

Effects of different cultures on child health

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ABSTRACT

Introduction: Health is influenced by culture which is a dynamic factor as well as biological and environmental factors. Health practices are the outcome of health beliefs generally originated from the culture of individual. Cultural practices of families are directly related with the child health.

Aim: The aim of this study was to review the evidences based on the literature regarding the effects of different cultures on child health.

Method: In this brief literature review, studies especially conducted in the recent five years were examined by using the key words "child", "culture", "care", "nursing", "health", "religion", and "belief" on Google Scholar, Google E-Library, PubMed, SAGE Journals databases.

Findings: In the studies examined within the scope of research, it was

established that factors such as culture, religion/belief, genetic factors, geographical region, educational level, immigration, and family structure influence the child health. It was determined that families reflect the cultural and spiritual values on the health practices and seek the solution of health problems in these values. According to the beliefs of four major religions, it was found that child health and healthcare practices are influenced in various aspects. It was determined that cultural values of child and family and their geographical region differ from the perception and belief of health and disease, pain-suffering and reflection on the care practices. Since cultural structure of child and family is directly related with health and well-being level, nursing care practices are detailed, and care programs are developed according to holistic and transcultural model.

Conclusion: Different cultures and religious practices influence the child health and care practices. Nurses should be careful with the dimension of reflections of child and family's cultural practices and beliefs on health.

Key Words: Child; Culture; Health; Holistic care; Nursing; Transcultural

INTRODUCTION

A child is born as a member of a family and society, as well as of a certain culture. Children are affected by cultural, social, and spiritual aspects of the environment they live in (1). The key to have healthy societies is to have healthy children. Child health affects the society's health in both long and short run and plays a significant role in determining a society's level of development (2,3). Genetic factors, culture, family structure, education, individual characteristics, nutrition, intrauterine factors, poverty, migration, religion and faith, and globalization are among the factors that affect children's health and quality of life (3,4). In addition to such factors, children's health and quality of life are affected also by specifics of the culture they belong to.

Children learn their beliefs, values, capabilities, knowledge and skills from their families and their culture. Furthermore, culture plays an important role in socialization and development of children (5). Cultural background holds a significant place in children's social and emotional development, as well as improvement of their motor and cognitive skills (6). Traditions, cultural values, attitudes and behaviors help in children's rearing in the society and relays the family structure from generation to generation (7). Cultural is a comprehensive concept that contains children's states of health, illness, and well-being. Furthermore, cultural practices of families are directly related to children's health. Cultural practices affect children's and families' conceptions of health, as well as children's social development, attitudes towards health problems they experience, conception of illness, reaction to illness and therapy (8).

Along with cultural values, concepts of religion and spirituality hold a significant place in lives of the individual and society. Although the terms 'spirituality' and 'religion' are often used alternately, spirituality is inclusive of the concept of religion. Religion is a factor that affects life style of the society and conception of health and illness. Religious belief of the child and the family may be related to their conceptions of health and illness and religious practices may be employed at treatment. Also, such concepts may affect children's varying conceptions of health, illness, suffering, coping and recovery (9,10).

Due to cultural differences in individual and society, differences emerge in conception and expression of concepts such as health, illness, and pain. Such differences may cause various problems between healthcare professionals and families. Healthcare professionals are sometimes unable to fully understand feelings and reflections of children. Cultural differences may be one of the reasons to this (11).

With the globalization, cultural diversity is increasing in societies. This brings the necessity of healthcare professionals to become more informed and aware about various beliefs, religions, languages, life experiences, and value systems of individuals. Cultural practices and spiritual beliefs form the basis of life for many people and service providers should have cultural awareness and competence in order to achieve high-quality healthcare services. This is particularly relevant for the period of childhood when life is the most vulnerable (12,13).

OBJECTIVE

It is observed that different cultures have various impacts on children's health. The aim of this study was to review the evidences based on the literature regarding the effects of different cultures on child health.

