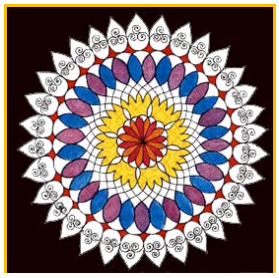
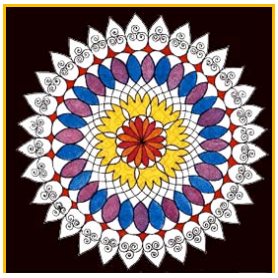
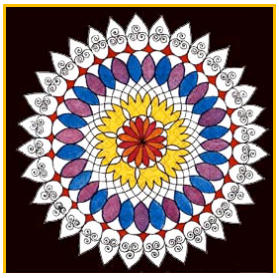

INDIAN CULTURE

Rangoli Patterns

Page CONTENTS

BACKGROUND INFORMATION

India has a history of many dynasties, religions and conquerors, resulting in a rich blend of cultures and many different ethnicities residing in the country. The British occupation and later rule of India which ended with the Indian Independence Act in 1947, also left a strong influence on the culture. The act established Pakistan and India as separate nations with Hindus tending to establish residency in India and Muslims in Pakistan. The conflict that arose during this partition continues, in various forms and contexts today.

Improved education and economic opportunities are amongst the reasons why many Indian families migrate to countries like New Zealand.

COMMUNICATION

Greetings

Hello/goodbye salutation	*Namaste* 'I recognize the Self in you' (Hindus)
Hello greeting	*Salaam aleikum* 'peace be upon you'(Muslims)
Goodbye greeting	*Khuda Hafiz* 'God be with you' (Muslims)

Main languages

India is the largest country in South Asia. There are 17 principal languages and more than 200 (some texts report up to 300) dialects spoken in India. **English** is the official language; **Hindi** is the national language and is spoken by about 40% of the population.

Pakistan is located in the western part of the Indian subcontinent. The national language is **Urdu**; **English** is also the official language, and there are five other principal languages. Pakistan is predominantly a Muslim nation.

Specific gestures and interaction

Hands are held in the prayer position when using the salutations for Hindus and Sikhs.

TRADITIONAL FAMILY VALUES

- Traditionally families are extended, and currently this practice still prevails in the West. However nuclear families are becoming more common in resettled areas and in urban areas back home
- Although the whole family plays a role in childcare, the grandparents' role in raising children is common and highly valued as they are the link to culture, heritage and religion
- Siblings are close knit and brothers will often live together
- Independence and privacy is highly valued (people may consult other family members before seeking outside help)
- Traditionally women manage the home, financial matters and social issues. In some families the husband or an elder might also manage these
- Men are usually breadwinners and represent the family in the community (with the implication that they have the authoritative role because they are the primary point of contact with society. Women may therefore be isolated, especially after migration)
- Modesty is highly valued
- Children are taught respect for elders and discipline is believed to come naturally if the child is taught the appropriate values and principles

HEALTH CARE BELIEFS AND PRACTICES

Traditional and current treatment practices

Ayurveda, which means "knowledge of life" is the traditional Indian system of medicine. Indian medicine mixes religion with secular medicine, and involves observation of the client as well as the client's natural environment

- *Ayurvedic* medicine is a holistic system with great emphasis on prevention
- Diagnosis according to *Ayurveda* is based on finding out the root cause of a disease, which is not always inside the body (to give permanent relief, the root cause has to be addressed)
- Maintaining the equilibrium of 3 major forces in the body (termed *dosha*) is perceived as good health; the state of imbalance is disease
- Once the aggravated or unbalanced *dosha* is identified, it is brought into balance by using different kinds of therapies. The three *dosha* are called *Vata*, *Pitta*, and *Kapha*. Each *dosha* represents characteristics derived from the five elements of space, air, fire, water, and earth and also certain bodily activities
- When curing disease, it is important to not cause new symptoms by suppressing the presenting symptoms
- There are approximately 1,400 plants used in Ayurvedic medicine, none of which are synonymous with instant pain relievers or antibiotics. The herbs used in Ayurvedic remedies tend to gradually metabolize and have few side effects on the body
- Fasting (to remove excess toxins), and mild sweating (to digest the toxins) is used in treatment in conjunction with dietary management, herbal medicines and massage regime referred to as *Panchakarma*
- A meditation programme may also be prescribed for clients as appropriate to their presentations

