|  |
| --- |
|  |
| Hispanic Culture: Pregnancy and Birth  Mikki Carlock  Boise State University  NURS 226  Professor Mary Ann Towle  November 27, 2012 |

|  |
| --- |
|  |

This paper is intended to discuss aspects of the Hispanic culture using cultural theoretical framework, and will specifically focus on the period of time of pregnancy and birth. This culture and life stage was chosen because labor and delivery is a desired nursing field, and the Hispanic population is growing so rapidly that it is important to learn more about this cultures beliefs, values, and traditions so that we can be more educated and provide better care for these patients. Discussion will include common beliefs within the Hispanic culture, including Mexican-Americans, as well as beliefs and practices followed during pregnancy and the birthing process. Also, nursing interventions that can be put into place and any implications regarding communication with the patient as well as with the family will be covered. It is important to remember that there are many different subgroups within the Hispanic culture, and what may be true and followed by some, does not necessarily pertain to all. There are many individual variances that can take place, and it is important not to assume things are true of everyone from the culture.

**Cultural Framework**

This paper will follow the cultural framework set out by Giger and Davidhizer (Xu, 2005), which assessed cultures in regards to communication, social organization, time, space, biological variations, and environmental control. Communication refers to the way that the culture communicates with each other, as well as others. Social organization is how the culture is organized, especially within the family system. Space refers to how the culture defines and uses personal space, and time refers to how the culture views time and the importance of it. Biological variations and environmental control is how the culture is organized, as well as other things biologically or environmentally that has an effect on how the culture is. This paper will discuss the Hispanic culture following this framework.

**Cultural Beliefs**

Each culture has general cultural beliefs when referring to health and illness, as well as cultural beliefs in regards to pregnancy and birth, both in which will be discussed. When communicating with a Hispanic patient, one thing to be careful of when speaking knows the meanings of words in the context you are speaking (Galanti, 2008). An example would be when using the words positive and negative. The term outside of medicine carries the opposite meaning (Galanti, 2008) and the health care provider should be sure that the patient knows what they are being told. The same goes with using a word that may have a different meaning in their language, and can cause problems (Galanti, 2008).

Establishing a personal relationship with patients of Hispanic descent is crucial to both parties and it is very important to establish trust and promote a caring attitude (Galanti, 2008). This kind of caring will improve communication with any culture. Within the Hispanic culture, there are many Hispanics born in America and go to school here and learn English. Some families primarily speak Spanish, some families primarily speak English, and some families speak both. Communication between non-English speaking patients and English speaking providers can promote challenges. In general, the male is the primary decision maker of the family (Eggenberger, 2006).

With regards to space, individuals of the Hispanic culture typically have closer personal space boundaries than other cultures (Weaver, n.d.). They are more comfortable and enjoy being close to people physically. Within the Hispanic culture, many people are strongly oriented to the present and less oriented to the future (Jimenez, 1995). This is partially due to the fact that many believe that God has control over their future health, and can be reluctant to take preventative measures related to their future health (Eggenberger, 2006).

Social organization within the Hispanic culture can vary within different subgroups of the culture. In rural Mexico, it is common for husbands to be older than their wives (Galanti, 2008). It is also common for women or girls to be viewed as a wife, mother, and housekeeper. Families often give their daughters to marry, and the new wife takes the role of being the housekeeper at her in-laws home, where her husband and her live. (Galanti, 2008). This role is by choice, and shows respect towards her husband and new family. Multi-generational families commonly seen live under the same roof and within close distance to extended family members (Eggenberger, 2006). Typically, the woman is responsible for providing a loving family environment and care for the children and their health, as well as keeping the family strong. The male is often known for being the authorative figure of the family, and makes decisions for the family regarding all aspects away from health, which is typically that of the elder female (Eggenberger, 2006).

