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Perinatal Practices & Traditions

AMONG ASIAN INDIAN WOMEN



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Abstract

As the population in the United States grows more diverse, nurses caring for childbearing women must be aware of the many cultural traditions and customs unique to their patients. This knowledge and insight supports women and their families with the appropriate care, information, and resources. A supportive relationship builds trust, offers guidance, and allows for the new family to integrate information from nurses and other healthcare providers with the practice of certain perinatal cultural traditions. The Asian Indian culture is rich in tradition, specifically during the perinatal period. To support the cultural beliefs and practices of Asian Indian women during this time, nurses need to be aware of and consider multiple factors. Many women are navigating the new role of motherhood while making sense of and incorporating important cultural rituals. The purpose of this article is to provide an overview of perinatal cultural practices and traditions specific to the Asian Indian culture that perinatal nurses may observe in the clinical setting. Cultural traditions and practices specific to the pregnancy and postpartum period are described together with symbolism and implications for nursing practice. It is important to note that information regarding perinatal customs is provided in an effort to promote culturally sensitive nursing care and may not pertain to all Asian Indian women living in the United States.

Key words: Asian Indian; Culture; Postpartum period; Pregnancy; Traditions.



Although Asian Americans make up only 5% of the total U.S. population, they are the fastest growing racial minority group, with a projected twofold growth by 2050 (United States Census Bureau, 2012). Asian Americans are a diverse population including Asian Indian, Chinese, Filipino, Korean, Japanese, and Vietnamese subgroups (United States Census Bureau). Asian Indians (AIs) are the third largest subgroup with populations in California (27.9%) and New York (9.7%) (Kaiser Family Foundation, 2013). Most recent statewide data reveal AI births accounted for 2% ($n = 9,829$) of births in California (Hamilton, Martin, Osterman, & Curtin, 2014) and 4% ($n = 4,587$) in New Jersey (New York State, 2003). Despite the growing AI population, their cultural beliefs and practices are not widely known in the healthcare community. To optimize care and outcomes, it is important for nurses caring for AI women during the childbirth process to have a general understanding of their traditions and practices.

The purpose of this article is to provide an overview of AI cultural practices and traditions during the perinatal period. Implications for nursing practice are discussed and serve as a framework to promote awareness and appropriate care based on cultural traditions for this growing population. Two clinical vignettes are included to illustrate issues that may influence nursing care and outcomes. Table 1 offers a summary of AI perinatal cultural practices and traditions.

Asian Indians

Asian Indians living in the United States include several groups. The early AI immigrants to the United States were largely poor, uneducated, and non-English speaking Punjabi laborers who arrived prior to the Immigration and Nationality Act of 1965 (Poulsen, 2009). The next group, arriving after 1965, included a larger percentage of English speaking immigrants with higher education levels who were employed in professional medical and technology industries (Poulsen). Second generation children born to immigrant parents make up the last segment of AIs living in the United States. Despite disparities among these groups, birthing practices and traditions are upheld, sometimes without the individual knowing the symbolism behind these practices. This is in part due to traditions being passed on orally in families resulting in multiple interpretations.

As a group, AIs share collectivistic views, emphasizing cohesion and priority of family goals versus individual goals (Avasthi, 2011). The collectivist view can lead to family tension when cultural practices are challenged from an individual, familial, or community perspective. Categorization of symptoms and medical conditions as either hot or cold is another shared belief (Dharmananda, 2004). When the body is in a hot state, during pregnancy for example, cold food is thought to restore balance. Conversely, during the cold postpartum period, hot foods are thought to aid in warmth and healing (Naser et al., 2012). It is important to note that food is categorized as hot and cold based on its effect

on the body versus the temperature of the food (Gatrad, Ray, & Sheikh, 2004).

Asian Indians are diverse in their religious practices and self-identify as Buddhist, Hindu, Jain, or Sikh (Muesse, 2011). Hinduism is the most common religion and is practiced by 80% of AIs living in India and 51% of AIs living in the United States (Pew Research Center, 2012). Although the religious groups differ slightly in perinatal practices, similarities exist among them, specifically about postpartum rest, perinatal dietary modifications, and gender preference. Given these similarities, perinatal cultural practices among the predominant Hindu group will be highlighted.

Asian Indian Practices and Traditions—Pregnancy

Prenatal practices among AIs are very similar to those practiced in the United States, specifically regarding dietary modifications and baby shower types of gatherings.

