Childbirth: Culture, Beliefs & Traditions

OBJECTIVES

- Understand the concept of culture, cultural humility & "cultural competency"
  - 4 components
- Discuss selected differences amongst 3 cultures during childbearing period
- Recognize nursing implications

How would you feel…

IF………
LITHUANIA

- Ministry of Health with Total Health Insurance.
- Member of European Union (Political and Economic)
- Member of Council of Europe (Human Rights)
- Economic growth is 3 times faster than other nations in the Euro Zone.
- One of the 29 member Nations of NATO (North Atlantic Treaty Organization).
- Lower infant mortality rate that the US State of Alabama (6.4 vs 8.7 per 1,000). US average is 6.1.

LABOR BED

DELIVERY BED
LABOR AND DELIVERY ROOM

Imagine… How Would You Feel?

POSTPARTUM
SELF-REFLECTION

Describe a time when you became aware of being different from other people.

THE PHENOMENON OF CHILDBIRTH

- Crucial experience in woman's life cycle (Clark 1999)
- Childbirth experience influences (Fawcett et al. 1992)
- Feelings about maternal role
- Performance of maternal role
- First birth has a great long term impact (Simkin 1991)
- All cultures (Andrews & Boyle 1999)
- Pregnancy as a transitional period (Maiden to Motherhood)
- Specific customs & beliefs

CHILDBEARING BELIEFS AND PRACTICES

- Communication
  - Most challenging
  - Understanding nuances
  - Individual differences
  - Volume
- Space
  - Comfort zones
  - Culturally appropriate touch
- Time orientation
  - Maintain tradition
  - Live for moment
  - Focus on long term goals
- Family roles
  - Position in larger family system
  - Male / Female distinctions
THE CONCEPT OF CULTURE
- Repertoire of ideas, values & beliefs with possible actions shared by a group of people
- FRAMEWORK person accepts, orders, interprets & understands experiences
- Occurs subconsciously

SIX CHARACTERISTICS OF CULTURE (CLARK 1999)
- Universality
- Stability
- Subliminality
- Changeability
- Uniqueness
- Variability

UNIVERSALITY
- Involves all human populations
- Areas addressed
  - Family
  - Marriage
  - Parenting roles
  - Education
  - Health
  - Communication modes
**SUBLIMINALITY**
- Expression of cultural meaning
- Behaviors
- Symbols
- Often without conscious awareness

**UNIQUENESS**
- Similarities amongst cultural groups
  - Asian
  - African
  - European
  - Latino
- No two cultures are exactly alike
  - Chinese vs Japanese vs Thai
  - American vs Canadian vs English
  - Mexican vs Peruvian vs Guatemalan

**STABILITY**
- Culture is lasting
- Culture endures through generations
### Changeability
- Culture changes over time
  - Superficial aspects: more readily
  - Deeply held beliefs & values: less readily

### Variability
- Degree of adherence
  - Cultural beliefs, values & behaviors
- Varies with individual members
- Depends on a variety of factors

### Culturally Relevant Care
**What is it?**
- Knowledge of the particular culture
- Knowledge of its influence on…
  - Daily living
  - Health

**Why is it important?**
- Enhances effectiveness of nursing care by…
- Meeting universal needs of the individual…
**WHY IS IT ESSENTIAL?**

- Universal desire by individual: Rapport and Adaptive Care
- Rapport
  - Required for intimacy between RN & client
- Adapting care
  - Tailor interventions
  - Enhances potential **COMPLIANCE**
- Recognizing ethnic specific health problems:
  - Tay-Sachs Disease in people of Ashkenazi Jews or French Canadian genetic heritage
  - Sickle Cell Disease in African American, African, & Mediterranean genetic heritage

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**CULTURAL COMPETENCY**

A process in which nurses continuously strive to **effectively work within the cultural context** of an individual, family or community from a diverse cultural background

*(Andrews & Boyle, 1999)*

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**WHAT ABOUT CULTURAL HUMILITY?**

...goes beyond concept of cultural competency...
DIFFERENCES

- Cultural competency
  - Implies thorough knowledge possible
  - Being sensitive to & acknowledging cultural differences

- Cultural humility
  - Impossible to be adequately knowledgeable
  - Identifies & acknowledges OWN biases
  - Takes responsibility

Tight Knit Communities can be a culture

CULTURAL HUMILITY

- Be reflective
  - Self awareness & reflexive attentiveness
  - Acknowledge your own barriers

- Intellectual knowing ≠ truly relating
- Be proactive with your prejudices & assumptions

CULTURAL HUMILITY IS THE CONTEXT FOR “CULTURAL COMPETENCY”
What is Cultural Competency?

