Practice & Discussion

The Significance of Inheriting the Cultural Heritage of Childbearing and Cultural Practices as Told by Women Who Identify Themselves Ethnically as Hawaiian

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This paper aims to highlight the ethnic cultural heritage of childbearing and cultural practices by hearing the thoughts of two native Hawaiian women, who inherited the Hawaiian culture. Method: Through interviews of two native Hawaiian women, the following questions were asked: “What kind of childbirth and childcare practices did you inherit?”, “What are your thoughts on these practices?” and “How do you recognize modern medicine?”. The paper collected data through the interview of these women using the above questions. Result: While both of the interviewees described the “childbirth experience” as different from what they had previously imagined, they are satisfied with the fact that they inherited the traditional childbirth and childcare practices of their ancestors and feel positive about their childbirth experiences. Conclusion: The findings suggest that it is important for midwives to understand what kind of “traditional childbirth and childcare practices” this particular ethnic group embraces and provide assistance by taking their culture into account to the maximum extent possible. It was also suggested that the midwives should actively seek opportunities to understand different cultures so as to be respectful to the culture their clients embrace.

Key Words: multiethnic country, delivery and childrearing customs, identify ethnically as Hawaiian

Introduction

The state of Hawaii, where this survey was conducted, experienced an era in which the exercising of sovereignty by native Hawaiians was banned by Westerners. Later, during the 1960s, the civil rights movement occurred in the mainland US, which led to the Hawaiian Renaissance during the 1970s, a movement to pass on and uplift the culture of the indigenous people of Hawaii (Shiyo 2015: 63). Moreover, the Hawaii Tourism Strategic Plan 2005-2015 stipulated that Hawaii’s indigenous culture and
its regional communities be respected and protected. This turnaround is said to have triggered the establishment of "status" through cultural practices playing an important role in increasing self-awareness as Hawaiians, and the revival of the traditional culture of which people felt that they had been robbed (Ohbayashi 2014: 172). For this study, we interviewed two Hawaiian women who had visited a breastfeeding clinic on the Hawaiian island “A,” asking them about their child delivery experiences. Upon interviewing these women, we learned that they had acknowledged that they were able to revive their ethnic cultural heritage of childbearing as a result of having their ethnic identities — something not seen or approved up to their parents’ generation—approved and accepted. Although both women felt that their deliveries were not quite what they had imagined in terms of their culture, they ultimately had satisfactory childbirth experiences. In Japan as well, researchers have pointed out that, even today, the ethnic cultural heritage of childbearing carry an important meaning for pregnant and child-bearing women, and that relying on these practices can enhance the safety felt by these women (Sugiyama et al. 2010: 23). For the two native Hawaiian women investigated on this occasion as well, the fact that the ethnic cultural heritage of childbearing and cultures were approved was believed to show that these customs and cultural practices played a role, for child-bearing women and their families, in providing a type of psychological support that could not be compensated for by the modern progress in medical technologies, as well as contributing to their pride in being Hawaiians. In total, 14,993 babies were born in Japan in 2014 to non-Japanese mothers, which was an increase of 3,000 babies as compared to the results of the same survey conducted in 2002. This means that opportunities for midwives to care for non-Japanese pregnant women will increase. Herein, our aim is to clarify the significance of having the ethnic cultural heritage of childbearing and cultures respected, as the ideal form of new care provided to non-Japanese pregnant women who will deliver their children in Japan.

I. Purpose of the study

This study focused on the ethnic cultural heritage of childbearing and cultural practices which became apparent in the course of hearing the child delivery experiences of two native Hawaiian women who were attending a breastfeeding clinic on the Hawaiian island “A”, with the aim of investigating the significance of having such customs and cultures respected. Another aim was to identify the attitude of support and assistance, which would be required of midwives to achieve the ultimate goal of enhancing respect for traditional customs and cultural practices as a means of improving child delivery experiences.

II. Method of study

1. Method of study

Study design: A qualitative descriptive method was employed. As the premise of this method, researchers take the position that people interact with others in diverse social contexts,
and are able to talk about those experiences as their own actual realities. This is also a method of understanding the phenomena that have become the target of research by having a researcher write, in abstract form, the actual reality as it was narrated.