Dietary Modification

Dietary modifications during the prenatal period are based on the concept that pregnancy contributes to body heat (Katbamna, 2000). Women are encouraged to eat food categorized as cold (fresh fruit, yogurt, buttermilk) (Chen et al., 2014) and avoid hot food (eggs, nuts, chili, garlic, mango, ginger) (Chaudhry, 2014) to maintain balance and decrease the chance of a miscarriage (Pool, 1987). Cold foods are predominantly fat and sugar-based that may lead to increased prenatal weight gain and risk of developing gestational diabetes mellitus (GDM) (Hedderston, Darbinian, & Ferrara, 2010), which is concerning as AIs are more likely to develop GDM compared to other ethnic groups (Cheng, Walker, Brown, & Lee, 2015). Hot foods may be encouraged in late pregnancy in an effort to promote labor (Wells & Dietsch, 2014).

Gender Preference

Prenatal ceremonies center on fetal sex selection, specifically the desire of a male infant. There is a general bias in favor of male infants over female infants (Coward & Sidhu, 2000). This preference may be attributed to the custom of only males being allowed to light their father's funeral pyre (during the cremation ceremony) and perform associated rituals for the afterlife (Coward & Sidhu). Gender is often connected to the level of support provided to the family as male children are believed to stay with the family and care for aging parents, whereas females may be seen as a burden who will marry and leave to live with their new husband and his family (Coward & Sidhu). In the United States, the pressure to bear sons often comes from the in-laws, either living in India or locally, who may also encourage sex-determination ultrasounds and abortions for female fetuses. Findings from a qualitative study examining reasons for male sex selection among 65 (22%, $n = 14$ Hindu) AI immigrants living in the United States included familial pressure and a cultural bias for male preference (Puri, Adams, Ivey, & Nachtigall, 2011). Forty percent ($n = 26$)

of participants reported having previously undergone a pregnancy termination of a female fetus (Puri et al.) Abortions for female fetuses are most often sought out with the third pregnancy, after the birth of two females (Egan et al., 2011).

Seemantham is an important traditional ritual in the South Indian states of Andhra Pradesh, Karnataka, and Tamil Nadu. Similar to the baby shower tradition in the United States, the focus of the Seemantham ceremony is showering the mother with words of support and wisdom for the time of the birth (Gatrad et al., 2004). This ceremony takes place in the temple or in the home during the seventh prenatal month with the priest and close family in attendance.

Pumsavana ceremony is performed between 8 and 16 weeks gestation. Translated as "to move: (Pums) and "man" (savana), the ceremony often coincides with the first maternal sensation of fetal movement indicating fetal well-being. This ceremony is also conducted at home or at the temple with family and friends in attendance.

Asian Indian Practices and Traditions— Postpartum Period

During the postpartum period, the body is thought to be in a cold state due to birth trauma and accompanying blood loss (Kim-Godwin, 2003). Care during this time is focused on keeping new infant and mother warm, protecting the infant from illness or evil spirits, and promoting maternal healing, breastfeeding, and increasing and sustaining breastmilk production.

Mandated Rest

The new mother is expected to remain at home and rest for 30 to 40 days, leaving only for medical appointments (Grewal, Bhagat, & Balneaves, 2008). The extended rest period serves to protect mother and infant from evil spirits, decrease exposure to illness, and preserve maternal–infant warmth (Grewal et al.). A female family member (grandmother, aunt, sister, cousin) often moves in for up to 3 months to help with cooking and cleaning so the new mother can focus on resting, recuperating, and feeding her new baby.

In the hospital setting, nurses may note a new mother's reluctance to get out of bed and an expectation that the nurse will take over infant care. The importance of ambulation must be discussed with the patient and her family in the case of high-risk or Cesarean births given the increased risk of deep vein thrombosis with prolonged inactivity (Meng, Hu, Peng, & Zhang, 2015). Limited

ambulation and avoidance of fiber inherent in cold food (fruit, vegetables) also increases the risk of developing constipation. Water and approved over-the-counter fiber preparations should also be encouraged. In an effort to preserve maternal and infant body temperature, nurses may also be asked to remove cooling fans and close windows, even during warm weather (Mattson, 1995).

