Chapter 2: Social, Cultural, and Religious Influences on Child Health Promotion

Instructor's Manual

LEARNING OBJECTIVES

- 1. Define the following terms: *transcultural nursing, culture, social role, primary and secondary social groups, cultural shock, acculturation, and assimilation.*
- 2. Define cultural competence and the six elements that characterize it according to Dunn.
- 3. State why cultural sensitivity in important in implementing comprehensive pediatric nursing care.
- 4. Define *ethnicity* and *ethnocentrism* and discuss their implications for nursing care.
- 5. Identify what a *subculture* is and discuss how the following subcultural influences affect child development and childrearing practices: ethnicity, minority-group membership, socioeconomic class, school attendance, community membership, the peer culture, biculturalism, and mass media.
- 6. Describe how a community's external assets—support, empowerment, setting clear boundaries and expectations, and opportunities for constructive use of time—foster children's positive development.
- 7. Identify how children's internal assets—commitment to learning, positive values, social competencies, and a positive identity—can be nurtured by communities.
- 8. Define *social capital*.
- 9. Define *poverty* and identify the effect of *visible* and *invisible poverty* on the health and well-being of children and their families.
- 10. Distinguish between *absolute* and *relative* standards of poverty.
- 11. Identify the effects are of homelessness and migrant lifestyles on children's health and well-being.
- 12. Identify effective strategies for providing health care access to homeless and migrant populations.
- 13. Define the term *cultural relativity*.
- 14. Discuss ethnic and cultural influences on the following: styles of relating to health care providers, communication with health care professionals, and food customs.
- 15. Identify specific nonverbal and verbal strategies that reflect culturally sensitive interactions with patients.
- 16. Discuss different cultural beliefs and practices related to health and illness (e.g., natural and supernatural forces responsible for illness and healing, objects and procedures used to protect health, balance and imbalance of forces, culture-related health practices such as cupping, wearing of amulets, and female circumcision).
- 17. Define *cultural competence* and describe the five components of the ASKED model.
- 18. Describe health beliefs and health practices of various cultural or ethnic groups.
- 19. Identify several hereditary factors that have been associated with particular cultural or racial groups.

- 20. Identify characteristic physical or developmental differences (e.g., skin pigmentation, stature) that should be taken into account when assessing individuals of different races and ages.
- 21. Provide examples of how religious beliefs affect health practices.

CHAPTER OUTLINE

Culture Transcultural nursing Transmission of culture

Social roles

Primary and secondary group influences

Cultural shock

Subcultural Influences on Development

Ethnicity

Minority-group membership

Socioeconomic class

Schools

Socialization processes

Communities

External and internal assets

Social capital

Peer cultures

Biculturalism

TEACHING STRATEGIES

Discuss Leininger's concept of transcultural nursing. Provide students with 5×7 index cards and have them write and "send" a postcard to another class member about an observation during a trip or visit they've made to another community, state, or country. Pass the postcards to other members of the class and have students read the card aloud. Use this as a segue to a discussion about cultural values, beliefs, and practices and Dunn's six elements of cultural competence.

Discuss what is transmitted by one's culture and how this influences children's world view.

Critical Thinking: Differentiate between the influences and limitations of primary and secondary group environments on childrearing.

Ask students to identify whether and when they have experienced "culture shock." What factors contributed to this? What factors helped mitigate their feelings of dissonance? Compare these experiences with Dunn's strategies listed in the text that promote cultural competence.

Provide examples regarding the confounding factors of ethnicity and socioeconomic status that might be found in health research.

CHAPTER OUTLINE

Mass media

Influences on tobacco and alcohol use and violent behavior among teens
Recommendations for educating parents about the impact of mass media
Media influences: reading materials, movies, television

TEACHING STRATEGIES

Assign students to watch half an hour of a popular television show, including commercials, or to listen to a popular radio station and to take notes about references to or depictions of substance use/abuse, responsible or irresponsible sexual activity, and verbal or physical abuse or violence. Discuss how the mass media have contributed to new morbidities such as overweight children and increasing rates of depression or violence. Have students identify what they would or could tell parents when providing anticipatory guidance to families on these topics.

Socioeconomic Influences

Poverty Homelessness Migrant families Critical Thinking: Have students meet in small groups of 4 or 5 for 10 minutes to discuss the statement, "The most overwhelming adverse influence on health is socioeconomic status." Have each group report about the veracity of this statement. Ask students to identify the effects of homelessness on children, and to then identify health care resources that are available for migrant or immigrant families in their communities.

Cultural Influences

Cultural relativity
Relationships with health care providers

Communication styles
Food customs

Discuss the term *cultural relativity*. Role play or give examples of verbal and nonverbal culturally sensitive communication techniques used for effective interaction with children and their families from different cultures.

Have students bring in foods that are characteristically served in their cultural group and their meanings to the students.

Health Beliefs and Practices

CHAPTER OUTLINE

Health beliefs

Natural forces
Supernatural forces

Health protection practices

Imbalance of forces

Culture-related health practices

Cupping, coining, genital mutilation Folklore related to prenatal influences

Cultural competence

ASKED model

Cultural Awareness

Hereditary Factors
Physical Characteristics
Religious Influences
Religious beliefs

TEACHING STRATEGIES

Invite parents from a variety of different cultures, ethnicities, and religions to discuss their health beliefs and practices, especially as they relate to children.

Critical Thinking: Ask students, "Why is it important for nurses to be aware of their own cultural values and beliefs?" Have them review Box 2-2 depicting the ASKED Model of Cultural Competence and write a two paragraph reflection paper based on ASKED components.

Have students review Table 2-1, *Cultural Characteristics Related to Health Care of Children and Families*. Ask which of these health practices they find the most interesting and why.

Have students review Box 2-4, *Distribution* of Selected Genetic Traits and Disorders by Population or Ethnic Group. Ask which of these genetic traits and disorders they were familiar with or found the most interesting.

Have students review Table 2-2, *Religious Beliefs That May Affect Nursing Care*. Which beliefs were familiar to them? Which beliefs were new?

Discuss statements by children that might

indicate a spiritual need.

LEARNING ACTIVITIES

- 1. Have students write a short essay about their own family's beliefs, attitudes, and values about the poor; those who are homeless; migrant families; and immigrants. Have them discuss how their attitudes about these situations or toward members of these groups might potentially affect the nursing care they provide.
- 2. Assign students to observe the role of the pediatric nurse when interacting with families from various cultures. Have them list examples of culturally sensitive care provided by the nurse or nurses they observed. Have them also list examples of culturally insensitive care, if observed.

SUPPLEMENTARY RESOURCES

1. Study Guide: Chapter 2

2. Evolve Website:

Appendix: Spanish/English Translations Case Study—Cultural Considerations

Key Points Audio Summaries NCLEX Review Questions

Skill—Providing Culturally Sensitive Care

WebLinks