2. Period of data collection: From August 29 to September 3, 2014

3. Study targets: Two Hawaiian women who were attending a breastfeeding clinic operated by a Japanese midwife

4. Method of collecting data: A semi-structured interview was conducted, based on the Interview Guide that the researcher had drawn up. The interview was carried out by adjusting the environment to prevent the subjects from interacting with other clinic users. The interviews were recorded on an IC recorder, with the subjects’ informed consents obtained beforehand. During the interview, the subjects were asked to talk about their cultural backgrounds, family relationships, and the identity that they acknowledged. Furthermore, to make sure that the intention of the question was conveyed accurately to the subjects, we asked a clinic staff member, who was fluent in English, to serve as the interpreter.

5. Method of analyzing data
For analyzing the data obtained from this survey, we used the qualitative descriptive research method. As the premise of this research method, researchers take the position that people interact with others in a variety of social contexts, and are able to talk about those experiences as their own actual realities. This is also a method for understanding the phenomena that have become the target of research by having a researcher write, in abstract form, the actual reality as it was narrated. (This research method is said to be suited to phenomena which have as yet been minimally clarified.) The analysis procedure is as follows: First, the interview data are transcribed in a word-for-word record, then the content is confirmed while listening to the interview once again. A category name is then added so as to express the meaning of the Hawaiian women’s narratives.

III. Ethical considerations

We prepared a written explanation sheet and a consent form in English for use with the Hawaiian women. Explanations were given through an interpreter to make sure that the content was conveyed accurately to the women, such as the purpose and method of the research, the rights of the subjects, and the researcher’s confidentiality obligation. We also orally explained and in writing that the results of this study would be published, and obtained the subjects’ signatures on the written consent form. This study was reviewed and approved by the Kansai University of Nursing and Health Sciences’ Ethical Review Board (Approval No. 48).

IV. Introduction of the field

According to a report by the Hawaii Tourism Strategic Plan 2005-2015, the state of Hawaii, which served as the site for this survey, saw an influx of approximately 395,000 people from
various parts of the world between 1852 and 1946 to secure a labor force for the sugarcane industry. A majority of these migrant workers chose the path of becoming residents of Hawaii. As their descendants continued to grow in number, they built a community and society representing a diverse mixture of cultures and ethnic groups, making Hawaii a “multicultural society.” In 1959, it became the 50th state of the United States. This is the background of Hawaii.

V. Definition of terms

“Ethnic identity” refers to a “personal awareness of belonging to a group whose boundary had been culturally fixed” 2).

VI. Results

1. Subjects backgrounds

Table 1 summarizes the backgrounds of the two subjects.

2. Content of the meaning extracted from the subjects’ narratives

2-1. Narratives of subject A

1) Traditional Hawaiian delivery and childrearing customs, and participation in contemporary child delivery preparatory classes

A was born to a family that has lived in Hawaii for generations. She described the delivery and childrearing customs being carried out in Hawaii as follows:

“During pregnancy, a woman does not wear a lei that has been formed into a circle. The reason, as the tradition goes, is to prevent the umbilical cord from winding around the baby’s neck.”

When asked about practices that have been passed down as tradition to pray for safe, easy child delivery, she said,

“We drink tea brewed from a certain plant. We also receive blessings, praying for safe delivery, from a person who offers the traditional prayers of Hawaii. The culture of Hawaii is about believing in a great power, and believing that everything falls into place from this power in a well-balanced manner. I tried to obtain such power through praying. So, we attended Hawaii’s traditional classes that can be said to prepare us for child delivery. This is because if we have a barrier inside us, our labor is said to stop, so it is also

<table>
<thead>
<tr>
<th>Subject</th>
<th>Age</th>
<th>Subjects origin and ethnicity</th>
<th>Husband and wives perceived ethnic identity</th>
</tr>
</thead>
<tbody>
<tr>
<td>A</td>
<td>Late 30’s</td>
<td>She is Hawaiian and has always lived on island A for generations. Husband is a mixed ethnicity of Filipino and Caucasian.</td>
<td>Both husband and wife declare their identity as Hawaiian.</td>
</tr>
<tr>
<td>B</td>
<td>Mid 30’s</td>
<td>Both husband and wife were born and raised on island B. They don’t know their exact ethnicity but they believe a large part of it may be Chinese based on their ancestors having a strong Chinese cultural heritage.</td>
<td>Both husband and wife declare their identity as Hawaiian.</td>
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</tbody>
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* Their age is based at the time of this research between 8/29/2014 - 9/3/2014
important to care for our own mental state. Traditional-type classes are holistic in nature, and I took them in a group of about 7 or 8 women."

