



Health and  
Social Care

# **MULTI CULTURAL & BELIEFS HANDBOOK**

**FOR ALL HEALTH AND  
SOCIAL CARE STAFF**

December 2011

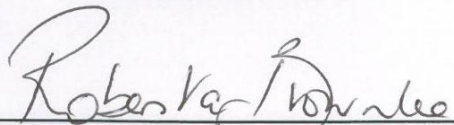
## Foreword

The Race Relations (NI) Order (1997) and The Northern Ireland Act (1998) sets a legal imperative on all public sector agencies to address the needs of all their minority ethnic groups including migrant workers and Travellers. They reinforce the need for all service users, including those from minority ethnic groups, to receive health and social care in a manner, which is reflective of their needs e.g. provision of an interpreter/translator. Specifically, in relation to children, The Children (NI) Order (1995) places an obligation on childcare agencies to consider 'the child's religious persuasion, racial origin and cultural and linguistic background' in their dealings with families.

In order to assist staff and to aid understanding of the various cultures prevalent in Northern Ireland, particularly those from the minority populations, this handbook has been produced as a guide for all staff within Health and Social Care. It has been designed as a starting point to promote understanding of the cultural and health issues of various communities in Northern Ireland. It provides information on, for example, dietary requirements, religious observances, dress and modesty, care of the dying, childbirth etc. all of which are important in furthering the Patient/Client Standards (i.e. treating all patients/clients with Respect, maintaining Privacy and Dignity, promoting positive Attitudes and Behaviours, and Communicating in a way that is sensitive to their individual needs). It also provides contact details for representatives of these groups. However, it is worth noting that within the various cultures, some people may be more, or less, observant of religious norms than others and credence would need to be taken of this.

We would ask that those staff involved in direct patient care or, indeed, have any contact with patients and clients take time to read this handbook - not only to become familiar with the various cultures, but also to ensure that our organisation continues to provide a high quality, accessible and equitable service to all of our users.



  
**MRS ROBERTA BROWNLEE**  
**CHAIRMAN**



  
**MRS MAIREAD McALINDEN**  
**CHIEF EXECUTIVE**

## **Alternative formats**

This document can be made available on request in alternative formats, e.g. plain English, Braille, disc, audiocassette, large print and in other languages to meet the needs of those who are not fluent in English.

## **Acknowledgements**

The HSC organisations have recently updated this handbook to take account of the diverse communities availing of its services and would like to express sincere thanks and appreciation to all those who contributed to the development and revision of this useful resource for staff including representatives from local Black and Minority Ethnic Communities including Migrant Workers and Travellers.

The HSC organisations also acknowledge the work undertaken by the NI Healthcare Chaplains' Association (NIHCA), Equality Commission for NI, the Department of Health, Social Services & Public Safety (DHSSPS) in their document "Racial Equality in Health" and also the British Medical Association's publication entitled "Asylum Seekers, Meeting their Healthcare Needs" which is also reflected in this handbook.

HSC Organisations would also wish to thank the Southern HSC Trust for being the custodian of this handbook and for keeping it up-to-date and relevant to reflect the changing demographics within Northern Ireland.

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## **Section 1: Chaplaincy Service**

In recent years Northern Ireland has become a more religiously and culturally diverse country, albeit with Christianity still the predominant faith. It is a legal right, a human right and good practice that all people of whatever culture/faith/belief should be treated fairly, with respect and dignity, particularly at vulnerable times such as when in hospital.

The DHSSPS adopted the Code of Conduct for HPSS Healthcare Chaplains and Meeting the Religious and Spiritual Needs of Patients and Staff in December 2004. The UK Board of Healthcare Chaplaincy (UKBHC) Code of Conduct for Healthcare Chaplains was officially endorsed by DHSSPS in February 2011. These documents set out best practice guidance for use by managers and all those involved in the provision of chaplaincy services (including religious and spiritual care) in the HPSS.

The documents also recognise religious and spiritual care as an integral part of the care given throughout the HPSS area. They express the DHSSPS's commitment to providing high quality religious and spiritual care to all patients, carers and staff of all faiths and life stances.

### **When in doubt – ask the patient**

You can resolve many of the issues arising from caring for people from a faith community or culture unfamiliar to you by simply asking the patient, or their visitors, how they wish to be looked after. It is polite, for example, to ask how a patient wishes to be addressed. This is important because not all cultures have a pre-name then a surname. When in doubt, ask. It is also worth noting that, in some cultures, it is not acceptable for men and women to shake hands in greeting.

This handbook may not cover all faith communities and relevant issues. Therefore it is essential to talk to the patient about their health needs. All HSC Trusts should offer access to interpreting services and it is essential to use these services when a patient has difficulty communicating their needs. When you know a person's faith community or group, you should be able to use this document to deal with the main areas which may be relevant.

Most hospitals and hospices have Chaplains who are available to offer spiritual, religious and pastoral help and support to all who need and request it – patients, families and staff. Chaplains are part of the wider healthcare team and often play a part in various multidisciplinary teams.

Often the chaplaincy service will be the first place people call when seeking advice or help in finding the right care. Chaplaincy teams help to facilitate spiritual

or religious care for all, whatever their faith or life stance happens to be. They will usually know who to contact when a person asks to see someone from a particular faith community. Whether people have a religious faith or none, they might want to talk with a member of the chaplaincy team. The service offered is confidential and non-judgmental and is available to everyone, irrespective of faith or background. There are regular religious services and events held in all the hospitals and hospices. Each site has its own dedicated chaplains. Chaplains regularly visit the wards. At other times contact your local Switchboard who will have the chaplaincy contact details. Many sites have chaplains on-call 24/7 for emergencies.

Even if a patient does not declare any particular religious affiliation it should not be assumed they will have no spiritual or pastoral needs. The services of chaplains should also be offered in these situations, where appropriate.

The current model of chaplaincy reflects the general religious make-up of the Northern Ireland population. In time this model may change to reflect changes in Northern Ireland population and religious affiliation/spiritual practice. In hospitals the initial chaplaincy contact for patients of other faith/belief groups is the “Other Denominations” chaplain. This is usually the Methodist Chaplain. Chaplaincy Departments should keep updated lists of contact details for representatives of other faith/belief groups. Some of these may also act as honorary chaplains.

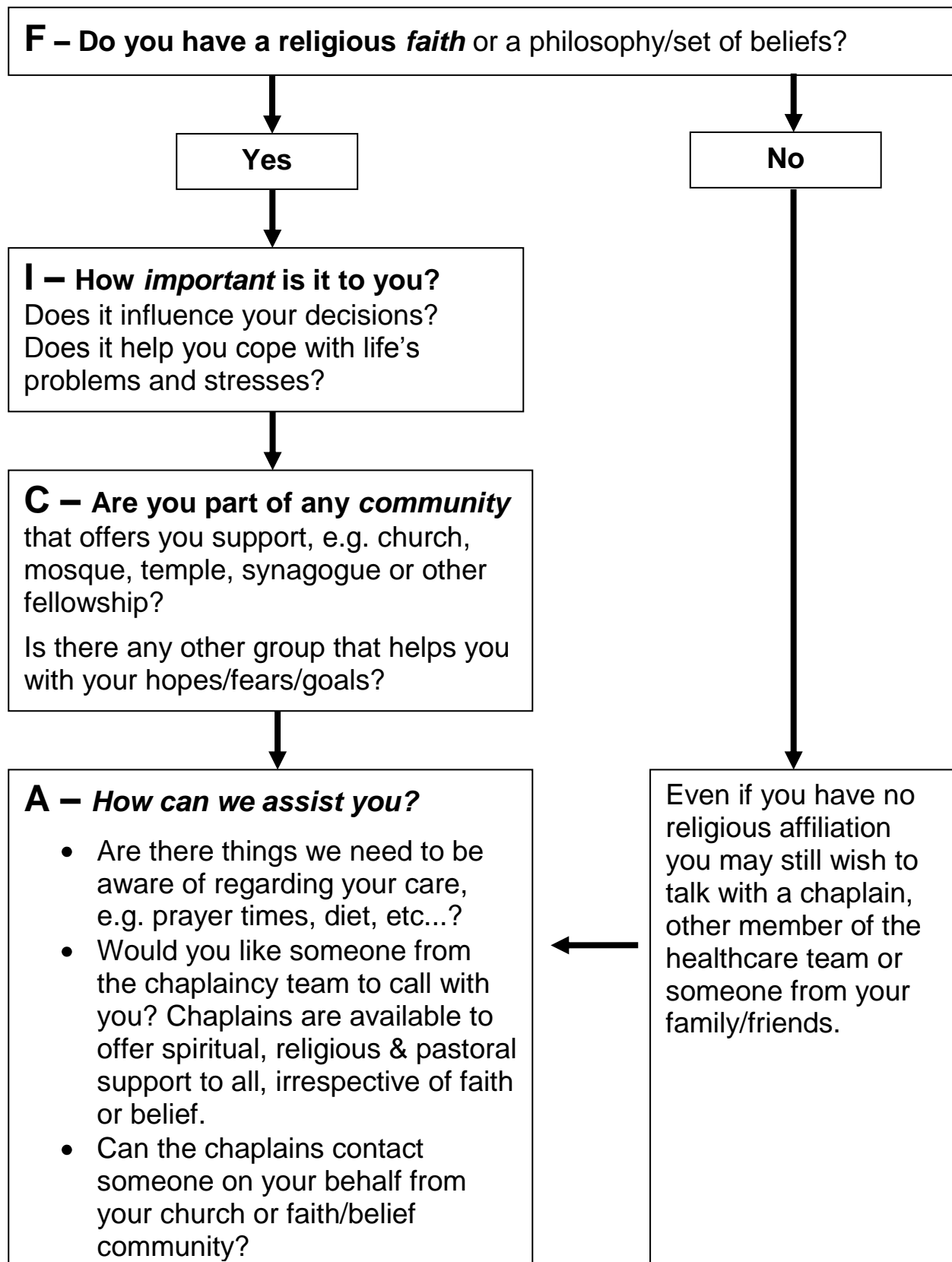
Research into clinical outcomes has shown that patients benefit when their care plans take account of their faith, faith community, religious practices and other personal beliefs.

Spiritual healthcare is an integral aspect of healthcare. Total care includes care for the physical, social, psychological and spiritual dimensions of the person. If we do not acknowledge a patient’s spirituality, including their religion or beliefs, we cannot communicate with the ‘whole’ person and they cannot participate in their recovery and make informed decisions about their treatment.

Different cultures and faiths have a variety of views on health, ill health, birth, dying and death. We need to be aware of the diversity which will affect their path and outcome of treatment.

## Section 2: Assessing Spiritual & Religious Needs

### FICA



FICA is an initiative of the George Washington Institute for Spirituality & Health (GWish). See [gwish.org](http://gwish.org)



## **Section 3: Culturally Sensitive Health & Social Care Checklist**

The following issues should be recorded when addressing the health and social care needs of patients/clients:

### **Naming: Preferred Name/Form of address:**

This may also be used to record name of significant relative(s) if, for example, the marriage partner's name is very different. Ask both the individual and partner for their official name and 'what you would like us to call you'.

### **Language: (spoken and written)**

A selection of the most likely options should be offered.

### **Interpreter Need:**

This should be recorded along with the preferred gender of the interpreter.

### **Diet Options:**

Again, key preferences will be suggested: some patients/clients will want the option to choose from the 'English' menu as well as special diets. Note that for religious reasons it may be insensitive to use cutlery or plates used by other cultures or for non-approved foods. Many communities may wish to bring in items of food for their members: some of these have religious value, others provide essential nutrients. Permission should rarely be refused, unless there are clear medical reasons (e.g. special diet treatments).

### **Prayer Observation:**

Times and requirements (e.g. washing, privacy, pray mat).

### **Significant Dates:**

Key dates of major festivals, fasts, etc. should be noted.

### **Activities of Daily Living:**

Hints about other culturally significant preferences should be checked in case they are of personal significance to the patient/client. This includes attention to questions of modesty clothing and skin and hair care.

### **Birth Issues:**

Major traditional practices (if known) – this may be very personal.

### **Death and Dying:**

Guidance on some traditional responses and needs at such times: Do not remove jewellery, sacred threads or significant religious items of clothing.

**Religious Representative:**

Record which particular place of worship or religious worker (Priest, Imam, etc.) should be notified, if necessary.

**Medication:**

Any medications pharmaceutical or otherwise.

## **Section 4: General Guidelines When Dealing With Cultural Diversity**

Patients/clients and their relatives all have a set of beliefs which guide their daily life. Some will have strong religious beliefs, whilst others may have limited contact with religion in terms of formal worship, but will have strong beliefs in a god or gods, or in moral principles which are based on religious beliefs. While for some, these beliefs may mean little obvious difference in their lives, illness and death can highlight these beliefs.

For some cultures, their religion is very much woven into their way of life. This is particularly the case with the Jewish and Islamic faiths whose religious instruction covers eating practices and ways of prayer, as well as other aspects of life. However, for all patients/clients a recognition and willingness to respond to their cultural and religious needs is important to overall care.

### **Language**

Every language is part of a culture and has its own cultural features. Interpreters are an important resource in providing a voice for patients whose proficiency in English is poor or insufficient for the situation.

- To decide whether the patient needs an interpreter, assess whether their English language ability is adequate for the situation. In certain circumstances it is crucial that the patient has full understanding and there are no misinterpretations by patient or staff.
- English comprehension at social level does not necessarily mean that the person will be able to understand medical terminology.
- It is possible to overestimate a person's English skills. In stressful situations, it is usual for the person's command of English to decrease.
- Repeat important information, make things very clear and simple, focused and direct and avoid jargon, confusing phrases, double negatives and rhetorical questions, such as "you don't want any more painkillers, do you?"
- Time needs to be well managed when using the interpreter service. If possible all questions should be planned in advance before arranging for an interpreter. (See Section 6 - Guidelines for Accessing and Interpreter, Page 91)
- If there is the need for an interpreter, either because the situation is one of those mentioned above or a need is expressed by the patient/client, organize an interpreter as per the flowchart on page 93. Under the Race Relations (NI) Order 1997, one could find oneself legally liable if one has not taken

reasonable steps to facilitate meeting this need. It is advisable to make a note in the chart/records if the patient/client refuses to have an interpreter although you think it is necessary.

## **Communicating Effectively**

Health and social care involves basic principles that apply to all patients/clients irrespective of cultural or linguistic background. However, any health care system is necessarily based on the predominant culture and medical system. All of us, including health professionals, often make assumptions based on our own culture. These assumptions influence practice and interactions with patients.

When a professional is caring for someone from an ethnic minority background, it is important to be aware of your own values, beliefs, expectations and cultural practices and consider how these impact on the care you give to people from cultures different from your own.

