Lucia-burped, bringing a tinge of rosiness to her plump cheeks. What a thing to do when the midwife’s here!

And Mary, her midwife, was going on again about Lucia’s weight too, when the whole Ramos family—well, all of the women anyway—had been so clear that she needed to eat more. Even a month or two ago when she seemed to spend more time in the baño sick to her stomach, her mother Rosa and her abuelita were bringing her chicken soup and tortillas as soon as she came out of the door. The soup was the kind she liked, with a thin layer of fat floating on top and big chunks of chicken. And of course her grandmother had made the tortillas herself. How could she refuse?

“So Lucia. What did you have for breakfast?”

“It wasn’t much, Mary,” Lucia murmured softly, as she looked down at the buttons straining on her green blouse. Lucia had never been lacking as far as her senos like some of those skinny girls. They were even bigger now that she was expecting, and Luis, her novio, loved them that way. He loved her shiny black hair too, especially when she wore it down and not tied, but he was really delighted with her full figure.

“Yes?” Mary pressed.

“Only a little egg and some pan dulce and chorizos,” whispered Lucia. And hot chocolate, she remembered, but decided not to mention. She liked Mary, but
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was afraid of her, a woman with a job that was so important; lots of education.

“Well, you’re still gaining too much, Honey. I’ve been in this business too long not
to know better than you what’s good for you. You’re only four month along, and have gained almost what you should by the time of delivery! Have you been cutting back on the rice and tortillas? I can’t be there to make sure you eat properly, but your blood sugar is way too high. Do you understand, Lucia? In a month you won’t even be able to get out of bed. And the birth will be dangerous for you and the baby if your keep gaining like this. You’re just on the brink of diabetes, you know.”

Lucia’s mind wandered as Mary droned on; she suddenly felt cold, fear gripping her as salient words like “dangerous” and “diabetes” poked through the verbal haze. She’d heard this all before, of course. Her mind searched for a response, so that she could be in her favor again.

“Cuasesma, that’s that time before Jesus came back—how you call it?—that’s coming up, Mary and we’re supposed to eat less then. Maybe I can give up some food I like too much.”

Even as she said it, Lucia knew that her mother and especially her abuelita would say that she shouldn’t cut back at all; they’d suggest that she just be extra sweet and take lots of naps and eat for the baby instead. Pregnant women deserved special privileges even during Lent. They’d almost convinced Padre Humberto on that point.

And hadn’t they both had babies? They know what’s good for me, don’t they? Why is Mary always telling me the opposite from what they say? I’ve never asked, Lucia thought, but I bet Mary’s never even HAD a baby.

Cultural Beliefs & Values

Our scenario highlights those highly held values in the Mexican culture: respect and compliance with the elderly and those in authority, and the idea that pregnancy is a time for eating well and resting. We can easily see Lucia’s dilemma—who to listen to about her diet. This poses a difficulty for Mary, her midwife, as well. She knows that the outcome of doing nothing may have a “dangerous” effect both on both Lucia and her baby. She admonishes Lucia at each visit to watch what she eats. Common ground—
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Mary, Lucia’s mother, and grandmother all care. How each demonstrates care, though, is different. Care in the Mexican culture is shown by family support; physical, emotional, and financial. The mother and grandmother show care by encouraging Lucia to rest and “eat for two.” The findings of an ethnostudy of Mexican-American culture (Staisak 1991) highlight that care means “everything or almost everything,” which translates into being with family and bienestar (wellbeing). During pregnancy, women are encouraged to rest, eat well, and avoid stress. These cultural health practices influence decisions and actions. Listed below are other cultural beliefs and values found in the Mexican culture.

Mexcian-American Cultural Beliefs & Values
- Respect for the elderly and those in authority
- Family loyalty and support
- Interdependence within extended family
- Fatalistic
- Benefits of folk care and healing practices
- Here and now

Similar to Mary, we face similar situations when the cultural beliefs and values of our clients differ from our view of care. The goal is to find some common ground. Encouraging clients to participate actively in their own care may be the first step. What are their opinions about the care received? By acknowledging the importance and value of this information you establish rapport. As noted, family is everything in Lucia’s world view. It may be helpful to invite the mother and grandmother to the next clinic visit.

