

# Cross-Cultural Issues During Pregnancy and Lactation: Implications for Assessment and Counseling

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Throughout the world, pregnancy and lactation are marked by different cultural beliefs and values. These beliefs and values give perspective to the meaning of food practices, taboos and myths adhered to during pregnancy and lactation. Therefore, understanding the client's culture is an important element of culturally appropriate nutrition assessment and counseling.

## POPULATION CHANGES

The need to provide culturally competent nutrition services during pregnancy and lactation has gained importance due to significant and continuing changes in the racial and ethnic composition of the nation, as previously illustrated in Table 1, Chapter 1. These demographic changes in the nation's population impact the array of clients requesting services and the need for staff to understand how culture plays a role in assessment and counseling. It is clear that the U.S. is experiencing very rapid growth in Asian and Hispanic ethnic groups. There is less rapid but significant growth in the category designated "other" as well as among American Indians and African Americans.<sup>1</sup>

This chapter will:

- Define terms important in our understanding of discussions about culture.
- Describe a conceptual framework for understanding the dynamic influence of culture on practice.
- Describe cultural beliefs and practices that impact food consumption during pregnancy and lactation.
- Discuss cultural issues that impact nutrition assessment and counseling.
- Provide guidance for culturally appropriate communication.

## DEFINITION OF CULTURE AND RELATED TERMS

**Culture** is a set of learned customs, beliefs, values, ways of communication, actions, and institutions shared by a racial, ethnic, religious, or social group that shape their manner of living. Culture is learned. Adolescence is a period when culture is being established through adaptation to conditions in the environment. Therefore,

accurate assessment of cultural factors is critical to the delivery of appropriate nutrition counseling during this period.

### **Elements of Culture Related to Foodways Requiring Careful Attention:**

**Food Customs** are defined as established common practices that regulate food consumption habits or conventions (i.e., among cultures that eat with their hands, the right hand is used for eating and the left hand is used to take care of other personal needs; other pervasive customs that impact food consumption are those related to Yin/Yang and hot versus cold).

**Food Beliefs** consist of knowledge, religious conventions and opinions. Beliefs are enforced by media, friends and significant others. As with other aspects of culture, these are in transition among adolescents and require assessment.

**Values** are widely held beliefs about what is worthwhile, desirable, or important to well-being. Values are evolving during adolescence, therefore, values held at one point may not be the same values important at a subsequent point. Continual assessment of values related to food consumption is necessary.

**Methods of Communication** are dynamic and, during adolescence, defy most conventional approaches to understanding. Recognition of this fact may permit the counselor to allow the adolescent client to feel empowered and thus build a bridge to the counselor so that effective message sharing can occur. A fixed approach to counseling is not likely to be effective with adolescents.

**Actions** are the implementation of goals and objectives established during counseling sessions. They are often tempered by the environmental context of the adolescent who may be in a dependent status within the family. Explication of these factors will be important if counseling is to be effective in behavior change.

**Institutions** govern the world of the pregnant or lactating adolescent. These include home and family, school, food facilities in the community, church, health care delivery setting, and perhaps a worksite. Each of these institutions can potentially influence the foodways of the adolescent and need to be considered in counseling.

**Ethnocentrism** is the belief that one's own ethnic or cultural system is the best. This leads to judging others by one's own standards, often assuming that other standards are inferior. Nutrition counselors may believe their scientific training and professional status automatically places them in a superior status with respect to their client, especially when the client is an adolescent. Training in the Western biomedical system perpetuates this myth. A concerted effort of exposure to other cultures and gaining respect for other approaches to problem solving is necessary to move beyond ethnocentrism.

**Acculturation** is the process of adapting to the dominant culture. This requires adopting customs, beliefs and values that are different. The degree of acculturation is usually influenced by factors such as age, education, socioeconomic status, the amount of time in the community, and ties with the family. Adolescents may be more acculturated than their parents and older members of the family due to their interaction with people from many cultures at school and in the community. It is not wise to make assumptions about the degree of acculturation. Rather, allow the client to establish a comfort zone with respect to sharing while acknowledging aspects of their culture that are important to them. Remember that food customs are strongly influenced by cultural factors and may be the last elements of culture to change.

Acculturation may lead to changes in food patterns that result in diets that are inferior to traditional intakes. "Eating American" may result in increasing fat and salt while decreasing fiber, vitamins and minerals. Discussing nutritional strengths of traditional eating patterns may be one way of building bridges of communication.

