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Cultural Health Assessment

Third Edition

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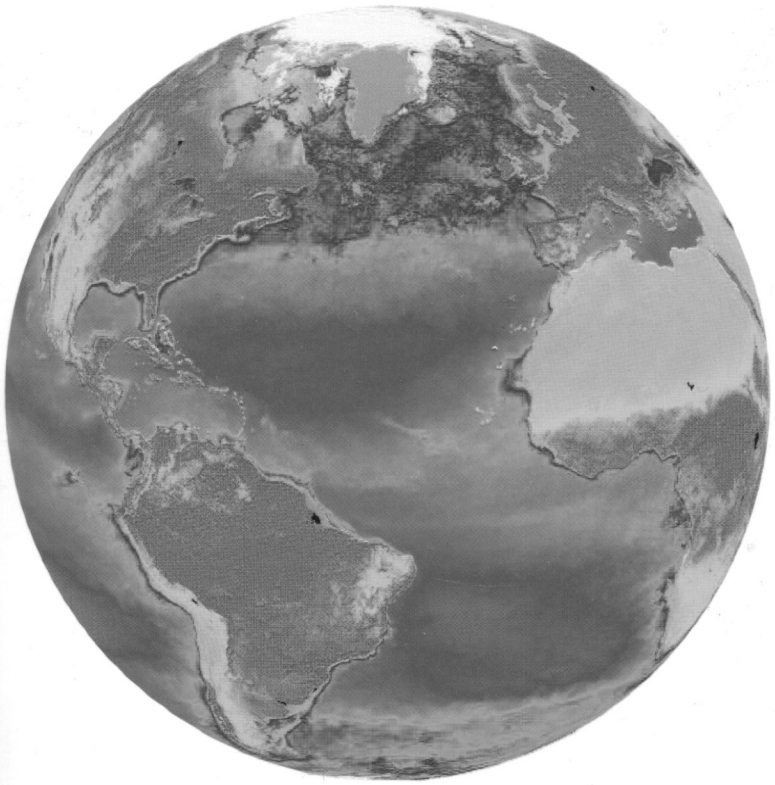

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Shelving Classification

Transcultural Nursing/Assessment

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Families' Role in Hospital Care: The critical shortage of nursing staff makes care from family members essential. In addition, family members supplement patients' meals by bringing in food. Families also purchase medications from facilities outside the hospital as needed.

Dominance Patterns: Zambia, as in most of Africa, is a male-dominated country. However, the demand for gender equality is growing. The responsibilities of caring for those who are ill, orphans, and other vulnerable people fall on the shoulders of women.

Eye Contact Practices: It is generally accepted that lowering the eyes is a sign of respect to older adults and is the correct behavior when interacting with members of the opposite sex.

Touch Practices: Physical touching in public between members of the opposite sex is unacceptable. However, physical touching among friends of the same sex is acceptable and has no sexual connotations. Physical touching by children is not an issue.

Perceptions of Time: Punctuality is not important. Past traditions and ceremonies are practiced and celebrated. Tribe-specific ceremonies are becoming more important in the culture.

Pain Reactions: Pain and grief are openly expressed, and the community is very supportive of those in pain or who are grieving.

Birth Rites: It is estimated that more than 90% of child-bearing women use antenatal services. In urban centers, most births occur in hospitals and clinics. Some clinics in the compounds are specifically designated as maternity clinics and are run by qualified midwives. The country has also trained traditional birth attendants who serve primarily in rural areas; however, ordinary experienced women also assist in these areas. In traditional areas, some herbs are used to bathe the infant or are tied around the infant's neck or arm for protection against evil. The umbilical cord has tremendous significance; the infant is considered strong and mature after the umbilical stub withers and drops off, and most tribes do not name an infant until this happens. Furthermore, infant mortality in 1996 was 109 per 1000 live births, an increase from 90 per 1000 live births in 1990. HIV/AIDS and related infections and malaria are the leading cause of infant mortality.

Death Rites: Death is not readily accepted, so people blame others for the event. However, the HIV/AIDS epidemic has made death an everyday occurrence. This fact, combined with the harsh economy, has forced people to shorten their mourning period. Relatives, friends, and neighbors assemble at the funeral house until after the burial to give both physical and emotional support to the bereaved family.

Food Practices and Intolerances: *Nshima,* a thick cornmeal preparation, is a staple food for most Zambians; however, cassava and sorghum are

used in some parts of the country. These dishes are eaten with a relish of some form and either meat, vegetables, or fish. Most people use their hands to eat.