Asian Indians also tend to overdress their infants to preserve body heat. Discharge teaching for new parents must include information on how to best dress their new infants as well as the signs and symptoms of overheating. Specifically, parents must be encouraged to dress infants according to environmental temperature as infants dressed in two or more layers (not including a diaper) are at an increased risk for sudden infant death (Smargiassi, & Kosatsky, 2015; Iyasu et al., 2002).

Dietary Modifications

Maternal healing and breast milk production are the cornerstones of postpartum dietary modifications. Methi (fenugreek), available in seed or powder form, is used to season food based on its properties in fibrous tissue healing (Katbamna, 2000). Garlic and ginger are encouraged as they assist in uterine contraction and involution to "dry the womb" (Ahmed & Farooq, 2014). Wheat, rice, milk, ghee (clarified butter), leafy vegetables, and jaggery (unrefined brown sugar) are encouraged to increase breastmilk production (Bandyopadhyay,

2009). Milk and ghee are also categorized as cold foods, and are consumed to restore maternal balance from the heated pregnancy state to the cooler postpartum state (Choudhry, 1997).

Breastfeeding is highly valued and strongly encouraged among AI women. Some mothers, specifically those who are new immigrants to the United States, may believe colostrum is harmful and discard it or delay breastfeeding until thinner looking milk is produced (Kannan, Carruth, & Skinner, 1999). A study comparing infant feeding practices of AI women living in the United States ($n = 25$) to women living in India ($n = 25$) revealed AI women in the United States discarded colostrum due to "friends and relatives in India are not feeding colostrum," "colostrum causes indigestion," and "colostrum is not good for the infant's health" (Kannan, Carruth, & Skinner, 2004, p. 317). Maternity nurses and lactation consultants must provide consistent messages about breastfeeding and the benefits of colostrum for the newborn.

Maternity nurses may observe the practice of prelacteal feeding among some AI mothers. A prelacteal feed,



Asian Indian women have unique cultural traditions and customs that influence their preferences and care during the childbirth process.

Table 1. Asian Indian Perinatal Cultural Practices and Traditions

	Areas for Cultural Awareness	Clinical Nursing Implications	Areas for Patient Education
Pregnancy			
Maternal dietary modifications	Avoidance of hot foods in favor of cold foods as pregnancy is thought to increase body heat	Assess maternal food preferences	Discuss how food categorized as cold (fresh fruit, dairy) may affect weight gain and risk of gestational diabetes.
Postpartum			
Maternal dietary modifications	Avoidance of cold foods in favor of hot foods to promote healing (clarified butter, nuts, eggs, mango)	Assess maternal food preferences	Discuss how food choices may increase the risk of developing constipation. Discuss approved over-the-counter preparations in place of fiber inherent in fruit and vegetables. Educate on healthy postpartum weight loss, the significance of which is increased among women with gestational diabetes.
Belief that the postpartum period decreases body heat	The new mother's activities are aimed at keeping herself and her new infant warm	Assess maternal preferences, e.g., do not automatically add ice to water as many mothers will prefer no ice	Reassure the new mother that ice is common in the United States but very easy to omit if requested.
	Preference for no air conditioner or fans even in hot weather		Educate on importance of maintaining infant body temperature regulation. Educate on dressing infants to maintain comfortable room temperature as overdressing may lead to overheating.
	Avoiding showers to keep hair dry	Encourage showering, offer shower caps to avoid wetting hair	Discuss shower options
	Avoiding ambulation in order to stay warm	Expectation that nurses provide infant care (diaper change, bring baby to patient in bed for feeding)	Educate on benefits of early ambulation including decreasing risk of constipation, increase in cesarean births. Discuss importance of early ambulation and self-care to promote well-being.
Mandated rest	Cultural practice to rest at home for 30–40 days to rest and recuperate	Assess level and type of social support	Educate regarding the signs and symptoms of postpartum depression and anxiety.
Breastfeeding	Belief that colostrum is harmful to the new infant	Early referral to the lactation consultant	Educate regarding benefits of early breastfeeding initiation and benefits of colostrum.
Prelacteal feeding	Traditional practice of prelacteal foods such as honey	Assess infant feeding practices	Educate on potential risk of botulism with unpasteurized honey. Discuss suitable alternatives, e.g., sugar-sweetened water.
Namakaran infant naming ceremony	Traditional practice associated with infant name selection	Potential delay in completing birth certificate data. Consider developing a policy and procedure for parents who leave the hospital without complete birth certificate data.	Educate on United States birth certificate requirements.
Black string " Aranjanam "	Traditional practice of warding off evil spirits, illness, and the "evil eye."	Assess infant safety	Educate on risk of infant choking or strangulation with string migrating from abdomen to face/neck. Discuss alternatives including placing the string in the room where the infant sleeps but out of reach.