**Cultural Sensitivity** in nutrition assessment and counseling consists of three elements:

- an awareness of one's own cultural beliefs and those of clients in the target population;
- an assessment of similarities and differences in the cultures; and
- using this knowledge related to ethnicity, culture, situational stimuli to action, and food practices during pregnancy and lactation in responding to unique needs of the target population.

**Cultural Competence** in assessment and counseling is the capacity to function within the context of culturally integrated patterns of human behavior with emphasis on food ways as defined by the target audience. It is important to note that knowledge about a culture does not equal cultural competence. In fact, knowledge often leads to inappropriate generalizations and assumptions about members of racial or ethnic groups. Cultural competence in the health care delivery system for adolescents should occur at several levels: policy; program; and counselor.

The following questions should be assessed in order to determine cultural competence:

- Are there policies requiring programs to demonstrate a process for developing, implementing and monitoring the delivery of culturally competent nutrition counseling services?
- Are programs held accountable for implementing the established policies related to the delivery of culturally competent services?
- Are nutrition counselors systematically trained and evaluated on their ability to provide culturally competent nutrition counseling?
- Is the nutrition counselor comfortable with clients from other cultures? Even after training, some people find it difficult to show respect when interacting with people from different cultures.

**Empowerment Assessment and Counseling** is a process that promotes participation of the target audience in decision making which leads to gaining control over their food ways to help affect changes leading to healthy food consumption patterns. This approach respects the fact that in the final analysis, behavior change occurs at the level of the individual. Therefore, the adolescent client needs to have an integral role in the counseling process. Empowerment assessment and counseling begins by establishing a clear understanding of the client's perspective, valuing this perspective, and allowing it to guide goals and objectives related to outcomes. Participatory counseling at this level requires more time than is often available in the current health care delivery system.

## **THEORETICAL FRAMEWORK FOR UNDERSTANDING THE DYNAMIC INFLUENCE OF CULTURE ON PRACTICE**

### **Cultural Competence Empowerment Model**

Cultural competence empowerment model is the conceptual framework used to help us understand the relationship between culture and nutrition assessment and counseling for pregnant or lactating adults.<sup>2-4</sup> There are four steps in the process of cultural competence.

#### **Self-Assessment**

Careful self examination is designed to reveal biases and prejudices that most people have which may limit their ability to effectively interact with people from cultures different from their own. For some people this may be the first time such an assessment of culture has been made. This may be the first time that there has been an attempt to determine religious and other beliefs, the meaning of holiday customs, the origin and importance of traditional family practices, and an assessment of personal values (the place these hold in consciousness and how they impact interactions).

#### **Increase Cultural Knowledge**

This can be accomplished by reading relevant materials, attending workshops, and using other valuable media on the subject (video or audio tapes, self-help curricula). The American Dietetic Association's Ethnic and Regional Food Practice Series provides helpful information on several cultures: Navajo, Hmong American, Jewish, Chinese American, Mexican American, Alaska Native, African American, Filipino and others. Several governmental agencies have developed useful tools. (See resource list.)

#### **Develop Cultural Skill**

Skill can be gained by applying knowledge through training and experience. This involves the ability to:

- Openly discuss racial and ethnic differences.
- Communicate accurate information related to food practices.
- Use interviewing techniques that show respect for the client's heritage.

- Involve clients in setting goals and objectives.
- Recognize and combat myths and racial stereotypes.

### Increase Cultural Encounters

This step requires deliberate exposure to positive models and images from the target culture to help dispel myths and racial stereotypes. Further interaction of cultural groups will reveal their heterogeneity, just as is found in families. Therefore, multiple encounters are necessary to appreciate the range of personalities and rich cultural heritage within the racial or ethnic groups in the counseling setting.

The client has a role to play as well. The adolescent needs to be empowered to advocate on her own behalf. This comes from encouraging clients to believe in themselves and their knowledge.

- Most clients will have dietary patterns that contain some good habits and some that need to be changed. Praise, respect and show appreciation for good habits. This will go a long way in building a trusting relationship and facilitating good communication.
- When the exchange of information has been established in the counseling session, additional information can be provided that will expand the client's understanding of health care services and program options available for their use.
- In addition, the health care setting needs to provide an atmosphere in which adolescents can ask questions, be encouraged to come with their partner to counseling sessions, and be free to speak frankly about their environmental circumstances that impact food and nutrition issues.

### Facilitated Discussion Techniques

Group counseling using facilitated discussion techniques is likely to be more culturally appropriate than traditional models. Facilitated discussion techniques allow clients to have a major role in problem solving and encourage interaction with each other. This level of client interaction allows networks to form that can provide social support. Empowerment comes through groups sharing common experiences, learning from each other, and formulating their own course of action to solve identified problems. When problems

are identified, it is important that required referrals be made to professionals with cultural competency, if possible, so that relationships and lines of communication built through nutrition counseling are not destroyed.