- Factors that influence interactions include socio-economic status, politics, urban/rural origin, educational level, language proficiency, age, gender and personality.
- In many cultures, the patient/client and his/her family make up a single client group with which you need to interact.

## **SOME PRINCIPLES TO REMEMBER WHEN COMMUNICATING WITH SOMEONE FROM AN ETHNIC MINORITY BACKGROUND:**

### **Do not assume English proficiency**

- Even if a person speaks English fluently, all information is subject to misinterpretation. This has been evident in all our professional experiences when someone has misinterpreted what we have asked them to do in English.
- Remember, poor English skills are not a reflection of a hearing disorder or level of intelligence. You don't need to raise your voice, as this will not solve the problem!

### **Do not make assumptions about patient/client levels of understanding**

- Lack of comprehension will affect a patient's commitment to adhering to a treatment plan, or their competency to carry out or follow the treatment plan. For example, a clinician may advise a patient/client to go on a "low fat diet". This will be insufficient without some knowledge or understanding of what a normal diet is in the patient/client's culture, or knowledge of what the patient/client regards as "low fat". For example, does this include olive oil, or does it refer only to animal fat? Is "highfat" food that which makes you fat

and does it include food with high sugar content? Take time to discuss the illness and treatment. This allows you to explore the patient/client's own beliefs and understanding and will help you assess their comprehension and understanding of the advice or procedure. Taking time to get it right now will eliminate the time and resources wasted if the patient/client gets it wrong.

- Don't patronize - making assumptions about poor levels of comprehension and skill can result in a patient/client feeling patronised if they have some knowledge of English, medical terminology or hospital practice.

### **Respect beliefs and attitudes**

We all have different reactions towards illness, life and death. These are built up over a lifetime and cannot be dismissed without creating a barrier in the communication process.

- Ask a patient/client "Could you tell me what would happen to you if you were in your former country?" or "I don't have a great understanding of this" or "I am interested to know more". These are ways to encourage intercultural dialogue and by doing this, you are acknowledging to the patient your understanding of his or her different perspectives and experience.

### **Take the time to explore any issues**

Patience, respect and extra time can resolve the potential for miscommunication. Arrange a pre-session with the interpreter if necessary. Cultural or linguistic issues may affect the acceptance or rejection of medical treatment or social help. Other members of the family may be involved in decision making as well as or instead of the patient and this may influence patient/client behaviour.

- Taking extra time to explore such issues may be difficult. In addition, there is a need to balance cultural appropriateness (from the patient/family's perspective) with medical procedures to ensure the patient's survival, especially in an Emergency Department or intensive care setting. It may help if key issues are identified and prioritised. Patient/client and family confidence in medical and social decisions increase if you take the time to talk and ensure good communication.
- Effective communication is the key to addressing many of the cross-cultural issues that arise in hospitals and health and social care facilities.

### **Speak clearly and slowly**

- Communication is a two way process. The service must give patients/clients the information they want and need. In addition, the service must listen and respond. Communication enables patients/clients to understand more fully, participate in their care and to feel more confident.

- Communication enables professionals to offer information, to offer support at the right time and to be sensitive to clients/patients needs.
- Insensitive communication alienates patients/clients, increases stress and can have adverse physical as well as emotional effects.
- It is important to ascertain that you understand the patient/client and that the patient/client understands you.
- Ask the patient/client to let you know if he/she does not understand your accent, would like you to speak more slowly or would like clarification e.g. writing down words that are not clear.
- If you use complicated terms, speak rapidly, or mumble, it is unlikely that you will be understood. The information you give may need to be broken down further than usual, or rephrased, to avoid confusion.
- Ask the patient/client to tell you what he/she understands to check comprehension.
- Self-awareness is important and staff should be wary of sounding condescending.

### **Listen and observe**

Be sensitive to body language and take cues from it. Sometimes the patient's demeanour will give you clues to comprehension.

- Body language in different cultures expresses different messages. For example, maintaining eye contact may be a sign of respect and smiling may be a sign of apprehension.
- Be aware of eye contact, facial expressions, head and body movements, posture, gestures, touch and the physical distance from the other speaker. Note that some people from some cultures do not maintain eye contact and whilst this may appear as unusual or perhaps even a sign of guilt, it is important that incorrect assumptions are not made.

### **Note differences in meanings of words**

Some words or phrases have different meanings in different cultures.

- Most Northern Ireland people use "yes" as an affirmative, but in some cultures "yes" can be a form of acknowledgement rather than an indication of agreement. Eliciting responses such as "I understand" or "that is correct" may be helpful.

- Common euphemisms tend to be culturally confined. For example, women from the Philippines may not be familiar with the use of the word "period" to describe menstruation. They may say they do not experience painful periods, even if they suffer from dysmenorrhoea. It is best to give several synonyms for these euphemisms.
- Clarify choices and options. Make sure that patients/clients understand they have choices and are clear about their options.
- Patients/clients often need to be reassured that one option includes the refusal of a treatment and that they can ask questions if they are not certain they comprehend what they are being offered.

### **Exercise sensitivity when using interpreters**

Sensitivity is required when asking patients to reveal intimate details through a third party, especially regarding 'taboo' subjects such as sexual behaviour, contraceptive use, abortion, or menstruation etc.

- The interpreter may be a member of the patient's/client's community, so issues of confidentiality may be of concern.
- Section Six, page 94, within this handbook provides more detailed information regarding the use of interpreters.

### **Diet**

The availability of food products, culture, life experience and religion determines one's diet. Food has cultural significance in terms of gaining and maintaining health and strength.

In some cultures, including some Asian and Latin American cultures, people believe in the hot and cold theory of food and disease. According to such beliefs, certain foods may be classified as "hot" or "cold". This refers not necessarily to the temperature at which food is served, the spiciness nor its energy value but to its effect on the body.

Various diseases and health states may also be classified as hot or cold and this affects the kind of foods that can be eaten. We all know the saying 'feed a cold and starve a fever'.

In Asia, the traditional belief is that women lose heat during delivery and so prefer to eat only "hot" foods during the postpartum period in order to recover quickly and avoid longer-term health problems.

Hot/cold classifications may sometimes be extended to medicine, resulting in conflict in a patient's mind where they are required to take "hot" medicine for a

"hot" condition. These beliefs vary among individuals as well as from culture to culture, hence you should not assume that this is the basis of refusal to eat or reluctance to adhere to medication.

- Patients/clients should be asked about their preferred diet. It is good practice to remember that dietary preferences also extend to eating implements and where food is actually eaten. Some people may prefer to eat with spoons or their fingers rather than a fork. Others may require privacy when they are eating and on an open ward, this may mean drawing the screen around the patient/client.
- The best way to check on patients' dietary and eating requirements is to ask them directly.
- Dietary restrictions may make it impossible for some patients to eat hospital food unless arrangements have been made.
- For example, Halal or Kosher food may be obtained from an agent in Belfast. It can then be stored in a separate fridge. Alternatively, if the patient/client is on a special diet, storage facilities should be available in every ward so that the hospital diet can be complemented where necessary by bringing food in from outside.
- Fasting is required by some religions during particular times (e.g. during Ramadan among Muslims and during March for Bahá'ís). The sick are usually exempt from fasting, but this is generally a decision of the individual patient/client. This may need discussion between the staff and patient/client.
- In some cases all that may be required is assistance in filling out a menu if the patient/client is unfamiliar with the names of the dishes.
- The condition of the patient/client may deteriorate simply because of inappropriate food or because they do not understand imposed dietary restrictions. This is particularly important when visitors bring food in and it may be necessary to ask them politely to take it back home. Some think that if they are healthy, they should eat as much as they want and therefore need advice on how much to eat.

As with all individual patients/clients please check what their requirements are.

**The table overleaf may be used as a general guide to the food preferences of followers of the major religions. Some foods may not be acceptable to the patient because of the method of preparation.**



	Main Dietary Custom	Foods to Check	Foods to Avoid	Miscellaneous
<b>Buddhist</b>	Many are vegetarian Some may be vegan	Meat, poultry and fish Milk and dairy Eggs		Diet will vary depending on country of origin  Garlic, onions and scallions may be forbidden
<b>Hindu</b>	Many are vegetarian	Meat, poultry and fish Eggs	Beef and beef products	Strict Hindus also exclude animal sources of fat, onions, garlic, mushrooms, tea and coffee.
<b>Jew</b>	Eat only kosher* beef, lamb, poultry and fish (with fins and scales)  <i>*Kosher refers to permitted foods that have been selected and prepared according to particular rules of the Jewish religion</i>	Eggs (can be eaten as long as there are no blood spots)	Pork and pork products.  Shellfish or seafood without fins and scales.	May also exclude gelatine, fats, emulsifiers, stabilisers and additives from animal origin that is not kosher  Meat and dairy are never eaten at the same meal  Dairy foods may not be eaten until three hours after meat or poultry  Meat and dairy must be prepared in separate kitchens using separate utensils
<b>Muslim</b>	Eat only halal** beef, lamb, poultry and fish (with fins and scales).  <i>**Halal meat is from animals that have been killed according to Muslim law</i>		Pork and pork products  Shellfish or seafood without fins and scales	May also exclude gelatine, fats, emulsifiers, stabilisers and additives from animal origin that is not halal
<b>Sikh</b>	Many are vegetarian	Meat, poultry and fish Eggs	Beef and beef products  Halal and kosher meats	
<b>Rastafarian</b>	Many are vegetarian or vegan	Meat, poultry and fish Milk and dairy Eggs	Pork and pork products	Prefer to eat a pure and natural diet so may exclude coffee, tea, processed or canned and non-organic foods
<b>Seventh Day Adventist</b>	Many are vegetarian Some may be vegan	Meat, poultry and fish Eggs		May also exclude tea and coffee

Further information is available from [www.halaal.org](http://www.halaal.org) [www.kosher.org.uk](http://www.kosher.org.uk) [www.theismaili.org/nutrition](http://www.theismaili.org/nutrition)

## **Family, Community and Medicine**

Many people from ethnic minorities come from societies where the community is more important than the individual. There are a number of different family structures ranging from the grandmother taking the role of head of household to young boys being responsible for older female siblings. This may be a function of the culture, but it may also be due to circumstances created by restrictions in family members able to migrate.

- It is important to ascertain the family roles of both the patient/client and support people. This is particularly necessary because decision-making, receiving and disclosure of news to the patient/client and orchestration of care may not be individual, but group, responsibilities.
- Some patients may wish to have relatives or friends accompany them for support and to relieve anxiety at all stages of the hospital experience.
- Families play an important role in decreasing isolation and increasing hope for the patient. Faith in the supporter can be a very important addition to faith in the healer. Very often, the family needs to be involved in discussions and treatment which can be to a greater extent than you may expect. Communication with the family is very important. Check out if the patient is comfortable with family members being present and if so, whenever possible, allow members of the family to accompany the person and if this is not possible, explain tactfully why.
- Visiting the sick person is a must in many cultures and large numbers of visitors may arrive. Be sensitive to the importance of this, particularly if it is necessary to restrict the number of visitors at any one time (Intensive care, cardiology, post surgery etc.)
- It is also worthy of note that "family" means different things to different cultures. Be sensitive to who is considered to be immediate family and next of kin. Also a number of patients have no family in Northern Ireland, so friends may play the role of relatives.
- Ask the patient/client who they would like to know about their situation and the level of detail. It may be helpful to explain the Trust regulations about giving information over the telephone.
- Do not assume that the family is always supportive - there can be conflicts within the family, either interpersonal or with respect to treatment, management and care of a particular illness.
- It may be possible occasionally to involve community members in the care of a patient and family - ask if the patient would like to speak to someone from their own community (see the 'Useful Contacts', Section 7, page 99, in this handbook.)

## **Gender Issues**

Gender is a very important factor in health and social care. Gender determines the role one has in most societies and response to illness and recovery. It is a major issue in cross-cultural health and social care.

- In many cultures, a woman should be attended by a female health professional and a male by a male health professional.
- This is important for gynaecological, urological, lower gastrointestinal and sexual health problems. Women from some cultures believe that they can become sick from male staff seeing their genitals.
- For some Muslim women it is perceived as not only uncomfortable but also a great shame to have a male doctor.
- If no female staff member is available for women, an acceptable alternative may be to offer the option that their husband or a female nurse be present during the consultation or examination. Some men do not find it appropriate to be looked after and given advice by women if they come from a male dominant society. Within the limits of practicality, try to arrange carers of the same gender. (This also applies to the use of interpreters.)
- Having a female doctor may be especially important for vaginal examinations. If there is no female doctor available, how the situation is handled is important. Explain the available options and their right to give or refuse consent. Explain the procedure, the instruments and the reasons for the examination/test. Some may think they are also being screened for sexually transmitted diseases. (This scenario may be reversed to male patients with 'male health' problems.)
- Middle Eastern men and men from other cultural backgrounds too, may not allow examination of their wives, so treatment has to be based on the history alone.
- In some cultures, it is taboo to talk about the body and exposing parts of the body such as the breast can be very embarrassing. It is difficult for women from these cultures to have mammograms or breast procedures.
- Exposure of the chest during an ECG needs to be handled sensitively. Similar issues relate to the management of cervical and other gynaecological cancers and to treatments such as colposcopy.
- Muslim and Asian women in particular may have issues with undressing or changing into short gowns for procedures or operations. Explore alternatives which also protect the women's modesty. It is important to respect the

patient's wishes to have the curtains drawn and to remain covered at all times.

**Privacy is, of course, important for all patients/clients from all cultures.**

### **Western Medicine and Traditional Medicine**

All cultures have their own approaches to diagnosis and treatment and many, if not all, cultures have herbal remedies and medicines. Whilst some rely on 'modern' Western medicine, others believe that traditional medicines are more effective.

Western medicine may be unfamiliar or may not inspire as much confidence as some traditional forms of medication, which may therefore be taken concurrently with what has been prescribed.

- It is useful to ascertain all forms of medication that the patient is taking. There may be duplication of medications because doctors have not checked what other Western medications the patient is taking before prescribing a new one.
- The contents of Traditional/Eastern medicines can interact with Western medicines. e.g. many Indians in Southall in London visit their Hakim for treatments before approaching Western doctors.
- It is crucial to communicate through an interpreter if the patient's English is not adequate, so that he or she thoroughly understands the purpose, dosage and timing of the medication/s.
- There are other issues around medicines such as compliance and these need to be carefully explored. Other family members may need to understand how and when the patient's medication needs to be administered.
- It has been known for people to swallow suppositories. Some may take a double dose if they forget a tablet, or if they believe that this will speed up the cure. Others may have difficulty accepting certain medications. These issues need to be addressed thoroughly and the patient and family need to be encouraged to discuss any concerns they have about medication.

For example:

- Injections may be problematic if the patient is uncomfortable with having their skin pierced (e.g. some Buddhists).
- Some people prefer injections to oral medication because they perceive the former is more effective.

