

Hindu Indians Immunization and Infectious Disease

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My Health Promotion Plan for Immunization and Infectious Disease for Hindu Indians

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Abstract

The root to everyday life for the hindu people is religion and customs. They have a profound belief in karma which interferes with seeking health care services. They are not alertly aware of immunization and transmission of infectious diseases. The hindus have learned to make the best of what they have even in poverty thus making them comfortable with resisting western influences. There are challenges adopting their culture to change while still maintaining their customs which is contained in my health promotion plan and throughout my research. Through researching the hindi people I realized that there are still some countries that are in the dark about immunizations and infectious diseases and need vast education.

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Hindu people have an intimate relationship between their culture and religion. Hindus are noted for their home worship. Each home has a family chosen deity; the women of the household pray to this deity in the early mornings after bathing and again after dawn. In some households food is offered to the deity before eating. Most Hindu people do not wear shoes inside the house in order to protect the house purity. Hindu people also protect the house from unclean habits such as smoking, drinking alcohol, eating meat, and having cats and dogs inside. Hinduism is one of the cultures in which symbolism is a major part of daily life. Sacred symbols or emblems are placed in the home for good fortune. One of the most popular symbols is the "AUM" also written "OM" which is called pranava. Pranava or "om" symbolizes walking, dreaming, and deep sleep. Aum is chanted at the beginning of many prayers and rituals; according to the Hindus this sound is the sound that was made when the universe was created. Hindu people greet each other by saying "namaste" which is an offering of respect to the soul within. The original language of the Hindus was Sanskrit which means "the most refined language." Sanskrit was not understood by the newer simpler version of Sanskrit called Prakrit which means "natural language". With the newer language Prakrits being used some Hindu people find it hard to be considered Hindu because they cannot speak the original language of Sanskrit. They feel they are not able to study the tradition properly because some words translated from Sanskrit to Prakrits have no meaning. Their diet is primarily vegetarian meals, nuts, fruits, and salads. Hindu clothing is tied to religion as well as elegance and simplicity. The women wear sari which is made from cotton, silk, or nylon. The men wear dhoti which is made of white cotton. Hindus are family oriented people. When women marry they

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join their husband's family. Three to four generations live together collectively sharing responsibilities. The extended family provides shelter and support for the elderly and less fortunate family members. It is the hindu belief that the children have to give back to their parents by taking care of the parents when they reach old age. The women cook and the men provide income and make lots of the decisions. The more young westernized hindus are more prone to being alone rather than having extended family living with them. Though the culture is big on family ties, the hindu women are widely abused. Young girls are married at an early age to protect their chastity. The marriage was not consummated until the girl reached legal age but lots of the girls were sexually abused anyway. Hindus practice something called the dowry system. Originally the dowry was a sign of affection by the father for his daughter in which her father saved money for her. When she marries she gets this money (dowry). The dowry system is now abused. Instead of the money going to the daughter the money is taken by the in laws. If a sufficient dowry isn't given then the bride is, in some cases, murdered. Some rich families use their wealth so they can pick and choose their daughter's husband. The idea behind this is that the money will attract men from other wealthy families. Though poverty remains a real problem in many areas in India, the hindu people view poverty as a basic uncomplicated way of life.

For the hindu Indians the meaning of health and illness is very different than western civilization. The hindus practice ayurvedic medicine which is a balance between the physical, mental, and spiritual. They have a deep belief in karma which means that actions of a past life affect circumstances in the current life. This belief in karma can affect health care decisions. The hindu believe that current illnesses is caused by something they did wrong in their past

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life; this prevents them from seeking medical attention. The hindus also believe that mental illness is due to possession of the evil eye. If a hindu person gets encephalopathy secondary to liver disease it is looked at by the hindus as that person having the evil eye rather than looking at the person as simply being sick. Hindu people are not aware of nutritional facts; they believe the vegetarian diet is healthy. Their diet is high in fat and they don't exercise on a regular basis. Hindu health risks include cardiovascular disease, hypertension, tuberculosis, diabetes, nutritional deficits, malaria, and sickle cell disease. Women are at a high risk for osteoporosis secondary to decreased bone mass and density. Hindus are comfortable with the same sex car provider and direct eye contact from women to men may be limited. They are passive in their care. They often don't ask questions and they accept medical advice without full understanding and without question. They can be passive in their expression to pain so in assessment the nonverbal must be monitored. Hindus are very particular about wearing other people's clothing even if it was washed so the refusal of an examination gown may occur. All the above can impact the interview and/or health history data collection process.