most often honey, may be offered in place of colostrum or prior to breastfeeding initiation upon advice from female family members as it is thought to protect the infant from illness (Laroia & Sharma, 2006). Honey is often used as part of the Jatakarma ceremony, where the father places a drop of ghee and honey on the baby's tongue and whispers the name of God in his ear, welcoming the new infant and protecting it from illness (Jyothy, Sheshagiri, Patel, & Rajagopala, 2014). Given the risk of botulism with unpasteurized honey, parents must be cautioned not to give honey to infants less than 12 months of age (Grant, McLaughlin, & Amar, 2013). Alternatives to honey such as sweetened water flavored with herbs (e.g., cardamom, nutmeg, caraway) should be encouraged.

In cases where new mothers are experiencing difficulty with breastfeeding, maternity nurses and lactation consultants may note the use of a feeding cup-like device, *paladai*. These are often used in India by women experiencing difficulty with breastfeeding. The cup-like device has been used in India and other developing countries to supplement breastfeeding and pours milk directly into the infant's mouth (Dowling, Meier, DiFiore, Blatz, & Martin, 2002). With the increasing AI population, the *paladai* is gaining recognition in the Western world as another addition to aid with breastfeeding (Aloysius & Hickson, 2007).

Namakaran

The naming ceremony "*Namakaran*" traditionally takes place when the infant is 11 days old. The 11th day is preferred as the mother is thought to be "clean"; however, the naming can occur anytime up to the infant's first birthday. There are several steps involved in name selection beginning with consultation with a priest to determine the infant's horoscope (Chalmers, 2012). Auspicious boy's names should contain an even number of syllables and a girl's name, an odd number (Gatrad et al., 2004).

Aranjanam

This is the practice of tying a black string/thread around the infant's waist to ward off the superstition of evil eyes/spirits (Raman, Srinivasan, Kurpad, Razee, & Ritchie, 2014). Alternatives to the string include lining the infant's eyes with black liner or painting a black dot on the infant's (or mother's) forehead that symbolizes protection from "evil eyes" (Chalmers & Meyer, 1993). Eyeliner should be discouraged due to the the risk of lead poisoning from Kohl eyeliner manufactured in other countries

(Jallad & Hedderich, 2005). String tied around the infant's abdomen should also be discouraged given the potential for strangulation. See the vignette below.

Annaprasana

This ceremony occurs at approximately 6 months postpartum and marks the infant's first intake of solid food (Pak-Gorstein, Haq, & Graham, 2009). Examples of food offered include kheer; a dessert prepared with rice, banana, milk, and sugar; mashed potato with clarified butter; rice khitchri (rice, lentil, clarified butter); and chappati (bread prepared from wheat flour) (Pak-Gorstein et al.). This is in alignment with the American Academy of Pediatrics (AAP) who recommend infants should be breastfed exclusively until 6 months of age (AAP, 2015).



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Food choices are based on the body being in a "hot" state during the pregnancy and in a "cold" state during the postpartum period.

Implications for Nursing Practice

An overview of perinatal cultural traditions and practices common to AI Hindus living in the United States has been provided. Many practices are based on the belief that pregnancy contributes to body heat and postpartum decreases body heat. A general understanding of these concepts will enhance the nurse-patient relationship, provide areas for patient education, and lead to improved patient outcomes. In the Western world, new mothers are offered cold ice water to drink, ice packs for perineal inflammation, and encouraged to ambulate

and bathe. These interventions may be refused as they do not align with the need to maintain warmth during the cold postpartum period and alternatives should be offered when available without judgment or stereotyping.

Social support and food emerge as common themes among the cultural traditions and practices, both of which have implications for nursing care and maternal-child health. Aspects of social support are noted throughout the perinatal period, more so during the first postpartum months. Social support is also a large part of the ceremonies that typically occur in the temple with family and friends in attendance. Women living in the United States and away from extended family and social support network in India may not be able to experience these traditions and ceremonies, which can increase the risk of perinatal depression (Goyal, Park, & McNiesh, 2015). It is important for perinatal nurses to assess the level of social support and provide resources for local new mother's support groups. Education about healthy postpartum eating and weight loss should be offered given ghee and nuts are commonly used when preparing postpartum

food and may contribute to slower weight loss (Kajale, Khadilkar, Chiponkar, Unni, & Mansukhani, 2014).

