

Cultural Diversity in Birthing and Baby Care

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Cultural Diversity in Birthing and Baby Care was developed in response to the request from Families First for the provision of cross-cultural training to the Central Sydney early childhood nurses. The nurses are conducting more frequent home visits so cultural sensitivity is extremely important in such a culturally and linguistically diverse area as Central Sydney.

Each section includes a brief demographic, cultural and migration background on the particular ethnic group. Then issues relating to contraception, pregnancy, birth, baby care and women's health.

Most of the information was taken selectively from research conducted by Queensland Health's "Cultural Diversity: A Guide for Health Professionals" www.health.qld.gov.au and " then reviewed by an appropriate Health care Interpreter or "cultural expert" for relevance and authenticity. Each section is referenced.

The resource is useful if used as a starting point as it highlights some possible areas of difference from western culture on this topic.

The Health professional must remember that each client is an individual and there is a great deal of diversity within the populations of each culture. People's behaviour is also effected by their age, personality, education, gender, class and degree of acculturation.

ARABIC COMMUNITY BIRTHING AND BABY CARE

It is important to specify whether the Arabic client is Christian or Muslim. There are 52,303 Lebanese, 17,669 Egyptians, 9,433 Iraqis and 9,279 Iranians in New South Wales (Census 2001). Arabic people inhabit the Arabic world. The “Arabic World ” includes 22 countries in the Middle East and North Africa.

Birth

Most Arabic people consider childbirth a female issue – traditionally men are not admitted to the labour room but female relatives and friends surround women in labour. Midwives play an important role in prenatal care, delivery and post – delivery consultation.

Recently more husbands are present at birth¹.

Baby Care

Arabic mothers prefer to breastfeed their newborns.

Newborn babies may be wrapped with several blankets to straighten the backbone.

It is traditional for Arabic families to circumcise newborn boys.

Contraception

Arabic mothers may not approve of having an abortion but Christians are likely to use contraception².

Women’s Health

Midwives or female doctors should see pregnant women. Christians prefer to be seen by a female Health professional but can be seen by a male³. Muslim women may refuse to see a male Health Professional because of modesty.

¹ Sanaa Guirguis, Arabic Health Worker, Migrant Health Team, C.S.A.H.S.

² Sanaa Guirguis, Arabic Health Worker, Migrant Health Team, C.S.A.H.S.

³ Sanaa Guirguis, Arabic Health Worker, Migrant Health Team, C.S.A.H.S.

PACIFIC ISLANDER BIRTHING AND BABY CARE

There are 22,551 Fijians, 4,896 Tongans and 5,371 Samoans living in New South Wales.

Australia's higher standard of living, greater educational opportunities and the opportunity of sending the money back home has attracted Tongans and other Pacific Islanders. The migration started in the 1970s, often through New Zealand.

Antenatal Care

The mother would probably visit a doctor if there were a perceived crisis such as excessive bleeding severe pain or swelling of the legs.

Birthing

Most women would prefer a female relative rather than the husband to be present when she is giving birth.

They may not be aware of the forms of pain relief but will accept what is offered⁴.

Childcare

Women breastfeed and traditionally would have done nothing for the first two months.

Babies are given solids between one month and five months. These are often taro, yams, pumpkin, paw paw, taro leaves, soup, porridge or other vegetables mashed or chewed by the mother.

The new mothers may expect to be cared for and rest and relax after childbirth. They would probably rather be discharged and be able to care for the baby at home with the help of a female relative rather than be cared for in hospital.

The whole family will probably take responsibility for caring for and disciplining children from soon after birth until adulthood.

Toilet training is often done in a casual manner often to the child's own schedule. The baby will sleep within hearing of its mother or grandmother either in a cot or occasionally with the mother. This will possibly continue until well after the baby is weaned⁵.

⁴ Pacific Islander Women. Cultural Beliefs which Influence Childbirth and Childrearing Practices Among Women Living in Australia. Sylvia Gray, Catherine Norman, Trudy Mills Evers. Migrant Health Unit, Hunter Area Health Service, August 2002

⁵ Pacific Islander Women. Cultural Beliefs which Influence Childbirth and Childrearing Practices Among Women Living in Australia. Sylvia Gray, Catherine Norman, Trudy Mills Evers. Migrant Health Unit, Hunter Area Health Service, August 2002

Women's Health

Salty food, such as seafood dishes and ham, are avoided by the new mother after giving birth; also red meat, pork and lemons as they may upset the breast feeding baby. She may eat taro, soups and fresh fruit and drink cocoa, coconut milk and a variety of teas⁶.