Homeopathy is also well known and used throughout India

Traditional remedies, prescribed by a traditional healer (prevalent in more rural communities) include herbal drinks, roots and other herbs worn in amulets or around the neck, specific diets, the proper use of the confluence of the heavenly bodies, and the use of precious and semi-precious gems. Additionally, disease is often perceived as a result of bad karma (Hindus), the evil eye (also Muslims and Hindus) or just bad luck. Often religious rituals are conducted to rid the client of the evil influence and give them and their family hope

Western medicine is highly regarded, particularly in urban areas, and is used, often in conjunction with natural medicine (i.e. homeopathic and Ayurvedic medicine)

Important factors for Health Practitioners to know when treating Indian clients:

1. Indians tend to perceive the health care provider as the authority. Their role is likely to be passive and respectful, and they will seldom ask questions as it is considered rude (so there is the need to explain how treatments etc. work)
2. If a Western treatment is at odds with the traditional treatment in Indian communities, the family is likely to ignore the provider and stay with tradition (so it is important to find out what traditional treatments may be being followed and try to incorporate these where possible). Many may stop treatment if it is perceived as not working, so delayed effect, prophylactic effects, and consequences of stopping medications prematurely may need explaining
3. Most Indians are not accustomed to being informed of every negative aspect of a prescribed treatment. The western model of informing patients can lead to confusion and fear, so in explaining a procedure, providers should balance discussion of the risks with realistic assurances
4. Religious practices and personal hygiene customs are different from Western ones (i.e. sometimes no bathing, only showering)
5. Religious symbols worn on the body should not be cut or removed without the client's or family's permission, e.g.:
   - a sacred thread worn by high-caste Hindu men over one shoulder and around the waist, and by women, young babies and children around the neck, waist and wrist
   - a 33 bead bracelet worn by Muslims around the neck or wrist
   - a Sikh man's bracelet and *kirpan* (see 'Spirituality' in Introduction to Asian Cultures for more detail)
   - a strictly observant Sikh man cannot cut his hair (if it must be cut, the need must be explained fully to both client and family)
6. Family members are usually involved in treatment decisions. A hospitalized client is not told his or her diagnosis, only the family is told (many Indians believe that a client who knows the truth may lose hope). Family members and client need to be given a detailed description of the length of stay, recommended tests and treatments, and that they may bring ethnic foods to replace or supplement the client's hospital meals
7. Personal privacy is important and same-sex health care providers and interpreters are preferred, particularly by women
8. When doing HOME VISITS:
   - Give a clear introduction of roles and purpose of visit
   - Check whether it is appropriate to remove shoes before entering the home (notice whether there is a collection of shoes at the front door)
   - If food or drink is offered, it is acceptable to decline politely even though the offer may be made a few times

Stigmas

Emotional problems bring shame and guilt to the family so seeking treatment tends to be delayed. When a client is finally brought to a provider, family members are often in a state of crisis. The practitioner should be prepared to make an immediate assessment on suicide attempts and thoughts.

Diet and Nutrition

- Vegetarianism is universal among devout Hindus. Many Hindus do not eat beef as the cow is considered sacred, and not all Hindus eat pork and its products
- Muslims have several food restrictions. Devout Muslims will only eat *halaal* meat. Beef is eaten by Muslims but pork and its products are prohibited for all practicing Muslims
- Spices are the essence of Indian food
- Rice or Indian Bread ('Roti' or 'chapatti') are staple for almost every meal
- Nutritional deficiencies are common amongst migrated Indians but may not be a factor in 2nd and 3rd generation Indians

Death and dying

Hindus

- Many Hindu clients will elect to die at home; and some will go back to India, their motherland to die if possible - especially to the sacred city of Varanasi
- Organ donations are seldom approved because of religious implications (although blood transfusions, bone marrow or organ transplants are usually acceptable)
- The idea that suffering is inevitable and the result of karma may result in difficulty with symptom control
- Family members are likely to be present in large numbers as death nears
- Chanting and prayer, incense, and various rituals are part of the process
- After death, healthcare staff should touch the body as little as possible. Ideally, just before cremation or burial the family should be the ones to clean the body and this person should be of the same sex as the deceased. After being cleaned, the body is wrapped in a red or white cloth, white being the mourning colour for Hindus
- The preference is for cremation for married people, and burial for babies, children and youth. Ideally, the ashes are spread over the holy river, The Ganges (*Ganga Ma*), or if this is not possible, over any other river or sea
- The mourning family may wish to have a Brahman priest at the funeral to perform a prayer and blessing