New mothers may elicit advice from perinatal nurses regarding delaying breastfeeding due to lack of knowledge or fear of colostrum or ask about prelacteal feeding. It is important for nurses to be aware of these practices, specifically the practice of giving honey in place of colostrum (Kannan et al., 2004). New parents must be educated regarding the risk of botulism when unpasteurized honey is given to infants less than 1 year of age (Grant et al., 2013) and be provided with alternatives such as sugar water.

Clinical Vignettes

The following vignettes were developed from experiences shared by perinatal nurses in clinical practice. A description of the nurse's experience, concerns, cultural implications, and implications for nursing practice are provided. The first vignette describes a nurse's experience with new AI parents and the cultural practices associated with choosing the new infant's name:

We cannot simply choose a name for the new baby or have names chosen ahead of time. First we have to send the exact date and time of the baby's birth to my parents back home in India. Then my parents will consult with a priest who will provide the baby's 'birth stars' (horoscope). Birth stars are associated with specific letters of the alphabet which designates the first letter of the name we choose. Names have specific meanings such as prosperous, substantial, or savior.

Concern: Risk of incomplete birth record data. A name is required for the hospital birth recorder to complete mandated birth certificate information and state-wide records. Most often, the birth certificate data are completed before the mother and infant are discharged from the hospital.

Cultural implications: Choosing the new baby's name is very important to the AI family and is done in conjunction with consultation with a priest and feedback and input from relatives back home in India. With global time zone differences and multiple levels of consultation, delays are inevitable.

Nursing Implications: Validate the importance of practices surrounding choosing a name for the new infant. Consider developing policies and procedures to ensure new parents follow up and complete mandated birth record data. Educate staff and nurses regarding baby naming practices to promote cultural understanding and sensitivity.

The next vignette describes a nurse practitioner's experience with the common practice of new parents tying a black thread or string around the abdomen of their new infant:

An Asian Indian family came into the clinic with their new infant for a 4-week well-baby checkup. During my assessment, I noticed a thin black string tied around the infant's abdomen, slightly above the

Clinical Implications

- Nurses caring for women during the perinatal period need to be aware of cultural practices and be able to offer alternatives for those that may be harmful.
- Increased awareness and knowledge of cultural practices may avoid miscommunication and unnecessary distress to women receiving care.
- In the AI culture, there is a preference for male infants.
- Culturally sensitive postpartum nursing care is aimed at keeping the new AI mother and infant warm.
- Overdressing infants has been associated with an increased risk of sudden infant death.
- Asking the new AI mother about her culture and traditions will enable the nurse to learn useful information for the care of other AI mothers.

naval. My first reaction was that it presented a potential choking or strangulation hazard. When asked, the family was eager to share the symbolism of the string. I then was able to talk to them about my concern of the string coming undone and causing harm.

Concern: The string is loosely tied around the infant's abdomen. If it were to fall off it could potentially choke the infant. The string could potentially become tangled around the infant's neck, fingers, or toes, leading to a loss of blood supply, severe injury, or strangulation.

Cultural implications: Protection of the infant from the "evil eye."

Nursing implications: Discuss concerns and validate the importance of protecting the child from the ill thoughts of others. Collaborate with the parents and create a safety plan. Ask if parents would consider removing the string while the infant is sleeping in order to decrease potential harm.

Conclusion

Asian Indian women are unique in their perinatal cultural practices and beliefs. To support these practices and beliefs, limit misunderstanding, and promote optimal maternal-child outcomes, nursing care should be individualized and not based on stereotypes. Nurses should ask for clarification regarding certain birthing practices while being cognizant that the new parents may vary their practices and may not know the origin or symbolism of the practice. Sharing information and asking questions as perinatal nurses care for AI women offers the opportunity to learn more about AI cultures and traditions and enhances their ability and confidence to provide quality

nursing care during the childbirth process to this growing population in the United States. ✚

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The author declares no conflicts of interest.

DOI:10.1097/NMC.0000000000000222

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