- Followers of religions that prohibit the use of alcohol or certain animal products may object to medicines containing alcohol or gelatine. Where possible, use substitute alternative brands or formulations.
- During Ramadan, fasting Muslims may not take oral medications in general or those that have to be taken with food. (In this situation, some patients will consider injections if it is important not to miss doses.) There are provisions in Islam for such situations and staff are advised to liaise with the Islamic religious leader.
- "Take until finished" is a phrase that has been found to mean "take until you die" to some people, who would not take the last tablet in the packet. A better phrase is "take until all taken".

## **Models of Health and Illness**

Not everyone believes in the biomedical model. The acknowledgement of different beliefs is important. People differ in what they perceive as a symptom. Some cultures do not believe in X-rays, the germ theory of disease, or injections.

Some religions propose that sickness and death are caused by past life events. For example, some religions explain the occurrence of cancer and other diseases in terms of the philosophy of karma, which attributes life events to the accumulation of good or bad deeds. Beliefs such as these may be an underlying issue when a patient is unwilling to adhere to a given treatment or adopt a health promoting behaviour.

- The concept of prevention may be a novel one to some people. For example, some people who settle in Northern Ireland come from poorly resourced countries where the health system is barely able to provide adequate clinical, curative care and where public health budgets are so low as to preclude attention to health promotion and prevention of life-style diseases.
- Ascertain the perceived cause of a health problem, the usual treatment within the culture and the extent to which the patient is prepared to accept an alternative form of treatment.
- Note that beliefs often, but do not always, affect practice.

## **Pain and Disability**

Pain tolerance, experience of pain, outward expression of pain and communication about pain are very different across cultures. Some cultures may place a lot of emphasis on the need to save face (e.g. Chinese, Filipino) and some are very expressive of pain (e.g. in general, Mediterranean cultures).

- In some religions, pain is valued as a pathway to Heaven. In others it is viewed as a karmic return for past misdeeds. Different belief systems also influence attitudes to pain relief. Failure to vocalise pain does not mean that

the patient has a "higher threshold". As well as asking the patient how much pain they have, it may be helpful to ask the family. This is particularly relevant to the labour ward.

- Attitudes to drugs differ and techniques for pain other than medicines, should be explored. Pain can create increased dependence and therefore significant others must be included in planning the care of the patient.
- As with past Western culture, some cultures perceive disability as a shame and a punishment for past sins. There are also different attitudes to dependence. In some cultures the emotional wellbeing of a patient is related to the provision of care by loved ones and this is given greater value than independence and autonomy. For others, including Anglo-Australians, independence is highly valued and this is emphasised in rehabilitation programmes. A compromise may need to be negotiated with the person and family, as rehabilitation may be an unfamiliar concept.
- It is not appropriate in many cultures to tell a person directly of a poor prognosis as this removes all hope. Approaching the family about how best to break the news would be appreciated.

### **A Specific Note on Refugees**

Identification of refugees and survivors of torture and trauma is difficult, but this can be important. The detrimental impact of the asylum process on the health of asylum seekers is a recognised concern. Knowing the country of origin will give some indication of whether a particular patient is likely to have experienced war and physical or psychological abuse. Certain health problems are common among asylum seekers and some are specific to them. The threats to health are mostly posed by diseases linked to poverty and overcrowding, whether communicable, degenerative or psychological. However, a great deal of tact is required when trying to ascertain information which may not be volunteered if the interpreter or the health provider is not trusted. Figures of authority can represent annihilation and therefore refugees may not want to reveal themselves for fear of being betrayed. The most important barriers to healthcare are language and cultural differences and the fact that some asylum seekers may be illiterate. Asylum seekers have difficulty in finding information on health services, in particular primary care. Further, the hospital system can re-traumatise by triggering memories of patients who have previously undergone traumatic experiences. Triggers may range from specific experiences with doctors and nurses, to having to wait in a closed waiting area and this can complicate staff-patient interaction. Depending on the level of proficiency in English, interpreter-assisted communication is essential in order to facilitate discourse and develop a relationship based on trust.

For further information, please see the 'Section Seven Useful Contacts' on page 99 of this handbook.



## **Religion**

In general, religion plays a major role in people's lives. There are some very useful resources, which provide extensive guidelines for the management of patients from different religions (see Section Seven Useful Contacts).

Religious beliefs have a major impact on attitudes toward many procedures in the hospital, e.g. organ transplantation, birthing practices, death and dying, diet, gender issues, abortion and modesty, to name a few.

- Certain religions require prayer at certain times of the day, so being sick or hospitalised can be very disruptive to an important routine. Prayer rooms are a valuable resource and patients need to be informed about them. In addition, hospital chaplains can sometimes co-ordinate visits from the appropriate priest, monk, rabbi, imam or other religious leader. This may speed up the healing process.
- Avoid making negative comments about faith - some staff have said, "prayers will never work". Allow room for prayers even if you do not believe in them yourself.

## **The Staff – Patient Relationship**

In many countries, health workers are figures of authority and patients/clients play a passive role. The notions of choice and informed consent, as well as the opportunity to question treatments and procedures available in the Northern Ireland health system, may therefore be new to many.

Complaints are seldom made because of concerns that staff will think them unappreciative and that future care may be affected. In addition, many people are afraid of doctors and hospitals and their fear is magnified if they do not understand what is wrong with them. Hospital is often the last resort and the decision to have what may be considered by medical staff as an urgent operation may be taken only after trying other non-medical treatments first.

- Attitudes towards hospitals and hospital staff depend largely on the patient's previous experiences and expectations. If, for instance, a patient expects that a particular treatment should result in an instant cure, a step by step treatment process will need to be explained very clearly.
- Staff attitudes to patients also affect interactions within the hospital system. The interview to collect data on the patient's history may be perceived as very threatening and daunting depending on previous experience.
- Some patients/clients do not expect or understand the depth of questioning that is normal in a health care or hospital culture. Disclosure of personal information including current symptoms or health history may not always be appropriate at the first meeting. Some people from specific cultural

backgrounds or who have been tortured/traumatised may have difficulties in disclosing personal information.

- You need to be patient and make an effort to establish a trusting relationship with the patient/client.

A list of guidelines to assist in improving the relationships between hospital staff and patients from culturally and linguistically diverse backgrounds is given below.

- Identify yourself clearly and wear your identification badge, which helps to make you more approachable.
- It is helpful for doctors/nurses/social workers/AHPs in particular to write down their names so patients/clients can remember unfamiliar names more easily.
- A smile and a friendly attitude is an important way of communicating non-verbally with patients/clients who cannot communicate in English. It is not always possible for them to learn to speak English, but this need not be an insurmountable barrier to communication. Your tone of voice, body language and actions can convey reassurance. Taking time and being patient and gentle are very important.
- Be aware of your own attitudes. These are clearly transmitted both verbally and non-verbally. Awareness of your own expectations and recognition that they are simply expectations based on your own culture and experience is helpful.
- A preliminary step in the process of developing a culturally appropriate service is the willingness to engage in some self-analysis to establish your own beliefs, attitudes, expectations and practices, which can then be affirmed or modified as appropriate.
- Explore ways of accommodating different requests and cultural practices. For instance, in some situations it may be possible to allow a woman concerned about modesty to wear pyjamas to surgery rather than a hospital gown.

### **Allied Health Professionals (AHPs)**

Not all people are familiar with AHPs. The approaches and roles of different therapies in the management and care of the patient's/client's condition should be explained. Further, these types of services are offered both in the hospital and a community setting and care should therefore be taken to ensure patients'/clients' needs are taken account in arrangements for making appointments and home visits.

### **Physiotherapy**

Physiotherapy is not provided in all health care systems and so not all patients/clients will be familiar with its approaches to healing and care.



Physiotherapeutic advice and practice, such as early ambulation after surgery or childbirth, may be inconsistent with traditional attitudes to healing and recovery.

The advice of a physiotherapist may not be seen to be as good as that of a specialist. For successful treatment, there needs to be close communication between the patient/client and the physiotherapist. For assessments that require undressing, it may be preferable to have a family member present.

### **Speech and Language Therapy**

Organise an interpreter if necessary and take into account that English is not the first language. It may be possible to arrange a referral to a bilingual speech therapist. It is worth noting that some questions in the language assessment tool may not be appropriate.

When an electrolarynx is used, the monotone obscures the meaning of tonal languages such as Chinese, which creates difficulties in understanding.

### **Occupational Therapy**

People have different attitudes towards dependence. In some cultures the emotional wellbeing of a patient is related to the provision of care by loved ones and this is given greater value than independence and autonomy. For others, independence is highly valued and this is emphasised in rehabilitation programs. A compromise may need to be negotiated with the person and family, as rehabilitation may be an unfamiliar concept.

For staff referring to the occupational therapy team it is best to advise early that the person will be going home so the team can make preparations for discharge, which may take longer than for people without cultural and language issues.

### **Social Work**

The concept of social work does not exist in some countries. It is not appropriate in many cultures for individuals to admit to social, personal or interpersonal problems because of the disgrace this might bring to the family. Those in need may not ask for help directly, therefore assistance should be offered sensitively. Immediate rejection may not necessarily indicate total rejection either and it might be useful to revisit issues with patients/clients once they have had a chance to think about such services.

### **Hospital Admission Procedures**

Preparing to go into hospital is anxiety provoking for most people. Admission to a hospital here can be quite a traumatic experience, especially for the first time.

- For routine admissions, it is vitally important for the patient/client to be contacted prior to admission (where practicable). This contact may be made by post or over the telephone, or in some cases, via the family doctor.

- Inquiries should be made to establish the need for an accredited interpreter and also about special needs, such as preference for a particular gender of interpreter and so on. This will reduce anxiety. Find out who is regarded as next of kin and establish how much family involvement they would like. This contact can also provide information/instructions from the hospital.
- For non-routine admissions it is essential to organise an interpreter (if needed) as soon as possible. The patient's medical record should indicate his/her ability to communicate in English. Sometimes the patient/client may not be accompanied by anyone at admission (interpreter or advocate). The patient's/client's expectation is that an interpreter or someone bilingual will be present on admission. A patient/client who is unable to speak English at a sufficient level will have a sketchy and possibly inaccurate understanding of his/her medical condition without the presence of an interpreter.
- If new to the system, the non-English speaking patient will need information in his/her own language about the hospital. There are considerable variations in expectations as far as hospital admission is concerned.
- Expectations and understanding of hospital admissions may need to be clarified. For example, if they have to wait for a bed, this needs to be explained, as the time lapse before a bed may be available may be confusing. Ideally, there should be someone from their background to explain these things. Assistance may be required with filling out forms.
- The admission staff must be satisfied that the patient has sufficient information and fully understands the information presented on admission.
- The quality of the communication between admission staff and patient/client has a major bearing on the information both parties obtain and thus on the quality of care received during the admission.

## **Emergency Departments**

Emergency departments are generally stressful both for staff and patients. A lack of understanding of procedures and poor English language skills can exacerbate this and reassurance is needed.

Without an interpreter, the person may not be able to express himself or herself and can be sent home even if quite ill. It is important to give the consultation as much time as practicable.

- Language issues are more crucial in an emergency which makes it very important to arrange an interpreter.
- The communication styles and time pressures of people working in the emergency department will greatly influence the quality of the interaction and it is worth explaining this to the patient. Long waits for medical attention are a

problem and may be particularly distressing if the person cannot speak English and does not realise that cases are seen in order of priority, not arrival. Many may not realise that the emergency department is not for minor problems. Lack of, or delay in, attention may be perceived as racism.

- It can be awkward to have spouses together with the patient and staff in small cubicles, but for the reasons mentioned in the Family and Community section (on page 13), this is especially important for some people.

## **Investigations**

The potential problems with investigations among patients from culturally and linguistically diverse backgrounds are inadequate explanation of the procedure and lack of understanding of the results. It is crucial therefore, that communication in these areas is accurate.

## **Pathology**

People from some cultures are hesitant to give blood or have blood tests because the purpose of this has not been properly explained. Some people interpret the common weakness experienced after a blood sample is taken as a removal of part of their life force. Others who are not familiar with such processes may fear what will happen to their blood and in some communities there is a belief that witches take other people's blood and this is an indication of imminent death.

Providing a faecal sample may also cause difficulty if an explanation of how this is done is not given.

## **Radiology**

Experience has shown that Muslim women may not wish to tell male staff they are pregnant and as such are not aware of the dangers of an x-ray in this situation. Further, the difference between scans and x-rays may be confusing. Explain that scanning a baby is not an X-ray and is not dangerous for the baby. Interpreters may not know this either. It is important to explain procedures adequately beforehand.

Most know they will have an X-ray if they have a broken bone, but not necessarily for other problems. CAT scans can be frightening because of the confined space, which is more anxiety provoking if unexpected. Bad experiences may be remembered and the procedure may be particularly traumatising because patients often do not have a support person with them.

## **Childbirth**

Most women who access health services do so during the reproductive years and particularly for the purpose of childbearing. All countries have maternal and child health programs and antenatal care and supervision during birth are routine primary health care provisions. As a result, virtually all women in Northern Ireland

will have some expectation of medical care during pregnancy, although their expectations of the nature and frequency of care will certainly vary.

Pregnancy and childbirth are important events in the life of a woman and the experience is strongly affected by the culture and level of knowledge of the women and her support people.

### **Consider these issues:**

- Antenatal clinics should identify women from culturally diverse backgrounds and identify which language they speak at home. Is an interpreter required?
- People have strong and complex beliefs about different cultural practices in relation to birth. Important differences exist in relation to bathing/showering, the mother's diet, how much and for how long she rests after the birth, how the baby is dressed, what should happen to the baby and specific practices to encourage healing of her body. The ultimate consideration is that the mother's health is of the utmost importance.
- Women may feel that they cannot say what they want, so help them to feel comfortable to talk about cultural issues. Ask what practices and traditions they are familiar with and make out a care plan involving the woman and appropriate family members/support people. It helps if you understand particular behaviours and practices of women from various cultures, e.g. some cultures believe that women will experience arthritis and bladder problems if exposed to anything cold after childbirth.
- Cultural concepts of family, breastfeeding and maternity hospital admission also vary. In most societies, women learn about mothering from family and wider community, rather than antenatal classes. Having a baby is an important event in every culture and older people usually come to help, support and encourage. This resource may not be available when one finds oneself in a foreign country without extended family support. Childbirth may become an even more isolating experience and may affect the mother's risk of postnatal depression. It may be necessary to provide assistance in identifying support within the community, although not all women will want or accept this. In either case, support from community midwives may be helpful.
- In some cultures, a husband is not expected to be present on the labour ward and would feel embarrassed to be with his wife during labour. The support of other women may be preferred, but if there is no other support person, having the husband present may become a matter of necessity.
- Although women have the option of a "birthing plan" it is just as important for them to understand what is realistically possible in the hospital under the public health care system. For example, some people are surprised and apprehensive when there is no doctor present at the birth.