"We also receive education that teaches us that all mental and psychological things are connected. So, while a baby is still inside the stomach, we reexamine our relationship with the baby and those with other people. Through attending this class, I learned that relationships with people are important in our daily lives, and that we should not hold on to stress at work. I worked on each of these themes one by one."

Besides these traditional childbirth preparation classes, A also took maternity courses offered at a hospital. She explained the reason as follows:

"The courses I took at a hospital taught me about practical matters, such as what to do if labor begins. I felt that it focused on technical aspects. I took the class with my husband." "My older sister was the first in the family to deliver a child. I became anxious about bearing a child. Since I would be delivering a baby for the first time, I just wanted any and all information, so it was good that I had attended two classes. It was very nice since I learned what sort of things I'd be doing at the hospital, too."

2) Anxieties about labor pains, and awareness of traditional midwives

Instead of a traditional midwife, A chose to deliver her child at a hospital, like many other people. She explained the reason as follows:

"This depends on what each individual thinks and feels, but some of my friends chose to deliver at home (by calling a traditional midwife). Before I got pregnant, I had wanted to deliver at home, but my husband opposed the idea, so I ended up delivering our child at a hospital. I became worried about whether I could tolerate the pain like everybody else, and, since I knew nothing about delivery, and since everyone around me delivered their babies at a hospital, I ultimately chose a hospital. When my child was born, he had the umbilical cord wrapped around his neck, so if I had chosen to deliver him at home, and if something had happened to him, I don't know if I could have forgiven that caregiver."

3) With the recovery of lost culture, she was able to affirm her child delivery experience at a hospital

In regards to the fact that, up to her parents' generation, the indigenous Hawaiian culture had not been respected, A noted the following:

"Many of Hawaii's traditional things were lost in the course of history. However, we now live in an era in which we are trying to bring back such traditions. There are things that have been passed down orally;
we also read about them in books. Needless to say, men are also supportive in our ethnic group.”

The fact that the government had acknowledged and approved of Hawaiian customs and cultural practices changed her awareness of the government, which led to her decision to accept a hospital as a place to deliver her child. She explained this as follows:

“We bring home a baby’s placenta. This is an important custom for us Hawaiians. Until recently, however, this practice was not approved. Now, however, as soon as we deliver a baby, we are asked whether or not we would bring home his placenta. If we look at our parents’ generation, we find that Hawaiian culture was not respected during their lifetime. From about five or six years ago, hospitals also began accepting Hawaiian customs. During my mother’s era, Hawaii was a colony, so we could not make too many demands ourselves. However, with the current generation, a growing number of our people are beginning to fight to protect our own culture, which means that our culture has been recognized and accepted, I believe. When it was time to deliver my child, the culture of Hawaii was already respected, so my decision to deliver my child at a hospital was also respected and accepted.”

2.2. Narratives of subject B
1) Traditional Hawaiian delivery and childrearing customs

B also explained the practice of “wearing a lei that is not connected into a circle,” which was something A had also talked about.

“In my line of work, I go to all sorts of places and give speeches, so I often wear a lei that is not connected. A lei that is not connected is a symbol of a pregnant woman, so the other day, the 1,000 people in the audience saw my lei, learned that I was pregnant, and congratulated me. Women who are pregnant never wear a lei that is connected to form a circle since they say that it represents the umbilical cord becoming wound around the baby’s neck.”