## BELIEFS AND PRACTICES THAT IMPACT FOOD CONSUMPTION DURING PREGNANCY AND LACTATION

### Pregnancy

Most societies believe that eating habits of the mother impact the health and well-being of the developing fetus. Efforts are made at local and national levels to make sure that the nutritional needs of the pregnant woman are met.

- Cravings during pregnancy are expected in most cultures and many stories are told about efforts of pregnant women, their partners and others to satisfy cravings. Pickles, chocolate, ice cream and salty snacks seem to be favorite foods listed by women when asked about their cravings during pregnancy.
- While the expectation in the U.S. is that pregnant women will eat well so that they can have large babies, there are some cultures where dietary intake is limited so that babies will pose less danger during childbirth. This is especially prevalent in cultures that have experienced stunted growth. When women immigrate to the U.S. and are encouraged to gain a lot of weight, they may give birth to babies weighing 8-9 pounds and require cesarean delivery.<sup>5</sup>
- Belief in the "hot-cold" effects of food is pervasive during pregnancy and lactation. These beliefs may negatively impact food intake.
- Many cultures observe taboos during pregnancy that limit the intake of certain foods felt to have an impact on baby temperament or appearance. The belief that certain foods will "mark" the baby is also very pervasive (black-eyed peas may cause black spots, strawberries may cause red spots, etc.).
- Pica, the intake of nonfood items, is found in a significant number of women during pregnancy. Items like laundry starch, red dirt, tire rubber and cigarette ashes are items often mentioned (see Chapter 10).

## Lactation

While some cultures do not have proscriptions about food during pregnancy, most have proscriptions during lactation.

- Many cultures recommend periods of confinement (up to 40 days) where others care for mother and baby and bring gifts of food.
- Other rituals play an important role in breastfeeding in some cultures. Prayers, figurines and paintings showing successful breastfeeding, applying leaves of certain plants to the breast as a poultice and consuming special foods are used to increase milk supply in some cultures.
- While many cultures rightly promote the use of colostrum, far too many still insist that this valuable immune rich substance be discarded because of cultural practices.
- Unfortunately, some cultures restrict nutrient rich foods such as fruits, vegetables and meat during lactation. Unless there is careful planning, the diet may not be adequate to support optimal nutritional status of the mother during the period when breastfeeding is being established.<sup>5-7</sup>

The primary negative impact on breastfeeding among immigrants is the abandonment of the practice.

- Bottle feeding is perceived as “American”, high status, and better than breastfeeding.
- This is one area where nutrition counselors can praise the culture of the client for adhering to a practice that provides the best nutrition possible for the infant. Depending on the desire to acculturate, this may be a way to build a bridge to communication.
- Since adolescents breastfeed at lower rates than older women, promoting breastfeeding will likely be important and recognition of cultural barriers may help.
- Even though the Baby Friendly USA initiative is having an impact, many hospitals in the U.S. still systematically separate mothers from babies immediately after birth for periods that interfere with optimal initiation of breastfeeding.
- There may be some concern about breastfeeding in public. While this varies among cultures, the taboo

against exposing the breast in public in the U.S. makes breastfeeding mandatorily discreet in most public settings.<sup>5-7</sup>

## CULTURAL ISSUES THAT IMPACT NUTRITION ASSESSMENT AND COUNSELING

Situations that affect health care during pregnancy and lactation for women in developing countries are similar to those encountered by adolescents in this country—low levels of education, low socioeconomic status, low status within the family and limited community support.<sup>8-11</sup> Staff attitudes and practices in the delivery of care during this period may be another barrier.

- Empowering interactions from a culturally sensitive staff can contribute to the difference between a positive and a negative self image following the pregnancy.
- The nutrition counselor is an authority figure and can have a long term positive impact when understanding of the historical and cultural context of pregnancy and lactation is applied to interactions which occur during this vulnerable period in the life of an adolescent.<sup>12-16</sup>
- Cultural development is dynamic among adolescents, especially relative to cultural beliefs and practices related to pregnancy and lactation and will vary depending upon the level of acculturation of the adolescent and her family.<sup>17, 18</sup>

## Paternal Involvement

While there has been neglect of the male role in maternal care in general, this omission is especially acute for adolescents. Much of what we know about paternal involvement comes from studies examining cultural aspects of changes in feminist ideology related to pregnancy among women. Qualitative research by Welles-Nystrom<sup>19</sup> shows three types of paternal involvement during infancy:

- Traditional fathers who participate in less than 12% of infant caretaking.
- Contemporary fathers who share caretaking responsibilities with the infant's mother.