Muslims

- When death approaches, a Muslim will recite "There is no god but Allah, and Muhammad is His Messenger"
- Traditionally Muslims need to bury their deceased within 24 hours
- Burial in a cemetery is required, not cremation
- After death the male body is washed by a male relative or Imam (holy man), and a female by a female relative or midwife
- The body is laid out in specific ways and prayers recited before it is taken to the cemetery

Sikhs

- When death approaches, friends and relations are called to be together and to recite from the holy book, the *Guru Granth Shib*
- Families are encouraged not to see death as a sorrowful occasion
- The dead person is to be washed, clothed in clean clothes and placed in a coffin with ornamental flowers and wreaths

- Cremation is traditional
- The deceased will need to have fulfilled the baptismal ritual *Amrit* before the 5 K's can be included in the casket (see **Spirituality** in Introduction to Asian Cultures)
- At the crematory chapel a poem 'Sohila' is recited
- A male person turns on the cremation oven. Ashes are later collected for spreading in running water. Many families will send the ashes to India

HEALTH RISKS

Key health concerns for Indians living in the Auckland region include (Metha, 2012):

- Cardiovascular disease (CVD), coronoary heart disease, stroke, congestive heart failure
- High potentially avoidable hospitalisation (PAH) rates among Indian men
- Utilisation of chronic care management (Care Plus) (highest of all the ethnic groups examined)
- Adult diabetes prevalence of 11-12% (and high rates during pregnancy)
- Terminations of pregnancy
- Cervical screening coverage
- Family violence (highest amongst all ethnic groups studied)
- Hysterectomies
- Cataract extractions (highest proportion amongst ethnic groups studied)
- Total knee joint replacements (TKJR) (significantly higher rate than other ethnic groups studied)

- In addition, Unexmundi (August 2014) lists the following as major infectious diseases for India:

    - Hepatitis A and E
    - Typhoid fever
    - Malaria
    - Dengue Fever
    - Yellow Fever
    - Japanese Encephalitis
    - African Trypanosomiasis
    - Cutaneous Leishmaniasis
    - Plague
    - Crimean-Congo hemorrhagic fever
    - Rift Valley fever
    - Chikungunya
    - Leptospirosis
    - Schistosomiasis
    - Lassa fever
    - Meningococcal meningitis
    - Rabies

WOMEN'S HEALTH

According to Metha's (2012) report on health needs for Asian people living in the Auckland region:

- Indian women had lower total fertility rates (TFR) in Auckland than their European/other counterparts
- Indian women had higher proportions of assisted deliveries than their European/other counterparts in the Auckland region
- Indian women had the highest proportion of complications in live deliveries because of diabetes compared with all other ethnicities in the study
- Indian women had the highest number of publically-funded terminations of pregnancy of the ethnic groups studied
- Indian women had a significantly higher rate of hysterectomies as compared to their European/other counterparts

- **Nutritional deficiencies**
  - These are common amongst Indian women so teaching nutrition is essential in these cases and should be focused first on assessing the cultural diet of the woman. Information on making healthy food choices needs to be made available whilst continuing to allow the client her cultural foods. This is especially important for the pregnant or the lactating woman and for those with illnesses.

- **Traditional fertility practices** have influenced the health of Indian women. These include:
  - Marriage and childbearing traditionally occurred at an early age (a problem especially if the young mother is poorly nourished). However, the legal age for marriage is now 18 so these practices will likely occur in rural areas only, and are less likely to apply to Indians who have migrated to New Zealand
  - Closely spaced multiple pregnancies
  - Low acceptance rate of contraceptives such as birth control pills and Depo-Provera injections (information on intrauterine devices, condoms and the rhythm and withdrawal methods may be helpful). Sterilization may also be an option. In general, it is considered to be more appropriate and often more comfortable for a client to receive teaching regarding this topic from someone of the same sex, although both husband and wife may want to be present during the teaching session

