Culture, Customs and Childbirth
Childbirth customs celebrated by culturally diverse communities

SureStart Programme
London Borough of Brent
Acknowledgements and Thanks

The idea for this handbook came about through discussion between health professionals and parents involved with the SSR programme. They realised that there was a gap between parents’ and professionals’ understanding around the issues of the cultural needs and customs of parents and families and the expectations of health professionals, around pregnancy and childbirth.

From this discussion it was decided that a means of raising awareness of these issues was needed. This would then inform services and other professionals who work with families, so that they more effectively meet the needs of parents from a diverse range of cultures and heritage.

Parents and health professionals felt that the best way of doing this was by producing a handbook around culture, customs and childbirth. SSR commissioned Route Consultancy Ltd to produce the handbook and we would like to extend our thanks to David Johnson and Anita Jakhu for carrying out the extensive research and consultation and for producing the final document.

Without the input from the health visiting team, Aisha Khan from Brent Primary Care Trust, Marble Magezi, Project Manager for The African Child, Rocky Dean, Head of Traveller Services, The Brent Indian Association and Faisa Banday, this handbook would not have been produced. Our thanks go to all of them for enabling Anita to meet the women who became involved in the focus groups and without whose invaluable comments and constructive feedback this handbook would not have been produced.

We would also like to extend appreciation and thanks to the whole SSR team, the Parents’ Forum and especially Amna Badri, Community Development Officer, for sharing their knowledge, for their support and commitment throughout the development of the handbook.

Finally, we would like to thank all the parents and carers from SSR for participating and sharing their experiences to make this handbook possible.

Anita Jakhu
June 2005
**Introduction**

Sure Start programmes were introduced by central government to support families with young children, to increase childcare and reduce child poverty in targeted areas. There are four main aims of the Sure Start programme: these are to improve social and emotional development by supporting early bonding between parents and their children; to improve health by supporting parents in caring for their children to promote healthy development before and after birth; to improve children’s ability to learn; and to strengthen families and communities by involving families in building the Sure Start programme.

The Sure Start Roundwood programme has commissioned this resource, and hopes it will contribute to strengthening communities by increasing cultural knowledge leading to the enhancement of service delivery. This handbook will be disseminated to a range of audiences including families, users, service providers, professionals and practitioners working with children and any other interested parties both within and outside the Sure Start Roundwood area.

The cultural diversity within the Roundwood area is generally reflective of the borough as a whole, and thus services operate in a challenging and dynamic cultural environment. The following table compares the main religious groups in the UK, London Borough of Brent and the old Roundwood ward (now located in the new Harlesden ward) based on the last census figures.

**Religious comparison of groups (Census 2001)**

In terms of religion, Brent and Roundwood follow the national trend. That is, the majority of the population in all three areas follows Christianity. However, proportions vary considerably with three quarters (76%) of the UK population following Christianity compared with less than half (48%) of the population in Brent. This illustrates the number of diverse groups in the borough making up the remaining majority (52%). Approximately 63% of the population in the Roundwood/Harlesden area follow the Christian faith, incorporating different cultural and ethnic groups as illustrated below.

In contrast, Islamic (Muslim) groups or following the Muslim faith, make up 13% of the population in Roundwood and are slightly less represented in Brent as a whole (12.3%). There are greater numbers of the Hindu population in Brent (17%) compared to those in the Sure Start area (5%). Therefore, nationally and locally the largest recorded religions are Christianity, Islam and Hinduism. Significantly, many people have chosen not to state a religion or do not follow a religion.

Data from other sources, e.g. the Government Information System and Primary Care Trust data, demonstrate that although numbers of some religious groups may be comparable, they may differ in terms of ethnicity, faith and culture. For example, the largest recorded Muslim groups in Brent are from Pakistani and Somali backgrounds (other groups are present but in smaller numbers comparatively). Muslim groups in the Sure Start area incorporate a greater diversity of groups including Bangladeshi, Iranian, Afghani, Kosovan, Albanian alongside Pakistani and Somali groups all practising Islam in accordance with their specific cultural traditions.

The table below makes a comparison of ethnic population in the UK, Brent and the Roundwood ward to give us a comparative picture of the racial demographics. The largest ethnic groups in the Roundwood Sure Start area are African-Caribbean, White and Asian. Closer examination reveals the most prevalent religious groups are Christian, particularly Catholic and Pentecostal, and Muslim groups including Pakistani, Somali and Bengali. This data has in part, together with feedback from colleagues and parents, been used to inform the choice of relevant cultural groups contained within this handbook.
Aims of Handbook

The main aim of this handbook is to look at different childbirth practices from a number of cultural perspectives and draw out significant issues for professionals working in child-related fields. The beliefs and practices surrounding childbirth that are contained in this handbook are based upon discussions with women from different cultural groups based in the London Borough of Brent. These discussions reveal similarities between culturally diverse communities as well as important differences.

In this context, childbirth covers three areas: pregnancy, childbirth and the period following birth or the post-natal period. Beliefs and practices outlined in this handbook will make references to these areas, and covers the period from birth up to (in some instances) children aged five years old and above.

It is hoped this handbook will be useful to a range of organisations and professionals including health visitors, GPs, midwives, nurses, health clinicians, NNEB workers, schools, nurseries, parents and others who work with women and their families. The chart below shows the variety and number of professionals who may be involved during the stages of pregnancy and childbirth.

It is hoped that the information highlighted here may lead to a greater cultural awareness and possibly more inclusive service delivery. There are a number of benefits in exploring the pre and post-natal rites of different cultural and religious communities. These include:

- Challenging myths surrounding pre-pregnancy/pregnancy/childbirth.
- Recording traditions and ceremonies that are practised by certain communities of which professionals need to be aware.
- Highlighting cultural traditions that are both formal and informal.
- Ensuring equality of service by raising cultural knowledge and awareness.
- Reducing potential areas of conflict and unwitting prejudice and discrimination.
- Recording the differences and similarities between traditions exercised by cultural groups.
- Clarifying the potential impact of religion, faith, culture and experience upon pregnancy and birth.
- Allowing consultation with local communities to ascertain local knowledge and expertise.

This guide illustrates the complexities faced by professionals working in a multi-cultural and diverse environment. It highlights similarities and differences between different cultural groups, explores possible explanations behind cultural traditions, beliefs and customs, and provides helpful tips suggested by the communities themselves.