Women may not utilise preventative Health Services such as Pap smears and mammograms. This may be because many have temporary entry visas and are reluctant to put themselves in the position of giving names and addresses to those who are seen as authority figures⁷. Pacific Islanders tend to be shy so may not ask questions of a health provider.

⁶ Pacific Islander Women. Cultural Beliefs which Influence Childbirth and Childrearing Practices Among Women Living in Australia. Sylvia Gray, Catherine Norman, Trudy Mills Evers. Migrant Health Unit, Hunter Area Health Service, August 2002

⁷ Fatai Slender, Tongan Interpreter C.S.A.H.S.

CAMBODIAN BIRTHING AND BABY CARE

There are 9,326 Cambodians living New South Wales. Most Cambodians are refugees and are survivors of torture and trauma having lived through the reign of Pol Pot.

This population includes victims of rape, starvation, solitary confinement and forced separation from families.

Pregnancy

During pregnancy women avoid exposure to wind and wear warm clothes.

8 months into the pregnancy the women may take warm afternoon showers. If the pregnant woman takes an evening shower, especially if it is cold, it is thought to make the baby fat and increase amniotic fluid in the womb.

Rubbing the lumbar spine of the pregnant woman while showering is thought to prevent the membrane becoming too thick and prevent too much amniotic fluid.

If the pregnant woman rises earlier than her husband and finishes meals before he does, it is thought to ensure that she will have a quick easy labour. Too much rest, other than a short afternoon sleep, for the pregnant woman is thought to result in a long labour and a baby with a slow brain.

Birth

Female relatives but not the husband may be present at the birth.

The mother's body is thought to be made cold by labour – thus she must be kept warm after giving birth.

Women should not shower for three days after giving birth.

New Mothers are fed hot foods; hot and cold is determined by how the food effects the body, not by its temperature. This is based on the traditional belief of 'yin' and 'yang'. Health is believed to be a balance of positive (yang) and negative (yin.) energy on the body. Women are thought to have lost heat during the birth.

New mothers should not do housework, be worried or upset, should refrain from sexual intercourse and should not be left alone for fear of evil spirits.

Women may be on a diet of pork, chicken, eggs, bean curd, fresh water fish and well-cooked vegetables. Soup, rice, pepper, ginger and garlic are believed to stimulate the flow of breast milk.

Baby Care

Culturally it was considered dangerous to breast feed the new born for three days.

8-10 month old babies may lose weight, as solids may not be introduced (except rice soup), until the baby is 12 months old.

Often the mothers feed on demand. Nappies are sometimes not used.

Babies frequently are over dressed - this may lead to dehydration.

Mothers may protest over treatment of fevers with fans or icepacks, as they want to protect the baby from the cold.

Some mothers may fear injections for their infants so will need the concept of immunization explained.

Women's Health

Women prefer female Health Providers.

They may avoid regular preventive pelvic and breast examinations because they are very modest.

Contraception

Only prostitutes in Cambodia use birth control and abortion was unthinkable.

Withdrawal (Coitus Interruptus) and Condoms may be used in Australia.

CHINESE BIRTHING AND BABY CARE

There are 65,490 Chinese living in New South Wales. Cantonese speaking Chinese come from Malaysia, Singapore, Hong Kong, Vietnam and elsewhere in Indochina. Immigrants from Taiwan and the People's Republic of China speak Mandarin and other Chinese languages.

Birth

To give birth women may prefer sitting or squatting.

Husbands traditionally are not allowed at the birth.

Women must not cry out or scream during labour.

During confinement women may feel they should dress warmly, limit showers and eat 'hot' foods. Hot and cold are determined by the effect the food has on the body not by the temperature. Health is believed to be a balance of 'yin' (positive) and 'yang' (negative) energy in the body. An excess of 'hot' or 'cold' food can cause disharmony. The women are thought to have lost heat during the birth.

Their movements should be limited – preferably they should lie in bed for one month⁸.

Baby Care

Traditionally babies are breast-fed on demand. Babies are not fed with 'first milk' (Colostrum) but fed with boiled rice water instead during the first two days. The baby normally sleeps in the same room with the parents or grandparents⁹.