- **Pregnancy**
  - Pregnancy is believed to be a "hot state," or a time of increased body heat. Diet is adjusted to accommodate this. More traditional families may perform rituals and use amulets to protect the mother and the unborn baby from evil spirits as the baby is believed to be particularly vulnerable pre-natally
  - Traditionally in India, it is illegal to reveal the gender of the baby before it is born. The tradition stems from the high preference for producing boys over girls, and migrated families may wish to continue this for protection of the family back home. Younger migrants claim that it is also for the 'suspense' factor that this tradition is observed

- **Labour and Delivery**
  - The role of the Asian Indian woman in labour is passive. She follows instructions from health care providers or family members
  - A stoic approach by the mother to the labour and delivery process is considered desirable. Men are usually not present in the delivery room at the time of birth, although this is not prohibited. Often, an older female family member or traditional birth attendant (dais) assists the mother in the birth process
  - Pain medications are usually not used, as they are believed to complicate the delivery. Staff should be prepared to assist the mother with alternative relaxation or breathing techniques if needed

- **Postnatal care**
  - Generally, breast-feeding by Indian women is practiced and encouraged. It is usually continued anywhere from six months to three years. It is common for breast milk to be supplemented with cow's milk and diluted with sugar water. The child is given diluted milk because the infant's stomach is believed to be weak initially. Additionally, the working mother may also combine breast-feeding with formula for convenience
  - The recuperation time for the mother and baby usually lasts for forty days after birth. Rest and special food is traditional

- **Religious Ceremonies Related to Birth**
  - In many Hindu families, a ritual is performed on the sixth day after delivery and the baby is officially named on the eleventh day
  - In Muslim families, it is common for the father or the grandfather of the child to recite the *Azan* in the child's right ear and the *Iqama* in the child's left ear just after birth to confirm that the child is Muslim.
  - Christian families may wish to pray or anoint the infant for blessings and health

Pregnancy is sometimes the first encounter an immigrant woman has with the health system in a new country. Indian immigrants often find pregnancy and childbirth a stressful and isolating time without the community to support them with nurturing and traditional practices. Indian men do not usually know much about these practices and so cannot substitute for kindred women.

- Kemp (2004) notes the following common nutritional deficiencies in women in India (symptomized by generalized weakness, fatigue, muscle wasting, oedema, smooth tongue, mental confusion, paralysis, diarrhoea, and low haemoglobin and haematocrit levels):

  - Protein malnutrition
  - Beriberi or thiamine deficiency (lost through washing and cooking of rice and allowing it to remain in water overnight)
  - Pellagra or niacin deficiency
  - Iron-deficient anaemia (leading to Goitre)
  - Lathyrism (characterized by irreversible muscular weakness and paraplegia resulting from consumption of large quantities of seeds of the pulse khesari and lathyrus sativus over a long period of time
  - Osteomalacia (related to deficient calcium and vitamin D in regions where the cow is sacred

YOUTH HEALTH

Adolescent Health

- According to Metha's (2012) report on health needs for Asian (youth) living in the Auckland region:

    - Alcohol consumption is less prevalent amongst Asian students with only 34% of Indian students as current drinkers as compared to 66% of NZ European students
    - Marijuana use has not declined amongst Indian youth since the 2001 health needs assessment
    - Most Asian youth reported positive relationships and friendships
    - Most Asian youth reported positive family, home and school environments (more Indian students reported positive feelings about school than their NZ European counterparts)
    - 40% identified spiritual beliefs as important in their lives
    - 75% of Asian students do not meet current national guidelines on fruit and vegetable intake
    - 91% of Asian students do not meet current national guidelines on having one or more hours of physical activity daily
    - Mental health is of concern amongst Indian female students with 18% of females and 7-8% of males reporting significant depressive symptoms

- In addition, adolescents who migrate without family may encounter the following difficulties:

    - Loneliness
    - Homesickness
    - Communication challenges
    - Prejudice from others
    - Finance challenges
    - Academic performance pressures from family back home
    - Cultural shock

- Others who live with migrated family can face:

    - Status challenges in the family with role-reversals
    - Family conflict over values as the younger ones acculturate
    - Health risks due to changes in diet and lifestyle
    - Engaging in unsafe sex
    - Some young Indian New Zealanders report not feeling safe at school, and for some this leads to absenteeism
    - Some Indian students experience more house shifts, overcrowding and unemployment amongst parents than their NZ/European counterparts (Metha, 2012)
    - Barriers to healthcare because of lack of knowledge of the NZ health system, as well as associated costs and transport difficulties

Traditionally Indian youth health has been influenced largely by the strong preference for male babies over female babies. One of the reasons for this preference is that the oldest son in a family is traditionally given the responsibility of taking care of his own family. If parents do not have a son, they believe that they

will have no one to care for them. As a result of this tradition, parents commonly neglect young girls growing up in India, giving them smaller portions of less nutritional food, withholding medical care, and often removing them from school earlier than boys. Such practices may be different with migrated families.