The Stephen Lawrence Inquiry Report underpins the duty of all public bodies to strive towards tackling inequality on an institutional basis, by reviewing their policy and procedures to be more representative of the communities they serve by addressing gaps in their service(s). The Race Relations Amendment Act (2000) places a duty on all public authorities to eliminate unlawful discrimination, promote equality of opportunity and promote good relations between people of different racial groups. The aim is to make sure that public authorities build race equality considerations into all aspects of their public services including planning, policy making, service delivery, regulation, inspection, enforcement and employment (Ref. 22).

In addition, the paper entitled ‘Creating the Climate for Diversity and Race Equality in Health Care’ by the Department of Health outlines the importance of “…the need for a deeper understanding of the ways in which current health policy and practice intersects with race and equality, i.e. better knowledge of the issues to be addressed” (p 2). Appropriate and culturally sensitive services can only be provided if the needs of diverse communities are identified (Ref. 8).

Therefore, there is a legal as well as an ethical obligation to ensure organisations and agencies provide fair and accessible services by taking different cultural considerations into account when planning and delivering services.
Careful Considerations

It is not the intention of this handbook to provide any facts regarding minority ethnic groups, or to provide a definitive list of all customs, beliefs and traditions practised by any one specific group. Information may prove to be useful at different times, and as always, is dependent upon the context of the situation and the relationship between the service user and the service provider. Undoubtedly, individual circumstances may differ with every group, person and family regardless of religious and/or cultural background. Religion and faith are open to a number of interpretations and therefore practised in many ways, explaining differences within the same religions.

As the Royal College of Nursing states “… it is important to remember that such beliefs may be altered by exposure to other cultures or by socio-economic necessity. It would be incorrect to assume that membership of a cultural or religious group automatically ensures a particular mode of behaviour or experience… nonetheless the cultural awareness enhances the skills of any professional when planning care” (Ref.24).

Background

It would be impossible to include all religious and cultural groups represented in Brent; therefore the largest minority ethnic groups highlighted by independent sources, e.g. the census, local PCT data and Roundwood Sure Start demographic (e-start) data have been used to determine the main cultural groupings used in the study.

Discussion groups and consultation were undertaken with the following groups: Bengali, Irish Catholic, Hindu, Irish Travellers, Pakistani, Kosovan and Somali.

A total of 75 women, families and professionals working across the Primary Care Trust, social service department, education department, voluntary and community groups have been consulted for this handbook. Focus groups were undertaken in community venues and homes, and comprised of up to 15 women at any one time, of all ages, backgrounds and experiences residing in Roundwood and Brent. In a few instances, one to one interviews were undertaken to respect confidentiality and privacy.

In addition, reading materials (see reference section p34-35) have been used to help to identify the significant issues facing culturally diverse communities in the area of childbirth, e.g. difficulties experienced due to language barriers; appropriateness of interpretation services; a preference for dealing with female health professionals; and issues around contraception, to name but a few. These issues also emerged in group discussions, the results of which will be discussed in later sections.

There are also issues that are uniquely faced by certain communities, e.g. the impact of female genital mutilation (FGM) in childbirth affecting mainly African/Arab women and the assumptions surrounding names, i.e. all families have the same surname or family name usually following their first and/or middle names.

It must also be noted that although focus groups consisted of women belonging to the same religious group, cultural differences were clearly evident. This may be attributed to a range of variants within the same religion, for example the Christian faith encompasses Catholicism, Assembly of God, Church of England, Anglican, Baptist, Methodist, Orthodox, Presbyterian and Lutheran faiths resulting in varying interpretations of religious practice.

Such variants were certainly evident in researching this handbook and included differences due to history, geography, region, caste system, socio-economic factors and migration (to name but a few), all having had an impact on how religion is practised. It is clear that culture, customs and traditions are regularly intertwined with religion and explained as “two sides of the same coin”.

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Migration and inter-generational differences certainly appear to be one of the most influential factors affecting attitudes towards religion and culture, and therefore how and what customs are followed by individuals. This was noticeable in discussions with women, as it appeared older women had a greater depth of knowledge regarding why certain customs were practised. This was also true for women who have recently migrated to the UK; they were more familiar with customs and arguably 'more traditional' compared to their UK-born counterparts. These issues were highlighted many times during discussions with women from all religions, ages and backgrounds and will be discussed in greater detail in the Common Themes chapter.

Case Studies

The following case studies demonstrate some traditional cultural practices undertaken by some ethnic groups that may affect, in this context, their access to services or how information can be recorded inaccurately.

a) A period of rest and healing

In some communities women are not permitted, traditionally, to go out for a period of 40 days after giving birth. Religious beliefs about the period of 40 days following birth inform many cultures. For example, Hindu women remain within their home during this period and ideally should not engage in housework, and in some cases may not wash their hair for a few weeks after childbirth. Traditionally, Sikh women receive a rich diet following childbirth, e.g. a mixture of nuts, ghee and sugar, usually made by their mothers, and they are expected not to cook or leave their home for 40 days following delivery.

Muslim women are encouraged to rest during this period, to concentrate on the care of the newborn and avoid housework. This, of course, is dependent upon their other responsibilities and this period may vary in length.

Such traditions, if followed closely, will have a number of implications for mother and child. For example, mothers not attending appointments at the clinic, with the doctor, health visitor etc. This is particularly important where appointments for immunisation, health checks are missed. Advice regarding the diet of the mother may be contradictory between that given by professionals and those of close family members, e.g. mother consuming nuts and a rich diet whilst breast-feeding.

b) Naming systems in the African community

The naming system within some African (usually Muslim) communities differs significantly from that of the western concept of naming systems. Names have three parts: the first name is a given name, sometimes taken from a grandparent’s name; the second name is the name of the child’s father; and the third name is the name of the child’s paternal grandparents.

Thus siblings, both male and female, will share the same second and third name. Other immediate family members, e.g. parents, will have different second and third names. It is important to note that the second name is regarded as the equivalent of a family name.

It is also not unusual to be given a family nickname during childhood that is used by family relatives and is not necessarily a derivative of the given names.
In addition, Somali women may not change their name after marriage, resulting in their partner and children having different family names. This may, of course, be confusing when filling in official records, identifying children from one family and tracking children.

Nonetheless, such naming systems may have adapted to the British naming system of first name, second name and family name as in the case of Sikh families, where ‘Singh’ or ‘Kaur’ were used as family names for males and females. However, this resulted in many families having the same family name, so in order to avoid confusion many Sikh families use Singh and Kaur as middle names and have different family names to distinguish them.

