

**Japanese American Cultural Report**

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There are numerous Japanese Americans in the United States, and their different cultural and ethnic characteristics influence their health care. Japanese American culture is based on when the individual arrived in the United States, their historical trajectory, whether they were born here, and where they live now (Giger & Haddad, 2020). As of 2021, many reside in California, Hawaii, and New York, but the Illinois population is 35,200 (East-West Center, n.d.). Recognizing Japanese American culture, religion, healing beliefs and practices, family life, communication, diet, and core values is a step toward being culturally competent in nursing and providing the best care possible.

The religions predominantly practiced in Japan are Zen Buddhism, Confucianism, Shintoism, and Christianity (Giger & Haddad, 2020). However, many who currently live in the United States are Christians, have adopted the practices of Catholicism and Protestantism, or have remained of the Buddhist faith (Giger & Haddad, 2020).

Japanese Americans believe in harmony and balance among oneself, society, and the universe, and if the body is out of balance, it can cause disease (Giger & Haddad, 2020). Some healing and belief views are holistic practices such as acupuncture, acupressure, massage therapy, or moxibustion, and they can help restore energy; however, many in the states use Western medicine (Giger & Haddad, 2020). Their view on pain and suffering is that quality of life is preferred over quantity, knowing their prognosis, and keeping the faith (Giger & Haddad, 2020).

Next, their family life is considered a vertical structure, or patriarchal, which starts with the father and the other male members in the topmost position, making the unilateral family decisions (Giger & Haddad, 2020). Family is the central core, with the self viewed as a

subordinate, and family is the priority over individual desires (Giger & Haddad, 2020).

Communication is limited, with expressions and active discouragement of verbal communication (Giger & Haddad, 2020). Discussion of personal issues is discouraged (Giger & Haddad, 2020).

Japanese diets include seaweed, dried vegetables, and fish (Little & Fetters, 2019). The Japanese government does not discourage pregnant women from eating raw fish (Little & Fetters, 2019). However, when they are in the United States, they do not have the same fish species that they have in Japan (Little & Fetters, 2019). The traditional diet is low in fat but high in sodium (Giger & Haddad, 2020).

The core values related to the childbearing experience are that natural birth is recommended (Japanistry, 2019). In Japan, they have maternity homes where women can have an uncomplicated birth, and many times, mothers spend six days in the hospital for childbirth (Japanistry, 2019). When it comes to birth, epidural anesthesia is not used in birthing centers in Japan, so they have limited knowledge of it (Little & Fetters, 2019). A unique tradition practiced is placing a piece of a dried umbilical cord in a traditional box as a keepsake (Little & Fetters, 2019). This practice signifies the bond between the mother and child's fate, and if it is kept safe, it will ensure the health and luck of the child (Little & Fetters, 2019).

Lastly, three tips can be given to help fellow students when taking care of someone who identifies with Japanese culture. First, the students should know that they are in a non-eye-contact culture. Second, women are expected to be in the caretaker role. Third, based on the person, they may have various traditions based on generational, regional, and individual differences (Giger & Haddad, 2020).

To summarize, nurses should understand Japanese American culture and many other cultures to be culturally competent and deliver patient-centered care. At any point in time, they

could care for someone outside their own culture. If a nurse can provide culturally competent care, it can lead to better health outcomes for the patient.

## References

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