Child Health

- According to Metha's (2012) report on health needs for Asian (youth) living in the Auckland region:
  - There are no significant differences in mortality rates compared to European/other children
  - There were no significant differences in potentially avoidable hospitalizations (PAH) as compared to other children studied
  - The main 3 causes of PAH were ENT infections, dental conditions or asthma
  - There was a higher percentage of low birth weights (below 2500 grams) for Indian babies born between 2008 and 2010 as compared with other groups studied
  - A lower proportion of Indian five-year olds had caries-free teeth compared to the other ethnic groups studied

SPECIAL EVENTS

Ramadan is celebrated by Muslims in the 9th month of the lunar Islamic calendar and is regarded by many as the holiest time of the Muslim year. During this month Muslims fast from dawn until sundown (including no water or other liquids). Those with ill health are exempt from the fast although many nevertheless like to partake and clients may need to have the possible consequences explained, or to be assisted through the period. Young children, menstruating, pregnant and nursing women are also exempt from fasting. In addition to fasting, the following are prohibited: putting eye drops in the eyes, saliva leaving the mouth and re-entering, sex, listening to music and harsh words or arguments.

Diwali, the 'festival of lights' is celebrated by Hindus all over the world around October/November of each year. It is a 5 day celebration of joy and rejoicing and represents the triumph of good over evil. There are regional differences in celebrations and meaning, also for different sects (e.g. Sikhs and Jains etc.). For migrated Hindus it also offers an opportunity for community participation.

SPIRITUAL PRACTICES

Most major religions are represented in India. The 2001 Census of India reports the following percentages of spiritual followers (No updates from any later India Census on religious statistics had been published at the time of this resource update, March 2015):

Hindus	80.46%
Muslims	13.43%
Christians	2.34%
Sikhs	1.87%
Buddhists	0.77%
Jains	0.41%
Others	0.65%

(See Chapter 2, Introduction to Asian Cultures, pgs 12-16 for more information related to religions and spiritual practices above).

DISCLAIMER

Every effort has been made to ensure that the information in this resource is correct at the time of publication. The WDHB and the author do not accept any responsibility for information which is incorrect and where action has been taken as a result of the information in this resource.

REFERENCES AND RESOURCES

1. Bhungalia, S., Kelly, T., Van De Keift, S., Young, Indian Health Care Beliefs and Practices. Retrieved July 2006 from: http://www3.baylor.edu/%7ECharles_Kemp/indian_health.htm Link no longer current at February 2015.

2. Kemp, C., Rasbridge, L. (2004). Refugee and Immigrant Health. A handbook for Health Professionals. Cambridge: University Press.

3. Lim, S. (2004). Cultural Perspectives in Asian Patient Care (*handout*). Asian Support services. Waitemata District Health Board.

4. Maqsood, R.W. *Thoughts on Modesty. Islam for Today*. Retrieved July 2006. Available at:/http://www.thecall.ws/uploads/Thoughts_On_Modesty.pdf

5. Mehta S. Health needs assessment of Asian people living in the Auckland region. Auckland: Northern DHB Support Agency, 2012.

6. No author. Diwali festival. Updated February 2015 from: http://www.diwalifestival.org/rangoli-patterns-design.html

7. Rasanathan, K. *et al* (2006). A health profile of Asian New Zealanders who attend secondary school: findings from Youth2000. Auckland: The University of Auckland. Available at: www.youth2000.ac.nz, www.asianhealth.govt.nz, www.arphs.govt.nz

8. SenGupta, I. (1996). Voices of the South Asian Communities. Updated February 2015 from: http://www.migrationpolicy.org/sites/default/files/language_portal/Voices%2520of%2520the%2520South%2520Asian%2520Communities.pdf

9. Singh Brar, S. Understanding the Kirpan for non-Sikhs. Retrieved August 2006. Available at http://www.sikhs.org

Resources

1. The http://www.ecald.com website has patient information by language and information about Asian health and social services.