My leading health objective is immunization and infectious disease. I chose this topic for hindu Indians because India has the highest number of hiv-infected people in the world. With the hindu being poverty stricken they have lack of knowledge of transmission of diseases and immunizations. People who are living in rural areas like the hindu are more prone to diseases such as dengue, kysanur forest disease (kfd) which is transmitted from monkeys to humans via tick, and many other infectious diseases. Most hindu people are compliant with immunization like we are but there are still some people who are using herbal remedies.

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Though they are compliant with immunizations most people are non-compliant with follow up immunizations due to religious reasons.

In order to provide specific considerations for the interview and health history of my client and ensure that my interventions are culturally specific to the client, I would have to have a better insight into the patient's culture. In studying the Hindu culture I understand that the female patient would not look at me often during the interview and would not disrobe in front of me. In fact she would prefer someone of the same sex. I would offer her the option of having a female nurse attend to her if possible. If there is not a female nurse available I will leave the room to give her privacy so that she can be comfortable. Being that Hindus are passive in their care I would encourage them to ask questions and actively involve them in the planning of their care. Being that they don't really express pain I will look for them to express their pain non-verbally. Knowing that Hindu people do not like to wear the cloth examination gown because they were worn by a previous person, I would have a disposable gown ready for examination. Knowing that the Hindu diet is vegetarian and high in fat I would offer better food choices and substitutes for them.

In developing a health promotion plan for immunization and infectious disease for the Hindu population I would have to adopt education to the culture with the understanding that they are completely happy with their way of life. I would have to make sure that their beliefs and customs are dealt with in a tender way so that I don't meet resistance to learning. A way I would do this is by creating a mobile community health clinic. A mobile clinic would allow me to service many people in many places who would not be able to travel to a stationary clinic and who strongly believe in home remedies as opposed to modern medicine. In order to comply

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with the hindu belief of preying the clinic will be operational during the dawn hours. Though the hindus people are very apprehensive about letting social workers and visiting nurses in their homes we will still try and reach out to them by walking door to door in that community offering our services as well as leaving flyers in popular areas. The mobile health clinic would be staffed with both men and women health care workers, social workers, and educators in order to comply with the gender cultural considerations of the clients. On the mobile clinic there will be an immunization and infectious disease awareness class available to the community. This class will screen and educate clients on all infectious diseases with an emphasis on HIV transmission and prevention, dengue disease, and kyasanur forest disease which are the three major infectious diseases for the hindu people at this current time. This class will also educate the hinudus on the importance of immunization follow up and offer free immunizations to families. This clinic will also support the Hindu vegetarian diet with an emphasis on less fatty items. The mobile clinic would have interpreters and well as hindu staff aboard for clients who find it difficult to communicate in English.

In order to improve the quality of life and life expectancy of the hindu people I have to target certain cultural behaviors in order to reach the culture. Being that men are the decision makers in the household they are my first target group to spread education. All the fathers, sons, uncles, grandfathers, male cousins will be educated on the importance of immunization and prevention of infectious disease. If we educate the decision makers then they will have a stronger backbone to stand on when it comes to medical decisions. This will also loosen the grip on the cultures belief in karma and home remedies and allow them to seek medical attention sooner rather than making medical treatment the last option. When it comes to the

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hindu culture condoms are forbidden because they get in the way of procreation. Though many of the hindu people do not totally support non condom use, it is accepted as a tool to fight hiv infection. With the notion that the culture is starting to come aboard with the idea of condom use it will be easier for me to reinforce the use of them in my teachings. I will promote the importance of complying with immunization follow ups. Another cultural behavior I will target is abuse. Many hindu women are abused and I will provide a safe haven for them to come to seek help. I will push for women to be independent but at the same time respect their cultural belief in marriage and togetherness. I will have counseling session for the couple to identify the reason for abuse. In order to improve the quality of life and life expectancy we must change the mindsets and behaviors of the people in that culture.

In researching the culture of the hindus I have come to a profound understanding that there is still need for education throughout the world. People are not aware of many of the diseases and transmissions and children immunization is obsolete secondary to cultures resting on just being ok with their way of life. Through this research I have an even greater need to be sensitive to my patients and try and provide optimal care with an emphasis on incorporating their cultural beliefs in my care. It is very important that in my admission or assessment of my patient that I provide them the opportunity to inform me of any cultural beliefs that we (the hospital) need to be aware of.

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