

## **Culture Report**

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India is a country that occupies the majority of the South Asian Subcontinent. There are over two million Indian Americans in the nation (Cultural approaches to pediatric palliative care in Central Massachusetts: Indian, 2020). More than one-hundred-and-fourteen-thousand of those Indian Americans live in the Chicago area (Yates & Mihalopoulos, 2018). Indian society is divided into social classes. Brahmins are at the top and are the priests. The lowest class, the Sudras, are the laborers. A person's class is given to them at birth and is thought to be based on one's karma from a past life. This system of classification is called a caste system and is a significant part of Indian culture. The primary language spoken among Indian people is Hindi; however, fourteen other official languages are spoken. English is also taught as a second language and is typically used for business purposes (Cultural approaches to pediatric palliative care in Central Massachusetts: Indian, 2020).

Indian religion consists of eighty-one-point three percent Hindu, twelve percent Muslim, two-point three percent Christian, and one point nine percent Sikh. These religious practices can affect health decisions and communication between patients, families, and providers. Hinduism is the typically practiced religion among Indians. Hinduism believes in the law of karma which states that behaviors in your past life can give you consequences or rewards in the present life. Because of this belief, a patient may feel that they caused their illness or disease. Hindus use meditation and prayer and may chant aloud during prayer. Veganism is expected in this religion because many Hindus believe that they consume the soul of another living being through reincarnation when eating animal products. The dietary preferences of Hinduism should be followed during a hospital stay. Hindu women may wear a red dot on their forehead called a Bindi, which symbolizes honor and intelligence and should not be removed from a patient unless

necessary (Cultural approaches to pediatric palliative care in Central Massachusetts: Indian, 2020).

Hindu people view pain and suffering as karma, and childbirth does not stray from these beliefs. There are unique practices and ceremonies related to birth in the Hindu religion. A ritual called "The Sixth," which occurs on the sixth day after delivery, consists of wrapping the newborn in a religious blanket and applying holy red powder mixed with water on the palms and soles of the infant while reciting prayers. The Hindus do this ceremony to ask the Holy Spirit to descend and bless the newborn's life, and the newborn should be left untouched for a period after the ceremony because of this. When the newborn is eleven days old, the "cradle ceremony" is held, where other rituals are performed to protect the infant from evil spirits. The Muslim religion also has religious ceremonies postpartum. It is common practice for the child's father to recite Azan to the child in their right ear and to recite Iqama to the child in their left ear. This ceremony is done to ensure the child is Muslim. The newborn's head is also shaved, and the sacrifice of goats and the distribution of alms to the poor. In Christian religion, the newborn is prayed for blessings and health and may anoint the child's head with oil or holy water.

The Indian family structure consists of the father at the head of the family followed by the mother and then the children. It is common for extended families to all live in the same household. The husband's parents may move into their child's house late in life if they are unable to care for themselves. Independence and privacy are prevalent in Indian culture, so it is normal for these individuals to seek help and healthcare decisions from family members rather than seeking outside help from healthcare professionals. Elders are highly respected in this culture, and greeting elders first is a sign of respect (Cultural approaches to pediatric palliative care in Central Massachusetts: Indian, 2020).

Indian culture has strong beliefs in alternative medicine. Herbal treatments are implemented for these patients, and respecting the beliefs of traditional medicine is vital. Believing in herbal remedies to prevent and cure illness is a core value in Indian culture.

It is common in Indian culture for men to speak on behalf of their wives. However, women are still able to talk and talk to strangers. Women are thought to be caretakers and take care of the house and children, while men are the breadwinners. Men shake hands only with other men, and women shake hands only with other women. Modesty for women is highly valued, and same-sex providers are preferred for these patients. Indians have difficulty saying no. It is typical for an Indian person to respond that they think the other person may want to hear rather than say no. People are referred to as titles based on their age, university degree, caste, and profession. A first name should only be used after an initial meeting (Cultural approaches to pediatric palliative care in Central Massachusetts: Indian, 2020).

Rice, wheat, barley, maize, and millet are staple foods in Indian culture. Tea is a standard drink of choice for this culture. Hindus believe in non-violence and practice veganism. Cows are sacred animals in Hinduism, and a Hindu patient may be offended by being offered cow meat. Fasting is also a part of Hinduism, depending on the day and the person. Muslims, on the other hand, do not eat pork or pork products, including lard. The Muslim religion also does not allow alcohol intake, and it is common to fast during Ramadan. Catholics fast during Lent and on Good Friday. Sikhs are typically vegetarian or may also only eat chicken but no beef. The religion of Buddhism practices veganism and vegetarianism. The healthcare team must pay attention to the different needs of patients with other faiths to not offend these patients and accommodate their dietary needs (Cultural approaches to pediatric palliative care in Central Massachusetts: Indian, 2020).

Some tips can be considered when working with patients of Indian descent. Consider the patient's dietary preferences, assess the patient's need for prayer, and respect the patient's right to choose herbal treatment methods. By being knowledgeable of Indian culture and beliefs, a higher level of care can be taken for these patients, and mutual respect can be maintained.

## References

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