

Integrating Navajo Tradition into Maternal-Child Nursing

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The concept of transcultural health is a relatively new area to nursing. Nurses practicing among people of different cultures are realizing that under-

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standing and incorporating that culture's beliefs, values, and attitudes into their nursing care is an essential component of quality health care.

Nurses on the Navajo Reservation are practicing within a distinct cultural group. Although many cultural groups coexist in the United States, few are isolated on 25,000 square miles of sparsely populated, arid land. This isolation, combined with their language barrier, enables many Navajo people to retain traditional life-styles and beliefs, which have not been greatly influenced by the surrounding society.

Nurses wishing to exert an effective influence on health in this or any cultural group must learn to incorporate

modern health care practices with those of the subculture. The attachment process among this cultural group, the Navajo, will be explored below, and suggestions will be made toward the more successful integration of traditional practices with modern parent-child health practices.

Maintaining Tradition

Although much acculturation has influenced Navajo practices throughout the years, there are many factors that impede this process. Physical separation from the dominant society is a major factor. Although pick-up trucks are

now common, most Navajos must still travel on unimproved dirt roads. Until the 1950s and 1960s, the horse and wagon was their sole conveyance. As a result of the poor conditions for traveling, as well as the responsibilities of the extended family system, many Navajo people remain fairly isolated.

Another factor impeding acculturation is the deep respect held for the old and experienced. Older people are viewed as experienced in the ways of life, and their wisdom is highly regarded. Traditions are relayed in this manner from adults to the smallest child. The grandmother is often entrusted with the task of raising the children, and preschoolers often live in isolated hogans (the traditional Navajo dwelling) with grandparents or relatives, receiving little outside contact until school age, about six years. Many preschoolers do not learn English until kindergarten, when they are suddenly thrust into Anglo schools. Because this preschool period is a time of great learning and cognitive growth, it is no wonder that Navajo tradition and identity is so deeply ingrained from generation to generation. This is well stated by a poem written by a young Indian college student:

We shall learn all the devices the White
Man has.
We shall handle his tools for ourselves.
We shall master his machinery and his in-
vention, his skills, his medicine, his
planning;
But we'll retain our beauty and still be In-
dian.

—Witt, 1972

Navajo Child-bearing Practices and Their Significance to Bonding

Each society has distinct social groupings, and each culture dictates specific rites of passage from one group to another. These passages involve rites of separation, transition, and incorporation (Van Gennep, 1960). The child-bearing process is a complicated and elaborate progression involving all of these rites because a successful process assures the survival of the culture, society, and species.

Attachment has been defined as a "unique relationship between two peo-

ple that is specific and endures through time" (Kennell & Klaus, 1976, p. 2). In the Navajo culture this definition can be applied more extensively than to "two people." The extended family system of the Navajo involves many attachments, as defined above. An aunt (in the Anglo sense), for example, is a second mother to the Navajo child; she is called "shimá yázhí," "my little mother." A sister to the Navajo child involves not only siblings, but also the children of the mother's sister. In view of these more extensive attachments, it seems logical that there would be culture-specific measures to foster these relationships and to bond this group of individuals together. Kennell and Klaus (1976) state that many factors influence bonding. Among these factors are interpersonal relationships previously existing within the family, practices and values of the culture, and the way in which each individual has been raised. There are many positive ways in which Navajo tradition influences these factors, as will be discussed.

Multiple authors have identified the tasks that enable the expectant mother to progress successfully through the experience of pregnancy and childbirth (Rubin, 1975; Tanner, 1969). The first of these is acceptance of the pregnancy as a reality. In the Navajo way, this is accomplished not only for the expectant mother, but also for the entire family. A "Blessingway," a traditional ceremony, is attended by relatives and friends.