The Chinese practice of overheating and overwrapping the baby and prone sleeping are risk factors for SIDS.

Women's Health

Chinese may not be familiar with breast self – examination or screening, Pap smears or pelvic examinations.

⁸ Wei Zhuang Jiang, Multicultural Health Promotion Officer, Multicultural Health Unit C.S.A.H.S

⁹ Wei Zhuang Jiang, Multicultural Health Promotion Officer, Multicultural Health Unit C.S.A.H.S

FILIPINO BIRTHING AND BABY CARE

There are 47,215 Filipinos in New South Wales. Most Filipinos migrate to Australia to marry Australians, to join Australian husbands, to join family members or to escape political oppression under the Marcos regime. The reason for immigrating was to improve the economic and educational well being of themselves and their families. Sometimes they may feel isolated from family or disorientated.

Birth

Women should not bathe for about ten days after giving birth (nor during menstruation).

Women may prescribe to bed rest for one week or a whole month. They may fear a relapse (bughat /binal). This involves extreme tiredness, weakness and chronic headaches.

Birth is perceived to be 'woman's business' so husbands are not usually present¹⁰.

Childcare

Diarrhea is usually seen as a serious condition, whereas colds and rashes may not be perceived as important.

The mothers may breast feed on demand.

Some women may be reluctant to feed colostrum to their newborns.

Some mothers believe that a mother's mood could be transmitted through her breast milk and therefore do not breast feed if they feel sorrow or anger.

Breast-feeding may also cease if the child contracts diarrhea in case the illness becomes worse.

Small babies are thought to be susceptible to fright which causes them to cry and tremble.

A traditional belief is that a baby may be hexed by an admiring glance (usug or buyag).

Traditionally parents sleep with their children or have children sleep with other relatives and do not separate them when they are ill.

Filipino adults are typically very tolerant with young children and include them in all adult activities. Small children attend social gatherings at night as these are considered family activities.

¹⁰ Victoria Galalo

Women's Health

Most women find the Pap Smear test frightening.

Complaints such as thrush may be untreated, because women are afraid to mention them to male doctors.

New mothers who are breast-feeding may eat rice porridge that may be served with sweet salty or a spicy accompaniment. .

Home visits may be treated with suspicion until it is explained that many new mothers in Australia are offered this service.

INDIAN BIRTHING AND BABY CARE

There are 4,712 Pakistanis, 3,174 Bangladeshi, 28,658 Indians, and 14,314 Sri Lankans in New South Wales.

Baby Care

The relationship between mother and baby is one of physical and emotional intimacy.

The newborn may be breast-fed on demand for prolonged periods. Even when weaned the baby may be suckled for comfort.

The attitude towards children is indulgent and permissive. Up to the age of five children are shown affection.

Children are seen as 'god-given', 'pure', and 'unable to be able to distinguish between good and evil.' The child sleeps when he or she likes. Young children sleep in same bed as parents. Children rarely wear nappies - even when not toilet trained. There may be an obvious bias towards male offspring.

Sometimes there is fear of vaccination.

The role of Health Services, particularly antenatal classes and home visits by nurses, are different in India.

Obesity may be viewed as a sign of Health.

Normally the mothers massage their baby¹¹.

Woman's Health

Traditionally the mother may resume duties 5 days after confinement - if her work is vital for the survival of the family. Other communities require the mother to rest for 40 days after childbirth. Female relatives extend physical and emotional support.

The girl's first menstruation is an important family occasion marked by puberty celebrations.

Post-natal depression, not commonly discussed in India, but may be related to lack of support due to immigration¹².

¹¹ Madhu Mirsa, Psychologist, Leichhardt Women's Community Health Centre

¹² Madhu Mirsa, Psychologist, Leichhardt Women's Community Health Centre

INDONESIAN BIRTHING AND BABY CARE

Indonesia has hundreds of different ethnic groups, each with their own culture and their own language but they are united with one language. That is Bahasa Indonesia (Indonesian Language).

Indonesia's population is approximately 200 million and it is the largest Muslim country in the world.

Antenatal Care

In Indonesia, the pregnant women can go to the ante-natal clinic within the major private hospital to be looked after by doctors or midwives, private childbirth hospitals run by midwives or to the native medical practitioner- the "dukun." The non-educated women may trust the dukun more than the doctor.