METHODOLOGY

In this brief literature review, by using the keywords 'child', 'culture', 'care', 'nursing', 'health', and 'religion and belief', Google Scholar, Google E-Library, PubMed, SAGE Journals online databases were examined. Accessed books and full-text in Turkish and English articles were reviewed. Criteria for inclusion in the study are as follows: 1) Between years 2000 and 2017; 2) Published in Turkish or English as full text; 3) Accessed through Google Scholar, Google E-Library, PubMed, and SAGE Journals Online databases; 4) Studies that assess different cultures' impact on children's health. Forty-four studies and six books accessed were included in the study.

Effects of Culture on Child Health

According to our research, it is determined that factors such as culture, religion-faith, genetic factors, geographical location, level of education,

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migration, and family structure affect children’s health. It is remarked that families reflect their cultural and spiritual values to health practices and seek solutions to their health problems within these values. In this article, impacts of culture on children’s health are discussed under four titles: a) religion, b) geographical region, c) traditional health practices, and d) nursing approaches. Concepts affected by culture are given in the Figure 1.

Religion

Religion is a concept that may affect individuals’ and society’s philosophy of life, conceptions of health and illness, types of food consumed, rituals of birth and death, and healthcare practices. Societies are found to use various religious practices in care and treatment. It is asserted that culture has a significant impact in formation of such great diversity (14,15).

Religious practices may have various effects on children’s social and moral development. Healthcare practices based on religious and spiritual values may play a significant role in shaping children’s and family’s lifestyle and may have a great impact on children’s health (9).

Various religions and sects are able to affect children’s health and care practices, nutrition, and medical practices. Based on their religious beliefs, individuals may limit the food items that may intake (16,17,6,1,13). Religious beliefs and healthcare practices with impact on child health that were identified at the literature review are provided in Table 1.

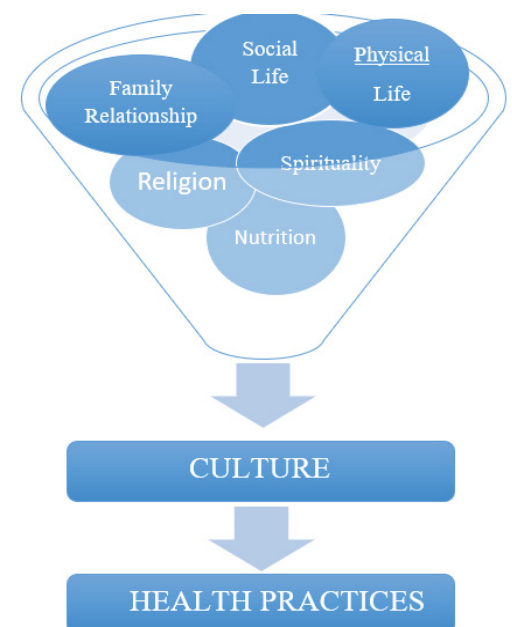


Figure 1: Concepts affected by culture

Geographical Region

Child’s and family’s cultural values, as well as their environment of habitation result in various differences in their conception and expression of health, illness, pain, and their reflection to healthcare practices. For example, Asians, Filipinos, Saudis, and Irish are capable of expressing physical pain in a more verbal manner (18). In certain groups, the belief that poor and older individuals are more enduring to pain, whereas seeing affluent and younger people are less enduring to pain may exist. In Filipino, Saudi, and Asian cultures, using talismans and magic against pain can be observed (18). In South Asian countries such as India, Nepal, Bangladesh, and Pakistan, pain may be seen as rebirth (19). Native American peoples do not express pain often and may only mention it metaphorically at hardships in pain management (20). Furthermore, it is thought that illness may sometimes increase conflict between families/peers and children in Korean and Russian societies (21). It was observed in rural Nigeria that food items such as eggs and meat were limited due to the fear that children may turn to thieves, witches or sorcerers (8).

It was detected that, in certain societies, there are differences in individuals’ conception and attribution of meaning to verbal and non-verbal communication. For example, Vietnamese and Native American peoples, as well as Latin American communities may believe that direct eye contact may result in transfer of diseases (20). Lengthy eye contact may be conceived by Chinese and African American individuals as aggression or hostility (22). Touching the head as a sign of affection may be conceived as disrespect among European American communities and it was also noted that the Native American peoples do not touch the children’s heads unless necessary (20). Healthcare practices classified according to the child’s and family’s living region, child-family relations, and ways of communication that were identified at the literature review are provided in the Table 2.