Reflective exercise: Cultural Beliefs, Values, and Health Practices
1. How do your cultural beliefs and values compare and contrast with Lucia’s?
2. Have you had a similar experience?
3. What did you do? Did it work?
4. Now that you have this information ~ how would you approach care differently?

Familia . . . Familism . . . Family is Everything

Family first. The term familism extends the value of family to include others such as abuelos (grandparents), compadres (god parents), sobrinos (niece/nephew), and primos, (cousins) y mas (more). This extended family shares responsibility to nurture and care for children, to provide financial
support, to assist with healthcare needs, and to provide a listening ear. It can be thought of as an interdependent system in which help is readily available in any situation. There is a strong sense of loyalty and support for one another.

In the traditional Mexican family, the father is the head of the household. The term *machismo* is often used to describe his role as provider, protector, and decision-maker. This role is taken very seriously. Recently a Mexican-American man, a vineyard worker, presented to the clinic with complaints of back pain which had been going on for several days. This particular day in February was cold, wet, and dreary. I certainly felt his discomfort and admired him for his endurance. Realizing his temperature was 102 degrees, I listened to heart and lungs. This was not a lumbar strain as he thought, it was pneumonia. After providing him with antibiotics and counseling him to go home immediately, I was informed that he “still had work to do” and would leave at the end of the day. Doing his job and providing for family were more important than his own health.

The role of the mother is caregiver and nurturer. She provides stability to the family. Mothers are highly esteemed and hold great influence over their children throughout their lifetime. As a result of economic pressures in the U. S., more women are seeking employment outside of the home, thus adding more responsibilities to their days. It is not uncommon for the HCP to hear a Mexican-American woman tell of a variety of somatic complaints that result from long hours both at home and at work. One of my clients shared how she rose at 5:30 a.m., fixed her husband’s breakfast, prepared her children for school, and then went to work. At 4:00 p.m. she picked up her children at school, grocery shopped, prepared dinner, and then went to bed at 11:00 p.m., only to repeat this pattern the next day. Though she was tired, she took her role as caregiver and nurturer more seriously than her exhaustion.

Children within the Mexican community are valued and cared for in a very protective environment. At an early age they are taught the values of *familism* and *respeto*. They may have responsibilities such as childcare for the younger siblings and other household chores, which is in keeping with the value placed on family support. They are expected to do well in school and to bring pride to the family.

The elderly, held in high regard, are also thought wise and knowledgeable. In our scenario, Lucia’s grandmother encourages her to “eat for two.” Unfortunately, this is in direct conflict with Mary’s advice to cut down her caloric intake. Lucia is caught in the middle. She neither wants to disrespect her HCP nor her grandmother. How can the HCP resolve this
situation? Actually, in taking the cultural value of respect for the elderly into consideration, one possible solution may be to include the grandmother in the planning process. This acknowledges her status and shows an interest in her perspective.

**Reflection exercise: Family**
1. How have you heard “machismo” defined?
2. What positive and negative terms are used to describe this term?
3. How is your family similar to or different from the one described?
4. In what ways do you promote family involvement?

**Communication... Verbal and Non-Verbal**

Spanish is the primary language spoken in 62% of the Mexican households in the United States (U.S. Census 2007). Time spent in this country does not always equate to English proficiency. A Mexican-American client of mine has lived here for thirty years and does not speak English well but uses a combination of English and Spanish. When asked why she has never learned English, her response surprised me. She indicated that once her husband retired from vineyard work, they planned to return to Mexico. She said that both her husband and son spoke English and, therefore, she saw no need to learn the language.

Both verbal and nonverbal communication is bound by *respeto* (respect). Use of the formal usted instead of the informal tú when speaking Spanish to an elderly person shows respect. When conversing with children, on the other hand, tú is appropriate. Standing when the HCP enters the room shows respect for the position. A handshake is acceptable at that time as well.