Cultural and linguistic competency is a journey, not a destination — an ever expanding capacity to learn and grow.

Guadalupe Pacheco, MSW
Office of Minority Health, HHS
2011

What is Cultural Competency?

Elements of Culture:

- Sociological
- Religious/Spiritual
- Geographical
- Linguistic
- Biological
- Ethnic

Why is Cultural Competency Important?

Cultural Competency State Legislation

It's the LAW...
IT’S THE RIGHT THING TO DO!!!
CLAS Standards

Design for an interdisciplinary audience, including:
- Hospitals
- Public health organizations
- Community- and faith-based organizations
- Institutions of higher education

Culturally Competent Care
Implementation Strategies:
- Focus on behaviors of all staff
- Conduct an assessment of staff cultural competency training needs
- Conduct periodic training/orientation/staff meetings
- Add cultural competency skill sets into job descriptions (bilingual skills)

CLAS Standards and the Affordable Care Act

- The Affordable Care Act presents a unique and valuable opportunity for the nation’s health care systems to incorporate CLAS at every point of contact.
- It will help develop evidence-based, community-focused strategies to address the root causes of health disparities.
- The provision of CLAS is highlighted in twelve sections of the health reform law.
FOUR COMPONENTS OF CULTURAL COMPETENCY
(ANDREWS & BOYLE 1999)

- Cultural awareness
  - Overcome ethnocentric tendencies, stereotyping & discrimination

- Cultural knowledge
  - Read, observe, taste, hear and feel

- Cultural skill
  - Coupled with cultural knowledge is foundation for cultural assessment

- Cultural encounter
  - Use cultural assessment to tailor dimensions of care appropriately

CULTURAL ASSESSMENT

- Values / meaning
  - On childbirth experience

- View of childbirth
  - Wellness or illness?
  - Private or social event?

- Practices
  - Medications, activity, emotional and physical support

CULTURAL ASSESSMENT

- Appropriate behaviors
  - Maternal vs paternal

- Birth companions
  - Who?
  - What they should do

- Newborn
  - Views regarding baby
  - Care immediately after birth
CULTURAL ASSESSMENT
- Traditional beliefs
- Role of hot and cold
- Dietary practices
- Group’s practices and beliefs
- Fears of unfamiliar care setting
  - Woman
  - Her family

STRATEGIES FOR CARE DELIVERY
- Break down language barrier
- Explain rationale and reasons for care
- Integrate “folk” and western treatment
- Enlist family caretaker and others
- Obtain consent from “right” person
- Use language appropriate materials

Test Question

CHILDBEARING CULTURES IN SAN DIEGO
- Latino
- Asian
- Middle Eastern Muslims
- LGBT (Lesbian Gay Bisexual Transgender et al.)
Population Groups Overview

<table>
<thead>
<tr>
<th>Pop Group</th>
<th>San Diego</th>
<th>Calif</th>
<th>United States</th>
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</thead>
<tbody>
<tr>
<td>Latinx</td>
<td>34%</td>
<td>29.3%</td>
<td>18.3%</td>
</tr>
<tr>
<td>Asian</td>
<td>12.6%</td>
<td>15.3%</td>
<td>5.9%</td>
</tr>
<tr>
<td>Middle Eastern Muslim</td>
<td>1.1%</td>
<td>1%</td>
<td>0.6%</td>
</tr>
<tr>
<td>LGBT</td>
<td>6.8%</td>
<td>4.8%</td>
<td>4.5%</td>
</tr>
</tbody>
</table>

- Second largest population group in US
- 2007 surpassed Anglo births in California
- Various geographic origins
LATINX