Traditional Health Practices

It is observed that health practices are usually a result of health beliefs arising from the individual’s culture. In many cultures, it is observed that individuals resort to traditional healthcare practices before professional practices of care. It is noted that, in certain cultures the patients are treated by individuals who are named traditional physicians or medicine man and who are believed to possess divine Powers to cure illnesses (23,1,24).

It is observed that traditional healthcare practices and cultural beliefs have a significant place and are widely used in all societies. According to current medical knowledge, traditional methods applied to the child may be classified as practices that adversely affect the child’s health and practices that have no adverse effect on the child’s health. Among practices that may adversely affect the child’s health are attitudes such as delaying breastfeeding for a certain time after childbirth, not feeding the newborn with colostrum, coating the newborn with salt, placing soil under the baby, and wrapping the baby tightly to make its legs grow straight (25-28). On the other hand, practices such as placing a yellow kerchief on the baby’s face to prevent newborn jaundice, to dress the baby with red-colored clothing, praying, placing an evil eye talisman in the baby’s room are characterized as having no adverse effect on the child’s health but may nevertheless be efficient in comforting the family (29-32).

TABLE 1
Religious Beliefs and Healthcare Practices with Impact on Child Health

	Health Practices	
Religious Belief	Nutrition	Medical Care
Buddhism	Avoid overfeeding. Some doctrines are vegetarians. The use of alcohol and drug is inconvenient.	Surgeries are frequently avoided. Cleaning is important.
Christian Scientist	Coffee, some tea forms and alcohol use are avoided.	Some drugs and other therapy practices could resist. They accept physical and spiritual treatments.
Hinduism	There are many food restrictions. Meat and some food consumption forbidden	Acceptance of most medical practice/care
Islamism	Ingestion of pork and pork products and alcohol forbidden	Treatments are not rejected. The boys are circumcised.
Jehovatis Witnesses	Tobacco use is prohibited. Less alcohol can be used.	Usually do not use blood or blood components, Blood volume boosters can be used when no blood is given.
Judaism	Some animals’ meat and vegetables are eaten. Shellfish, pork and predators are forbidden to eat. Dairy products are consumed after a few minutes of eating meat.	The boys are circumcised.
Roman Catholic	The first Wednesday before Easter is forbidden to consume meat.	Sacred oils are used to treat diseases.

According to religious beliefs, practices are generally given. Religious beliefs and practices may differ from according to the individuals

Table 2
Health Practices According to Living Region of The Child and Family, Child Family Relations and Ways of Communication

Nationalities	Healthcare Practices	Children and Family Relations	Communication
Africans	Medical practices: Traditional healthcare is prevalent. Traditional practices usually have religious origins and applied with the traditional physician. Religious practices: Prayers are often used for cure and protection against diseases.	Extended families are found and family bonds are strong.	Non-verbal behaviour has a significant place. Lengthy eye contact may be seen as an expression of anger.
Chinese	Medical practices: Acupuncture and acupressure, as well as herbal remedies are widely used modes of treatment.	Extended families are found. Children's behaviour reflects the family's behaviour. Dignity, self-assurance, and self-respect of the individual and family are fairly important.	They do not condone open expressions of sentiments. As a sign of respect, they avoid eye contact.
Haitians	Nutrition: Food should be able to keep the balance between cold and hot and heavy and light. Religious practices: Prayers are used and religious symbols may be utilised.	Procreation of the family is important. Child has a secondary place in the family hierarchy.	They usually laugh when they fail to understand something.
Japanese	Medical practices: Acupuncture, acupressure, massage, moxibustion, kampo medicine, and herbs are used.	There are strong relations between generations. Children's behaviour reflects the family. Children are important for being the posterity.	They easily express their feelings with facial expressions and hand gestures and they are open to communication.
Native Americans	Certain diseases are cured with medical methods and certain diseases are cured with traditional methods.	Extended families are found. The elderly are seen as leaders of the family.	Contact is made on a non-verbal basis. Avoiding eye contact is seen as disrespectful.
Mexican Americans	Medical practices include herbal methods, rituals, and religious phenomena. Religious practices: Prayer, visiting temples, burning candles, and worship are preferred. Nutrition: Hot or cold food is prohibited.	Family bonds are strong. Extended families are found. Children are highly precious and are loved.	Lengthy eye contact is interpreted as being disrespectful.
Vietnamese	Medical practices: There are concerns about touching the patient's head at examination. Traditional practices prevail. Herbal products, acupuncture, and spiritual practices are used.	Family is a respectable institution. Extended families are found. Children are highly precious. Parents expect respect and obedience from their children.	They may hesitate to ask questions and see it as disrespectful. As a sign of respect, they may avoid eye contact with health professionals.
Hispanics	Traditional medical practices such as herbal teas and poultice, as well as prayer are used at treatment of patients.	Family is an important structure. Father is seen as the wisdom, power, and self-assurance of the family. Mother is a caregiver and the decision maker in health issues.	
Puerto Ricans	Traditional practices are prevalent at treatment of patients and various herbs are used to improve health.	Extended families are found. Children are precious and are seen as gifts of God. Children are required to respect and obey their parents.	
South Asia; Nepal, Pakistan, Sri Lanka, Maldives	Religious norms are very important. Sacred water is sprinkled around the sickbed and the patient is made drink the sacred water.	Decisions on the family are taken by the head priest and the family sees death as a social process. Bonds between relatives in the family are strong.	Specific questions may be asked to strengthen communication with the family and the child.