Most middle to upper class city women prefer to be looked after by a doctor (the same doctor for each visit). However to see a doctor is more expensive so some women choose to see the midwives especially if the pregnancy is normal.

During antenatal visits doctors or midwives will usually talk about exercise, nutrition and about the woman's concerns.

Birth

The woman's mother will be by her side during delivery. The husband and other relatives are usually waiting in the waiting room. The baby's father will take the newborn baby and whisper a prayer in the baby's ear. Some mothers will ask the midwives to keep the baby's placenta.

Boys are usually circumcised at three years and over.

There are ceremonies performed on the baby – cutting the baby's hair and the "touching the ground ceremony" (when the baby is ceremoniously taken from home for the first time and blessed by the dukun when he or she first touches the ground). Also one goat is sacrificed for a baby girl and two goats are sacrificed for a baby boy.

Post Natal and Baby Care

The remote lower class women

The baby feeds on demand and breastfeeding is more common because it is cheaper. The colostrum is not given to the baby. Solids (commonly banana) are introduced when the baby is only two days old. There will be people around to carry and settle the baby. In this type of family children are brought up not only by parents but by an extended family and close friends - (there is no government support like Centrelink.) The women will take the baby to the mobile Early Childhood Centre. Doctors and midwives come once a month.

During that time they will do immunisation, referral, measuring the baby's growth, writing prescriptions and talking about family planning. To encourage women to take

their children for check ups, the council will give powdered milk and rice to the mothers and hold healthy baby contests.

These women usually have more than two children so they treat their children strictly. They expect them to help around the house.

The middle to upper class women

These women will have live-in housekeepers. If the women work outside the home or have a career, they usually will have babysitters as well as housekeepers. For a career woman bottle-feeding is preferable, as it is more practical. These women have more choice as to whether they want to sleep with their baby or not (if they are busy and stressed the baby will sleep in the cot by himself but accompanied or watched by baby sitters).

These women take the baby to be checked by the same doctor who looked after the women's ante natal care.

These types of women will treat their baby indulgently and they treat boys and girls equally. They do not expect the children to do house work but to study hard at school.

Both middle class and lower/middle class mothers are proud if their babies or toddlers are chubby. It is a sign of good nutrition¹³.

¹³ Lily Jan, Indonesian Interpreter, Health Care Interpreter Service, "Indonesian Birthing and Baby Care"

KOREAN BIRTHING AND BABY CARE

There are 21,884 Koreans in New South Wales. The two main categories that Koreans migrate under are family migration and skilled migration. From 1979 – 1985 Korean settlers sponsored their families. In the 1980s more Koreans settled under the skilled component. Also more recently more students have come to study. Koreans have also migrated to seek an easier lifestyle.

Birthing

The Father is not usually present at the birth. The mother's mother, doctor and nurses are usually present.

99% of Korean mothers give birth lying on their back.

Pre – natal diet

Chicken is thought to be bad for baby as it increases mother's blood pressure. Pork is thought to make the delivery easier. i.e. the oil from pork makes the baby's skin smooth.

Post – natal

The mother must eat seafood soup until the baby is three months old then she will eat seafood and rice only. This is thought to be mild and makes the blood clean. No fruit, vegetables or meat is to be eaten.

Showering – The mother is not allowed to shower for one month. Nor is the new mother allowed to clean her teeth.

The new mother must stay at home. Only her family is allowed to visit.

The baby only wears white clothes for the first month. White is thought to protect the baby from evil. 90% of boys are circumcised.

The government assists men to have vasectomies to decrease the birth rate in Korea.

Chilli and charcoal is hung over the main entrance of the home of a new baby. This keeps people and evil away.

Babies are 100% breast-fed. Colostrum is not given. At four months boiled rice and sesame oil is given. Traditionally babies are demand fed.

The babies sleep with their mother sometimes for 2/3 years (as long as they want to).

Boys are often favoured over girls. Some times girl babies are aborted.

The mother's mother plays a big role at the time of birth. The mother comes to live and help her daughter when she is a new mother for one month.

100 days after the birth a big ceremony is held. If a baby passes the 100-day mark it is thought, it is going to survive.

For one month after the birth the mother must wear long pants, long sleeves and socks. This is to protect her bones and tissues.

Mother and baby are not allowed to drink cold water. This is thought to make teeth weak and loose.