Cultural and Religious Beliefs

This chapter outlines the childbirth customs mentioned by the groups with whom consultation took place. Some practices can be directly linked to religion, whilst the origin of others is a little more difficult to define.

Four of the following groups follow Islam and so the wider Islamic traditions will be discussed in one section and the differences between Bengali, Pakistani, Somali and Kosovan communities summarised in sub-sections. Equally, similarities between the Irish Catholic and Irish Travellers will be discussed, before variations are outlined. The following sections will be presented according to the following groups, Islamic, Bengali, Pakistani, Somali, Kosovan, Hindu, Irish Catholic and Irish Travellers. Useful information regarding religious texts, main festivals and places of worship will precede each section.

Additional important issues that emerged have been included, followed by a ‘helpful tips’ section.

Islamic

Sacred text: The Quran and the Hadith
Main festivals: Id al-Fitr marks the end of the month of Ramadan.
Id al-Adha marks the beginning of the Hajj or season of pilgrimage to Mecca.
Mawlid al-Nabi marks the birth of the prophet Muhammad. Dates may vary as they are based on the lunar calendar.
Place of worship: The mosque

The following are similarities that can be linked to childbirth under the Islamic faith:

1. As soon as convenient after birth, the ‘Adaan’ or ‘call to prayer’ will be whispered in the infant’s ear, usually, but not always, by a male relative.

2. The custom of circumcision of male babies is practised under Islamic law. Male children may be circumcised at any time from birth up to a few years old. It is viewed as a significant rite of passage within the Muslim community, and is usually accompanied by a celebration involving prayers and the ritual slaying of a goat or lamb. Discussions revealed that some families have their son circumcised soon after birth through the NHS whilst other families arrange circumcisions on a private basis when their son is older, accompanying it with a big celebration. Such an event may be quite costly, and therefore may be governed by the family’s financial position.
3. The ‘Akeeta’ is a large gathering sometimes taking place at a hall, attended by family and relatives including the mother’s parents or maternal grandparents bearing her presents, which may include new clothes, gifts and toys for the child, and a piece of gold jewellery. At both events, an animal, e.g. lamb, will be specifically sacrificed, cooked, and eaten at the celebrations.

4. There are varying interpretations of the requirements of consuming halal food. Some families may opt to eat halal food only, whereas for others not all foods consumed are halal. In the main, pork is not permitted. A rich diet is encouraged during pregnancy including fruit, milk, meat and vegetables. Special food may be made for pregnancy and post-birth to aid recovery and the healing process.

5. An animal will be specially slaughtered and a family gathering will take place to celebrate the birth where part of it will be cooked and the remaining will be shared amongst family, friends, neighbours “and the poor”.

6. Although it may be preferable to select Arabic names for children from the Quran, close family and friends may give some children a ‘belly name’ or spiritual name (as in the Kosovan tradition) or name them after a relative, which is not necessarily related to their given/first name as stated in formal documents, but is commonly used.

7. The 40\(^{th}\) days after childbirth appears to be a significant period of healing and respite and enables bonding between mother and child. During this time, the mother and infant are expected not to leave the home “unless in an emergency,” and the mother should not undertake, if at all possible, any domestic duties. Usually female family members come to stay with the mother during this time.

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Helpful tips

a. The ‘Adaan’ is an important rite, and is performed informally and only takes a few seconds. Privacy given to the family to carry out the ‘Adaan’ may be welcomed.

b. Many families seem to carry out circumcision on a private basis. There was a lack of awareness that circumcision can be done in hospital without cost. Some spoke of family and friends making recommendations of individuals who could undertake circumcisions, “some who are community based, but are doctors back home”. Mothers also gave examples where circumcisions “had gone wrong, and so the boy had to go to the hospital after it got infected really badly”. This area may warrant further research to explore related issues and the most effective way of disseminating a list of professionals who are able to carry out circumcisions.

c. Female health professionals are more preferable to male health professionals as some women felt “embarrassed” and “couldn’t discuss everything they wanted to with them because of that”. This was particularly in relation to having scans and “examinations of a personal nature” such as internal examinations, smears. This appeared to be less of an issue in relation to having a male GP.

d. Some women argued that any doctor with some understanding of their culture and religion would be more useful to them than having a female doctor.

e. It certainly appeared that religious and cultural customs are closely followed and much information regarding pregnancy and childbirth is gained through close female family and friends and not from leaflets or other sources of information. It is important that such conflicts may be recognised and extended family members included in discussions and kept informed of issues.

f. The advice about what a mother should eat during and after childbirth between health professionals and family advice may vary quite drastically, e.g. a mixture of nuts, butter and sugar is made for the mother as an aid to recovery. However, the consumption of nuts (whilst breast-feeding) may be discouraged as it may evoke an allergy in the child.

g. Where there is a language barrier, family members, usually the husband, accompany the mother to appointments. Women felt this was not problematic. They commented that there is an increased acceptability of husbands in all areas, e.g. birthing partners, accompanying them to scans and check-ups. However, research also points to possible difficulties when using family members as translators, sometimes limiting conversations due to embarrassment, or information being filtered and family members answering questions on behalf of the patient as opposed to translating. A link-worker/trained medical interpreter scheme would be welcomed.

h. Irregular pigmentation, sometimes known as “Mongolian spots” may be present on the lower back, buttocks or thighs of Asian infants and may be interpreted as bruising. The pigmentation usually fades and the spots disappear as the child gets older.

i. The issue of the naming system as cited in the case study and can be avoided by not assuming all family members will share a family name or indeed the name on official documents is the actual one used.

j. Although most groups have mentioned the period of rest of 40 days, in reality this may not always be possible for a number of reasons stated by women, including having to care for their other children and having joint responsibilities. Where this period of rest is closely followed and women not permitted to leave the home, some women pointed out that “I may have missed appointments at the clinic…my mother was staying with us and I just rested at home. I didn’t want to get ill”. This may indicate the need for outreach and home visits where possible, or making communities aware of the importance of attending appointments.

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\(^{2}\) Classed as a month under the lunar calendar
3. In some cases, possibly due to cultural reasons, the baby’s head may be shaved after six days. One explanation offered was everything present in the womb (i.e. child’s hair) is classed as impure and is therefore removed as a cleansing ritual. Another explanation was that shaving the head encourages thicker hair growth.