- Women need to understand that the placenta will be disposed of, so they can ask if they want something different.
- Some women may not appreciate the importance of breastfeeding for the first few days after birth. They may believe that colostrum is not good for the baby and come from backgrounds where women express colostrum and only commence breastfeeding with the letdown of "proper" milk. Other women may supplement colostrum or rely on artificial feeds in the first few days because they believe they do not yet have "enough" milk for their baby. Artificial feeding is also a sign of status in some culture. Explain the physiology of lactation to encourage the establishment and duration of breastfeeding.
- Asian and African women tend not to eat many dairy products and may be lactose intolerant and need to be encouraged to eat other sources of calcium, particularly when breastfeeding.
- It is important to tell women about child health clinics and the role of health visitors because they may not be aware that these exist. In addition, house calls made by community midwives and health visitors to women who have recently given birth need to be explained before discharge, otherwise it may be misinterpreted as a "check up" on the mother or her family. This may discourage future presentation to the clinic, access to immunization and other vital support for mothers and their infants.

## **Paediatrics**

Hospital routines need to be carefully explained. For example, increasingly, parents have a choice in the care and activities of daily living of the hospitalised child. In other countries, there is little difference between paediatric and adult care and this may result in parents being reluctant to become involved in the care of their child.

Elsewhere, in countries with acute staff shortages, there may be too few trained staff to provide routine, non-medical care of patients. In these circumstances, parents typically stay in hospitals with their sick child; not only to provide reassurance to the child (and to the parent his/herself), but also to provide basic nursing care.

Parents need to be reassured that their involvement on the ward is to enhance quality of care, but that the child's wellbeing will not be compromised in their absence. It may be impossible, in any case, for a parent to stay with the child, particularly when they have other care responsibilities (other children, ageing parents) or when they are unable to take time off work for this purpose.

In some countries, children are warmed when feverish to "sweat out the fever". They are thought to be "cold", so are kept well wrapped and given hot drinks.

Conventional cooling treatments for fever need to be explained. Similarly, some cultures tend to overfeed children, as it is a sign of status and health to have a fat child. If restrictions are required in the child's diet, this needs to be carefully explained. If further information is needed about childrearing in a particular culture, confidential enquiries could be made to specific organizations representing ethnic minorities.

Very occasionally, major conflict may arise in the care of a sick child, regardless of cultural background. If the situation occurs that parents refuse lifesaving treatment for their child, although all attempts have been made to overcome cultural and language barriers, the child can become a ward of the state.

## **Immunisations**

Each country will have their own schedules of vaccinations which may differ from what is offered in Northern Ireland. The link below provides useful information by country as to what immunisations are routinely given.

<http://www.euvac.net/graphics/euvac/vaccination/vaccination.html>

## **Child Abuse**

Child abuse varies in its definition because of cultural differences in raising children. For example, in some cultures, it can be a cultural norm to shout at the child as a disciplinary measure and this is not regarded as abusive behaviour. Some physical punishment may be usual, at home and at school. Social class differences within cultures also need to be taken into account when assessing for child abuse.

- Do not confuse bruises resulting from coin therapy of Chinese/Vietnamese traditional healing with bruises due to physical child abuse. If there are marks on a child's body, which you do not understand, ask the parent or carer for his or her explanation before taking any other action.
- Remember, also, that infants with dark pigmented skin characteristically have "Mongolian spots" which look like bruises. These are typically on the lower back and disappear over time. They are normal and are not an indicator of how the child is handled. These Mongolian spots can also be present on a child whose mother is Irish but the father is from a country such as Iran.

**Professionals are responsible to meet the requirements of The Children's (NI) Order 1995 and Trust policies.**

## **Surgery and Intensive/Critical Care**

Operations, especially when urgent, are very frightening for both the patient and relatives because of the perception of a high risk of death.



Doctors should clearly explain the procedure and post-operative care to the patient and close family members, using an interpreter and diagrams or models, where appropriate. People need to be given the opportunity to express their fears.

It may be necessary to have a professional interpreter in theatre for procedures that do not require a general anaesthetic.

Informed consent is a major issue. It is very difficult to be sure that even patients/clients who speak English as their first language fully appreciate the nature of a condition, the procedures that might be involved and the risks entailed and are therefore in a position to give true informed consent.

For those who do not speak English as their first language, the difficulties are magnified and fear may also inhibit language facility at this time. Patients or guardians (e.g. parents) may create the impression of understanding when they do not have full comprehension of the procedure. This includes operations and ECT.

If the person is not competent in English, make sure you get an interpreter who can explain the procedure, the risks and the benefits, in the person's own language.

It may be helpful to ask if patients would like you to talk to someone in their family to help with the decision about the procedure.

People may not ask questions and may say they have understood, even if they have no or only partial understanding. If it becomes a legal issue in a court of law, it is important to have checked comprehension. How would you prove that they have understood?

Most people entertain fears of dying if they have an operation. Signing the consent may create the impression that the operation is very risky and the doctor is evading responsibility by getting them to sign. So explain that it is standard for all patients to sign and explain why they need to sign the consent form.

In some countries, procedures such as endoscopies are done without sedation. Make sure the patient understands that in Northern Ireland hospitals, some form of sedation is usually used, otherwise they may be needlessly anxious.

On the other hand, various procedures are now done in Northern Ireland as day surgery and often with local anaesthesia only, whereas patients may be familiar with such operations occurring for inpatients with a general anaesthetic.

Again, a comprehensive description of the procedures with sufficient time for the patient to ask questions and clarify their own worries and uncertainties is essential.

## **Organ Transplantation**

Each culture has a unique view of organ donation, often based on religious beliefs and sometimes reinforced by state law. For example, organ donation is not allowable in Japan. It is helpful to be aware of cultural/religious attitudes, but of course individual preference is all-important. Muslims or Buddhists for instance, may be offended at being asked about organ transplantation. For some Muslims, the attitude may be that if Allah has ordained them to die, they have to die and no one has the right to interfere with the will of Allah by receiving a transplant.

Some people believe that by even talking about dying, one is doing wrong, because this is a negative attitude. Discussions about removing organs after death may be offensive. Some may be distressed if it is suggested that they donate body parts for transplantation procedures, because their body belongs to Allah/God, not to them. On the other hand, some have the attitude that if the donation of their organs can save another person's life or sight, that is of great religious merit.

## **Intensive Care/Coronary Care**

It is important to explain the purpose of intensive or critical care units to reassure patients and family, who may assume the patient will die. Monitoring systems can be threatening, especially to people who are not familiar with medical technology and it should be remembered that patients/families might not have a clear understanding of the implications or consequences of initiating life support.

Taking patients off life support also raises cultural as well as personal issues. People hold very different attitudes to patient autonomy and self-determination and some may find the idea of terminating life support offensive. Different value systems relating to the role of medical practitioners in life decisions may lead to conflict. As a result, it is important that issues of life support be discussed fully and sensitively. Treat patients/clients as individuals first and members of cultural groups second. People making life-and-death decisions draw on a lifetime of experiences and their cultural traditions are not the only factors involved. Each person has a unique belief system, with cultural background forming only part of the picture.

## **Resuscitation**

Before discussing resuscitation or 'do-not-resuscitate' orders, the concept may need to be explained, as it may be unfamiliar to some patients. When discussing these orders with patients from any culture, explore the following:

- What is the patient's/family's attitude to resuscitation?
- What is their understanding/perception of life support?
- What is their definition of death?
- What is their religious background and how active are they currently?
- What do they believe are the causal agents in illness and how do these relate to the dying process?
- What is the patient's social support system?



## **Who makes decisions in the family? Care of Older People**

When carrying out assessments, remember that people come from diverse backgrounds and different medical and health care systems. Many people may be unfamiliar with the concepts of palliation, geriatric assessment and/or rehabilitation.

For many, the idea of nursing homes can be very upsetting and can be considered insulting. Most older people expect to stay with their family until they die. The elderly are the children's responsibility, are looked after mainly by their daughters and are rarely put in nursing homes.

There is a need for special sensitivity to the traumas of the aged, who can be totally isolated. Elderly people often do not vocalise their fears and discomfort and may try to pretend they are well, as they do not want to upset their family or prevent them from going to work. They may avoid calling their children at work to take them to the doctor or hospital. There may be language barriers with children and grandchildren.

Aged people need to receive adequate information about appropriate community services before discharge as they may not receive the community services they need after discharge, such as domiciliary care packages, and so on, because often there are no culturally appropriate services. It may be important to have people from the same background and religion to assist them at home (if the family is unable to), to inform family carers of additional community support and to recognise the isolation of home carers of the aged. Very elderly patients and young patients with certain conditions, may experience considerable confusion complicated by their migration and may lose language facility.

## **Oncology/Palliative Care**

As palliative care acknowledges and values the uniqueness of the individual, it must allow for great variability on the part of patients and families in the degree of autonomy and control they wish to maintain in terminal care. The sensitive professional who listens carefully, seeks to understand the needs, offers help and allows choices, will be deeply appreciated by persons of all cultures at this highly stressful time in their lives. One's cultural heritage can impact on terminal illness in various ways including:

- Values and ethics of good pain control.
- Acceptability of and comfort from various analgesics.
- Decision-making around treatment issues e.g. cessation of treatment, use of intravenous fluids, artificial feeding etc.
- Degree to which truth (e.g. diagnosis, future outcome) is valued and spoken openly.
- Degree to which one is a member of one's culture, or is modified by other influences.

- Management of dying care - care at home or in hospital - which model is most acceptable.
- Specific practices that surround death, funerals, burial etc.
- Manner of grieving and types of community supports available.

In some cases, families may expect that patients are not to be told directly their diagnosis or prognosis, particularly in the event of disease such as cancer or terminal illness. This is common in the Mediterranean, South America, Asia, the Middle East and former USSR. It is usual in these cultures for the physician to advise close family members and they choose whether to tell the patient, based on their perceptions of how such knowledge will affect the person's mental state if they are told news which takes all their hope away. This needs to be balanced with the legal requirements that the person needs to know their situation in order to give informed consent to their procedures. Also they may want to change their will.

However, even within the same community, individuals have different preferences about this. A person may not want their relatives to know. There is a need for clinical judgement on this difficult issue of balancing the different perspectives. One compromise is to ask the family how and when to tell the person and work with the family to tell them. People generally appreciate being told an unpleasant diagnosis subtly and gently and in a diplomatic way based on culturally appropriate protocol.

Issues of quality of life, amputations and fluid loss have different meanings to different cultures and these topics also need to be explored in individual cases.

### **Autopsy**

Where relevant, involve the appropriate religious leader if an autopsy is necessary. Autopsies need to be negotiated with Muslims who want to bury their dead early. They may also believe that death is God's will and there is no need to find a reason. Buddhists generally do not like the skin to be pierced. For Bahá'ís it is forbidden for the body to be moved more than one hour's travel time after death. Therefore a post mortem examination should be arranged as close to the place of death as possible.

### **Dying and Death**

Death is a cultural as well as a biological event. This includes arrangements for spiritual support. Even people who do not practise any religion may return to the religion of their upbringing when dying.

Health professionals need to be aware of the cultural and religious beliefs of their dying patients and their families. The behaviours surrounding death are especially robust and adherence to cultural practice provides grieving families and communities with a script that offers them essential support.

Traditional practices regarding who should touch the body or move it, what direction the body should face etc. should be acknowledged and respected. The following points may be useful:

- It is usually important to involve a priest, rabbi, monk, imam or other religious leader and this can be arranged through the appropriate nursing staff, head of department or Chaplain's office. If it is the wish of the patient or family, a religious leader can provide support or prayers, whether the person is conscious or unconscious.
- Explain the physiological changes that occur as a result of the dying process. For instance, a dying person's lack of appetite can be distressing to family members to whom it is important to show caring by bringing food.
- Check with the family first regarding their special needs and how they would like things done when a loved one has died, especially in sudden death.
- Staff need to know how to look after the grieving family and how to access bereavement groups.

### **Discharge From Hospital**

The importance of discharge planning lies in its potential for reducing readmission. According to bilingual community workers, people from diverse cultural backgrounds are still being discharged from hospital or Trust facilities without understanding their follow-up plans. Sometimes, even at the time of discharge, the patient/client is not sure why they were in hospital or what operation was done. Many patients who are not familiar with the Northern Ireland system or recent developments in patient care do not expect early discharge and assume that they will remain in hospital until they are well. They need to understand the reasons for early discharge and what support will be arranged.

Develop a plan for post-hospital care of the patient, centred on his or her individual problems and needs. This must involve the patient, the family and a co-ordinated multidisciplinary team of health professionals with established lines of communication, which considers the patient's medical and non-medical (social etc.) needs during both the hospital and post-hospital period.

Multidisciplinary discharge planning is especially important for older people whose problems tend to be more complex and chronic. These issues are even more important when the patient is not proficient in English. The discharge plan may need to be discussed with the patient and his or her family through an interpreter. Sometimes just before discharge, people are visited by a number of health staff in sequence to maximise interpreter efficiency, but it can be overwhelming for both interpreter and patient to have a single two hour session.

Discharge planning as a process must begin on admission to hospital and continue throughout the hospital stay, to ensure continuity of care in the post-

hospitalisation phase. Appropriate services must be identified as early as possible by the discharge planning team to establish an ongoing working relationship with them and to ensure that appropriate referral is made for people from diverse cultural backgrounds. Where possible, referrals must be made well before the patient is discharged, to give service organisations sufficient time to pick up the referral.

Discharge planning teams need to be aware of intermediaries in each ethnic community with whom they can liaise, both to establish linkages with appropriate community-based services and to be guided in a more general sense about critical cultural factors. After consultation with the person, specific ethnic minority organisations and other community resources can be involved.

Volunteer visitors from their community may be available to help a recently discharged patient shop and undertake other tasks, provide company and provide personal support etc.

In summary, the following points should be considered essential to comprehensive discharge planning and are particularly important for patients from diverse cultural backgrounds:

- Start planning as early as possible in the hospitalisation period, as preparations for discharge may take longer than for people without cultural and language issues.
- Consider the patient's medical and non-medical (social) needs.
- Employ a multidisciplinary approach involving a range of health professionals.
- Allow patients and their families considerable self-determination in the process of planning for their care and needs.
- Check that the patient, family and care providers fully understand the proposed care plan.

Ensure that post-hospital care involves co-operation and collaboration between the hospital and relevant home and community care services.

## **Section 5: Guidelines For Treating Patients/ Clients With Different Religions and/or Beliefs**

Various faiths in Northern Ireland are listed below. The following pages provide detailed information on the traditions and cultures of each one with further information on the background/history of each in Section Nine.

