South Asian Hindus AND HEALTH CARE

WHO THEY ARE

South Asian Hindus are a group of new immigrants from South Asian countries, especially India, Nepal, and Sri Lanka, beginning in 1965. They subscribe to Hindu beliefs and practices. Hindus worship one Supreme Reality. They believe that everybody ultimately realizes Truth which may be approached under various names and forms. Because of the numberless deities, male and female, human and non-human worshipped by Hindus, others mistakenly call them polytheists. Given the great diversity of Indian languages and dialects, most South Asian Hindus are multi-lingual.

CULTURAL AND RELIGIOUS BELIEFS AND PRACTICES¹

South Asian Hindu life is **strongly influenced by belief in astrology.** Noting the exact time of birth is important for a child's horoscope.

Usually the father is not present in the delivery room, but in the US the father may choose to be present. Hindu babies are breast fed. Boys are not circumcised.

Birth control is widely practiced. Abortion is not approved.

According to traditional Hindu medicine, there are three body humors—wind (*vata*), bile (*pitta*), and phlegm (*kapha*). Hot and cold theory applies to foods and equilibrium within the body. Illness is believed to be caused by imbalances.

Hindus are often vegetarians. They view this choice of diet as connected to spirituality. Many second generation South Asian Hindus may eat chicken and fish. Beef is prohibited because cows are considered sacred.

CULTURAL AND RELIGIOUS BELIEFS AND PRACTICES (CONTINUED)

Personal food hygiene is important. Food should not be touched by others. Hindus usually eat with their fingers, hence wash hands before eating. They prefer not to drink from the same cup.

A belief in the "law of cause and effect" (karma) is central to Hindu thought. Each individual creates his or her own destiny by thoughts, words, or actions. Illnesses, accidents, or injuries may be considered secondary to past actions and viewed as means of purification. Illness may thus be attributed to supernatural causes. *Karma* is believed to accrue over many lifetimes.

Hindus believe in reincarnation. The body is usually cremated within twenty-four hours following death. Death is considered the starting point for rebirth.

Making a living will or advanced directives is up to the individual. **Organ donation is acceptable.**

Prolonging life artificially is up to the individual. Letting nature take its course is a common Hindu tradition.

Suicide and euthanasia are not acceptable. Autopsies are acceptable only if legally necessary.

Physicians are treated with reverence. Their behavior or treatment is never openly questioned.

Modesty is highly valued by Hindus. They generally feel more comfortable with same-sex health care providers.

Married Hindu women wear a sacred necklace (mangalsutra) which should not be removed during examination unless absolutely necessary. The patient may be wearing protective jewelry or sacred strings. If it is necessary to remove these objects, one would do well to give reasons for doing so and hand over the objects to family for safekeeping.

CULTURAL AND RELIGIOUS BELIEFS AND PRACTICES (CONTINUED)

South Asian Hindus are a community and an extended family to one another. When one is admitted to a health care facility, **family and friends tend to visit in large numbers.** Non-acceptance by staff of such a show of support is resented.

Hindus have close-knit family ties and respect seniors. Direct eye-contact between men and women is avoided and, with authority figures, may be considered a sign of disrespect.

Immediate family members help in making medical decisions, such as whether to operate. **Silence could indicate either acceptance or refusal**. It is all right to ask the patient or family to verbalize. The father or the oldest son are the decision-makers. At times the husband may tend to respond to questions addressed to the wife.

It is common to remove footwear as one enters a house, hence visitors may remove shoes at the door.

Purity is a concept of central importance to the lives of South Asian Hindus who tend to be meticulous about personal cleanliness. They prefer showers to baths. Bodily discharges are considered impure. Women are considered ritually impure when menstruating and temporarily following childbirth.

A Hindu patient may request a Hindu priest or guru to visit the hospital.

Prayer, meditation, and scripture reading/chanting are common in a hospital setting.

Fasting is highly valued by South Asian Hindus. The dying patient may choose to fast so that the body may be pure at the time of death.