2. Shortly after the birth, a religious ceremony takes place known as ‘Silit’ where the name of the child will be announced and shared with family and friends. Sometimes, the ‘Akeeta’ (please refer to point 3 previously) may be celebrated at the same time as the ‘Silit’, usually within 40 days of the child’s birth, during which family and friends are able to give the family and child gifts and offer the child blessings.

1. A celebration takes place to announce the pregnancy at about seven months, with family and friends in attendance, this can vary from a small dinner at home to a large gathering at a hired hall. This will include the giving of gifts and clothes to the pregnant woman, her family and the unborn child. It would also appear that some women would not advertise the fact they are pregnant and dress modestly to “cover it (bump) up”.

Bengali Community

The majority of the population from a Bangladeshi background follow the Islamic faith, although in the minority some may be Hindu, Buddhist or Christian. The most common language spoken in Bangladesh is Bangla as well as English.

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4. At about six months the baby may be introduced to plain rice as the first stage of weaning, prior to being introduced to other foods. This may take the form of a cultural celebration or ceremony to mark the occasion.

Helpful tips

a. More information would be welcomed regarding ante-natal and pre-natal periods, including specifics such as “when your water breaks”, what a “show” is, etc.

b. Increased access to health services, health visitors and midwives would be most welcome. Where there was a language barrier, women took a family member or friend to appointments, rather than use the organisation’s translation service. They stated that where interpreters are provided by services, “it is important that translators are female, empathetic and assuring of confidentiality”. The importance of such factors has been recognised by health services by introducing a link worker scheme. A link worker acts as an adviser on healthcare issues and may also act as a translator if required to ensure women gain a better understanding of care and treatment options available. (Ref. 21)

d. A number of women suggested a handbook on child development would be helpful, both in English and Bangla. It would be useful to cover areas such as pregnancy, diet and how best to look after oneself during pregnancy. More information covering the side effects of different contraception techniques was also mentioned. It would be beneficial if such resources were written in a religious context and took Islamic cultural customs into consideration.

e. The expectation for a married couple to have a child soon after marriage emerged quite strongly in the discussions and was in some people’s eyes classed as “pressure” to have children straightaway.

f. It may not be unusual for children to be breastfed until about two years old, if the mother is able.

"My third child is four months old now. Soon after she was born her father whispered the adaan in her ear. We had the akeeta (celebration) three weeks after I came home to bless my daughter. I did go out during the 40 days rest period, because I felt OK and had to take my other children to school. For me, I think the time around having a baby is more influenced by culture than religion, it can be different per family, and depends on the woman. You have to do things that suit you best whilst respecting the religion. I came to the mother and toddlers group most weeks. It’s good to get out and mix with other adults at the group."

Picture does not relate to case study
The majority of the Pakistani women participating in the focus group follow the Islamic faith. The most common languages spoken in Pakistan are Urdu or Punjabi. English and regional languages such as Pushto, Sindhi, Baluchi and Kashmiri may also be spoken.

1. A celebration takes place to mark the pregnancy at about seven months. Within the Pakistani community it is referred to as ‘Gaud berah’, and a celebration takes place with family and friends in attendance. Similar to the Hindu tradition, the mother-to-be is dressed up as a bride with new clothes, make-up, henna and gold jewellery.

2. As in other cultures a new mother will be discouraged from leaving the home for a period of 40 days after giving birth, partly so she is able to make a speedy recovery, fully rest, bond with the child and is protected from being exposed to external factors, e.g. cold weather that may cause illness.

3. Shortly after the birth the father and in-laws distribute traditional sweets to relatives as a celebration of the good news.

“I have a three-year-old son, and have been coming to Sure Start Roundwood since the health visitor told me about it when my son was born. I got a special pack with bibs, bottles and toys in it…it’s a good idea, because I’d never heard about it before.

I had my baby in Park Royal hospital, my waters broke at home and I was rushed into hospital. He was born under an hour later. He was given prayers (adaan) a few hours after he was born by a relative and was circumcised soon after. We came home three days later, my husband shaved his head and we had a family dinner, where we made lots of vegetarian food and halvah (semolina). We gave him a tiny bit, to keep him sweet. I think it’s more of an old tradition that we practise. I want to start work when he starts full-time school, so I can give him and my other children the best things in life. I’m hoping to get help from Sure Start to do that.”

The issue of FGM is recognised locally, with Northwick Park Hospital in Harrow being a forerunner for women with FGM and how it can be managed during childbirth. Also Harrow and Middlesex Hospital is developing a specialist unit to work alongside women with FGM and an interpretation service is available.

1. Before the birth, at about seven months, a party is held for the pregnant woman (attended by women only), known as ‘Tarara’, similar to a baby shower, as a sign of support and celebration, where prayers are recited, music played and particular incense burned.

2. Female genital mutilation (FGM), sometimes known as female circumcision is practised in Somalia. FGM does not affect Somali women only, it is practised in various degrees and on various numbers of women in around 28 countries in Africa, and more rarely in some parts of the Middle East and South East Asia. (Refs 13 and 14). In cases of FGM, special measures are required in childbirth. Significantly, very little and discreet reference was made to FGM in discussions with mothers. A recent report upon the experiences of Somali women in West London highlights FGM and the possible complications it can cause during childbirth, as a genuine concern for the women in the study (Ref 27). This was further complicated where there were language barriers and a limited understanding of FGM.

The Somali community follow the Islamic faith, usually Sunni Muslims. The Somali community is based upon clan structures denoting the different regions in Somalia. It is preferable that marriages take place between the same clans. Traditionally, Somali women marry early and thus child bearing may follow soon after. It is preferable to have as large a family as possible, finances and circumstances permitting.

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3. Shortly after the birth the father and in-laws distribute traditional sweets to relatives as a celebration of the good news.

4. Forty days after the birth a large gathering is arranged called ‘Afartenbaxly’ for the mother and child. Only female relatives are invited, and specific prayers from the Quran are recited, as well as singing and music during the celebration. The child is dressed in a white gown and the mother is washed by female family members from the Quran are recited, as well as singing and music during the celebration. The child is dressed in a white gown and the mother is washed by female family members. There may be a number of customs that are evident during this time, e.g. preparing special foods such as soup, porridge and special teas. The baby may wear a bracelet made from string and herbs to ward away the ‘evil eye’. Incense is burned twice a day to protect the baby from the ordinary smells of the world, which have the potential to make him/her sick.

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3. After the birth of the child, the mother and child are expected to stay indoors for a period of 40 days after giving birth, partly so she is able to make a speedy recovery, fully rest, bond with the child and is protected from being exposed to external factors, e.g. cold weather that may cause illness.