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## **African Community**

Africans profess a wide variety of religious beliefs and statistics on religious affiliation are difficult to come by since they are too sensitive a topic for governments with mixed populations. According to the World Book Encyclopedia, Islam is the largest religion in Africa, followed by Christianity. According to Encyclopedia Britannica, 45% of the population are Muslims, 40% are Christians and less than 15% continue to follow traditional African religions. A small number of Africans are Hindu, Baha'i, or have beliefs from the Judaic tradition. (Please cross reference to the relevant sections of this handbook for more information of these religions/faiths). There is also a small minority of Africans who are non-religious.

Although it has abundant natural resources, Africa remains the world's poorest and most underdeveloped continent, the result of a variety of causes that may include the spread of deadly diseases and viruses (notably HIV/AIDS and malaria). Poverty, illiteracy, malnutrition and inadequate water supply and sanitation, as well as poor health, affect a large proportion of the people who reside in the African continent



## **Agnostic or Atheist**

Agnosticism is not a single, unified 'religion' or philosophy. Some may have beliefs that are related to a humanistic or scientific understanding of the world. We should not assume that people who profess to be agnostic or atheist have no beliefs or spiritual needs. They may be glad of human support and friendship but should be approached with sensitivity. Agnostics believe that you can live however you want your life to be because you are only given one life on earth and one should make the most of one's brief years.





## Albanian Community

### Health and Medicine

Albanian law guarantees equal access to healthcare for all citizens. This is expressed in Constitutional Law, which provides that “all citizens enjoy equally the right to health care by the state.” Albania has a relatively well-developed health care system, with all services reported to be provided free of charge. There are about 20 doctors for every 10,000 inhabitants. There has been a considerable reduction in the incidence of most **infectious** diseases, with Malaria and Syphilis having been especially widespread in the past.

Illness is a cause of great concern for the patient's whole family. Human, financial and other resources are utilised in a spontaneous or concerted effort to assist the patient and help him or her heal as soon as possible. The parents or the oldest child, regardless of gender, are decision-makers. However, prior to making a health care decision, they may need time to consult with the most knowledgeable person in their family.

### Diet

Albanian cuisine consists of local dishes from around the country of Albania. Many of these dishes are typical of the Balkans and indeed the Mediterranean, but some are local specialties. The main meal of the Albanians is lunch and it is usually accompanied by a salad of fresh vegetables, such as tomatoes, cucumbers, green peppers, olives, olive oil, vinegar and salt.

### Gender

Women in Albania today live in a world very different from that of their parents and grandparents. In an increasingly "westernised" nation, women initially appear to have more autonomy within their families and greater power within society than their traditional ancestors had.

### Child Health

Infant and young child feeding practices are inadequate. Although a very large majority of infants are breastfed, initiation of breastfeeding after birth is late and exclusive breastfeeding is rarely practiced. These inadequate practices, together with poverty and lack of access to health services of quality are reflected in the poor nutritional status of preschool children, which appears to have worsened in the last few years. At the same time, the population is undergoing a nutrition transition and the prevalence of being overweight and obesity is high among adults in the capital Tirana.

### Death and Dying

As with any individual, from any cultural background, the question of death and dying poses difficult issues. It should never be a generalised 'race' or 'culture' issue. (See page 29 of this handbook for further information).



## **Bahá'í Community**

### **Special Considerations**

Bahá'ís believe that we are placed in this world to grow and develop spiritually. Illness, like other “tests”, may be a means to such growth and it should be approached on both the material and the spiritual planes. Thus they believe in the power of prayer but have no objection to medical practice, seeing them as different aspects of the same God-given healing process. Bahá'u'lláh instructed his followers: ‘Whenever ye fall ill, refer to competent physicians’

Under normal circumstances Bahá'ís abstain from alcohol (and from other harmful or habit-forming drugs) but it is permitted when prescribed as a bona fide part of treatment. Narcotics would similarly be permitted for medical reasons like the control of pain, as prescribed by a doctor.

### **Religious Practices**

Bahá'ís must usually recite daily prayers. Although in illness Bahá'ís are exempt from these prayers, some may still wish to recite them and would therefore appreciate privacy.

### **Diet**

Bahá'ís have no special requirements as far as food and diet are concerned. Some are vegetarians, but this is a matter of individual choice. The abstention from alcohol is strict and extends to cooking as well. Wine sauces, sherry trifle, etc. are forbidden. Such items do not usually form part of the hospital diet.

### **Modesty**

There are no particular points to be noted in this area and few Bahá'ís would object to being examined by doctors of the opposite sex.

### **Family Planning**

The rearing of children is regarded as one of the main reasons for the institution of marriage, but the details and extent of contraceptive practice are left to the conscience of the couple. Many Bahá'ís will not use the intra-uterine device for contraception as they regard it more as an abortifacient than a contraceptive. Also irreversible sterilization in either sex is discouraged unless there is a medical condition relevant to the decision in which case the individual would seek qualified medical advice.

### **Birth**

As Bahá'ís believe in the essential unity of the world's faiths, its members will welcome for themselves and for others, the dedicated efforts of clergy and lay people of other religions. They believe that the grounds for co-operation and

mutual understanding, especially in a place like a hospital, far outweigh differences of doctrine and practice.

### **Blood Transfusions**

There is no objection to the giving or receiving of blood transfusions.

### **Donation of Organs**

There is no objection to the giving of organ transplants. Donations of organs after death for transplanting to others in need are regarded as praiseworthy.

### **Abortion**

Termination of pregnancy is permitted only where there are strong medical grounds such as risk to the life and health of the mother. It is not regarded lightly and is not permitted as a social or contraceptive measure. Whether it is acceptable in any specific case is for consultation between the patient and her medical attendant in the light of this guidance.

### **Care of the Dying**

There are no specific Bahá'í teachings on withholding or removing life support in disabling or terminal illness where this support is being given merely to prolong life. It is also left to the conscience of the individual whether or not to subscribe to a "living will."

### **Last Offices**

Bahá'ís believe that after death the body should be treated with respect. Embalming is not allowed. It is customary for Bahá'ís to place a ring on the finger after death. In such circumstances it should not be removed. It is forbidden for the body to be transported more than one hour's journey after death.

### **Post Mortems**

There is no objection to necessary post-mortem examination provided these stipulations surrounding last offices and the funeral are met.

### **Funeral**

Cremation is not permitted and burial should take place as near as reasonably possible to the place of death, certainly within the distance of an hour's transport.



## **Brahma Kumaris**

### **Attitudes to Healthcare Staff and Illness**

Most Brahma Kumaris have a positive attitude towards healthcare staff and would be willing to seek medical help and advice when sick. Decisions about where to seek advice and the type of treatment are left to the individual.

### **Religious Practices**

The Brahma Kumaris practice meditation regularly, health permitting, especially in the early hours of the morning, and it may be helpful for them to have access to a quiet area for this.

### **Diet**

Brahma Kumaris are encouraged to eat a lacto-vegetarian diet (dairy products permitted) and discouraged from using alcohol, tobacco and other recreational drugs. Most Brahma Kumaris do not use onions or garlic in cooking and prefer to have their food cooked and blessed by fellow Brahma Kumaris World Spiritual University (BKWSU).

### **Fasting**

There is no religious obligation for Brahma Kumaris to fast.

### **Washing and Toileting**

Brahma Kumaris take a shower each morning (showers are preferred to baths wherever possible). They also observe the discipline of bathing or showering after a bowel movement and would prefer to do this in hospital too, if possible.

### **Modesty and Dress**

As Brahma Kumaris teachers live a celibate life they may prefer medical examinations to be undertaken by someone of the same sex. Other Brahma Kumaris are less likely to have a preference. Dedicated Brahma Kumaris women often dress fully in white if officially representing the BKWSU.

### **Death Customs**

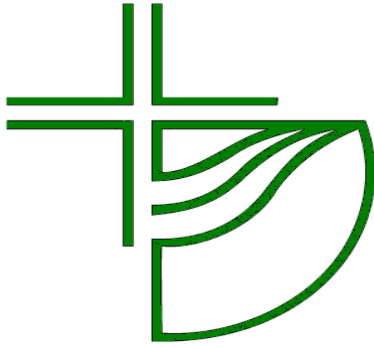
Brahma Kumaris favour cremation over burial. Dedicated Brahma Kumaris would prefer the body to be in special white clothes although there is some flexibility in this. Details of the funeral arrangements are always discussed with the family of the deceased so that the family's wishes are honoured.

### **Birth Customs**

Dedicated Brahma Kumaris live a celibate life so it would be unusual for someone from the Brahma Kumaris tradition to be giving birth.

### **Blood Transfusions, Transplants and Organ Donation**

Brahma Kumaris would have no objection to blood transfusion or organ transplants. Decisions about the donation of organs are left to the individual.

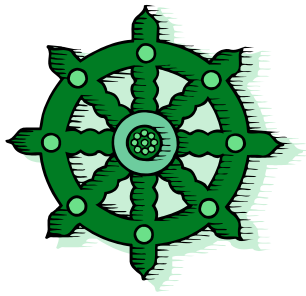


## **Brethren**

### **Special Considerations**

Some Brethren have strict restrictions on their association with people outside fellow Brethren. This is particularly true of Exclusive Brethren who cannot eat or drink with others. In this case, nursing staff will need to draw curtains around the patient for them to eat and drink in peace. Interrupting such a patient while they are

eating or drinking will also cause embarrassment and staff need to be sensitive to this. Many Brethren are modest in dress and attitudes and may be apprehensive about mixed wards.



## **Buddhist Community**

### **Attitudes to Healthcare Staff and Illness**

Most Buddhists have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick. Buddhists generally are willing to take any medicine that helps. Some Buddhists will be wary, and will wish to know the effects of any drug that alters their emotional state or clarity of mind, because of the fifth precept. However, the idea of the fifth precept is to prevent people carrying out harmful acts while intoxicated, so they usually accept prescribed medication that may be intoxicating but also heals or reduces suffering. Nevertheless, some Buddhists may favour alternative health remedies or may be reluctant to accept sedating medication.

### **Special Considerations**

Peace and quiet for meditation and chanting would be appreciated and they will also welcome visits from other Buddhists. There is a particular need for a Buddhist priest from the patient's own tradition to be contacted in the case of death. It would be good practice to obtain a contact name and telephone number from the patient or family on admission.

### **Diet**

There are no special requirements relating to food. However, many are vegetarians because of their respect for all life.

### **Fasting**

There are a number of days when a Buddhist may wish to fast, generally occurring at the time of a New Moon or a Full Moon. On such days, eating is required at regular times. If a patient wishes to undertake a fast, staff should discuss needs and any medical problems with the patient and their family and make appropriate catering provision.

### **Modesty**

As for all men and women. There are no special points to be noted in this area, but there may be cultural needs. Ordained nuns and monks wear different coloured robes depending on the tradition they are from.

### **Family Planning**

Normally Buddhists disapprove of any method of family planning, seeing the size of a family as dictated by destiny. If a couple do resort to family planning, it should be a method which does not endanger the development of the baby if conception does take place.

### **Birth**

Before the birth, the parents would visit the temple to receive blessings from Sangha. When the baby is born, it is taken to the temple to receive such

blessings. The monks at the temple may be consulted for suitable names for the child. Sometimes when a baby is about a month old its head is shaved and sacred threads are tied around its wrists. A very high-class baby would have these special ceremonies performed for him/her, but normally there are no special rites.

### **Blood Transfusions**

No religious objections.

### **Donation of Organs**

Normally no religious objection as helping others is fundamental to Buddhist belief. Some Far Eastern Buddhists may object.

### **Abortion**

All Buddhist traditions condemn abortion, which is seen as a much greater wrong than family planning.

### **Care of the Dying**

A SIDE ROOM IS ESSENTIAL

Buddhists believe that the physical body comes to an end but life energies carry on with some change into a new life.

Buddhists would like to have very full information about their imminent death to enable them to make their own preparation for death. Whilst it may be very difficult for both medical and nursing staff to give an accurate prediction about when a patient will die with many illnesses, as death approaches, it is normally appreciated if staff will discuss the patient's imminent demise in an open, honest and frank manner. Buddhists consider that dying is a very important part of life and that it should be approached positively and in as clear and conscious state of mind as possible. This may mean a reduction of certain types of medication and the patient should be fully involved and consulted at all stages.

A priest from the patient's tradition should be contacted as soon as possible and the body should not be moved too much before the priest arrives. Depending on the tradition, prayers could take an hour. It is possible that the priest will decide to recite prayers where he is or in a temple rather than come to the ward. In this case, last offices can continue as normal.

### **Last Offices**

Normal procedures are usually acceptable, but check with family.

### **Post Mortems**

No religious objections.



## **Funeral**

Generally, cremation is preferred. Ceremonies vary according to cultural circumstances. Following cremation, the ashes are usually scattered in a garden or buried.

In the Tibetan tradition the body can be kept for up to 3 days while prayers for the deceased are said.

Relatives often arrange for a memorial service at home or in the temple after the death and then on an annual basis with gifts of books, money or other things required by the temple in memory of their departed.



## **Bulgarian Community**

### **Health and Lifestyle**

In 1995 Bulgaria had one of the highest emissions in Europe of sulphur dioxide and ammonia per person. There is evidence that the high pollution is connected with higher morbidity in Bulgaria. Higher incidences of bronchial asthma, cardiovascular diseases, neurological diseases, neoplasms or perinatal problems, including congenital malformations, have been observed in the more polluted areas.

Obesity and related metabolic diseases are some of the most important health problems in Bulgaria. About 8 million people now live in Bulgaria and more than 4 million are overweight or obese.

### **Child Health**

Immunisation in Bulgaria is not yet universal. Estimated rates for 2001 were 94% for Polio, 93% for DPT and 92% for Measles and Rubella. TB vaccination for the newborn was estimated **at 98%**. The most common reported health problems for children under 1 year of age are respiratory complaints, skin complaints, diseases of the nervous system and sensory organs and infectious diseases. For details about the Bulgarian Childhood Vaccination Schedule see the link provided, on page 25.

### **Diet**

Bulgarians eat pork, chicken, fish, or lamb with most main dishes. Dairy products such as yogurt and cheese are common ingredients.

### **Death and Dying**

As with any individual, from any cultural background, the question of death and dying poses difficult issues. It should never be a generalised 'race' or 'culture' issue. (see page 29 of this handbook for further information).



## **Chinese Community**

As previously stated the Chinese, as an ethnic group within Northern Ireland, do not have an institutional religion. This handbook has information on Christianity and Buddhism, please refer to these sections if you are working with a Chinese patient who practices these faiths.