A picture or statue of a deity may be used in prayer in the hospital room. Facing east or north is preferred. Feet facing south is forbidden.

CHALLENGES TO HEALTH CARE²

Self-medicating behavior may mask symptoms until the ailment reaches an advanced stage.

Hindus tend to be stoic and consider illness a result of their past *karma*. They tend to have a fatalistic attitude about illness causation.

Hindu beliefs about pain and suffering may impact what the patient reports about pain levels. He or she may use meditation as an intervention to manage pain instead of pain medication.

The patient may be fasting. The health care provider may need to adjust administering insulin and other medications accordingly. Food intake on days of fast may vary from complete abstinence to one meal per day. Education about disease processes, such as diabetes, that may be affected by fasting, will need to address the impact of fasting on disease management.

Adults frequently avoid regular checkups.

There is social stigma attached to seeking psychiatric help, hence the tendency among Hindus to turn to friends and family rather than access the health care system.

Potential conflict between medical ethics and a Hindu patient's values may pose a challenge. From a Hindu end-of-life perspective, given beliefs about karma and rebirth, quality of life and natural timing of death are of great value. These are likely to conflict with law in many parts of the United States concerning the terminally ill patient who may not have a living will, is incapable of taking end-of-life decisions, and has no immediate family to do on her or his behalf. A hospital usually does all it can to keep such a patient alive as long as possible, no matter what her or his state of consciousness or quality of life. For Hindus, the natural timing of death is to be respected by neither hastening nor delaying it unduly. Quality of life,

CHALLENGES TO HEALTH CARE (CONTINUED)

too, is important because it is conducive to one's ongoing spiritual progress from one lifetime to the next. When one's soul moves on to assume a new body in the next birth, it matters greatly to die in the right frame of mind and in the right state of consciousness, namely, contentment, harmony, and peace.

South Asian Hindus may not accept food prepared in a medical facility because it may have come in contact with a prohibited food. Since cows and pigs are sources for manufacturing some capsules, patients may refuse medication by capsule.

BEST PRACTICES FOR HEALTH CARE PROFESSIONALS

Some South Asian Hindus may not understand English. Ideally, the health care professional will speak the patient's language. If not, interpreters should be linguistically competent in the patient's language or one of the very many South Asian languages, such as Hindi or Tamil.

Instead of shaking hands, it is preferable to greet by saying "Namaste." The same word is used in parting. The word is pronounced num-us-tay, and works for all times, seasons, and people of Indian origin.

Other words and phrases in Hindi:

How are you? = Aap kaise hain? Pronounced: Aap kay-say hai?

We'll meet again = Phir milenge Pronounced: Phir mil-ayn-gay

Please be seated = Baithiye
Pronounced: Bye-thee-ay

Female doctors and nurses are preferred by Hindu female patients. They may prefer a family member or friend present during professional examination.

BEST PRACTICES FOR HEALTH CARE PROFESSIONALS (CONTINUED)

Given South Asian Hindu cultural understandings about discreet exposure of the body, health care professionals demonstrate cultural sensitivity when they **dress the patient modestly in a hospital gown**.

While planning patient care for South Asian Hindus, flexibility is advised to accommodate for prayer and meditation which are generally done after bathing in the early morning and early evening.

Given South Asian Hindu patriarchal traditions, it would seem wise to consult the husband and obtain his advice on medical decisions concerning the wife.

Provide factual information about disease or illness, preferably in writing, and in the patient's own language, if possible.

Dieticians need to find out from accompanying family members what is "vegetarian food" for a given South Asian Hindu patient. In the case of strict vegetarians, for example, egg-related food and items such as Jell-O, which are made from animal products, should never be served.

South Asian Hindus may insist on having family members bring food cooked at home. Hospital administrators and physicians would do well to show flexibility and sensitivity to patient food habits as well as cultural and religious customs as far as possible.

Given Hindu taboos concerning death, it is wise to consult the family of the deceased regarding non-family members touching the body.