If mother feels sad she doesn't feed the baby for fear of passing on her sadness¹⁴.

¹⁴ Sun Hee Byun, SRN. C.S.A.H.S., "Korean Birthing and Baby Care"

VIETNAMESE BIRTHING AND BABY CARE

There are 61,148 Vietnamese in New South Wales. In 1978, there was a large exodus from Vietnam of "boat people" who either came directly to Australia or via refugee camps in Malaysia, Indonesia, Thailand and the Philippines and Hong Kong. After 1992 new arrivals have been mostly in the "Family Reunion" migration category. There are still refugees migrating from refugee camps in Indonesia.

Contraception

Women may not realise that the pill should be taken everyday. The pill may be perceived as 'hot' medicine which possibly causes handicapped babies.

Currently IUDs and the rhythm method are widely used forms of contraception. The IUD is associated with a range of problems and some think it to be the cause of personality changes.

The Rhythm method is favoured.

Abortions are not used because the unborn child is believed to have soul or spirit, which is capable of remaining with and troubling the family. (This applies to followers of Buddhism)

Child and Baby Care

Some women may be reluctant to feed the new born baby colostrum believing it to be bad for the baby.

Babies are given rice water or thin gruel as a supplement after one month.

From four months, solids such as rice flavoured with minced pork and /or vegetables and condiments such as soya sauce, salt and sugar are introduced.

Cooked vegetables and some fruit (bananas, apples, pears) are given from 4 – 5 months.

Pork eggs and fish are offered from 6 months but raw vegetables and sour fruit (lemons, pineapples) are avoided. Orange juice may be given to prevent constipation.

Foods are categorised in terms of the qualities of 'Wind' 'Cold' and 'Hot.' Excess of 'hot' may produce rashes and pimples. Too much 'cold' leads to coughing and diarrhoea. Food is classified according to the perceived effects on the body. Health is thought to be a balance between 'Yin' (negative) and 'Yang' (positive) energy in the body. Restoring the balance of food can restore disharmony of the body elements. A woman is thought to lose heat when she gives birth.

A spoon or coin and some kind of agent, such as tiger balm or “heating oil” may be rubbed on the body for any illness, until bruising results. This is called “cao gio” (rubbing off the bad wind) It is thought to work by getting rid of the wind that caused the cold, sore throat, stomach, back pain, headache or flu. Marks caused by cao gio are in a straight line usually on the forehead, neck, back, arms or chest.

The “Mongolian blue spot” - a bluish pigmentation in the lumbo – sacral region - is common at birth among Indo – Chinese and other Asian babies and persists until the age of 18 months or two years.

ITALIAN BIRTHING AND BABY CARE

There are 66,090 Italians in New South Wales.

In the 1950s Australia provided fare assistance for workers who agreed to work in specific jobs. Subsequently new arrivals settled in the metropolitan areas finding employment in building construction and other heavy industries.

It is important to differentiate between first generation, second generation and third generation Italian. First generation Italian women have low proficiency in English and lower levels of education, which effects their knowledge and understanding of health issues¹⁵. Girls now have more freedom.

Women's Health

Low rates of the older generation of Italian women have Pap smear tests, breast examination or mammograms so may need to have these services promoted sensitively to them.

Menopause may be perceived as a time when blood slows, causing vulnerability to diseases such as cancer.

Older women may develop anxieties about becoming old and dying far from their Italian homeland.

Contraception

There is a lower use of the contraceptive pill in Italian born women than Australian born. However the average family size is similar.

¹⁵ Committee of Assistance to Italian Community, Norton Street, Leichhardt, NSW

TURKISH COMMUNITY BIRTHING AND BABY CARE

There are 11,763 Turks living in New South Wales. (Census 2001)

Contraception

Contraception is acceptable. The Pill may be feared for its side effects. Some women are afraid to use the IUD in case it travels to the uterus and causes cancer.

Abortion is forbidden by the Islamic religion and is illegal in Turkey – but is nevertheless common especially amongst the well educated. Women who are more religious may not go ahead with an abortion¹⁶.

In Turkey 26% of married couples rely on 'withdrawal' for contraception.

Ante – natal care

Women may be afraid of blood tests and may need reassurance. They prefer female doctors but will accept a male. Some pregnant women may eat for two and have a great deal of weight gain; others will take care not to gain weight. They will usually be careful about their activities, hygiene and the type of food they eat.