### **Health and Medicine**

The influences of the West upon the Chinese living in Northern Ireland have resulted in an acceptance of Western medicine. However, some individuals may still prefer traditional Chinese medicine, which addresses the relationship of the whole person with the environment and culture. Exercise, herbal treatments, diet and acupuncture may be prescribed. It is important to establish the individual's views on this.

Their use of hospitals is low and the use of doctors is very low especially by women. A doctor of the same sex is preferred by most Chinese, this is particularly true for women. The Chinese will expect to be given a prescription and the whole idea of attending the GP for a 'check up' when not ill will be perceived as strange. They may not be aware, like other minority ethnic groups, that this service is available to them.

If a member of the Chinese Community say they have a problem with their heart, they may mean a psychological problem. It may not necessarily be a heart attack but rather, an emotional problem.

### **Communication**

Lack of eye contact, shyness and passivity are cultural norms and are not necessarily a sign of emotional disturbance. Many Chinese do not want to talk to an outsider about their problems, especially psychosocial ones. Many consider saying "No" as impolite. This means they may go to considerable lengths to avoid saying "No". In some cases a professional's assertiveness may be interpreted as aggressiveness or hostility. Some Chinese may be hesitant to reject an offer of help or suggestion – so as not to offend.

### **Naming conventions**

In the written form, the surname usually comes first, followed by the family generation name (if used) then finally the personal name.

In the spoken form (unless addressing a young child) the personal name is made up of two names – generation and then personal. Sometimes a hyphen is used. e.g. Kwok-Wing, Lai-Yee.

## **Chinese Names**

Shek Kwok Wing	Father
Shek Lai Yee	Mother
Shek Gai Wai	Daughter
Shek Gai Ming	Son

## **Breakdown**

Wing	Personal Name	Yee
Kkwok	Generation Name	Lai
Shek	Surname	Shek
Wai	Personal Name	Ming
Gai	Generation Name	Gai
Shek	Surname	Shek

## **Diet**

This is influenced by cultural beliefs with health being related to the balance of the physical elements in the body. 'Yin' and 'Yang' is the balance of 'cold' and 'hot' energies within the human body. The Chinese believe that foods are important to 'heat', 'cool' or 'neutralise' the body and achieve a balance in one's health. A sick person should not eat cold food e.g. salads.

Rice or noodles are the traditional components of the staple Chinese diet. Meat, fish, cereals and soya bean products are the main forms of proteins. Tea is the common beverage. There are no dietary restrictions except for the preferred choice of the individual. Well-boiled soups are believed to cleanse the body and speed recovery. The older generation hold the belief that rice is the only staple food which can give them energy and vitality.

## **Fasting**

No specific requirements. Dependent on the individual's own beliefs.

## **Modesty**

Open discussion about sexuality is 'taboo'. Same sex doctors are preferred.

To many, the Chinese often appear expressionless or 'faceless'. Children learn from an early age to hide their personal feelings for the sake of politeness and to avoid disputes that could disrupt social harmony. To lose face is to lose one's dignity and in Chinese terms, we are human because we have a 'face' or reputation to protect.

Chinese women are comparatively shy and modest. They are more relaxed when being attended to by a female health and social care professional. As with any patient/client, reassurance and explanation by health and social care professionals on treatments or procedures is essential to gain co-operation and trust. Fear is often generated through ignorance or lack of understanding of what is going on around them.

## **Washing and Toileting**

Chinese cultures place great emphasis on physical cleanliness. Most Chinese wash by pouring water over themselves or sponging. Some worry that baths could make them ill.

## **Women and Child Health**

After childbirth, the mother may not bathe or shower for the first few days and usually will not drink tap water - water has to be boiled. A bedwash is acceptable, however it is tradition that the mother does not wash her hair for seven days and would prefer to bathe in Ginger skin as per Chinese traditional medicine. It is also a wide belief that the woman should rest for up to one month and hence, she may be reluctant to go out during this period.

The birth is celebrated with gifts of red dyed eggs, chicken soup and new clothes. Money is often given in red envelopes to celebrate the birth of a child. A dinner party is held when the baby is one month old to celebrate the birth and this is often a larger scale party when the baby is a male.

Most Chinese women prefer to bottle feed due to issues surrounding modesty and the almost compulsory inclusion of rice wines and ginger soups within the post natal diet – this will affect the breast milk but this does not mean that they cannot breastfeed. Women may have difficulty with breastfeeding because of lack of family support and language difficulties and may give up sooner than otherwise.

Most mothers follow certain traditional practices advocated by older relatives. However, a practical approach is often adopted combining practices from both Western and Chinese culture. There is no age of independence and elderly parents have considerable influence over adult children.

The Chinese accept family planning devices and abortion as they now place more emphasis on the quality of the upbringing of their children. Family planning matters should not be mentioned in the presence of other Chinese.

## **Blood Transfusions and Organ Transplants**

Generally, the Chinese have no objections to these. Check individual preferences.

## **Mental Health**

Mental Health problems are often related to social and psychological stress and can be exacerbated due to financial insecurity. Problems of this nature are often viewed as a 'taboo' subject within the Chinese community because mental health issues may be seen as a spiritual problem i.e. 'bad spirits'. Therefore anyone experiencing mental health problems would be extremely reluctant to come forward for help for fear of bringing 'shame' on the family, so much so, that by the time they do seek help their condition would have deteriorated significantly.

## **Care of the Dying**

The presence of the family is important at the time of death. After the death, talking to the deceased is part of the grieving process and may not be hallucinations. The Chinese do not see death as an end, but merely a move into a new but not unconnected sphere where the concerns of the material and the spiritual well-being remain paramount and affect those left behind. The Chinese rites of mourning are a great source of comfort.

## **Funeral**

As per Buddhist or Christian beliefs.

## **When interacting with more recently arrived Chinese clients:**

Learn to pronounce your client's name correctly. Find out what language and dialect they would like to speak and offer them the opportunity to have an interpreter (preferably the same gender). As far as possible, avoid using family members as interpreters. Your client may have traditional beliefs, or follow both traditional and biomedical beliefs, or be in the process of integrating two cultures. Try to elicit your client's own understanding of their illness. Listen to and accommodate their explanation of their illness even if it seems unusual to you. Avoid the use of jargon. Many Chinese will have learned some English. Communicate with family members and involve them in the treatment plan. Ask your client to let you know if you say or do something that upsets them. Provide information about relevant community resources and explain how to access them.



## **Christian Community**

### **Special Conditions**

Most Christians have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick. Patients may wish to see a chaplain if they are in hospital for very long or if they are very ill, worried, or about to undergo surgery. Relatives are likely to ask for a chaplain for a dying patient or for prayers with a patient who has died. In hospital, patients are normally willing to meet with a chaplain but often they will prefer contact with their own clergy. Patients may be open to prayers and readings from the Bible at the bedside. They also may avail of the services held in the hospital chapel.

### **Diet**

There are no particular dietary needs. The ethnic background is likely to be important in dietary choice.

### **Fasting**

This varies with individuals, but some will wish to abstain from meat on Fridays (often eating fish instead) and on Ash Wednesday at the start of the season of lent. Some of the patients/clients see fasting as important to bring themselves closer to God. It is often an individual decision.

### **Modesty**

No particular religious needs, but some patients may be particular about dressing modestly and may find mixed wards difficult.

### **Family Planning**

This is normally acceptable but within limits depending upon individual conscience and belief. Roman Catholics who follow their church's teaching strictly will only accept limited options, which do not interfere with the possibility of conception.

### **Birth**

There are no particular ceremonies normally, but where a baby is very sick the parents should be asked whether they want their baby baptised. Roman Catholics and Church of Ireland are particularly likely to request this. The appropriate chaplain should be called but, if time is too short, a nurse can administer emergency baptism. Chaplains can also offer blessing or naming services.

### **Blood Transfusions**

No religious objections.

### **Donation of Organs**



No religious objections. Chaplains may be called where the family feels it would be helpful.

### **Abortion**

This will vary, but there are general objections to abortion except where essential for the mother's health. There may be some acceptance of termination for foetal abnormality.

### **Care of the Dying**

This varies with individuals, but many will ask to see their own minister or a chaplain. Often the request will come from the family towards the end, but it is also appropriate for staff to offer to call a chaplain. This is normally appreciated even if the family does not wish to take up the offer. This offer can also be appropriately offered when a diagnosis of a terminal condition is communicated or it is suggested that treatment be withdrawn.

Where a chaplain has been particularly caring for a patient, staff should contact that chaplain when the patient deteriorates and is expected to die. Roman Catholic patients and their families would particularly expect to see a priest before the patient dies. Staff would normally contact the Roman Catholic Chaplain unless the patient has specifically asked not to see him.

### **Last Offices**

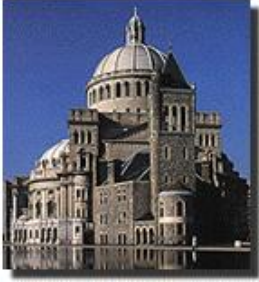
Routine Last Offices are appropriate.

### **Post Mortems**

No religious objections.

### **Funeral**

Both burial and cremation are acceptable generally.



## **Christian Science**

### **Special Considerations**

If in hospital voluntarily, the Christian Scientist is likely to accept conventional but minimal medical treatment. However, he/she may ask for drug therapy to be kept to a minimum. Christian Scientists not in hospital voluntarily, e.g. after accidents, would normally wish to be completely free of medical treatment. They will normally wish to contact a Christian Science practitioner to ask for treatment through prayer and will appreciate privacy for any such treatments. He/she would probably request that, as soon as possible, a transfer will be effected to a Christian Science Nursing Home, where treatment can be given in accordance with religious convictions.

Access to the Bible and Christian Science published works would be appreciated, as would privacy.

### **Diet**

No special considerations. Alcohol and smoking are prohibited.

### **Fasting**

No set pattern.

### **Modesty**

Individual views.

### **Family Planning and Abortion**

Individual views.

### **Birth**

No special needs.

### **Blood Transfusions**

Christian Scientists have no specific objections to blood transfusions as such but, as it is a material method of treatment and their desire is to rely on spiritual means alone for healing, they would not wish to participate either as a donor or recipient. Parents comply with the requirements of the law in the UK that a doctor should be called to attend a child at a time of illness. If, in accordance with this requirement, the child of Christian Scientist parents were under medical care, the parents would not normally object to a blood transfusion, if the doctors considered it was essential.

### **Donation of Organs**

Christian Scientists would wish to maintain the body inviolate and would not normally wish to donate or receive any organ as this represents a material method of treatment.

Cremation is usually chosen in preference to burial, but it is entirely a matter of family choice.

### **Care of the Dying**

Worship is kept free from ritual and there are no last rites. Female staff should handle females after death (so far as possible).

### **Post Mortems**

Christian Scientists wish to be free from post mortems, unless required by law.



## **Filipino Community**

### **Beliefs**

See section: The Christian Community

### **Food**

Rice is the central feature of the Filipino diet, which tends to be high in refined carbohydrates (treacle, sugar), high in fat (cooking with oil or adding coconut cream), high in salt (used in food preserving) and low in fibre. Eggs, meat, fish and most vegetables are eaten. Filipinos use sauces, based on fish or shrimp, which have a strong, salty taste. Food is often not spicy, although there is regional variation.

### **Modesty**

Women prefer female doctors but may see male doctors for certain conditions because of ease of access. In this case the presence of a female attendant may be important. (As with all patients/clients.)

Complaints such as thrush may be untreated, because women are afraid to mention them to male doctors, but do not feel a special visit to a female doctor is warranted. For similar reasons male interpreters are not always acceptable. However, most women speak English well.

### **Women and Child Health**

Home visits will be unfamiliar for many newly arrived Filipino women. In general they are not used to unsolicited offers of help and may feel that they are being singled out for attention, or that the offer puts them under some obligation. It may be necessary to explain that the service is offered to all mothers.

Women often have children within a year of getting married. Traditional custom in the Philippines dictates that women should not bathe for about ten days after giving birth and during menstruation. Bathing during these times is seen as a cause of ill health and complaints such as rheumatism during old age. Sponge baths, herb poultices and sitting in the smoke from a herbal fire or steam bath are used as alternatives. Many women do not fully subscribe to these beliefs but they still may impact on the acceptability of health care practices. For example, women may object to having a shower immediately after giving birth.

Many women would be familiar with some traditional practices, which may include bed rest for at least one week, or even a whole month, after birth.

Women fear what is referred to as a "relapse" (bughat/binat) if they become active too soon. This involves extreme tiredness, weakness and chronic headache. Traditionally a healer would treat this.

New and lactating mothers are given rice porridge (rice boiled soft to a consistency halfway between soup and puree). This may be served with sweet, salty or spicy accompaniments. Soup made of meat and vegetables is also believed to help promote lactation.

Breast feeding on demand is normal practice for rural Filipino women. However, in Northern Ireland women may adopt mixed feeding because of the demands of work outside the home.

Some mothers may be reluctant to feed colostrum to their newborn. Some mothers believe that a mother's mood could be transmitted through breast milk and therefore do not feed if they feel sorrow or anger. Breast feeding may also cease if the child contracts diarrhoea, in case the illness becomes worse.

Many women have difficulty coping with the daily routine of looking after a baby in a country where generally they do not have the support of an extended family. In the Philippines when a woman has a baby she rests while her relatives do all the housework and cooking.

In the Philippines, both rural and urban mothers are aware of the risks associated with diarrhoea. Colds and rashes may be accepted as natural in young children, although some are regarded as serious. In rural Philippines women will often take a child with a cough to a traditional healer.

Filipino adults are typically very tolerant with young children and include them in all adult activities. Small children attend social gatherings at night as these are considered family activities. Respect for parents and elders is stressed with older children.

## **Health Beliefs and Practices**

In the Philippines, biomedical services are supplemented by herbalists and other healers who specialise in herbal remedies, massage or healing by spiritual means, through power derived from devotion to Christian saints. Women in both rural and urban settings may seek treatment from both healers and modern health centres.

People may use concepts of "hot" and "cold" to classify and explain illnesses. Foods, medicines and temperature/weather conditions are classified according to their "heating" or "cooling" quality and their effects on the body. Sudden changes in body temperature may be perceived as harmful. Beliefs about the relationship of water and bathing to health differ substantially. Bathing can be associated with a draining of strength from the body, particularly if a person is already ill.

## **Mental Health Issues**

It has been proven that accessing mental health services is an area in which a number of Filipinos experience difficulties. It is not uncommon for Filipino women

to have symptoms of postnatal depression, because of social isolation or domestic violence, but they are often reluctant to talk about this with outsiders.

### **Communication**

Visitors to a Filipino home are customarily offered food and/or some kind of beverage. It is usual to accept and this signifies acceptance of the giver and her household.

Filipinos consider it impolite to stare or look directly at people with whom they are talking. This should not be mistaken for mistrust or lack of confidence. Filipinos usually speak good English.

