The education system in Bhutan started in 1960. Most refugees over age 40 are either pre-literate in both Nepali and English or have a low level of formal education.

Most Bhutanese refugees have lived in refugee camps ever since their families were forced to leave their country more than 20 years ago.

Many Bhutanese refugees speak a low form of Nepali and may not understand the formal language interpretation over the phone.

The caste system in Bhutan divides the population into a social hierarchy, influencing choice of spouse and social interactions. For many Lhotsampas, caste is no longer a consideration. For others, particularly traditional individuals of the upper castes, caste remains an important issue but is not openly discussed.

Family is a high priority and the community tends to be tight-knit. The Bhutanese are accustomed to visiting neighbors and welcoming others into their homes.

Lhotsampas usually live in large households with extended family. The younger generation is responsible for taking care of the elders.

Arranged marriages and polygamy occur, but tend to be uncommon.

Did You Know?

The Bhutanese view pregnancy, birth, and death as spiritually impure periods that require the performance of rituals.

Households are generally patriarchal. Women are expected to do almost all of the housework and have less authority in decision-making.

Hindus have important rituals and traditions at birth, marriage and at death. Families may prefer to forgo autopsy and organ donation.

Common health concerns

Bhutanese refugees have very high rates of anemia, chronic malnutrition, and micronutrient deficiency. Low meat consumption and long periods on refugee camp food rations may contribute to these high rates. Common micronutrient deficiencies include Vitamin B12, Vitamin A, and Vitamin B2.

Other health concerns include diarrhea, acute respiratory illness, malaria, intestinal parasites, and tuberculosis.

Mental health is a major concern for Bhutanese refugees. Many have spent long periods of time living in refugee camps and have experienced trauma due to detention, imprisonment, torture, sexual assault, rape, and domestic violence.

Bhutanese refugees exhibit high rates of depression, anxiety, and PTSD. There have also been a high number of suicides among Bhutanese refugees who have resettled in the US. This prompted a formal investigation and report by the CDC entitled “An Investigation into Suicides among Bhutanese Refugees in the US 2009 – 2012”.

Potential barriers to care

- Inability to obtain health insurance
- Inadequate interpreter services
- Unfamiliarity with modern amenities
- Poor understanding of health care system
- Traditional gender roles affecting health care utilization
- Transportation difficulty
- Limited health literacy
- Stresses of resettlement
- High cost of care

For additional resources, please visit AZrefugeehealth.org

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