4. Forty days after the birth a large gathering is arranged called ‘Afartenbaxly’ for the mother and child. Only female relatives are invited, and specific prayers from the Quran are recited, as well as singing and music during the celebration. The child is dressed in a white gown and the mother is washed by female family members and friends visit the family and help take care of them. There may be a number of customs that are evident during this time, e.g. preparing special foods such as soup, porridge and special teas. The baby may wear a bracelet made from string and herbs to ward away the ‘evil eye’. Incense is burned twice a day to protect the baby from the ordinary smells of the world, which have the potential to make him/her sick.
5. The ears of a female child may be pierced at six months or so. The baby’s head may be shaved to encourage thicker hair growth in the future. A black string may be placed around a child’s waist and a metal knife (blunt) placed under the pillow to ward off the ‘evil eye’.

6. It is not uncommon for breast-feeding to occur for up to two years after birth in Somalia. Most mothers give colostrum, although some may believe colostrum is not good (or enough) for the baby, and may not breastfeed until “the proper milk” comes. Thus, supplementation may be done with bottled milk during the neo-natal period, quite early on, as well as breast-feeding.

7. At about six months of age, weaning will be introduced, where a mixture of rice and cow’s milk is introduced initially followed by solid foods.

8. In cases of infertility, discussions referred to men being able to take another wife under Islamic law. A few cases of this were presented, but these remain few and far between. In such cases, the male would marry again under the Islamic marriage ceremony. The same would apply in cases of male infertility, according to the Quran, however women would need to divorce before taking another husband.

The structure of families may vary, from ‘satellite families’, where fathers may have more than one family, to female-headed families. This may be partially explained by migration patterns, whereby females arrived before their husbands to the UK and were responsible for setting up the home, gaining employment, learning the language. Inevitably this had an impact upon the roles of men/fathers when they arrived, including blurring traditional gender boundaries. People who divorce or who are separated in the Somali community (like other communities) may be stigmatised and families may not readily discuss an absent father, remarriage or the parents residing separately.

**Helpful tips**

- a. It was stated that female health professionals from the Somali culture would be preferred, as they may have a better cultural understanding particularly concerning female circumcision.
- b. An essential component of successful service delivery is reliant upon trust between the community and the service/individual and organisation. Regular requests were made for increased outreach services using Somali workers to build trust and increase accessibility to services.
- c. Giving consideration to effective communication arose several times, i.e. written correspondence was cited as an issue in cases where reading was a difficulty which could result in appointments being missed. A possible solution was to undertake phone calls beforehand to ensure families were aware of important appointments. Another suggestion could be to work with the voluntary sector who have contact with hard-to-reach families, usually the most vulnerable and most likely to miss appointments. This is especially important where long-term healthcare may be necessary.

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**Kosovan Community**

Kosovo is a southern province of the Federal Republic of Yugoslavia. Ethnic Albanians populate almost 90% of the region. The ethnic Albanians of Kosovo share the ethnic background of the people of neighbouring Albania and speak the Albanian language. They are mainly Muslim, whilst the Serbian population are generally Eastern Orthodox Christians.

What emerged from discussions was that there are variations in how Islam is practised, dependent on the origin of the family. In other words, people residing in villages may practise a more conservative form of Islam compared to city dwellers who may have more liberal attitudes.

1. The status of pregnant women is held in very high regard in Kosovo, and therefore their needs are met whenever possible. For example, if a woman is in a shop and sees something she would like to eat, she is able to ask for it without payment. If for some reason, the woman is not given what she wants, it is believed that her child will be born with a birthmark if she touches her stomach at that time.

2. After childbirth, the mother and child are expected to remain in the home and relatives will stay or visit to support her and the family. A ‘Melvyd’ will take place to mark a significant occasion like death or birth that comprises of inviting the Imam to the home to conduct prayer. Men will be present, with women out of sight, listening from a distance.

3. After the first few months, a family may choose to hold a cultural ceremony, where someone selected by the parents cuts a lock of the child’s hair. The person cutting the hair will be selected as a role model for the child, someone the family would like the child to take the characteristics of, e.g. successful, kind, intelligent, loving.

4. There is a belief in the existence of the ‘evil eye’ and prevention of it may take many forms. The most common method of preventing the evil eye may involve putting a blue article like a bracelet/ bangle / badge / crystal on the child as protection. Sometimes the bangle may have a blue eye shape on it. Such articles may be bought in a shop and seen something she would like to eat, she is able to ask for it without payment. If for some reason, the woman is not given what she wants, it is believed that her child will be born with a birthmark if she touches her stomach at that time.

5. It is believed that the evil eye can be unintentionally attracted by complimenting the child, admiring them, commenting on their appearance, appetite, etc. Although children are as loved and admired as in any other community, verbalising it may be limited.

6. There appears to be little acceptance of post-natal depression (PND) or depression in general as a condition. Therefore women may not even realise they have PND, let alone seek help for it.
Hindu Community

Sacred text: The Vedas

Main festivals:
- Holi is held at the beginning of spring in February/March of each year and is an ancient fertility ritual celebrated by people squirting coloured water and powder on each other.
- Navrati takes place in October/November and is similar to a harvest festival. It is celebrated by offering prayers, sharing meals, and by traditional stick dancing, and it lasts over a period of 10 days.
- Divali marks the Hindu New Year and takes place in November, usually after Navrati. Dates may vary as they are based on the lunar calendar.

Place of worship: The Mandir or Temple

After Christianity, Hindus are the second largest religious group in Brent at 17.2% with the large majority being from the South Indian Sub-continent (Census 2001 figures). Indigenous languages include Gujarati, Hindi and English. Again, Hinduism may have a number of interpretations based upon the history of migration, e.g. some Gujarati Hindus migrated to the UK via Africa.

Within Hinduism, the lunar calendar is of greater importance (rather than the Gregorian calendar), where the sightings of the moon determines when religious ceremonies and rituals take place. Therefore, the actual time of some ceremonies is usually not definite until the actual day. There are many religious and cultural celebrations that take place during pregnancy, childbirth and after giving birth. The main ceremonies, and others discussed through group discussions, have been highlighted below.