Some of the families may require their knowledge on childcare from elders of the family. When their children get sick, they apply to traditional practices prior to medical treatment and take them to the medical doctor only when they understand that the children will not recover (33). Factors such as belief in traditional practices, religious beliefs, pressure from elders of the family, cheap and easy accessibility, high prices of medications, problems experienced at healthcare institutions, difficulty in access to healthcare institutions, families' lack of economic self-sufficiency are among reasons that make families resort to traditional practices to protect their children's health (34,23,35).

Nursing Approaches

As cultural diversity in society's increases, healthcare professionals have various responsibilities to provide adequate healthcare services to individuals with different beliefs, religion, language, life experience, and system of values. Cultural practices and spiritual beliefs are of high importance in individuals' lives.

For a high-quality healthcare, nurses are required to have cultural awareness and cultural competency. It is important that the model of trans-cultural nursing be adopted as a discipline focussing on inter-cultural healthcare practices in order to enable nurses apply culture-based care practices to their patients (36). Leininger, during the 1950s, asserted that the healthcare professionals' failure to fully understand children is a result of cultural

differences and developed the model of trans-cultural nursing. Leininger, at developing her theory, made use of anthropology and used the concept of holistic care (37,11). It is required that nurses implement holistic care practices in the context of the trans-cultural nursing model. This is particularly important for the childhood period (12,13,30).

Holistic approach is an integrated perspective that includes physical well-being of the individual and society, as well as their psychological, psychic, spiritual and social well-being (38). Holistic nursing approach improves quality and safety of healthcare practices (39). It is asserted that holistic care practices should be employed in order to understand societies' cultural values and traditional healthcare practices (40). It is reported that, at holistic care practices, effective communication plays an important role for high-quality and safe care and the nurses should make use of effective communication methods (41,42).

Consequent to the cultural diversity that emerged with globalization, there may be communication differences between the patient and nurses. In case of failure to achieve a sufficient level of communication between the nurse and the child/family, there may be shortcomings in healthcare practices. (41,42). Nurses should improve their communication methods, as well as their skills of empathy, self-awareness, and critical thinking (43,42).

At care practices, nurses should take the child's and the family's cultural values into consideration (3). Furthermore, nurses should closely monitor

traditional practices that affect the child's health and evaluate them (44-49). Nurses should assess the family's cultural and religious attitudes and should assure that their needs are met properly (13).

CONCLUSION

Different cultures affect children's health, healthcare practices, and patterns of nutrition, family relations and ways of communication. Nurses should be cautious about the children's and families' cultural beliefs' and practices' reflections on the child's health. In this context, the individual should be conceived in spiritual and psychosocial aspects from birth to death and holistic care should be provided. Nurses should use the trans-cultural nursing model in their care and they should pioneer in improving quality of healthcare by implementing individualized care.

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