Infant Feeding Practices: Working mothers are given a statutory 3 months of paid maternity leave. The clinics encourage breast-feeding for at least 6 months. Most working mothers use breast- and bottle-feeding for their infants. Infants' weight gain, immunizations, and general development are closely monitored by a countrywide comprehensive "younger-than-5 clinic" initiative.

Child Rearing Practices: Working mothers employ maids to supervise their infants while they work. Fortunately, numerous centers have been established to train these maids. It is not uncommon for young women, often relatives who have dropped out of school, to be called on to help out with an infant. Children mix freely and play with other children in nearby neighborhoods. Generally children are loved and protected by all in the neighborhood.

National Childhood Immunizations: BCG at birth or first contact; DTP at 6, 10, and 14 weeks and 18 months; OPV at birth and 6, 10, and 14 weeks; hep B at 6, 10, and 14 weeks; measles at 9 months; vitamin A every 6 months from 6 to 72 months; and TT CBAW ×5. This program also uses weight charts.

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◆ ZIMBABWE (REPUBLIC OF)

MAP PAGE (863)

Tafadzwa Steven Kasambira

Location: The Republic of Zimbabwe (known as "Rhodesia" during the decades of minority rule before its independence in 1980) is a landlocked country located in south central Africa. The total land area is more than 390,000 km^2 (156,000 square miles) of grassland and high plateau

terrain, covering an area slightly larger than the state of Montana. Zimbabwe shares its borders with Zambia to the northwest, Botswana to the southwest, South Africa to the south, and Mozambique to the east and northwest. Nestled in the tropics, Zimbabwe enjoys a temperate climate with hot, rainy summers and warm, dry winters.

Major Languages	Ethnic Groups	Major Religions
Shona (major)	Shona 71%	Christianity 25%
English (official)	Ndebele 16%	Syncretic (part Christian, part indigenous) 50%
Si'Ndebele	Mixed race ("colored"), Asians 1%	Traditional/indigenous beliefs 25%
	White 1%	
	Other indigenous Africans 11%	

Health Care Beliefs: Indigenous; acute sick care; active or passive role. Diseases (*zvirwere* in Shona, or *izifo* in Si'Ndebele) are believed to be transmitted by *mamhepo*, air that is in a state of imbalance, containing a greater portion of bad elements than good. According to traditional medical thought, different manifestations of illness are explained by two types of this bad air. First, diseases that affect the body and cause minor problems such as coughing or headaches are believed to originate from bad air in the physical environment. Because of the natural source of the affliction, such diseases are considered fairly normal. An example is *nhova*, which is a sunken fontanel in infants. Although this condition is actually caused by dehydration, it is treated in traditional communities with *muti,* or African medicine. The second type of bad air is considered unnatural because grave health problems result from its influence. These diseases are considered unnatural—or caused by evil—because of the belief that God, in His infinite goodness, would not allow such ills to hurt humanity. It is believed also that those who are immoral or unhygienic, whether physically, spiritually, or socially, have lost the mediation with God that is provided by the ancestor's spirits and are subsequently more susceptible to bad airs and their consequences, such as sexually transmitted diseases (e.g., *runyoka,* or hepatitis B). Mental illness is still considered by most Zimbabweans to be an affliction that cannot be explained in regular medical terms. Most believe that the etiology is less organic than it is supernatural, whether it is possession by a spirit or the result of witchcraft and spells. The invading spirit can be good or evil; the good spirits are known as *vadzimu*, or family spirits, and are considered friendly. Evil spirits can be angry spirits, or *ngozi*, or may manifest as *mashara*, which are alien spirits. Mental illness is still an affliction that engenders shame should it affect a family member, so the help of a *nganga,* or traditional healer, is sought more often than not. These healers are believed to have the ability to identify the person who is responsible for the hex or to exorcise the alien spirit from the person with the mental illness.

Predominant Sick Care Practices: Traditional, magical-religious, biomedical primarily in urban settings. After independence was attained in Zimbabwe in 1980, the government undertook an almost complete restructuring of the health sector, providing free health care to all between 1980 and 1991 and building hundreds of hospitals and clinics in both urban and rural settings. The number of Zimbabweans with access to modern health care facilities increased from 14% before 1980, to 87% a decade later. Although the general health status of Zimbabweans was greatly improved by all of the measures taken, use of the many resources has been found to be less than ideal. Most Zimbabweans seek help from traditional healers before seeking allopathic remedies. However, those who live in urban areas tend to use Western medical services for their initial attempts at resolving illness. Traditional healers are primarily situated in rural settings, making them less accessible to urban populations. Their help is often sought by city dwellers when Western medications and treatments have failed to cure intractable diseases or when an affliction is thought to have a supernatural cause; in the latter situation, many individuals believe that Western medicine can do little if anything to alleviate symptoms.

