

Cultural Report

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Numerous terms spring to mind when considering what constitutes Hispanic culture. Rich, vibrant, unique, and close-knit are a few that come to mind for the student nurse. Surprisingly, the Census Bureau believes Hispanics to be of any race, given that the term "Hispanic" designates an ethnicity rather than a race. How would one characterize culture and the ethnicity known as "Hispanic"? A Hispanic person descends from one of the Spanish-speaking nations, including Mexico, Spain, Cuba, Colombia, Argentina, Bolivia, Chile, Costa Rica, and so forth. (Mutlu, 2022). This distinction is contentious, unfortunately. According to a 2015 Center study, 29% of Hispanic people believed that being Hispanic was primarily a matter of ancestry, while 17% said that it was mainly a matter of race. Another 42% stated that culture is the primary factor (Lopez, 2023). For this report, the student nurse will assume that Hispanic is defined as any person of Latin and Spanish descent and will use the terms Latino and Hispanic interchangeably to describe this culture.

Hispanics make up 6.8% of Champaign County's total population. (2022 U.S. Census). Despite its tiny size, Hispanics represent the largest minority group in the United States and are expected to increase from 60 million in 2019 to 111 million by 2060 (Aguila Gonzalez et al., 2022). Spanish is the primary language used in this culture. Although many people speak Spanish worldwide, each nation and region has unique ways of using and speaking the language. For example, Spanish spoken in Spain and Spanish spoken in Mexico are different. (Mutlu, 2022).

In Hispanic society, the concept of the family is fundamental. Both nuclear and extended family members have strong relationships that are important to the upbringing and general well-being of the family. In a traditional familial perspective, the needs and well-being of the family should take precedence over individual desires.

Hispanic culture is characterized by several essential elements, including a strong focus on respect and dignity, the significance of religion, the patriarchal system, sharing meals and festivities with family, embracing one's distinctive background, and a passion for soccer. Thus, Latino cultures incorporate a more family-centered decision-making framework when making choices regarding health care, in opposition to the more independent or autonomy-based model adopted by contemporary mainstream healthcare culture in the United States.

Hispanics and Latinos in the United States have a significant risk of obesity-related diseases, including cardiovascular disease, due to high levels of risk factors such as diabetes, hypertension, and hypercholesterolemia (Overcash et al., 2021). The student nurse would be concerned with the diet of the pregnant patient and the risk of developing gestational diabetes based on the Hispanic diet that consists of processed foods. Because research indicates that Latina women are more likely to be overweight or obese when they get pregnant. Overweight gain during pregnancy (GWG) increases the risk of obesity. It can have adverse short- and long-term effects on a woman's health, such as gestational diabetes, postpartum weight retention, and obesity risk, as well as the health of her unborn child, such as obesity risk and birth weight. Furthermore, research indicates that high GWG may be a component in the disparities in childhood obesity among Latinos, which initially manifests as the passing down of generational

risk factors for obesity throughout the early stages of life, i.e., from pregnancy up to 24 months of age (Lindsay et al., 2019).

One extensively researched sociocultural aspect influencing immigrant communities' dietary choices is acculturation. Among Hispanic/Latino adults, more acculturations have been linked to lower intakes of nutritious foods (fruits, vegetables, and whole grains) and higher intakes of less healthy items (fast food, beverages with added sugar, and so on) (Overcash et al., 2021).

Since many of the nation's Hispanic patients speak Spanish, it is essential to have a translator if you are not fluent. According to a study, medical professionals—physicians in particular—who take a Spanish elective in medical school report having higher patient satisfaction in the Hispanic American population. Research has demonstrated that constructive interactions within a healthcare setting result in better adherence to treatment plans and awareness and comprehension of the underlying condition (Kelson et al., 2022).

The majority of Latino Americans (65%) also claim to have been reared Catholic. Few people claim to have grown up Protestant (18%) or religiously agnostic (13%). Per the survey, older Latinos and those born outside of the United States are particularly likely to report having grown up Catholic. (Henaio, 2023). One would assume that religion and the patriarchal head would play a role in how women think in terms of getting proper care. However, something else plays a more significant role in access to care. The two primary reasons why people forego medical care are fear and cost. Accessing appropriate and timely health care is needed for Hispanics because of several nonfinancial and financial issues. Care access is directly impacted by immigration status, level of acculturation, and language proficiency. It is more likely that

newcomers to the country will feel alienated from American society and be ignorant of its healthcare system. This circumstance might make it more difficult to receive timely and adequate care (Wells et al., 1989; Escarce & Kapur, 2006).

As with any cultural generalization, the patriarchal family structure associated with traditional Hispanic families does not apply to all Hispanic households. Nonetheless, men typically take center stage in most households. Matriarchs are usually the ones who take care of the family and take care of the house. In 2016, Nabhan and Warren conducted research demonstrating that women from Puerto Rico played essential leadership roles in both small barrios and the greater community of women of Mexican heritage. They were deeply ingrained in their duties as mothers, grandmothers, parteras (midwives), curanderas (curers), and madrinas (godmothers) in their homes and communities, and they were deeply rooted in their Catholic faith. From the middle of the 19th century until the present, Hispanics of Mexican descent have practiced parteras, midwives, and curanderismo, or folk healing, in the Western and Southwestern borderlands of the United States.

Prenatal care is less common among Hispanic women than it is among non-Hispanic White women. Limited financial resources, fear of deportation for lack of documentation and insurance, and linguistic and cultural obstacles between women and their prenatal care providers are the key contributing causes.

Women's relationships, reproductive experiences, and healthcare decisions about prenatal testing are influenced by the cultural norms and beliefs of the Hispanic community (Seth et al., 2011). Eight out of eleven participants in a qualitative study on the importance of spirituality and religiosity with Spanish-speaking Latina women declined amniocentesis despite

being referred for genetic counseling because of a disease that increased the chance of inheriting congenital abnormalities in their unborn child (Page et al., 2021). As opposed to citing their religious views as their primary objection, women who declined often emphasized the risks associated with amniocentesis.

The information that the student nurse found did not indicate that a Hispanic woman seeing a male OBGYN would cause disapproval. However, it is important to remember that the man heads the household and that, in their culture, medical decisions are made collectively by the entire family. Many Hispanic cultures revere the postpartum period, often known as "La Cuarentena," for new mothers. The organized support system during postpartum includes but is not limited to the client's mother, partner's mother, mother-in-law, sisters, female cousins, and even older women in her community. This community of women looks after the mother and child during this traditional 40-day recuperation time. During this time women abstain from sex, limit their bathing, wear a faja (a girdle), and solely focus on breastfeeding the baby.

Family and cultural customs play a significant role in the vibrant Hispanic culture. It is essential to include these customs to deliver high-quality, culturally sensitive care. The student would encourage others to offer care sensitive to cultural students' differences. The student nurse knows one must be aware of all biases and recognize that the patient may not speak English well. It is best to have a translator separate from the client's family to make it easier for the client and the nurse. Encourage and instruct people to include cultural customs in childbirth. Moreover, ensuring that the family is involved in decision-making procedures is imperative, provided that the decisions are reasonable and do not represent a risk to the mother or child. Assume that the healthcare system can meet this population's requirements. In that context, the

student nurse anticipates that more Hispanic patients would be willing to finish or even start receiving care in the healthcare system—especially expectant women.

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