To understand the Blessingway, a brief explanation of Navajo health-illness beliefs is necessary. The Navajo does not believe that man was meant to rule over nature. Rather, he realizes that man must live in harmony with nature. To be out of step with nature is to become ill. The supernatural *Yei* (Holy Ones) are also important in health and illness; they are good and evil and exert influences over man. These basic beliefs stem from the Creation Story, which explains how the Navajo people came to be. The Blessingway, as seen in this context, is an act of balance, a blessing for a person, place, or act (Gilpin, 1968). The pregnancy immediately becomes a reality not only for the mother but for the entire family. This also marks the beginning of another

task identified by Rubin (1975)—the psychosocial accommodation of the child into the family.

The mother's next task is incorporation of the fetus into her sense of self, and she now becomes more protective of herself and her unborn child. This may not be apparent to the Anglo bystander since Navajo women believe that pregnancy is a state of health, not illness, and normal activity is believed to keep the woman calm and promote joy. Yet beneath this calm activity lie numerous taboos that the Navajo mother and father must observe to ensure a healthy baby. Since pregnancy is a state of the living, the mother must not attend funerals or look at dead animals: this would expose the fetus to the realm of the dead and cause deformity or illness. The mother and father do not tie knots or weave: this may cause complications with the umbilical cord at birth. If either parent should break one of these taboos a medicine man must perform the appropriate ceremony to restore harmony to the couple. The Navajo father thus becomes involved early in the pregnancy. Kaplin (1978) suggests, in reference to Anglo culture, that the only source of contact the father has with the fetus before birth is through his own dreams and emotional knowledge of the baby. The Navajo father, in contrast, influences his child in everything he does. He is an integral part of the pregnancy from the beginning.

After quickening occurs, the mother must begin to perceive her infant as separate from herself. Tanner (1969) notes that this may not occur until the postpartum period. This probably holds true for the Navajo culture as well. Most Navajos do not prepare much for the baby before birth, believing that this may cause illness or misfortune for the child. In earlier days names were not chosen or cradleboards made until the infant's survival was fairly certain—after the first few days or weeks of life. Present planning may begin late in the third trimester or immediately after birth. Here, again, the father is involved since he is to make the traditional cradleboard, which is still commonly used.

Traditionally, childbirth occurred in the hogan, where most celebrations and ceremonies take place. The hus-

band, close female relative, and/or traditional midwife, and a medicine man attended the birth. The newborn was shaken gently and its chest massaged to stimulate breathing. The mother then breastfed her infant. This traditional setting provides for several of the principles of bonding identified by Kennell and Klaus (1976). Both parents are present during the sensitive period for attachment, and close contact between parents and the newborn can occur.

Postpartally, the father buries the placenta so that evil forces cannot seize hold of it. He also buries the cord stump in a carefully chosen place: close to the hogan so the child can be attached to the earth and have a place to call home; and close to a symbol of a desired trade such as a sheep corral if the parents hope that the child will grow up to be a shepherd, or near the loom if they want him to be a weaver.

The mother's progress through postpartum tasks, as delineated by Gruis (1977), is supported by the extended family. With mother and sisters in attendance, the new mother has the rest she needs for physical restoration. Another Blessingway may be held when the mother's bleeding stops to assure growth and to bless the baby. The mother's health and well-being are thus incorporated into the infant's welfare. The family supplies knowledge of infant care and needs through the presence of extended family members, which offers a readily available support system to the mother.

The infant is readily accommodated into the family system since preparations for this were started early in the pregnancy with the attendance of the extended family at the first Blessingway. Siblings are included in the ceremonies honoring the infant, which tends to minimize sibling rivalry. Because surrogate mothers are available through the extended family, time can always be found to comfort a disgruntled toddler. When old enough to assume responsibility, the older siblings become caretakers of the younger children and the sheep herds; thus they immediately feel useful and necessary to the family system.

In contrast to the mobile nuclear family of Anglo society, many Navajo mothers do not face a radical change of

roles or the sacrifice of personal pursuits. Many entrust their infant to a sister or mother while they continue school or resume work. This does not mean that the maternal-infant bond is not strong; it simply means that the family has totally accommodated to a new member, and each individual is allowed to pursue those interests most important to him/her.