Ethnic/Race Specific Endemic Diseases: Like many African countries, Zimbabwe struggles to cope with health problems that are primarily caused by a lack of public health resources rather than chronic diseases. Government spending on health decreased from $35 per capita per year in the 1980s to a mere $11 in 2000, primarily because of the extra burden that HIV/AIDS has placed on public health institutions. The infant mortality rate in 2000 was estimated to be 69 deaths per 1000 live births, a figure that has decreased substantially since independence in 1980. The primary causes of death in children younger than 5 years include respiratory tract infections and diarrhea, particularly in infants infected with HIV. Deaths are also caused, although to a lesser extent, from malnutrition, a comorbid condition that makes children susceptible to diarrhea and measles, among other conditions. Other communicable diseases such as schistosomiasis and intestinal parasites also affect many children. Significant health problems among adults include tuberculosis (often in combination with HIV), chloroquine-resistant malaria (in rural areas), and cholera (although it has been fairly controlled, despite two outbreaks in 1993 and 1998). The overriding and overwhelming disease that has devastated the health of Zimbabweans and has had an impact on the economic, social, and cultural landscape of the country is HIV infection. The majority of those infected were the most economically productive of all the country's citizens. The life expectancy of Zimbabweans at birth has decreased to 44 years from 66 in just a decade. It is estimated that 1.1 million Zimbabweans have died from HIV/AIDS since 1995, and almost 1 million children are orphans because of the scourge. The World Health Organization's (WHO) estimated

prevalence rate for HIV/AIDS in adults ages 15 to 49 is 25.06%. The estimated number of children from birth to 15 years living with HIV/AIDS is 56,000.

Health Team Relationships: In Shona culture, the medical doctor is revered and respected. People believe that because doctors are so well educated, they are the only ones with the authority and the knowledge to treat illness. This attitude tends to negate the talents of nurses and trained community health care workers, who largely outnumber doctors and provide the bulk of general medical care for the populace. At large medical institutions and rural clinics alike, nurses are the first point of contact between the patient and the health care system. The roles they play vary according to the location of the institution and the number of doctors available. Community health workers, who are lay individuals trained in various skills, form an important part of the health care network in Zimbabwean rural society.

Families' Role in Hospital Care: The sick role is not a solitary one. When a person is admitted to a hospital, the extended family is informed immediately. A great mobilization usually occurs, with relatives phoning in or traveling from distant cities and rural areas to the hospital to provide comfort and help the immediate family. Those who have enough money donate funds to defray the costs of the hospital stay. It is not uncommon to see large numbers of family members, old and young, keeping watch at the bedside for hours on end. Once the patient is discharged from the hospital, relatives usually either take the person into their own homes during the convalescent period or stay at the person's home and provide assistance. Now more than ever, the role of families in hospital care has expanded beyond the expected. Today, essential drugs and even intravenous saline solutions and latex gloves are scarce. Many patients' families are told to purchase saline drips from an outside source, purchase expensive prescriptions, or bring in all the patients' meals; food and many other resources have become luxuries that hospitals can no longer afford to provide.

Dominance Patterns: Traditional Zimbabwean society is patriarchal in most aspects. The birth of a male child is often considered more of a blessing than that of a female child. If a woman bears only female children and her husband is very traditional, he may take a second wife to produce a son to continue the family name. Women are expected to marry and produce many children, all of whom belong to the husband and his family. Children take the father's surname and his *mutupo* (or "totem," the sacred family animal) and remain with the husband's family should his marriage fail. The man and his family are expected to pay *roora* or *lobola* (a "bride price") in the form of cattle (traditionally), money, or furniture to the family of the woman he wishes to marry. As people become more educated and embrace Western modes of living, the bride price has become more symbolic than binding, and women are not categorized in such rigid terms. However, these ideas remain part of the consciousness of Zimbabwean men and women alike, despite the practical cultural shifts of modern times. The dominance pattern does not change significantly during times of illness. Women are still expected to care for sick individuals at home and in the hospital. Men provide support to the ill individual and family but seldom take an active a role in caring for the patient.