Most Turkish women will avoid smoking and drinking.

Birth

Women prefer to walk around with labour pains and sometimes deliver the baby in a squatting position.

Boys are circumcised at birth in the towns (from 5 years old –9 years old in rural areas).

Young husbands will often attend the birth. Birth is a time for eating drinking and saying sweet things. It is a time for celebration¹⁷.

Post – natal

New mothers traditionally stay in bed for 7 – 10 days and do not work for 40 days.

Breast feeding is preferred. And may last for a year even with working mothers possibly 2-3 years in Turkey both for economic reasons and because it is thought to prevent conception. If the Turkish woman finds the Early Childhood Nurse overbearing she may say, 'yes' but not do what is asked. Usually she will not do post – natal exercises.

¹⁶ Nukhet Dombekcioglu, Turkish Health Worker and Migrant Health Team Leader, Community Health Services, CSAHS

¹⁷ Nukhet Dombekcioglu, Turkish Health Worker and Migrant Health Team Leader, Community Health Services, CSAHS

Babies will be given chamomile to relax and their stomach pains are treated with boiled aniseed or boiled mint with a little lemon juice.

Middle-aged Turkish women may agree to immunisation and are informed about its benefits whereas daughters who have grown up in Australia are more assertive and knowledgeable about the side effects and risks so may resist¹⁸.

¹⁸ Nukhet Dombekcioglu, Turkish Health Worker and Migrant Health Team Leader, Community Health Services, CSAHS

BRAZILIAN BABY CARE

Breast-feeding is thought to be effective as a contraceptive.

Black beer is thought to increase the flow of breast milk as are herbal baths and eating porridge made from white corn.

If the mother eats acidic fruit it is thought to cause colic in the breast fed baby.

Brazilian mothers may ask for vitamins for their babies as they may feel their breast milk is not nutritious enough. Also they may be reluctant to give the baby a bath while the umbilical cord is still present.

Cot deaths are not common in Brazil.

Women believe you should not have sex during pregnancy. Sex usually resumes six weeks after the birth. Brazilian women usually are comfortable with a male or female health worker¹⁹.

¹⁹ Dr Yvonne Thomsen, "Brazilian Baby Care"

CHILEAN BABY CARE

Babies may be breastfed until three but solids are introduced earlier since mothers have the right to stay at home for 84 days after birth on paid maternity leave. Thus they often breast feed early in the morning. They may give the baby fruit as “morning tea,” and lunch may be mashed vegetables. Custard will possibly be given in the early afternoon and they may breast feed again in the evening.

If the child goes to the nursery provided by many work places in Chile the mother is allowed to breast feed during working hours²⁰.

²⁰ Dr Lidia Barrera, “Chilean Baby Care”

LATIN AMERICAN BIRTHING AND BABY CARE

There are 13,038 Chileans, 5,529 Argentines, 3,435 Peruvians, 1,755 Brazilians, 438 Nicaraguans, 437 Mexicans, 41 Bolivians, 342 Venezuelans and 231 Cubans in New South Wales.

One group migrated under a recruitment policy in the 1970s where assisted passage was offered. These groups came from Argentina, Chile, Peru, Uruguay, Colombia and Ecuador.

Huge cultural differences exist between Latin American Countries.

Uruguay has low illiteracy (3.8%) compared to Peru (19.87%) Bolivia (22.5%) and Brazil (18.9%)

Argentina, Chile and Uruguay have great European influence while Northern Latin American countries have large indigenous populations. Thus black magic plays a stronger role in Northern Latin American countries than Southern Latin American countries.

Birth

The mother may expect to be given the baby immediately after having given birth.

Child Rearing

Supplementary food may be commenced at 12 months with mashed vegetables, minced meat, fruit juice, milk formula, rice water and cereal.

Bad teeth are common in babies as mothers may give babies water and sugar or add sugar to milk feeds.

Babies often sleep in the same room as the parents until two and some will sleep in the same bed.

Toilet training may start around eighteen months or earlier.

Plump babies are seen as healthy.

Contraception

Abortion may be seen as immoral amongst the very religious people. There may be concern that contraceptives that lessen menstrual flow may cause health problems.

Women's Health

As with women everywhere Latin American women may prefer to see a female doctor for gynaecological problems or an older male doctor.