The final step that bonds the infant to the family is an important milestone, his first laugh. It is considered an honor to be the first to make the child laugh, and the person who does so then gives the baby a gift (a bracelet, ring, or some salt), and a party is held in the hope that this will make the infant a generous, happy person. The infant now has become an integral part of the extended family and a true individual.

Implications for Nursing

The modern health care system presents many difficulties for the traditional Navajo. Prenatally, one of the important tasks for the mother is the observation of taboos. If a Navajo mother is to receive prenatal care, it should not be in a hospital, where she might encounter sickness and death. The prenatal clinic should be in a separate section of the hospital, if not a separate building altogether.

Prenatal counseling should focus on pregnancy as the normal phenomenon that the Navajo believes it is. The nurse must be a listener first; then she can incorporate diet and activity counseling into the Navajo woman's preexisting beliefs. Ceremonies should be encouraged as important rites of passage that aid in psychosocial acceptance of the pregnancy and anticipated infant. Expression of emotions and feelings should be accepted in a nonjudgmental manner, thus aiding in the resolution of conflicts that might otherwise remain unexpressed and unresolved.

Today most Navajo mothers deliver their children in the hospital. This can be a lonely, frightening experience if the family is not allowed to participate in the process, as is usual in this culture. Hospital rules should be flexible. The father and possibly another significant person should be allowed to attend the delivery. The placenta, and

later the cord stump, should be given to the parents so they can dispose of them in a way that is appropriate to their beliefs.

The parents should be able to spend time with their newborn immediately after birth, and the mother allowed to breastfeed. Most Navajo mothers are anxious to return to their families soon after birth. Visiting privileges should be as liberal as possible. Discharge should be arranged as soon as possible so the mother can return to the family support system that is so important to her.

With knowledge of the importance of the Navajo's traditional practices in the bonding process, the parent-child nurse can successfully incorporate modern health care into traditional beliefs and practices. The complicated process of the bonding of a new infant is subject to cultural influences but ultimately leads to the same goal: forming a strong attachment between the infant and his/her caretakers(s). These processes should always be fostered and cultivated by health care providers; their successful progression ensures a strong beginning for the new addition to society.

References

- Anderson, S. *Song of the Earth Spirit*. New York: McGraw-Hill Book Co., 1972.
- Brandt, P. Two different worlds: The Navajo's child's interactions within the health care system. In M. Leininger (Ed.), *Transcultural nursing: Concepts, theories, and practices*. New York: John Wiley & Sons, 1978.
- Brink, P. *Transcultural nursing: A book of readings*. New York: Prentice-Hall, 1976.
- Clark, A. *Culture, childbearing, health professionals*. Philadelphia: Davis, 1978.
- Gilpin, L. *The enduring Navajo*. Austin: University of Texas Press, 1968.
- Gruis, M. Beyond maturity, postpartum concerns of mothers. *American Journal of Maternal Child Nursing*, 1977, 2, 182-188.
- Kaplan, L. *Oneness and separateness: From infant to individual*. New York: Simon and Schuster, 1978.
- Kennell, J., Klaus, M. *Maternal-infant bonding*. St. Louis: The C. V. Mosby Co., 1976.
- Rubin, R. Maternal tasks in pregnancy. *American Journal of Maternal Child Nursing*, 1975, 4(3): 145-153.
- Sevcovic, I. Traditions of pregnancy which influence maternity care of Navajo people. In M. Leininger (Ed.), *Transcultural Nursing Care of Infants and Children*. Salt Lake City: University of Utah, 1977.
- Tanner, L. Developmental tasks of pregnancy. In B. Bergerson, (Ed.), *Current Concepts in Clinical Nursing*. St. Louis: The C. V. Mosby Co., 1969.
- Van Gennep, A. *The rites of passage*. Chicago: University of Chicago Press, 1960.
- Witt, S. (Ed.). *The way*. San Francisco: Random House, 1972.