2) Childrearing according to the kauhale system

On the other hand, concerning the fact that her family and her husband’s family each has strong family ties and has childrearing functions, B talked about the existence of the kauhale system, or a system of strong support within a family whose members cooperatively help raise children, as follows:

“For several months after delivering a child, I returned to my home, located on Island B. Since there are strong ties between families, we have what is known as the kauhale system (a system of strong support within a family whose members...
help raise children). A Hawaiian word for family is “ohana,” but people close to you are also called “hana.” All sorts of people come and help out with childcare, such as my husband’s parents, his older sister, cousins and my own parents. Since my older sister also has a 3-month-old baby, when I returned to my parents’ home, I gave my milk to my older sister’s child, you know.”

3) Cultural practices to be preserved, and not preserved. Moreover, even if a couple had cultural backgrounds common to them both, they did not necessarily share them in the same way. B explained this as follows:

“My husband and I grew up not on this island (“A”), but on Island B. Both my husband and I have a variety of races mixed in our blood. We have a Chinese background, too, so my husband’s family was concerned about the custom of not letting a baby go out of the house for a while after birth, but my family didn’t care too much about that.”

“What my own mother and grandmother had told me was to spend as much time with my child as possible, and breastfeed him. This is the culture I had received from my mother’s side of the family.”

When asked to describe the method of promoting the secretion of breast milk, she replied.

“They say that eating shellfish increases the secretion of breast milk. There is also a Hawaiian medicine, and it, too, promotes milk secretion.”

4) The delivery and childrearing customs of promoting family prosperity

Just as A had said, B also stated that her island had the custom of burying a baby’s placenta in the ground, making a wish for the descendants’ prosperity.

“After burying the placenta in the ground, we plant, on top of it, a tree that grows bread fruits. A tree that grows bread fruits is a symbol of life; it also leads to the descendants’ prosperity. We bury the baby’s umbilical cord in the husband’s hometown. A law was passed several years ago, making it possible for people to bring home a baby’s placenta for religious and cultural reasons. Things went smoothly since my doctor was also a woman and a Hawaiian.”

5) The delivery experience was not exactly what she had imagined it to be, but she compromised.

On the other hand, the delivery itself was not exactly what B had imagined. She commented as follows:

“I had wanted to have a home childbirth, but the doctors detected abnormalities on the ultrasound test, so I ended up having a C-section. I was angry since I could not deliver my child at home. But since the
doctor told me later on that I might have died, I feel that it was good that it turned out this way. Right now, whenever I look at my son, I think that my delivery experience may have been okay since he is nice and healthy.”

6) The presence of the attending physician who is a Hawaiian
The fact that her attending physician was a Hawaiian meant that she understood the delivery and childrearing customs of the Hawaiian people. Through B’s accounts, we could see that this doctor had permitted B to be released from the hospital, in view of B’s postoperative course, since the physician was fully aware of the cultural background factors significant to B, who had wished to have a home delivery.

“My doctor knew that I didn’t want to stay in the hospital, so I entered the hospital on Wednesday and was able to be discharged as early as Friday. My parents looked after my son for one week.”

VII. Discussion

1. The significance of delivery and childrearing customs
The act of Hawaiian women, who were the subjects of this study, burying a baby’s placenta in the ground with a wish for their descendants’ prosperity, is reportedly also seen in many other ethnic groups, throughout the world (Kinoshita, 1981, Yamazato 1997). Delivery and childrearing customs encompass a form of wisdom that has been carefully passed down from one’s ancestors, hoping for a safe delivery and healthy child development. People are believed to have obtained peace of mind by believing in traditions that had been handed down, and clinging to gods and divinity (Ohfuji, 1996). These thoughts and wishes remain unchanged, even today, despite dramatically advanced medical technologies. Various rituals have been handed down and continue to be carefully preserved (Nishimura 2002: 253; Yasui 2014). In Japan also, like in Hawaii, a baby’s placenta and umbilical cord have been handled with the utmost care since ancient times, to pray for the child’s healthy growth. People of long ago referred to a combination of the placenta and the egg membrane as the “afterbirth” or “placenta,” and believed it to be the child’s “other self” that influenced his or her growth and destiny (Kinoshita, 1981). No matter how much progress science has made, delivery and childrearing customs that embody people’s hopes for safe child delivery and their descendants’ prosperity can be said to persevere. To child-bearing women and their families, what sort of meaning did the banning by other ethnic groups of practicing their delivery and childrearing customs and cultures—which traditionally symbolize descendants’ prosperity—carry? It not only signified their inability to pass on their wisdom for ensuring safe delivery and healthy fostering of children, which had been carefully passed down from their ancestors, it also must have been an experience whereby their ethnic identities as Hawaiians had been damaged. The fact that they were able to pass on such
customs and cultures once again may have been an experience that enabled them to affirm their identities as Hawaiians.