The communication style of the Mexican client varies, depending on the situation. With family and friends, in a social venue, the conversation may seem loud, fast, and expressive. In a clinical setting, voice quality is quieter and eye contact is usually minimal. If the HCP speaks Spanish, one can expect a more expressive and louder conversation along with the use of hand gestures. Emphasis on certain words, gestures, and facial expressions reflects the importance of a situation. During a conversation when Spanish is spoken, it may seem that one word flows directly into the next. According to Zoucha (2004), this is called apocope. It is a style of communication used when the end of one word is a vowel, as is the beginning of the next word in a phrase. For example the phrase “¿Cómo estás usted?” may sound like “¿comoustaudest?” It is at this time in the dialogue that the HCP may
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request “un poco mas despacio, por favor” . . . a little slower please. When clients understand that you really do want to know what is being said, they are more than willing to slow down.

Starting the conversation with small talk before engaging in the discussion of the appointment is an important way of establishing rapport with the client. It is referred to as “setting the stage,” or the preamble before the interviewing process begins. You can start by asking how the family is doing and about life in general before discussing the purpose for the appointment. Showing an interest in the life of the client helps to establish rapport and develop a relationship of respect.

Respeto/Simpatico

Personalismo refers to a personal relationship that promotes harmony and respect. Once established, it leads to a more interactive dialogue with the Mexican client. Simpatico (smooth relationship) encourages a conversation that is respectful and avoids conflict or disagreement. Expressions of anger within and outside of the family generally are discouraged. Assertiveness that displays a differing opinion or a demand for clarification may be seen as rude or insensitive to others’ feelings. In this context, it is vital for HCPs to know that an expression of agreement may not always mean agreement, but could have been offered to avoid conflict and promote harmony. The key here is to watch the body language. Does it match the message?

Communication Strategies

- Speak slowly and clearly if limited English is spoken
- Do not raise your voice
- Use minimal eye contact
- Promote personalismo y simpatico y respeto
- How does each of those qualities match your style of communication?
- What do you need to consider changing?

Here and Now . . . Carpe diem

Past and present day orientations are dominant in the Mexican-American culture. Past orientation is shown in annual events such as El Dia de los Muertos, The Day of the Dead, which celebrates those who have died. Ancestors are thought to still be part of the family even in death, or forever. They guide and protect those who are alive. Recognition on this special day includes preparation of the deceased’s favorite food, cleaning the grave site, and telling stories about those who have gone before. It is a way of showing respect and appreciation for their lives.
The value of “here and now” refers to the importance of the moment. Present day orientation values attentiveness to the current situation. In the movie “La Familia,” the eldest son comments on the amount of money his father spent on his sister’s wedding: “It took him years to repay, but what’s money for?” The belief is that there is no guarantee for future plans; consequently, do what must be done today. In my practice, some of my Mexican clients arrive early for the appointment, some late, and others on time. The reasons vary. It may relate to the lack of transportation or the need of another family member. It is never intentional. Clients always offer an apology and show a genuine appreciation for the flexibility shown by the HCP.

The future, however, is still held in high regard, especially in relation to the children and education. With each succeeding generation though, acculturation to the American ways leads to a more future-oriented frame of reference, which can cause a conflict with parents and elders.

**Health Beliefs**

There are many beliefs about health and illness in the Mexican tradition. “Good health to many Mexican Americans is to be free of pain, able to work, and spend time with the family. In addition, good health is a gift from God and from living a good life” (Zoucha 1998). Illness due to wind getting inside the body or to an imbalance of hot and cold (humoral theory) was introduced to the indigenous population of Mexico in the 16th century by the Spaniards. Over time it blended with the herbal medicines and folk beliefs of the native people. Illness, in addition to an imbalance in hot and cold, can also come about as a result of stress, tension in personal relationships, or one’s relationship with the Supreme Being.

God may also determine whether one is to recover from an illness. The fatalistic view subscribed to by the Mexican client implies that health or illness is out of his control. Any effort on the individual’s part does not affect the outcome, positive or negative. It is “God’s will.” Unfortunately, this belief in an external locus of control may negate the client’s acceptance of responsibility, thus limiting participation in the plan of care.

Healers, known as curanderos in the Mexican culture, espouse a holistic approach to health and illness. They receive this gift through “a calling,” an apprenticeship, or an innate ability to diagnose and cure. Healing comes through the use of folk practices and the use of massage, herbs, prayers, lighted candles, and intercession with the divine on behalf of the patients. At a recent healthcare conference three local curanderas spoke. The moderator shared the healers’ concern of “coming out into the open.” How would they
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be viewed by western health professionals? However, the response from our group was overwhelmingly positive. It opened doors for future dialogue about current use of folk medicine as well.