URUGUAYAN BABY CARE

Mothers may prefer to breast feed up to six or nine months.

Solids are introduced in a similar manner to the Australian way.

All children are fully immunised and mothers usually prefer to see their doctor monthly for the first year. All babies are weighed naked and measured without shoes²¹.

²¹ Dr Patricia Mohr – Bell, “Uruguayan Baby Care”

BOSNIAN BIRTHING AND BABY CARE

Most Bosnians are Muslims. There are 4,517 residents in New South Wales. (Census 2001) Since 1991 immigrants from Bosnia have come to Australia under special humanitarian provisions to escape the civil war. As a result of this many will have experienced food shortages, forced repatriation, torture, rape or death of family members.

Child – care

Food supplements such as semolina and baby biscuits with milk may be given at 3 months²².

Children are not often pampered.

Sons may be given preference.

Some parents of disabled children may feel shame and isolate themselves.

Children may exhibit unexplained behavioural problems related to traumatic experiences in Bosnia.

Men may smoke heavily in home unaware of dangers of passive smoking.

Women's Health

Muslim women may prefer to see only female health care providers and use female health care interpreters.

²² Zdenka Nedov Croatian Interpreter C.S.A.H.S.

CROATIAN BIRTHING AND BABY CARE

There are 17,246 Croatians in New South Wales.

The most recent group of Croatian immigrants arrived under the special humanitarian criteria from Bosnia - Herzegovina and from Croatia itself. This was after the commencement of civil war in 1991. They may have had recent horrific experiences such as torture and trauma as the result of this war.

Child Health

Babies may be given cow's milk mixed fifty per cent with water and biscuits or semolina dissolved in milk. They may also make butter milk/yoghurt to feed to the infant.

Infants may be given semolina in a bottle with crushed biscuits early on. Food supplements are introduced at three months; i.e. carrots, potatoes with milk etc²³.

Toilet training may commence at 6 months.

Children are not pampered.

Boys may be favoured.

²³ Zdenka Nedov Croatian Interpreter C.S.A.H.S.

SERBIAN BIRTHING AND BABY CARE

Serbians may be from Serbia, Bosnia – Herzegovina, Croatia or elsewhere in the former Yugoslavia. After the commencement of the 1991 civil war a group of Serbians arrived - many from Bosnia –Herzegovina under the special humanitarian category. These migrants may have had horrific experiences including expulsion from their homes, imprisonment, torture, rape and life in prison camps. They may have left family in Yugoslavia.

Contraception

Abortion was used in Serbia more than the pill. In Australia the condom is popular.

Birth

Women will express pain rather than be stoical.

Baby Care

Babies may be fed semolina or baby biscuits early on²⁴.

Babies may be given food supplements from three months - such as carrots, potatoes, and milk.

Sons may be given preference over daughters.

Some Parents of disabled children may feel shame and isolate themselves.
Men may smoke in the home unaware of the dangers of passive smoking.

²⁴ Zdenka Nedov, Croatian Interpreter C.S.A.H.S.

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Major Sources :

www.health.gld.gov.au
Census 2001.ABS.Release 1
Ethnomed.org/ethnomed/voices/Arab
Migrant Health Unit; Health Commission; N.S.W.
Health Care and Immigrants; A Life Cycle Approach

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Indian Birthing and Baby Care Madhu Mirsa, Psychologist, Leichhardt Women's Community Health Centre
Italian Birthing and Baby Care Committee of Assistance to Italian Community, Norton Street, Leichhardt, NSW
Korean Birthing and Baby Care Mi Young Lee, Korean Interpreter C.S.A.H.S.
Latin American Birthing and Baby Care Marta Menendez, Spanish and Latin American Association For Social Assistance, Fairfield
Pacific Islanders Birthing and Baby Care Fatai Slender, Tongan Interpreter C.S.A.H.S.
Filipino Birthing and Baby Care Victoria Galalo
Serbian Birthing and Baby Care Zdenka Nedov, Croatian Interpreter C.S.A.H.S.
Turkish Birthing and Baby Care Ölkür Özlük, Turkish Interpreter C.S.A.H.S., Nukhet Dombekcioglu, Turkish Health Worker and Migrant Health Team Leader, Community Health Services, C.S.A.H.S.
Vietnamese Birthing and Baby Care Anne Nguyen Chinese Interpreter C.S.A.H.S.