- Radical fathers who not only share caretaking with the mother but play a dominant role in some areas of infant care (bathing, dressing, taking infant for a walk).

In addition, some cultures have traditional male roles.

- In Hmong cultures, it is the fathers who cut the umbilical cord.<sup>20</sup>
- Several studies show that the male has significant influence on intention and implementation of breastfeeding.<sup>21-24</sup>

These brief insights point to the need to be sensitive to issues related to male involvement in social support during pregnancy and lactation and the need to invite male partners to participate in counseling events.

### Hospital Setting

Adolescents must deal with the dynamic culture in the hospital setting. As pointed out by Mulford,<sup>25, 26</sup> during current short hospital stays (24-48 hours), several forces interact in an effort to launch breastfeeding:

- culture of the hospital and its staff
- culture of the client and her family
- physiological needs of the nursing dyad

How these forces impact the initiation and duration of breastfeeding for adolescents remains unassessed. In fact, adolescents may encounter hospitals that are not baby-friendly that continue to promote bottle feeding by the free distribution of formula and gifts that carry commercial logos.

## MAKING CULTURE A DYNAMIC COMPONENT OF NUTRITION COUNSELING

Listed below are some ideas for providing culturally competent nutrition counseling:

- Learn about the history, food customs, values, behaviors and attitudes of clients in your practice.
- Invite clients to share their cultural heritage by encouraging different racial or ethnic groups to develop bulletin board displays, share traditional dishes for tasting and be available to communicate their cultural history.

- Be sure that the health care environment acknowledges and respects cultural groups in the art that is displayed and especially in images portrayed in educational materials.

- Invite clients to share traditional recipes and stories. Analyze the recipes and provide nutrition health tips based on the positive aspects of the dish while making suggestions for changes that will make the dish even healthier. Encourage a group of clients to form a committee to assemble a recipe book, involve clients in selecting a title and be sure to include photographs.

- Use audiovisual materials to stimulate discussion and vicariously expand cultural experience.

## GUIDANCE FOR CULTURALLY APPROPRIATE COMMUNICATION

### Empowerment Education

Empowerment education is comprised of three steps:<sup>4</sup>

#### Listening

Listening is used to identify problems and determine priorities. Listening should be active and continual so that feedback to the client will encourage participation in all aspects of counseling decision-making. When listening is coupled with observation, cultural factors are easier to learn and incorporate into counseling. Health counselors should invite discussion by exhibiting a healthy curiosity about cultural practices. People often enjoy telling their stories and careful listening can often find the goals and objectives for nutrition counseling embedded in the stories. Therefore, the time spent in active listening is time well spent.

### Participatory Dialogue

Participatory dialogue allows the client and counselor to:

- define the problem;
- look at the problem from a variety of perspectives;
- look for life experiences that could help solve the problem;
- discuss why this problem exists (by putting the issue into perspective, it may cease to be a problem); and
- develop solutions.

Nutrition counseling has not traditionally been as family-centered as it could be. Nutrition assessment and counseling during pregnancy and lactation provides a wonderful opportunity to encourage adolescents to begin thinking about themselves as a family with responsibility for providing adequate nutrition for themselves so that they can be healthy parents. They also need to understand the value of modeling good nutrition behavior to increase the opportunity for their child to develop good eating habits. Encouraging adolescent couples to meet together and share their concerns can help form strong networks of support for problem solving.

Strategies to increase participatory dialogue include:

- Involve males when possible by encouraging couples to attend counseling sessions together. Images of couples engaged in counseling in the environment and materials that include issues important to males are important to support male involvement.
- Encourage couples to make food and nutrition decisions together, to spend time budgeting, planning meals, shopping and cooking together.
- Encourage couples to plan on involving their child in these activities as age permits.

### **Implementation or Action, Monitoring and Follow-up**

When problems associated with implementation are confronted, more problems may emerge, along with attempts to find solutions. As the client gains experience in problem solving, they often become more empowered, thus capable of making decisions not only about food and nutrition issues but also about other important issues in their lives. Remember, you learn by doing. Involve clients in planning and implementing events or activities that teach nutrition facts such as breastfeeding showers where couples are invited to share information about breastfeeding, prepare healthy snacks and receive reinforcement by taking home culturally appropriate materials about breastfeeding. These activities may provide opportunities to demonstrate how WIC and other commodity foods can be made into heart healthy snacks and incorporated into traditional diets and festivities. Allow food to take a central role in participatory nutrition counseling.

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