Like many other cultures Hinduism divides food into ‘hot’ and ‘cold’ categories. There are usually restrictions and recommendations about which should be eaten at different times, especially during ill health. Hot and cold does not refer to the temperature of the food or indeed its heat in terms of spice but rather their medicinal and homeopathic powers. “This may help to explain why many people have strong views about what should and should not be eaten by the sick person and even refusal to follow certain recommended diets.” (Ref 24)

1. A ceremony takes place in the seventh month of pregnancy known as ‘Simantonnayana’ or the ‘Coro’, where the relatives gather in the home, the pregnant woman is dressed as a bride, henna maybe applied to hands and feet and she will be given a gold bracelet. Prayers will be recited and a meal shared with family and close relatives.

Helpful tips

a. Translation services for women in particular would be welcome, as it is the men who are more likely to speak English.
b. Although the Kosovan community is Muslim, it is practised quite differently from Indian or African Muslims.
c. Cleanliness in the home is held in high regard. A request may be made to remove shoes when entering homes.
d. Any paraphernalia, e.g. ‘the blue eye’ to ward off the evil eye must not be touched or removed without prior consent.
e. Compliments to the child may need to be kept to a minimum.
f. Particular importance was attached to the attitude of professionals when dealing with the mother, e.g. “a soft, gentle tone”, as speaking to a mother in a perceived “direct way” is seen to be offensive to all present, and anyone doing so may be asked to leave.

“I came here from Kosovo three years ago and had my baby son 16 months ago at Northwick Park. I was scared when I went into labour, because this was my first baby and I didn’t know what to expect. All went well for me, the nurses and my midwife were wonderful… a nurse even stayed after her shift ended to make sure I was OK and knew what was happening. I stayed there for three days, my son latched on straightaway and I was very happy when we left.

When my son was about three months we had a religious celebration for him, inviting friends and family to celebrate the birth and they brought a lot of gifts. The imam came and offered his congratulations… it was a really joyous occasion. I’ve been coming to Sure Start Roundwood mothers and toddlers group for three months now. I’ve made a lot of friends and we share advice about our children like weaning, play activities and healthy food… it’s helped me very much.”
2. The pregnant mother will be given spices by her sister-in-law including sugar, butter, milk and honey. The Coro is both religious and cultural, as it is similar to a baby shower, but may differ slightly with different families. This ritual prays for the correct development of the foetus and healthy mental and physical growth.

3. Pregnant women are discouraged from eating ‘hot’ food such as aubergines, meat, millet flour, plums, mangoes and papaya. They are encouraged to eat more yoghurt and saffron-flavoured milk drink with almonds. Post birth, they may be encouraged to drink ‘sewa’ water (mixture of herbs boiled in hot water consumed by breastfeeding mother to protect child from colic, wind and digestive problems) and eat a rich diet such as coconut, gur/sugar cane and nuts.

4. As soon as the child is born, a few drops of specifically made syrup may be placed in their mouth “to make them sweet” or “as a good luck gesture”. Also a small ‘Bindi’ or mark is put on the middle of the child’s forehead in the form of a red powder/paste, as a blessing to the child and a welcome to the world. These customs may be performed by the extended family, i.e. maternal grandmother.

5. Traditionally, when a child arrives in the world the exact moment of birth is noted with meticulous care, for preparing a horoscope, as the position of the planets at the precise moment of birth would determine the baby’s character and landmarks of future life. These may be interpreted by a priest. Also, imprints of the baby’s feet are taken.

6. ‘Medhajanan’ is a ceremony that may take place the day after birth or when the child arrives home. It includes the father giving the child ghee and honey, whilst muttering words from the Gayatri mantra. This ceremony is performed to enhance the intellectual capacity of the child, and ghee is seen to aid this process further.

7. The mother and child are expected to remain indoors for a period of 40 days after birth, and the mother is discouraged from undertaking housework. Also, the new mother may tie a cotton belt around her mid section for the first 15 days as a support mechanism. Where possible her mother-in-law may stay during this period to ease the pressure and ensure rest is taken.

8. ‘Namakarana’ is the naming ceremony and is the first and very important ceremony held for the newborn child. Some people follow this ceremony on the eleventh/twelfth day of the child’s birth. This is very important as the horoscope or life-chart of the child will be drawn, predicting the life of the child in coming years. Prayers may also be given at this event, and there is a cultural tradition of close family members passing the baby and swinging the baby “to make them strong”.

9. ‘Annaprasana’ - may take place at around six/seven months, when the child is given solid food for the first time, and the mother may choose to stop breast-feeding.

10. The concept of the ‘evil eye’ is widely held, particularly amongst the older generation and is by no means unique to the Hindu community (it is mentioned by Irish, Somali, Pakistani and Bengali communities). It may be more of a cultural belief than a religious one, and can also be defined as ‘bad luck/danger’. (Ref 24)

Certain steps can be taken to keep it at bay. These may include placing a black mark on the baby’s face or body or tying a black thread around the baby’s wrists or ankles. Richardson (1993) suggests protecting a baby is equally practised by many diverse communities. He writes, “A Christian family may wish to have the baby christened, a Hindu family might wish to write the mantra ‘Om’ on the baby’s tongue with honey, while a Muslim family may wish a male relative to whisper the Islamic call to prayer into the baby’s ear and perhaps attach an amulet round the baby’s neck or wrist.” (Ref 25)

11. At the end of the rituals, relatives and friends take some sugar/honey and touch it to the lips of the child, a sweet taste symbolising good luck/wishes.

Helpful tips

a. In terms of diet, much of the Hindu community are strict vegetarians and vegans. The consumption of fish/eggs/animal fats is not permitted in any form even in supplements and vitamins or on the same plate, and sometimes meat dishes and vegetarian ones would not be inter-changeable.

b. A preference for female health professionals was expressed to avoid embarrassment (where women would feel more open and felt they would be more understanding and reassuring). The cultural background of the doctor was less of an issue here.

c. This group also requested more written information about pregnancy, contraception and post-natal care in both English and their own languages. Reference to post-natal depression was made and the personal cases cited were more understanding and reassuring). The cultural background of the doctor was less of an issue here.

d. Assurances around confidentiality and trust were stated as a priority when it comes to contact with professionals from any sector.

e. The need for translation is less of a need with recent generations as Hindu families appear to be more established in Brent, e.g. second/third generation British Asian.
f. There may be an issue between cultural expectations, i.e. in terms of diet and health, and the advice offered by professionals. These may be contradictory. Hindu women stated they would welcome information and guidance that take some of the cultural practices and their implications into consideration, enabling them to make an informed decision, e.g. child tasting a sweet when they are born.

g. It would not be acceptable, for example, to remove any black spots that may be placed on the child to ward off the evil eye, without the prior consent of the mother.

h. It is possible that extended family members may be taking care of the infant as well as the immediate family, and they should be taken into consideration and involved in home visits or appointments.

i. The concept of the evil eye is believed to be intentional or unintentional. Anyone including the mother can cast a ‘bad eye’ on their child by ‘loving them too much…admiring the child…and over praising them”. For example, a familiar western custom in Britain is to praise a baby’s appearance and compare them to other family members. This may cause offence to some Asian mothers as causing harm to their child (Ref 34).

j. In cases of infertility, miscarriages: ‘dhesi’ or alternative medicine will be sought, which may include prayers, fasting or taking special herbs as a remedy.