States with the highest concentration

- New Mexico
- California
- Texas
- Florida
- New York
- Arizona

HISPANICS IN SAN DIEGO

- 2017
- 34% of population
- Childbearing age
  - 78% of the Hispanic population
- Mean age of 27.6 years
- Common language
LATINA CHILDBEARING

- Milk avoided during pregnancy
  - Cravings should be satisfied
  - Prevents "defect" related to food craved.
- Strong emotions during pregnancy
  - "susto"
  - "Hot" foods protein foods avoided
  - protein

LATINA CHILDBEARING

- Lunar eclipses and moonlight
  - Causes deformity
- Bathing encouraged
- Sleep on back
- Umbilical knots
  - Sitting cross legged
  - Raising arms or hanging laundry

LATINA CHILDBEARING

- Husbands not present during birth
- May be stoic until late labor
  - Then vocal & request pain relief
- Pervasive belief that Spinal anesthesia/epidural dangerous and may cause permanent back injury – 53% less likely to request an epidural
- Avoid bathing after birth
- Belly band on baby
- Breastfeeding restrictions
Of the 10 largest cities in the US, San Diego has the largest proportion of Asians.

- Chinese (1st)
- Japanese (5th)
- VietNamese (3rd)
- Cambodian
- Hmong
- Korean (4th)
- Filipino (2nd)
- Laotian
Asian Childbearing

- Childbirth is normal
- Uterus is center of female energy (Hmong)
- Sexuality should not be discussed between men and women

Asian Childbearing

- "Hot" & "Cold" Theory
- Ginseng tea "strengthens"
- Female care providers preferred
  - Prenatal care and birth

Asian Childbearing

- Husbands should not be present at birth
- Inappropriate to exhibit pain in labor
- Birth in squatting position
- Placental practices may include consumption, lotus, or burying
ASIAN CHILDBEARING

- No attention / cuddling of baby
- No head touching...spirit lives in head & troubled
- Evil spirits may steal them (Hmong)
- No naming until baby brought home

MIDDLE EAST

“recent” immigrants

MIDDLE EAST

MIDDLE EAST

MIDDLE EAST
MIDDLE EASTERN MUSLIMS

- In US, 5 million Arab peoples
- Estimated 3 million: Middle Eastern Muslims
- Largest populations around universities
- Not all Muslims are from the Middle East:
  - African, Chinese & Pakistani Muslims
  - Not all from the Middle East are Muslim
  - Chaldean Catholics

“Middle Eastern” ≠ Islam

MIDDLE EASTERN MUSLIMS
UNITED STATES

- States with the highest concentration
  - Michigan
  - Illinois
  - New York
  - Massachusetts
  - Ohio
  - Iowa
  - Indiana
MIDDLE EASTERN MUSLIMS CHILDBEARING

- Islamic Laws
  - Modesty (hijab)
  - Diet (halal)...no pork
- Breastfeeding
  - Cholostrum “bad”
- Sexuality
  - Not discussed between men & women

MIDDLE EASTERN MUSLIMS CHILDBEARING

- Prefer woman provider
  - Prenatally & birth
- Planning for baby prior to birth defies God's will
- Labor pain
  - vocal responses
  - Prefer medication

MIDDLE EASTERN MUSLIMS CHILDBEARING

- Avoid incompatible “hot” and “cold” foods after birth
- Praise mother’s performance in birth
  - Not baby provokes “envy & evil eye”
- Males do not do childcare
CULTURAL “COMPETENCE” HEALTH PRACTITIONER ASSESSMENT

- http://nccc.georgetown.edu/features/CCHPA.html

TRANSCULTURAL IMPLICATIONS FOR NURSING PRACTICE (ANDREWS & BOYLE 1999)

- Communicate effectively
- Seek advice from colleagues
- Seek information & expectations from woman
- Identify support system
- Honor request of cultural rituals
- Earn woman's confidence
- Be patient