Eye Contact Practices: Children avoid eye contact with authority figures as a sign of respect. A child who looks into the eyes of a parent directly, particularly when the child is being chastised, is an act of defiance and disrespect; the child is expected to look down. Eye contact is also avoided between people with inferiors and superiors (e.g., an employer and maids or gardeners, students and teachers). Medical practitioners may misinterpret this lack of eye contact. It may be interpreted as disinterest in the medical practitioners' discussion, when in actuality the patient is trying to be respectful and treat the doctor or nurse as an authority figure.

Touch Practices: Rules about physical contact in Zimbabwean culture are similar to those in most of the Western world. The notion of maintaining a personal space is not as prevalent as it is in Western culture, possibly because Zimbabweans grow up in an extended family in their community and are constantly surrounded by and sharing space with other people. Touching among relatives is acceptable but is not appropriate among those who are not related. Although women are free to hug one another in greeting, as are men, it is considered inappropriate for men and women to hug in public. Some exceptions to this societal rule exist, such as when a mother welcomes her son or husband home after a long absence. The usual mode of greeting between men and women and members of the same gender is a handshake.

Perceptions of Time: With the westernization of Zimbabwe has come the adoption of many Western attributes such as punctuality. Time is important in many situations but especially in business situations. However, a popular saying is that "there is no rush in Africa," which highlights the underlying nonchalance about the importance of timeliness. Often, people are expected to be late for engagements. This attitude can affect many interactions such as business interactions between friends and deadlines for payment; in fact, a friend would be reluctant to possibly offend another friend by reminding the person about an outstanding debt.

Pain Reactions: Men in Zimbabwe are expected to bear pain in silence with minimal expressions of sorrow, whereas women may react more overtly. When experiencing physical pain, such as the pain of childbirth, it is considered natural for a woman to verbally express her feelings. However, women are taught from birth, subtly and overtly, that pain leads to joy, therefore it behooves them to endure pain. For example,

childbirth, which is obviously painful, results in a child, a happy occurrence. After a death in the family, especially when the deceased was a child or very close family members, these societal rules about pain are relaxed somewhat. It is not uncommon for men to express their emotional pain more openly, if only for a short time.

Birth Rites: Fertility is of paramount importance in Zimbabwean traditional culture, and women who are unable to bear children are often treated as social outcasts. A popular belief is that infertility is caused by witchcraft. The help of a *nganga* may be sought in these cases, for the sheer social stigma of not being able to bear a child can be overwhelming. Husbands may be allowed to divorce an infertile woman or simply take a second wife in the hopes of having a child. Pregnancy is cherished, and the family members become very excited about the upcoming birth. Social wealth is largely measured by a family's number of offspring. Prenatal care is provided by nurses to those who have access to medical facilities; traditional midwives, trained and untrained, are used in many areas that are underserved. Standard obstetric care is given to women who give birth at clinics and hospitals. Though uncommon, some women do give birth at home attended by traditional midwives. It is believed that a difficult labor is an indication of previous adultery; a woman must confess her indiscretions to ease the passage of the infant. It is rare for a husband to be present during the birth out of respect for the woman's privacy. News of the birth of a child spreads through the community quickly, and everyone rejoices. Certain rituals are followed after an infant is born. The umbilical cord has special significance so once it is has been cut, it is buried in the ground ceremoniously. Because traditional Zimbabweans believe that an infant is born pure, the infant is extremely vulnerable to evil and natural illnesses. As such, protection from these elements is provided with certain medications and observing taboos. An amulet may be tied around the infant's waist or wrist with a piece of string to ward off evil spirits. The child may also receive its first bath in a traditional herbal concoction with protective powers that has been obtained from a *nganga*. Infants are often kept away from strangers during the first few weeks after birth to protect the child from catching infections from people and to shield the infant from those who might have bad thoughts about the child or the family.

Death Rites: Death is not thought of as an event that is separate from the other aspects of life. When a person dies those who are left behind think about the cause of the death. It is believed by many that death has one of five causes, namely natural causes such as illness, supernatural causes such as *ngozi* (angry spirits), violence or accidents, behavioral indiscretions, and ill will of other people. News of the death of a family member is always met with shock and immediate despair. Relatives travel to the home of the deceased person within hours, and the home becomes a central place of mourning. The women, wearing wraps around

their waists and head scarves, sit on the floor in a central room of the home, wailing and singing, taking turns preparing food in the kitchen, and comforting one other. The men sit on chairs in the same room or another, speaking among themselves. This ritual can go on for several days while burial arrangements are made by senior family members; few people get any sleep. The body is usually buried at the rural home of the deceased if the person was a man or at the home of her husband if the person was a woman. Children, who belong to the father, are buried at his home. The ceremony at the graveside is conducted by a priest for Christian families and in other families, traditional rituals are followed. The worldly possessions of the deceased must be distributed to the extended family, with almost all individuals receiving at least one of the items as a remembrance of the person who has passed away. Autopsies and organ donations are considered to be acceptable but unusual. Cutting open a corpse for any reason violates the body's resting state and is disrespect to the individual. Cremation also occurs, but relatives often feel guilty about the process because they are violating the sanctity of the body. The ashes of a cremated individual may even be placed in a coffin and buried in the ground.