“I had my daughter after being married for three years. I had a miscarriage before, so I was advised by my mother to take complete bed rest. In fact she came to stay with us for most of my pregnancy. I prayed, and refrained from eating meat, fish and eggs on certain days to ensure a safe pregnancy.

My labour lasted 36 hours and I felt exhausted at the end of it. My parents came to the hospital as soon as she was born, and gave the baby a little bit of specially made syrup, it touches their lips…to make sure they remain sweet. Also a little tikka on her forehead. My sugar level is fine now, but I did ask the workers at Sure Start how to avoid it in the future. I’d like more keep fit activities and help in getting back to work.”

“I had my coro at seven months, I got dressed up and was given a gold bracelet by my in-laws. We had prayers and blessings, and sprinkled coloured powder on the floor in a special pattern. My blood sugar level was quite high during my pregnancy and I had to check my blood level every day. It was very worrying because I have diabetes in the family. I would not be safe for my child. Also I would not be able to give birth with diabetes, as I would have a higher risk of complications. I had my baby after being married for three years. I had a miscarriage before, so I was advised by my mother to take complete bed rest. In fact she came to stay with us for most of my pregnancy. I prayed, and refrained from eating meat, fish and eggs on certain days to ensure a safe pregnancy.

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5. Within the first few months, the baby will be baptised, a religious ceremony taking place in church. Baptism of babies is performed by sprinkling water on the baby’s head from the font. Irish Travellers commented that some churches were more willing to carry out religious ceremonies for them compared to other churches. In their view this may be explained by discriminatory and stereotypical views of their community.

6. The child will receive Holy Communion, the central ceremony in Christian life also known as the ‘Eucharist’. Mass and The Lord’s Supper, at about seven years old. Again this ceremony takes place in church and recalls the meals Jesus ate with his companions and makes reference to the death and resurrection of Jesus. The child will receive bread and a sip of wine representing the body and blood of Jesus. Confirmation, which is administered by a bishop, is usually celebrated several years after First Communion.

7. Traditionally, the child may be given a specific gift from extended family members. A gold bracelet/earrings for a girl and a necklace with a boxing glove pendant for a boy. One explanation of this tradition is, “if things ever get tough, y’know financially you can sell the gold jewellery to help out”.

8. It may be the case that young babies’ ears, usually females, will be pierced from six weeks old.

9. Having a natural birth is the most preferable option. The reasons for this varied, from natural childbirth being less stressful on the body, to being seen as the “right way” for a woman to have a baby.

10. Having an abortion or termination is against the Catholic faith and is therefore not acceptable and remains a taboo subject. This applies to sex and childbirth outside marriage.

11. Discussions reveal the extent of feeling with regard to terminations, with some women stating that they “…didn’t agree with having tests checking the amniotic fluid to see if the baby has Down Syndrome or a disability,” the rationale being even if all was not well, abortion was not an option unless there was no other choice.

12. Marriage between cousins, including first cousins, is permitted and practised amongst the Irish Travellers community (as with some Muslim communities).

13. Although Catholicism may not advocate birth control, contraception methods such as the pill, coil and condoms were examples of birth control that were mentioned.

14. It would appear that bottle-fed formula milk was preferable to breast-feeding, this being “breast milk isn’t enough to satisfy the baby” and therefore the child would be undernourished.

15. The area of infertility is not openly spoken about or discussed; “…as it’s embarrassing people do pass judgement on things like that…they look at you like you’re not a real women or something”. For example, a child conceived after receiving IVF (in vitro fertilisation) treatment would be kept secret from the rest of the community.

16. Irish Travellers expressed a sense of isolation and discrimination, they stated that some services do not come to the Travellers’ site and therefore they were not always able to access the same services as other communities. They were complimentary of outreach services, e.g. health visiting service that came to the site played an important role in facilitating access to other health services.

17. Traditional gender roles are likely to be adhered to. Qualitative data suggests this may extend to family planning, contraception and child rearing. Thus, discussions and decision making related to such areas may or may not need to include husbands.

Helpful tips

a. The age of mothers may vary considerably, thus sensitivity must be taken when suggesting certain tests and precautions, as they may be refused for religious reasons.

b. There may be specific health-related illnesses and conditions experienced by the Irish Travellers community that may need to be considered, including those due to marrying close relatives.

c. There are strong feelings about terminations and abortions (as with all other religious groups in the report) which are seen as absolutely unacceptable, unless there is a life-death situation. Women would certainly be judged negatively if it became known they had had an abortion.

d. The protection of privacy is vital, with individual families not wanting other members “to know their business”, particularly when professionals come on site.

e. Postnatal depression (PND) was not necessarily viewed as a serious condition, and perceived to be “embarrassing” and “shameful”. It may be that women may deny they have PND and are therefore less likely to seek help.

f. Further information about the benefits of breast-feeding and childbirth options may help to dispel worries and myths. Any information targeting Travellers may need to be sensitive to a population that may have poor levels of literacy, and may be disseminated using tapes, audio CDs and ‘training’ community members.

g. Further information regarding access and possible barriers to health services for Irish Travellers needs to be gained to determine how they can then be overcome and addressed. Further information may be required to ascertain what other services can be brought on site, or to deliver an outreach service to enhance access to services and break down barriers.

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3 The first of the seven catholic sacraments, the remaining being Eucharist, reconciliation, confirmation, Marriage, ordination, anointing of the sick. [World religions, p.61]

4 “Unless a life death situation putting the mother or child at risk”
Irish Catholic Community

Although there may be considerable overlap between the customs and religion of Irish Travellers and settled Catholic communities, there are significant cultural differences that need to be taken into account. The two communities are distinct and should not be confused.

In some areas of Ireland the Irish Travellers community face discrimination, a point that emerged strongly in interviews.