There are many biological variations and environmental controls that affect a culture, a few which will be discussed. The Hispanic culture tends to rely on religion and spirituality and believe that God has control of most things, including health. Mexican-Americans sometimes forgoes seeking healthcare because they believe that good health is a reward and that bad health is a sign that God is punishing you for something (Eggenberger, 2006). Some also believe that health is sustained when there is equal balance between wet, dry, hot, and cold (Eggenberger, 2006). This refers to the substances in their lives and what force it represents. This applies to environmental factors surrounding the person, as well as substances that are put into their bodies. Knowing this can help nurses provide better care for the patient.

All of these factors within a culture also have a special place within the time of pregnancy and birth. When communicating, it is important that both parties understand the topic being discussed, and develop open communication. This will make itpossible to gain the patients trust. Personal space during the birthing process is often reserved for female family members only, usually the mother and the sister (Galanti, 2008). The role of the husband is to be supportive to his wife, but not in the delivery room. While in the labor process, it is very common for a Hispanic woman to be vocally loud and express pain in the form of loud “Aye yie yies.” This is said to promote slower, deeper breathing that aids in the labor process (Galanti, 2008).

There are many different biological variation and environmental control factors that are especially present within the time of pregnancy and birth. During pregnancy, it is not uncommon for Hispanic individuals to not seek prenatal care until mid-second trimester or later because pregnancy is considered a normal event (Galanti, 2008). Pregnancy is considered a “hot” condition, so to counteract this cold remedies are put into place. Hot conditions particularly can influence protein consumption, nutritional balance, and supplemental pre-natal vitamin use, all of which are considered hot (Galanti, 2008), and are to be avoided. There are different cravings that every pregnant woman gets. Mexican-Americans often crave the ice that forms in the freezer, which contains magnesium carbonate, and like many other cultures it is believed that if cravings are left unsatisfied there could be birth defects or injury to the child (Galanti, 2008). Along with cravings, there are a few pregnancy taboos which the culture abides by to protect the child, which includes not reaching arms over head and avoiding lunar eclipses (Galanti, 2008).

After birth, this culture believes that there is a 6-week lying-in-period, which entails resting, staying warm, and not engaging in exercising or bathing (Galanti, 2008). This time is for the womb to return to normal and gives time for the woman to rest before returning to work after giving birth. The reasoning behind not bathing is because water is thought to be filled with bacteria that can enter into their body and have harmful effects (Galanti, 2008). Some new generation Hispanics adhere to customs differently, and may obey her elder female as a sign of respect, but may choose to comply with bathing and exercising if she is not around (Galanti, 2008). Some Hispanics believe that there is no milk in the breasts right after delivery, so it is common for the patient to not breastfeed initially, but to bottle-feed until the breasts enlarge. Another reason for not breastfeeding in the hospital is due to the extreme modesty of some individuals of this culture, so they are reluctant to expose their breast. Also, there is the belief that colostrum in breast milk is bad (Galanti, 2008).

**Implications**

When dealing with individuals of different cultures, speaks different languages, and obeys certain rules, there are different implications that the nurse can do to promote a good relationship with the patient and care for the client in a way that is satisfactory to them as well as yourself. Clients that speak a different language and have different meanings in that language can be a barrier in communication. It is important that the nurse encourages the patient to express when they say or do something not accepted to prevent further communication problems. Like stated before, it is important that if the client does not speak English at all, a medical interpreter should be used instead of using a family member as the interpreter. The reasoning behind this is because family members or children may not understand the medical terms being described, they may be hesitant to provide personal information, or they may relay the wrong message to the nurse or to the patient (Da Silva, 1984)

Personal space is not a huge issue with the Hispanic culture in general, but can be with the Hispanic woman that is pregnant. Like stated before, men are generally not in the delivery room. The nurse needs to respect this cultural belief, and not try to force anything on the patient or the family members. Commonly the mother is in the room providing social and emotional support, and personal space may be shared between them and other females. Generally, the Hispanic pregnant woman is not comfortable with a male physician (Da Silva, 1984), in which it is the nurses’ responsibility to accommodate this. If the nurse assigned to the patient is male, he should trade assignments with a female colleague when appropriate or available.