Food Practices and Intolerances: The importance of food in Zimbabwean culture is revealed during special events such as funerals, birth celebrations, weddings, and even simple visits to an individual's house. The variety of foods traditionally consumed in Zimbabwe is fairly wide. Many people in urban areas grow their own vegetables in gardens behind the home, and subsistence farming is the norm in rural areas. A staple of the traditional Zimbabwe diet is *sadza*, a thick, malleable paste made from maize meal that has been cooked with water. When maize meal is scarce, individuals use bulrush millet, finger millet *(rapoko),* or sorghum meals as alternatives. *Sadza* may be consumed with fermented milk but is usually eaten with meat and leafy green vegetables such as *covo,* pumpkin leaves, *mbowa,* or *derere-munda*. A meal is not considered compete without meat, and the most popular types are beef and chicken. Many families in the rural areas raise goats and may eat them, especially during celebrations. Dried beans are an important part of the diets of certain individuals, as are bambara nuts when they are in season. Various types of fruit are grown domestically and found growing in the wild, such as guavas, mangoes, pawpaw, and avocados, in addition to more unique fruits such as *mazhanje* and baobab fruit. Little information on food intolerances is available. It has been shown that lactose intolerance is quite widespread, especially among children, although it is not often recognized. *Sadza* is usually eaten with the hands, whereas regular utensils (e.g., fork, knife, spoon) are used for most other foods.

Infant Feeding Practices: As in most developing countries, the majority of women in Zimbabwe breast-feed their infants. Knowledge about the enhanced nutritional value of breast milk is widespread, and the cost and

lack of access to formula promotes breast-feeding. Shortly after birth, water is fed to infants in addition to milk, possibly with glucose. The families who can afford infant cereals may purchase them as well. The first supplemental food given to infants when they are a few months old is porridge made of corn meal. It may be given in a cup with a spoon, or if the child is very young, on the mother's fingertips. Certain items such as peanut butter *(dovi),* sugar, margarine, or oil may be added to the porridge to improve its palatability and nutritional value. Adult foods are generally introduced by approximately 9 months of age, though breast-feeding may continue while infants are receiving these solid foods. Some believe that traditional drinks such as *mahewu* are good for children because they increase the amount of blood, whereas foods such as groundnuts, boiled maize, and meat are often not provided because they are believed to be difficult to digest and able to cause diarrhea. Termination of breast-feeding occurs generally between 18 and 20 months of age. Weaning begins by giving the child sweet or adult foods or by putting bitter substances such as hot pepper on the nipples to deter the child from nursing. It is believed that breast milk becomes poisonous once a nursing mother becomes pregnant again, so breast-feeding ceases immediately as a result. If the child consumed the milk of a pregnant women, an emetic is provided by a traditional healer to cleanse the infant's gut. Wet nurses are a relatively foreign concept to Zimbabwean women, and women who cannot breast-feed usually give their infants formula instead.

Child Rearing Practices: In many ways, child rearing is the responsibility of the entire community, particularly in the rural areas, where the vast majority of the country's population resides. Discipline is meted out by adults who witness mischievous behavior, and parents are informed of the transgressions. The community as a whole takes joy in children's successes and bands together in times of trouble. Certain important traditions are taught to Zimbabwean children at an early age, such as respect for older adults, the importance of showing deference for those in authority, and how to act when people visit. The men and women in the community are models of conduct for children. Corporal punishment is considered essential and necessary. The disciplinarian is usually the father, but an uncle or older male relative takes on the role when the father if absent. Before its independence, Zimbabweans raised boys and girls very differently. The importance of schooling for boys was emphasized, and many girls were raised simply to be competent wives. However, since 1980, girls and boys have reaped the benefits of expanded opportunities for education, and schooling is considered essential for all children regardless of gender.

National Childhood Immunizations: BCG at birth; DTP at 3, 4, and 5 months; OPV at 3, 4, and 5 months; measles at 9 months; and hep B at 3, 4, and 9 months.

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