1. (Irish) Catholics also baptise their children in the form of a christening in church at two/three months.
2. A celebration for Holy Communion/First Sacrament at six-eight years may take place.
3. As above a confirmation may take place at a later date.
4. Again, abortion would be frowned upon, and contraception methods are allowed.
5. A natural birth may be preferred, as opposed to a Caesarean section, linked to health implications for the mother.
6. During pregnancy, food rich in vitamins and iron is encouraged. This includes fish, fresh fruit juices and milk. Bitter tastes are discouraged, e.g. lemon, alcohol “as they might bring harm to the baby”.
7. During the gestation period, women are advised to “take it easy” and not to engage in any type of strenuous activity, and in some cases take complete bed rest where possible.

“I’ve been involved with the Sure Start Roundwood programme for almost two years. I saw the advert at my local health clinic. I am Irish and take my son to the local church…I want him to know his background.

When I was pregnant I was told by my family and friends to take the first three months very easy, not to do any vigorous exercise or lift anything. I was advised to eat lots of fish, to make my child brainy, lots of fresh fruit and nothing bitter like lemons. I drank lots of milk and ate lots of natural liquorice for good skin, eyes and general wellbeing.

My son is very healthy and luckily I had a natural birth as a c-section can be frowned upon. I keep a Bible next to his cot, as a blessing, and he’s just been baptised.”

Helpful tips

a) Many of the tips stated in the preceding section apply here, as both groups follow Catholicism. This would apply to issues relating to increased sensitivity around contraception and birth control, terminations and the lack of acknowledgement of post-natal depression.

Common Themes

There were a number of themes that have emerged repeatedly which are applicable to all communities to differing extents that highlights the influential factors upon religion, culture and beliefs. These have been listed below:

1. Inter-generational change - many of the traditions cited here differ significantly within each culture according to families, regions and how long each group has been present in the UK. In other words, although religious and cultural practices are undertaken they seem to be decreasing with each new generation. Or certain practices are carried out and their meanings not necessarily fully understood by younger generations.
2. As communities co-exist, they may adopt good practices from other religions and faiths as part of their customs, e.g. circumcision is not just limited to Jewish/Muslim communities, but is a growing practice with other faiths as cross-cultural themes.
3. From discussions it is clear that in the main it is not always possible to differentiate between religious/faith practices and cultural ones, as the two intertwine and merge. In contrast, some customs are believed to be religious whereas in fact they have no basis in religion and have evolved over time e.g. the shaving of the baby’s head in Hinduism.
4. One of the most significant issues that arose is the amount of regard given to cultural practices and beliefs by mothers even when they contradict the advice and guidance given by professionals. This is particularly powerful when certain customs have been historically practised and there may be a certain expectation or pressure for them to be continued.
5. The event of a birth appears to involve the extended family members who may not necessarily be blood relatives, and not just immediate family members. Relatives may stay with the new mother/father or vice versa and take part in religious/cultural ceremonies.

“Older females of the family are often highly regarded and their advice and opinion sought after, they can be defenders of cultural norms and exert a great deal of influence with regard to healthcare practices and beliefs” (Ref 24). Clearly the continuation of customs and practices forms an important aspect of cultural identity, and to dismiss or ignore them may be deemed as highly offensive.
6. There are certain taboo areas that require careful and sensitive handling such as family planning, post-natal depression, terminations, infertility, children born outside of marriage, lone parents and disability. This may manifest itself as not attending appointments or be perceived as non-co-operation.

7. There are many myths surrounding contraception including what constitutes safe contraception, how safe some methods are, and their side effects. The pill for example is believed to have a number of extreme side effects, e.g. heart failure and even infertility, and may therefore not be considered an option. General knowledge regarding contraception, i.e. free condoms from clinics appeared to be poor. Also, some communities that should not use contraception according to their religion (e.g. Catholics) may wish to discuss it in confidence, which may also require careful handling. More publicity and general advice may be used to raise awareness and dispel myths.

8. The issue of translation is important, not only to ensure families are able to access information appropriately and make informed decisions, but also because the issue of who is undertaking it is relevant. One factor to consider is the impact a family member, child, male may have upon the interaction.

9. There were a number of examples raised that cannot be attributed to any one community and there appeared to be some difference of opinion, e.g. the safest position to place a baby whilst sleeping, allowing the baby to sleep in bed with parent(s), and sometimes the family may remove the clamp off the babies navel, not always understanding its purpose.

10. Most communities have a celebration to mark pregnancy, when “it is safe to announce to the community” at about six/seven months. Many may choose not to openly acknowledge their pregnancy until after the birth for fear of “jinxing” their child.

11. The given names may not necessarily be used by the family, but the child may be known by their nickname or title indicating their position within the family structure, e.g. youngest/oldest child, first son, daughter etc.

12. Appropriate translators emerged in all discussions. Although the need for this service may decrease in time with future generations born and educated in the UK, all groups felt there was a need for this service, and confidentiality, empathy and some cultural understanding are seen to be the key.

13. There may be some deference to professionals “as they know best”, even when options are given. Studies demonstrate some women may indicate they understand even when they do not, to avoid appearing ignorant or causing offence [Ref.16, 21,27] or an assumption may be made that if someone speaking their own or first language is able to read it, which may not necessarily be the case.

14. The use of contraception may be based upon interpretation of religion, from the perception of contraceptive as ‘Haraam’ (not acceptable under Islamic practices) to only using certain methods such as condoms or the coil, to using all forms of contraception. Family planning may be non-existent as “God is the decider of what happens and decides our fate…where children are given to us…we have no right to intervene in the will of God”.

A common belief is that as long as the mother is breastfeeding she cannot get pregnant, which is used as a ‘natural’ contraception.

**Summary**

Clearly there are some significant similarities between the communities consulted for this document, for example, the importance of culturally sensitive services; preference for female health professionals; and the importance of interpretation services allowing equal access to services, as well as sharing of information.

There are also important differences and variations within communities, families and different cultural and faith groups. The aim is not to become familiar with each and every custom and practice but to ensure that an open approach to service delivery is maintained, and families feel at ease.

It is impossible to make any assumptions about any community groups and childbirth practices, yet information highlighted here may lead to an enhanced service provision, making professionals more confident, and encourage mutual value and respect.

The impact of westernisation upon succeeding generations affecting their attitudes and values, and of some communities taking on values and practices of the host as well as other communities, cannot be underestimated, creating an ever-changing and challenging working environment.
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