Social and family organization can have different meaning in different situations. Elaborating on the discussion earlier, it is important for the nurse to understand that the male is generally the decision maker of the family, but in regards to health and particularly pregnancy and birth, the elder female or mother is generally seen as the decision maker. According to *The Journal of Perinatal Education*, a Mexican woman may be reluctant to make a decision about birth decisions, including birth method and anesthesia use, until she has had time to discuss it with the decision maker. The nurse needs to respect this and give time for discussion when necessary.

**Nursing Interventions**

As this paper has described, there are many complications that could occur when caring for a different culture, particularly Hispanics in this case. There are interventions that nurses can take to set out goals for the patient. This will be represented in the way of a nursing diagnosis and interventions that can be enforced during the clients stay.

The first nursing diagnosis is going to be: Risk for imbalanced nutrition d/t religion or cultural beliefs AEB lack of getting protein in diet because protein is considered *hot* and cannot be mixed with *hot* pregnancy (Galanti, 2008). Nursing Interventions will include stressing the importance of getting enough protein and vitamin supplementation while pregnant for the health of herself and her child (Galanti, 2008). Another thing that could be done is having the patient meet with a nutritionist to figure out meal plans that will both accommodate her cultural beliefs and getting adequate protein in her diet.

The second nursing diagnosis is going to be: Risk for impaired verbal communication r/t cultural differences AEB speaking different languages with different meanings (Doenges, Moorhouse, & Murr, 2009). Nursing interventions can include obtaining an appropriate translator or having a Spanish speaking nurse assist client is she is comfortable with it. Another intervention would be gaining a trust with the patient that will allow her to verbalize if and when you say something that she feels is uncomfortable or inappropriate. Other interventions would include maintaining eye contact, using positive non-verbal communication, and keeping communication simple (Doenges, Moorhouse, & Murr, 2009).

The third nursing diagnosis is: Decisional conflict r/t conflicting values and beliefs AEB patients cultural beliefs of lying in period and healthcare beliefs that exercise and bathing are important after giving birth (Galanti, 2008). Interventions could include negotiating bathing terms with client, such as using boiled and cooled water for a sponge bath to make acceptable with the patients’ beliefs (Galanti, 2008). Another intervention could be promoting light exercise, even just walking down the hall for movement of the body. The most important intervention is to thoroughly explain to the patient the importance of why we want to promote exercise and bathing in a way that is not offensive, and to negotiate the terms of the task to make it more culturally acceptable for the patient and family.

**Conclusion**

The Hispanic culture has different sets of beliefs and customs that they adhere to that are different than that of Americans, and can also go against medical advice or hospital policy. The Hispanic culture has their own beliefs regarding communication, space, time, social organization, environmental control, and biological variations. It is important for the nurse to understand these cultural framework points to be able to give her patient the best care and to establish good communication. By being able to understand the cultural beliefs, and establishing nursing diagnosis’ and interventions, a positive outcome should be able to be accomplished. Always remember, though, that there are individual variances and what is true for one woman may not be for another, and it is important not to assume anything.

References

Da Silva, G. (1984). Awareness of Hispanic cultural issues in the health care setting. *Children's*

*Health Care*, *13*(1), 4.

Doenges, M. E., Moorhouse, M. F., & Murr, A. C. (2009). *Nurse's Pocket Guide.* Philadelphia:

F.A. Davis Company.

Eggenberger, S. G. (2006). Culturally Competent Nursing Care for Families: Listening to the

Voices of Mexican-American Women. *The Online Journal of Issues in Nursing*.

Galanti, G.-A. (2008). *Caring for Patients from Different Cultures.* Philadelphia, Pennsylvania:

University of Pennsylvania Press.

Jimenez, S. (1995). The Hispanic culture, folklore, and perinatal health. *Journal Of Perinatal*

*Education*, *4*(1), 9-16.

Weaver, L. M. (n.d.). *Charicteristics of Hispanic Families*. Retrieved from b3308

adm.uhcl.edu/...of.../Hispanic%20Families%20module1.ppt

Xu, Y., Davidhizar, R., & Giger, J. (2005). What if your nursing student is from an Asian

culture?. *Journal Of Cultural Diversity*, *12*(1), 5-11.