### **Funeral**

Both burial and cremation are acceptable generally.



## Hindu Community

### Special Considerations

Most Hindu patients have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick.

Many Hindu patients may be using Ayurvedic medicine and, as this may involve the use of herbal remedies, it is important to find this out from the patient or family. Female patients prefer female doctors and consideration should be given to their modesty. Hindus are accustomed to having running water or a jug in the same room as the toilet and, if a bedpan is used, a bowl of water must be offered afterwards. Showers are preferred to baths.

Women may wear wedding jewellery and some men and boys may wear a white sacred thread over the right shoulder and around the body. These must not be removed without the patient's agreement as these are normally worn day and night.

**A Hindu patient is likely to have three names; the personal name first, followed by a complimentary name and then a family name last.**

### Diet

This will need to be checked with each individual. Hindus uphold the sacredness of life, including animal life. Devout Hindus will not eat meat or fish and rarely eggs. Most Hindus will not eat beef (they consider the cow to be sacred) or pork.

Strict vegetarians will be unhappy about eating vegetarian items if they are served from the same plate or with the same utensils as meat. Hinduism forbids the consumption of alcohol. Strict Hindus and Hare Krishnas do not eat garlic or onions.

Strict Orthodox Hindus will not eat food prepared by someone not practising to the same religious standard. Some Hindus regard as unclean any utensils touched by non-practitioners.

Some Indians have traditional views on when to take certain foods; e.g. they may consider it unwise to drink milk or eat citrus fruit when they have a cough.

### Fasting

It is unlikely that a Hindu would insist on fasting while in hospital (if they do, guidance will be needed from the patient and their family). At the end of the period of fasting, visitors may bring in a little food (possibly sweets) which has been offered to God in thanksgiving so that the patient can join in the celebration. Fasting may occur associated with the festivals already mentioned.



## **Modesty**

All Asian patients are likely to be unhappy about being in a state of undress in public. As well as having a strong preference for a doctor of their own sex, Asian women are likely to find mixed wards unacceptable except for emergency situations.

The traditional clothing for men is the kameez or kurta (long tunic). Women wear a sari shalwar (loose fitting trousers) or kameez (a loose fitting long shirt) and a chuni/dupatta (a long scarf covering the head). Married women sometimes wear a bindi (a red spot on the forehead) and sometimes a red streak in their hair parting.

## **Family Planning**

There are no religious objections but there may be strong social pressure on the woman, particularly if no son has been born. Any discussion of family planning should normally involve the husband. Women who have difficulty bearing children can be put under a great deal of pressure in a traditional family.

## **Birth**

Relatives are likely to expect the mother to have complete rest for 40 days after the birth, to the point where they may worry about her getting up to bathe in the first few days. Mothers may find it difficult to accept the baby being kept in a separate room.

It is traditional for relatives to bring new clothes for the baby and they may need some persuasion to simply leave the clothes with the baby rather than putting them on the baby immediately. Sometimes a member of the family will write 'OM' on the baby's tongue with honey or ghee (clarified butter).

A baby's head is shaved in the first, third or fifth year. When a boy reaches the age of seven, a sacred thread ceremony is performed.

## **Abortion**

Reverence for life means that abortion is not really approved of and, where this is the case, a woman will only accept abortion in a desperate situation. In practice, however, attitudes vary and individuals may take a very different stance.

## **Care of the Dying**

A member of the family may read to the patient from the Hindu Scriptures. Before death a Hindu desires to offer food and other articles for the use of the needy, a religious person, or to a temple. These may be brought by relatives for the patient to touch. Offering a female calf is very important for a dying Hindu; this can symbolically be represented though kusha grass. A small piece of this sacred grass may be placed under the bed of a dying patient by relatives.

A Hindu may like to have the leaves of the Sacred Tulsi plant and Ganges water put into his mouth before death. Relatives are able to collect these items from their local temple.

Some families may call a Hindu priest, a pandit, to perform holy rites. He may tie a thread around the shoulder down to the waist or round the neck or wrist of the dying person. Do not remove this thread or any other religious items before or after death without the family's agreement. When a Hindu dies, a priest is called to invoke blessings on the corpse.

### **Last Offices**

After death the patient's body should be left uncovered. Consult the family about what they wish to be done and whether they wish to wash the body themselves before taking it from the hospital. Often, elders in the family wash and prepare the body for the funeral. Non-Hindus handling the body can cause distress. Disposable gloves should be worn for necessary procedures not performed by the family.

Religious items such as sacred threads and perhaps jewellery should not be removed except with the family's permission and, if possible, in their presence.

### **Funeral**

A Hindu is cremated. Families prefer funerals to take place within 24 hours. The corpse is taken to the crematorium by relatives; the eldest and the youngest son must be present for the required rituals to be carried out effectively. The ashes are sprinkled into flowing water as soon as possible after the cremation.

### **Blood Transfusions, Transplants and Organ Donation**

Most Hindus have no objection to blood transfusions and may receive transplants or donate organs for transplant.



## **Humanism**

### **Special Considerations**

Care will need to be taken to ascertain the patient's individual attitudes and requirements. Only general principles apply to humanists, so a variety of cultural preferences and customs may influence the needs of a patient.

### **Diet**

There are no dietary restrictions but many humanists will be vegetarian. Many humanists have objections to intensive farming methods and the pollution of food by chemical additives.

### **Family Planning**

Humanists have always been strong advocates of birth control and for the right to those in relation to abortion.

### **Care of the Dying**

A humanist counsellor may be requested. There are no special rituals or practices, but it may be useful to be aware that humanists are more likely than most to believe in euthanasia. Many humanists will have a living will or advance directive.

### **Post Mortems and Transplants**

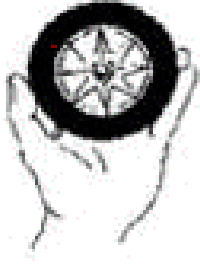
There should be no objections.

### **After Death**

Routine last offices are appropriate.

### **Blood Transfusions, Transplants and Organ Donation**

Most Humanists have no objection to blood transfusions and may receive transplants or donate organs for transplantation.



## Irish Traveller Community

### Beliefs

See section: The Christian Community.

### Health

The health needs of many of the Irish Travellers can be equated with that of the wider community in the 1920's:-

- Levels of childhood immunisations are generally poor.
- The mortality rate for Traveller children up to the age of 10 is ten times higher than the national average.
- Traveller infants today are 3.6 times more likely to die than infants in the general population.
- Only 1% of the Traveller population is over 65.
- The average life expectancy of a male Traveller is 61.7 years compared to 76.8 years for the general male population. Likewise the average life expectancy of a female Traveller is 70.1 with the average for the general female population being 81.6.
- The Traveller community appear to have a greater burden of chronic diseases than the general population with conditions such as back conditions, diabetes, and heart attack increased by a factor of 2 in the Traveller group, and respiratory conditions such as asthma and chronic bronchitis increased by a factor of 2-4, in comparison with the general population.
- Living conditions play their part. Travellers are eight times more likely to live in overcrowded conditions than the general population of Northern Ireland with many living on the roadside without access to water, sanitation or electricity. This has a direct negative effect on Traveller quality of life and how Travellers can access health care, education, social welfare and other services.

A further factor impacting on the health of Travellers is the fact that Travellers historically have not had equal access to education leaving many members of the community with low literacy skills. This problem leads to some Travellers not knowing what services and information is available to them through the usual channels of health promotion. This information rarely takes into consideration the lifestyle and culture of the Travelling Community and often uses inaccessible language and jargon. Low literacy skills can also lead to failure in keeping hospital appointments and inability to follow instructions when taking medicine and for hospital procedures.

**Refer to page 4 - principles to remember when communicating with someone from an ethnic minority background.**

## **Modesty**

Many Traveller women prefer female doctors and it is normal that Traveller women would not be in a room with a man other than their husband. It would also be viewed unacceptable for a male health visitor to examine a baby and a male midwife would also be unacceptable. However, it would be acceptable for a male nurse to take e.g. temperature and pulse, but nothing in a way of examination, if there was no other female nurse. Traveller women may see male doctors for certain conditions because of ease of access.

## **Health Beliefs and Practices**

Many Irish Travellers have a strong belief in Faith Healers alongside bio-medical services. It is important to try to accommodate their wishes, where possible. Visiting the sick person in hospital is a must in the Traveller community so large numbers of visitors may arrive. It is important for hospital staff to be sensitive to the sick person's and extended family's needs. If visitors need to be restricted, due to implications for infection control etc., staff must take time to explain why in a culturally sensitive way.

## **Giving Birth**

Many Traveller mothers will try to leave the hospital to go home with the baby as soon as possible after the labour, so the hospital staff should advise them of the risks that relate to going home too early. In addition, in early labour it may be the norm for the pregnant mother to be told to 'go home and have a bath' which in many instances Traveller women will not have access to and this may cause embarrassment.

## **Visits**

When a member of the Traveller community is in hospital, it is traditional for the extended family and friends to want to visit the patient to extend their support and sympathy to the patient and their family. Where possible staff should be sensitive to this and try and accommodate visitors. If staff feel the amount of visitors is interfering with the care of the patient or the hospital cannot accommodate the amount of visitors, staff should discuss this sensitively with a close relative who can then pass this on to the other Traveller visitors.

## **Diet**

There are no special dietary needs, although some older Travellers may prefer to abstain from meat on Fridays. Many Travellers are uncomfortable eating in the presence of "Settled People".

## **Care in Hospital**

Because of their experience of discrimination some Travellers will not say that they are members of the Traveller community. Travellers need sensitivity to their unease at being outside their normal environment and among "Settled People" and that they are respected as a different ethnic group. Because of their unease in hospital some Travellers may discharge themselves before their treatment is finished.

## **Going Home**

It is important to thoroughly discuss the further care when the patient is going home. Some patients might not understand official advice and many will be illiterate. All care instructions and the prescription of medications should be explained clearly to the patient.

## **Care of the Dying**

Relatives will come from great distances to see a gravely ill person. Relatives are close by during the whole time the patient is in hospital. Hospital staff may clothe the deceased and put him/her into the coffin. Sometimes a close relative will want to take part in the clothing. The family will take care of the funeral arrangements.



## **JAINISM**

### **Attitudes to Healthcare Staff and Illness**

Not strict about medication, but will avoid if it is known to have ingredients derived from animal products or contain any such product (e.g. cod-liver oil). Jains prefer to avoid medicines developed by testing on animals. Some Jains may refuse antibiotics, because they do not wish to harm any form of life, but may accept them with regret if absolutely necessary. Some Jains may refuse opiates due to their emphasis on endurance, self-discipline and suffering.

### **Special Considerations**

The Jain patient may want to pray with their Brahman.

### **Diet**

Jains are vegetarians and teetotal and some may prefer not to eat after sunset. Some Jains may refuse potatoes, garlic and onions.

### **Fasting**

The most important time when a Jain may wish to fast is the Festival of Paryushana-Parva. On the last day, the Jain makes an effort to be reconciled to relatives and friends and may wish to fast.

### **Modesty**

Females may wish a doctor of their own sex.

### **Birth Customs**

It is usual to chant prayers in the baby's ears immediately after birth. The newborn will be named by performing a naming ritual a few days later.

### **Family Planning**

Jains are against abortion or termination of life.

### **Blood Transfusions**

No religious objections.

### **Donation of Organs**

May be willing to both give and receive. Individuals will make their own decision.

### **Care of the Dying**

Close family members and relatives like to remain present at the bedside of the patient. Prayers are offered for the soul of the dying patient. Some may prefer to read from the religious books. The presence of a Jain Spiritual Caregiver will be preferred. It is important for a dying Jain that the family should be present, so that forgiveness may be asked or charitable gifts made. There may therefore be many



people present. In rare cases, when a patient is elderly or incurably ill, they may decide, after a great deal of consideration, to withdraw from the world, by reducing their food and fluid intake, and refusing medication.

### **Last Offices**

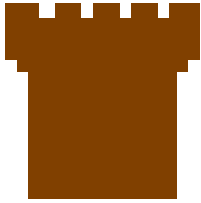
The family may provide a white gown or shroud for the dead patient. They may also wish to be present and assist; this should be checked with the family.

### **Post Mortems**

This tends to be seen as disrespectful to the body, but attitudes vary.

### **Funeral**

Normally the deceased's body is immediately cremated, hence earliest cremation is preferred. The body is always cremated, there are no burials. Jains prefer no interference with a dead body. It will need special diplomacy by the coroner's office to convince close relatives that a post-mortem is necessary.



## **Jehovah's Witnesses**

### **Attitudes to Healthcare Staff and Illness**

Most Jehovah's Witnesses have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick. They may be keen to make sure that medical staff are aware they would reject blood transfusions.

### **Religious practices**

There are no specific religious practices that would affect a Jehovah's Witness while in hospital.

### **Diet**

Jehovah's Witnesses reject foods containing blood but have no other special dietary requirements. Some Jehovah's Witnesses may be vegetarian and others may abstain from alcohol, but this is a personal choice. Jehovah's Witnesses do not smoke or use other tobacco products.

### **Fasting**

Jehovah's Witnesses are not required to fast for religious reasons, but must not consume blood (for example in blood sausage or in animal meat if the blood has not been properly drained).

### **Washing and Toileting**

Washing and toileting present no unusual problems for Jehovah's Witnesses.

### **Ideas of Modesty and Dress**

There are no particular points to be noted in this area and few Jehovah's Witnesses would object to being examined by doctors of the opposite sex.

### **Death Customs**

Jehovah's Witnesses do not have special rituals for the sick or the dying. You should make every reasonable effort to provide medical assistance and comfort. Spiritual care will be provided by local Witnesses (friends, family and elders).

### **Birth Customs**

There are no specific Jehovah's Witness customs relating to birth itself.

### **Family Planning**

Birth control is seen as a personal decision and is left to the individual's conscience. Jehovah's Witnesses believe that human life begins at conception and do not therefore approve of abortion. If the termination of a pregnancy is the only means of saving a mother's life, the choice is up to each individual. Witnesses are strictly politically neutral and do not get involved in any debates or demonstrations on this issue.

## **Blood Transfusions, Transplants and Organ Donation**

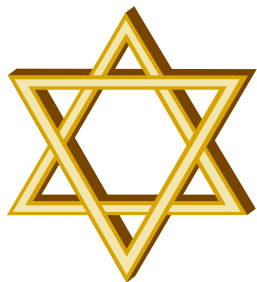
Jehovah's Witnesses carry on their person an advance medical directive/release that states they must not receive blood transfusions under any circumstances, while releasing medical practitioners and hospitals from responsibility for any damage that may be caused by their refusal of blood. When entering the hospital, they should sign consent/release forms that reiterate this and specify the hospital care needed. Jehovah's Witnesses' religious principles do not absolutely prohibit the use of minor blood components such as albumin, immune globulins and haemophiliac preparations. Each Witness must decide individually whether he or she can accept these.