**Reflective exercise: Health and healers . . .**

1. *How do you collaborate with patients who have a “fatalistic” approach—an external local of control?*
2. *Who are the healers in your area?*
3. *What more would you like to know about them and what they do?*
4. *How would you incorporate these practices into your plan of care?*

**Childbearing Practices**

**Prenatal Care**

Motherhood is held in high regard in the Mexican-American community. The cultural values of the importance of family and spiritual beliefs, such as the holiness of the Virgin de Guadalupe (protector during pregnancy), are a source of support for pregnant women. They are discouraged from heavy lifting, bending, extended standing, or heavy work. The husband, seen as protector and economic provider, tries to decrease the stress from the outside world. Female family members, especially the grandmother as in Lucia’s case, encourage her to participate in traditional beliefs and practices that ensure a healthy baby. It is common for the grandmother to live with the family during the last few weeks or months of the pregnancy and through the *cuarentena*, the period of 40 days following the birth.

Pregnancy is not considered an illness and, therefore, early prenatal care is not thought to be necessary. Barriers such as language, availability of transportation, and economics may also affect the mother’s decision not to seek early prenatal care. It is interesting to note that acculturation may or may not play a significant role in deciding to take a more traditional approach to the childbearing experience. A research paper called “The Mother Study,” done in Watsonville, California, found that regardless of the level of acculturation to the U.S. culture, pregnant Mexican-American women returned to more traditional pregnancy beliefs and practices espoused by female kin and especially their grandmothers. Traditional cultural practices that are beneficial include the following suggestions: eating right (come bien), walking (camina), and don’t worry (no se preocupe) (LaGuná 2003).
Reflective exercise: During the prenatal period

1. Do we encourage participation of female members of the family, especially the grandmother?
2. Are spouses part of decision-making process?
3. In what ways are the client’s cultural values, beliefs, and practices supported during the prenatal period?
4. Is there bilingual/bicultural professional staff available?
5. Does the educational material (brochures and classes) reflect the language and educational level of the client?

Intrapartum

Lucia, similar to other Mexican women, may come to the hospital late in labor because of concerns about medical intervention. Once there, family members help to decrease her stress. Traditionally, women are attended by the female members of her family, her sisters, aunts, mother, and grandmother. The father may remain in the waiting room or continue to work. While this may appear to the HCP as disinterest, culturally it is considered appropriate behavior. This practice is changing as fathers are taking a more active role in attendance at prenatal and La Maze classes. Extended family may occupy the waiting room. It may be helpful to discuss visitor policies with Lucia during a prenatal appointment. Understanding the importance of familismo, staff can work with her to accommodate family. Demonstrating cultural knowledge assures the mother that her needs and that of the family are known and respected.

Cultural beliefs during pregnancy include adherence to the “hot and cold” theory. Pregnancy is considered a “hot” condition. Cold, in the form of air, food, or medication is avoided. When are those times during the labor period in which Lucia may be exposed to the cold, thus losing heat? Every time the sheets are pulled back, a vaginal examination is performed, or ice chips are placed at the bedside table. Walking, an important cultural value during labor, is encouraged. Inactivity is thought to result in the loss of amniotic fluid, which may cause the fetus to stick (se pega) to the uterus. Performing a cultural assessment during the prenatal phase provides hospital staff information that assists them in caring for the woman.

Reflective exercise: Expectations during the intrapartum phase

1. How are visitors accommodated during this time?
2. Do you notice the patient avoiding cold beverages or ice chips?
3. In what ways do you welcome family members to participate in care?
4. Is there bilingual/bicultural professional staff available to translate?
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Postpartum . . . Loss of Heat

Defending against the heat loss of childbirth, the new mother is admonished to avoid all elements related to cold. Women from the family are present to meet her every need. She is discouraged from getting out of bed except to use the bathroom. Staff, on the other hand, encourages her to get up and take a shower soon after the birth. Have you noticed a reluctance on the part of the Mexican American mothers to shower? A sponge bath may be more appropriate, insuring minimal susceptibility to the effect of “cold air.” Providing warm blankets, water at room temperature, warm tea, coffee, or broth, instead of ice water encourages fluid intake and recognizes cultural values and beliefs. In addition warm sitz baths and heat lamps can be used as alternatives to ice packs.