Test Question

Think Cultural Health

- Free, online and accredited programs:
  - A Physician’s Practical Guide to Culturally Competent Care
  - Culturally Competent Nursing Care: A Cornerstone of Caring
  - Cultural Competency Curriculum for Disaster Preparedness and Crisis Response
- Designed to equip providers with the awareness, knowledge and skills to treat diverse patients and improve quality of care

https://www.thinkculturalhealth.hhs.gov
RESOURCES

- [http://culturedmed.binghamton.edu/](http://culturedmed.binghamton.edu/)
  - CulturedMed
  - A resource center of print materials, electronic databases, and this web site dealing with culturally-competent health care for refugees & immigrants

RESOURCES

- [http://erc.msh.org/mainpage.cfm?file=5.3.0.htm&module=provider&language=English](http://erc.msh.org/mainpage.cfm?file=5.3.0.htm&module=provider&language=English)
  - Common beliefs & cultural practices

- [http://erc.msh.org/mainpage.cfm?file=5.2.0.htm&module=provider&language=English](http://erc.msh.org/mainpage.cfm?file=5.2.0.htm&module=provider&language=English)
  - Common health problems in selected minority, ethnic & cultural groups

READING

- [http://www.uniteforsight.org/cultural-competency/module12#_ftnref1](http://www.uniteforsight.org/cultural-competency/module12#_ftnref1)


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<tr>
<td>The Spirit Catches You &amp; You Fall Down: A Hmong Child, Her American Doctors &amp; The Collision of two Cultures A. Fadiman</td>
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<tr>
<td>Four Sisters of Hefei: A History A. Chin</td>
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<tr>
<td>Heaven &amp; Earth (1993 movie)</td>
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**Blended Babies**

come from **Blended Cultures**

...leading to ...

Things will test your Cultural Competence...
Types of Female Circumcision

FGC – Female Genital Cutting

Who performs

On whom

Where

How

Why

• 2016 UNICEF estimated 200 million women alive in 30 countries have had the procedure.
• African, Asian, and Middle Eastern Countries most likely to have women with FGC.
• In Egypt, 77% are performed by Health Care Professionals.
• May be done anytime from days after birth to adulthood.

Types of Female Circumcision

Type I Clitoridectomy

Type II - Excision

Type III - Most severe form – Infibulation. A small opening is left for urine and menstrual blood to pass

Type IV - Other procedures to the genitalia
CLITORIDECTOMIES

- Type I
  Clitoridectomy, this type consists of partial or total removal of the clitoris and/or its prepuce.
  “Sunna circumcision”

- Type II:
  Excision, the clitoris and labia minora are partially or totally removed, with or without excision of the labia majora.
Type III - most severe
- Infibulation or pharaonic type. Consists of narrowing the vaginal orifice with creation of a covering seal by cutting and appositioning the labia minora and/or labia majora, with or without removal of the clitoris.
- A small opening is left for urine and menstrual blood to escape.
- An infibulation must be opened either through penetrative sexual intercourse or surgery.

Type IV
- Consists of all other procedures to the genitalia of women for non-medical purposes, such as pricking, piercing, incising, scraping and cauterization.

Type IV Infibulation (Percentage of Girls)
- 80%
  - Sudan
  - Djibouti
  - Somalia
  - 50%
  - Egypt
  - Kenya
- 10% to 20%
  - Senegal
  - Tanzania
Female Genital Cutting

Preparing circumcision scar for incision

Before Crowning

APPEARANCE AFTER DE-INFIBULATION
APPEARANCE AFTER RE-INFIBULATION

OBSTETRIC RISKS (BANKS ET AL, LANCET 2006)
- Cesarean section
- Infant resuscitation
- Postpartum hemorrhage
- Stillbirth or early neonatal death
  - > 1-2 deaths / 100 births
- Extended maternal hospital stay
- Low birth weight
- Infant resuscitation
- Stillbirth or early neonatal death
  - > 1-2 deaths / 100 births
- Low birth weight

CHALMERS & HASHI 2000
- 432 Somali women
  - 6.1 years in Canada
  - 8.4 years of education
- Feelings about circumcision
  - Before: excited, pleased about plan, envious
  - After: proud, pure, more beautiful, faithful
  - 3%: angry, sorry, betrayed
  - Plans for daughter: 48.8% yes (FOBs 35.7%)
  - After birth: 26.4% reinfibulation desired