2. Suggestion of assistance in Japan
A large number of non-Japanese nationals that currently live in Japan and become pregnant made the decision to deliver their children in Japan. Campinhas-Bacote (2002) recommends that, to provide assistance to subjects of different cultures, the supporters themselves must first look back and reflect upon their own experiences. It is imperative to assess whether or not they harbor any prejudices toward the subjects’ cultures, and that, furthermore, healthcare providers must make an effort to acquire educational bases for respecting different cultures. Evaluating the other person’s culture, using our own cultural criteria as Japanese, and damaging their dignity must absolutely be avoided by us midwives. We feel that, in today’s globalized world, midwives must acquire the ability to adapt themselves to different cultures.

Conclusion

The findings of this study highlight the importance of

(a) Confirming what sort of delivery and childrearing customs a particular ethnic group uses as their psychological foundation.
(b) Providing assistance that maximally takes the subjects’ cultures into consideration, and
(c) Giving the midwives themselves the opportunity to try understanding challenging cultures on a routine basis so as to foster the attitude of respecting the culture that each subject holds dear.

<p>| Table 2 : The Process of Cultural Competence in the Delivery of Healthcare Services |</p>
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<thead>
<tr>
<th>Concept</th>
<th>Definition</th>
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<tr>
<td>Cultural awareness</td>
<td>Cultural awareness is defined as the process of conducting a self-examination of one’s own biases towards other cultures and the in-depth exploration of one’s cultural and professional background. Cultural awareness also involves being aware of the existence of documented racism and other “isms” in healthcare delivery.</td>
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<tr>
<td>Cultural knowledge</td>
<td>Cultural knowledge is defined as the process in which the healthcare professional seeks and obtains a sound educational base about culturally diverse groups. In acquiring this knowledge, healthcare professionals must focus on the integration of three specific issues: health-related beliefs, practices, and cultural values; disease incidence and prevalence (Lavizzo-Mourey, 1996).</td>
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<tr>
<td>Cultural skill</td>
<td>Cultural skill is the ability to conduct a cultural assessment to collect relevant cultural data regarding the client’s presenting problem as well as accurately conducting a culturally-based physical assessment.</td>
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<td>Cultural encounters</td>
<td>Cultural encounters is the process which encourages the healthcare professional to directly engage in face-to-face cultural interactions and other types of encounters with clients from culturally diverse backgrounds in order to modify existing beliefs about a cultural group and to prevent possible stereotyping.</td>
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<tr>
<td>Cultural desire</td>
<td>Cultural desire is the motivation of the healthcare professional to “want to” engage in the process of becoming culturally aware, culturally knowledgeable, culturally skillful and seeking cultural encounters; not the “have to.”</td>
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References


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実践と論考

ハワイアンというエスニック・アイデンティティを持つ女性が語る産育習俗文化を継承することの意義

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目的：本研究の目的は、2名のネイティブハワイアン女性から、ハワイアン文化を再び継承することが可能となったことでの思いを明らかにすることで、民族にとって、産育習俗文化を継承することの意義を明らかにすることである。

方法：ネイティブハワイアン2名に対して、「どんな産育習俗を継承しているのか」「継承したことでどの思い」「現代医療に対する認識」についてインタビューを通してとのデータを収集した。

結果：2名とも、自分が思い描いていた「出産体験」ではなかったが、産育習俗を継承したことで満足感を抱いており、出産体験を肯定できていた。

結論：助産師は、その民族がどのような「産育習俗」を心の拠り所にしていのかなを確認し、最大限文化を考慮した援助を行うこと。また、助産師自身も対象が大事にしている文化を尊重する姿勢を持つよう目頃から異文化理解に努める機会を持つことが重要であることが示唆された。

キーワード：ハワイアン文化、エスニック・アイデンティティ、産育習俗の再継承、異文化理解