Dietary needs of new mothers focus on “hot” foods to restore balance. You may observe the new mother eating small amounts of hospital food. Does she rely on the family to bring food from home? Caldo de pollo (chicken soup), herbal teas, and tortillas provide a balanced meal to meet her needs. The HCP can ask her which foods she prefers to eat and inform the dietary department of these needs. This is a great opportunity to review the hospital’s menu. Does it meet the diverse needs of the client population? It may be time for a change.

Breastfeeding

Ideally, the decision to breastfeed is done prior to delivery. During the prenatal period, educational brochures, videos, and individual/group discussions help to assure that information is provided and questions answered. For many Mexican-American women, breastfeeding begins when the milk comes in, usually on the third day. Colostrum, considered full of nutrients and beneficial to the infant by the professional staff, is considered dirty and stale in the Mexican belief system. This conflict can be a frustrating experience for both mother and staff. The situation may be even more stressful for the new mother when the grandmother, held in high esteem, and to be respected at all times, admonishes her to give the baby a bottle until her milk comes in.

A maternity nurse shared her frustration over a recent experience. She had instructed the mother on the benefits and techniques for breastfeeding and when she left the room, the mother was successfully breast-feeding her infant. She seemed pleased with her ability. Two hours later when the nurse returned, the grandmother was in attendance and the new mother was giving the baby a bottle. Respect for the wisdom and cultural knowledge of the elder had trumped the nurse.
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**Reflective exercise: Breastfeeding . . . where to start**

1. *What has been your experience with Mexican-American new mothers?*
2. *What works . . . what doesn’t?*
3. *How to do you include the extended family & especially the grandmother in the process?*
4. *Where do you find common ground with the new mother and family?*

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**La Cuarentena**

*La cuarentena* is a forty-day birth recuperation period that allows the new mother to care for her infant and regain her strength. It is thought to be a time of increased vulnerability to the mother caused by the imbalance of hot and cold, and by the “unclean” bleeding associated with birth. Restoration of physical balance and purification is accomplished by limited activity, dietary restrictions, and seclusion. Her main focus is to care for her new baby, while everything else is taken care of by the extended family. While this may seem restrictive, it does provide the new mother an opportunity to bond with her infant and show respect to the women in attendance.

**Home Health Visits**

Home visits, following the birth of the infant, afford an opportunity to view the family within the context of their environment. Listening and observing are key elements during the visit. Some of the frequent concerns heard by home health staff relate to the balance of hot and cold with respect to the infant. Wrapping a baby warmly avoids exposure to cold; however, this may translate into an undue increase of the baby’s temperature. How would one reconcile the mother’s concern that the infant stay warm with the HCPs knowledge that wrapping the infant in multiple blankets is not healthy? The home health nurse can explain that a great deal of heat is lost through the head, and that wearing a cap will help keep the baby stay warm.

I would like to share with you another related story about the balance of hot and cold. A nurse made a home visit to assess the wellbeing of a two-week-old infant who had recently been hospitalized for gastroenteritis. During the visit, she noted bottles of formula on the windowsill. It was the middle of July and the room was very warm. The mother explained that her husband had put them there before he left for work in the morning so she would not be exposed to the cold when opening the refrigerator door. The milk sat out all day, exposed to the heat from the sun. Acknowledging the mother’s cultural beliefs about heat loss was a good first step. The question:
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What to do? How does one show respect for another’s beliefs in light of the health concerns of the infant? The creative solution was to suggest that the mother dress warmly, with hat, scarf, and gloves before opening the refrigerator. It worked! A win-win for all concerned.

**Mexican-American Culture Care and Pregnancy**

**Preservation/Maintenance**
- Respect for the elderly and those in authority
- Family support
- Rest and avoidance of strenuous activity

**Accommodation/Negotiation**
- Inclusion of family during the prenatal, intrapartum, and postpartum period
- Visitation of extended family
- Breastfeeding
- Balance of hot and cold

**Repatterning/Restructuring**
- Diet ~ gestational diabetes


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