While refusing to take blood, some may be willing to take organ, tissue or bone transplants from another human and of course any surgery would be performed on a bloodless basis. This is a matter of personal choice for each Jehovah's Witness. This would also apply to solid organs as well as bone, tissue, muscle etc. Likewise organ donation is similarly a matter of personal choice.

## **Burial and Cremation**

Jehovah's Witnesses may either be buried or cremated, depending on personal or family preferences and local circumstances.

There are no specified funeral rites, though a simple, personal service will likely be held at the deceased's Kingdom Hall or at the graveside or crematorium.



## **Jewish Community**

### **Religious Observances**

For some ultra-Orthodox Jews, it is considered immodest for men to touch women other than their wives. For such patients thought needs to be given about what contact is necessary between nurse and a patient of the opposite gender.

Some Jewish men will need to keep their heads covered at all times, some while praying, others not at all. Some ultra-Orthodox Jewish women will wish to dress modestly at all times (i.e. no bare arms) and some married women may be wearing a wig or will keep their hair covered at all times.

### **Special Considerations**

Judaism is not just a system of worship but a system of life. Patients will vary in how strictly they observe the Jewish code and may also be prepared to relax some observances in hospital. Where a patient wishes to follow their religious and cultural practices in hospital though, staff should do all they can to enable this. Some needs are described below.

### **Diet**

Many Jews will ask for Kosher food. In essence, this means that specially prepared meat (and only lamb, beef or chicken; definitely no pig-meat) and only true fish (i.e. with fins and scales) can be eaten and that milk and meat products are not mixed. Pigs, rabbits and birds of prey are not kosher.

At home strict Jews will keep separate dishes and cutlery for meat and dairy foods. Meat and milk/dairy must not be mixed in a dish, but also they must not be mixed at the same meal. Some will require that strictly kosher meals be ordered, others will simply refrain from eating forbidden foods like pork or shellfish.

All fruit and vegetables are kosher, but only cheese produced under the supervision of the Rabbi may be eaten. Kosher foods should only be prepared with dishes, utensils, cookers and equipment reserved for kosher food.

The patient should obviously be consulted over his/her level of dietary observance. Kosher food can be obtained through an agent in Belfast if specially ordered through the Catering Department and must not be mixed with non-kosher food or served with the same utensils.

### **Fasting**

This will vary with the strictness of the individual patient. The most likely time when a Jewish patient may wish to fast is Yom-Kippur, the Day of Atonement, which usually falls in late September/October. When the patient observes this fast, they would also wish for quiet so that they can pray.

## **Modesty**

Views will vary but generally attitudes are not very different from the general run of women coming into hospital (see Special Considerations above). Some observant Jews wear a beard all year and may have sidelocks. During certain periods of the religious calendar, Jews may not shave at all.

## **Family Planning**

Mechanical methods of contraception are not strictly acceptable, but most Jewish families will use some method of family limitation.

## **Birth**

The birth of a child is a joyful time for the family, so there could be plenty of visitors. Normally a baby boy will be home before the time of circumcision on the eighth day after birth. This is delayed if there is any doubt about the health of the child. A specially trained practitioner called a mohel carries it out in the home.

## **Language**

The main languages are English and Hebrew, the latter being the language of worship rather than everyday conversation.

Judaism is very much part of life and culture. People are born Jews (through the maternal line) rather than coming to faith. It should be stressed that many Jews do not belong to a synagogue and that even those who might call themselves Orthodox do not always follow the strict dietary code of Judaism, so it is important to check needs with the patient or their family.

## **Abortion**

Not normally acceptable, but views will vary with strictness of the family.

## **Care of the Dying**

Judaism has always believed in life after death. For Orthodox Jews this takes the form of bodily resurrection at the future time of the coming of the Messiah. For Progressive Jews, it takes the form of a spiritual afterlife. However, Judaism does not stress such beliefs and rather puts the emphasis on this life and the importance of leading a good life on this earth.

According to Jewish law and tradition a dying person should not be left alone and many families will wish to sit with their relatives during the last days/hours.

Traditionally a Jew before dying should have the opportunity of saying a special prayer or confession vidui and to receive the Affirmation of Faith (the Shema). These prayers can be said on their behalf by a relative or Rabbi, but it should be stressed that a Rabbi is not essential and that if these prayers are not said nothing untoward has occurred.

If a patient or his/her relatives wish to see a Rabbi, then the patient's own Rabbi should be the first call. If this Rabbi is not available or cannot be contacted, then you should ask if the person was Orthodox or Progressive and then contact the local Rabbi as appropriate. The Rabbi or relative may wish to say a prayer after the patient has died, but again this is not essential.

## **Last Offices**

In some cases the son or nearest relative (if present) may wish to close the eyes and mouth. The arms should be extended by the side. The body is cleaned and wrapped in a plain linen shroud in preparation for burial.

Some Orthodox Jews will wish the deceased's body to remain where it is until their funeral director can come to take it away, but most will be happy for the body to be taken to the hospital mortuary until it can be collected. If the patient dies on the Sabbath, this, in any case, will be necessary, as they cannot be collected on that day.

Mourners, if not sure what to do, should be instructed to contact their Synagogue/Rabbi who will put them in touch with the Funeral Director used by their Synagogue. If they are not members of a Synagogue they should contact the local Synagogue/Rabbi.

Orthodox Jewish families will probably want watchers to stay with the deceased until collection. In this situation, necessary arrangements will need to be made with the Mortuary.

## **Post Mortems**

No religious objections.

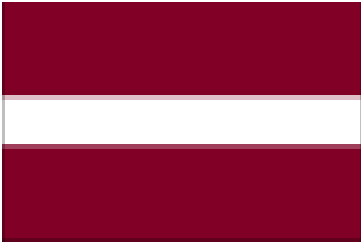
## **Funeral**

Orthodox Jews can only be buried (cremation is forbidden) and the funeral should take place as soon as possible – usually within 24 hours. Progressive Jews allow cremation as well as burial and, again, would require the cremation to be as soon as possible.

After the funeral, the immediate family of the deceased mourn for a week. This is the Shiva ceremony during which the immediate family stays at home, saying prayers and receiving condolences from visitors.

## **Blood Transfusions, Transplants and Organ Donation**

Jewish law approves blood transfusion in order to achieve the desired medical outcomes. Jewish law permits organ donation from dead bodies where there is a high chance of success for the specific recipient. Relatives of a potential donor will wish to consult an appropriate Rabbi before making a decision, and this should obviously be facilitated.



## **Latvian Community**

### **Health and Medicine**

Medical care in Latvia is steadily improving, but remains limited in several important respects. Hospital services have shown good progress but are still not equal to Western standards. The life expectancy at birth was 64.8 years for males and 75.4 years for females in 1999. A habit dangerous to health is the preference for fatty diets and minimal attention to exercise. The economic hardships of recent years appear to have decreased the number of grossly overweight people. This may be one of the few unintended benefits of the reconstruction period.

Most Latvian males are inveterate smokers. A study of six cities in the mid-1980s discovered that 63 percent of men were active smokers, 13 percent had quit, and only 24 percent had never smoked. Smoking takes a particularly heavy toll in Latvia because the allowable tar content in cigarettes is high, most of the cheaper brands do not have a filter, and most men prefer to inhale deeply. There is a high incidence of illnesses related to smoking and environmental pollution, such as emphysema, lung cancer, bronchial asthma, and bronchitis.

### **Child Health**

Perinatal and neonatal mortality rates decreased in the 1990s. Two main reasons suggested for this were the establishment of two specialised institutions and the improved quality of care. Immunisation coverage has improved and in 1999, coverage above 94% was recorded for Tuberculosis, Measles, Rubella, Mumps, Hepatitis B, Poliomyelitis and Pertussis. For details about the Latvian Childhood Vaccination Schedule see the link provided, on page 25.

### **Diet**

Although Latvian cuisine has traditionally been based on agricultural produce, meat also features prominently in the Latvian diet. People living along the 500 km of Latvian coastline have always been involved in fishing, and fish has been an integral part of their diet. Fish are also caught inland, but these freshwater species are considered more of a delicacy. Smoked foods - particularly fish - are popular in Latvia, as are dairy products, eggs, potatoes and grains.

### **Death and Dying**

Latvian tradition tends to view death as a very natural thing. Latvians do not deny that death is sorrowful (sorrow is also a natural part of the world), but they usually do not dwell on the sadness. Death is sad for the survivors, of course, but it is generally not feared. Death is just life, or energy, passing on to another level.

As with any individual, from any cultural background, the question of death and dying poses difficult issues. It should never be a generalised 'race' or 'culture' issue. (see page 29 of this handbook for further information).





## **Lithuanian Community**

### **Health and Medicine**

Lithuania was one of the A8 accession states, who joined the EU on 1 May 2004, however many Lithuanians needing health care may be unsure of their position and rights in relation to health care provision. However, Lithuanian citizens are entitled to free health care in the UK aside from those services which are not free to anyone but are means tested e.g. prescription charges. Services for women may include prenatal care, reproductive care, infant care, nutrition, family planning and geriatric care, as well as health education on prevention and detection e.g. mammograms. The most commonly cited barriers to health access include lack of professional interpreter services, unfamiliarity with the health care system and the concept of prevention and primary care.

### **Mental Health**

Resettlement is a stressful process and personal losses connected with resettlement may result in severe depression. These losses may include a decline in status due to non-recognition of skills and credentials, insufficient language skills to transfer performance standards to a new context. Racist attitudes and behaviour from the host community contribute to mental health problems, particularly where there is little community structure and relatively few numbers of people 'from home'.

### **Diet**

Lithuania is a modern Baltic state and enjoys a range of dietary choices common to most Baltic states (see Culture page 126). The availability of local market produce is greater than in our society. Lithuanians may therefore be particularly affected by the high cost of fresh food and dairy produce in Northern Ireland.

### **Women and Child Health**

Domestic violence, as in our own society, is more common than openly acknowledged. Women may not be aware of support structures like Women's Aid, or their legal rights in this country to protection.



## **Mormons**

**(Also known as the Church of Jesus Christ of Latter-day Saints)**

### **Special Considerations**

Most Mormons have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick. Some, who have been through a special Temple ceremony, wear a sacred undergarment which may be a one piece or two piece garment and may be made of different fabrics. It is only removed for hygiene and laundering, but may be removed for surgical operations. It must at all times be considered private and treated with respect.

### **Diet**

Mormons try to take care of their body and eat a healthy diet, take proper rest and exercise. They eat meat sparingly and avoid eating blood products (i.e. Black Pudding). They may request visits from members of their church called 'Teachers' who may pray, anoint and give sacraments. They do not use stimulants or drugs, so milk, water and fruit juices are alternatives to tea or coffee.

### **Modesty and Dress**

As mentioned above, some Latter-day Saints will wear special undergarments (white knee length shorts and a short sleeved top). They believe these intensely private items to be sacred and will normally wear them day and night. They may be removed by staff in an emergency following an accident, but must at all times be treated with respect. Members don't usually wear them while in hospital.

### **Care of the Dying Patient**

There are no rituals for dying, but spiritual contact is important and active members of the church will know how to contact their Bishop. The church has home teachers who are charged to offer support to the needy and make visits to hospital. The family should be consulted about needs.

### **Last Offices**

Routine last offices are appropriate. The sacred garment previously mentioned must be replaced on the body, following last offices.

### **Post Mortems, Blood Transfusions and Donation of Organs**

There are no religious objections.

### **Funerals**

Burial is preferred. Cremation is not encouraged because of the important symbolic references to burial in the doctrine of the church, but this is the responsibility of the family to decide. Services are held at the church meeting houses and will follow the pattern of the Sunday Service which is simple and dignified and a brief sermon will take place centred on the Gospel of Jesus Christ.



## Muslim (Islamic) Community

### Special Considerations

With regards to general cleanliness, e.g. the provision of water in the toilet area or a jug/container would be helpful. There is a duty of performing ablution before prayers (WUDU) for which running water and privacy is needed. If the patient has a copy of the Holy Quran, it must be treated with respect and staff should not place anything on top of it.

Prayer is very important and, where possible, a Muslim patient would like to offer prayer at the appropriate times. The prayers offered at Dawn and Forenoon can be particularly important. Facilities for washing before prayer and a prayer mat are important where patients are well enough to offer the formal prayers. However, if a patient is very unwell, prayer may be offered sitting or even lying down. If water is harmful from ablution, the patient may require a simple smooth stone with which to purify themselves for prayer.

### Diet

In Islam, all food is classified as halal (lawful) or haram (not allowed). Muslims cannot eat ordinary meat and will normally not eat pork or pork products or blood (e.g. Black pudding). Alcohol is forbidden.

For a short stay of 2 or 3 days they may prefer vegetarian food, but for longer stays they should certainly be offered ritually slaughtered meat (Halal meat) which can be provided through an agent in Belfast by liaising with the Catering Department.

An animal should not be stunned before slaughter; a quick deep stroke of a sharp knife across the throat is required. (This resembles the Jewish preparation of ritually prepared meat.) This is dependent on the patient being willing to accept our Halal food. Sometimes families will prefer to bring food in because they are not confident we will serve the genuine article or because they find the hospital food too bland.

**Make sure utensils are washed before using to serve halal food - there is no need to use different utensils.**

### Fasting

Arrangements should be made during Ramadan for food to be available before dawn and after sunset for any patient wishing to fast. Should fasting be medically inadvisable, staff should explain that to the patient and family.

Essential drugs and medicines can be administered during Ramadan. It is not compulsory for children under 10 years of age or ill people to fast.

## **Modesty**

Both men and women are very modest in their dress and outlook. Due consideration should be given to this important factor, especially during medical examinations and investigations, it is not uncommon for a Muslim woman to request that her husband be present during medical examinations, especially with a male doctor. Women often are covered so that their face and hands are only visible and wear headgear known as a Hajib. But in some cases women may choose to cover their entire face or reveal only their eyes. Normally women will only shake hands with men if they are relatives.

## **Family Planning**

Openness to this will vary from individual to individual and any advice should be given in strict confidence to the patient without any form of pressure being applied. It should not be raised before visiting relatives and friends.

## **Birth and Circumcision**

Some Muslim women will refused to be examined internally before giving birth and may be reluctant to be attended by a male obstetrician unless in an emergency. Upon birth, a member of the family will recite a short prayer to the baby – this officially brings the child into the Muslim faith. The Adhan are said into the right ear and then the left ear. A male child is required to be circumcised as soon as possible, for the sole purpose of facilitating cleanliness but this will not normally be while he is in hospital.

## **Blood Transfusions**

No religious objection.

## **Donation of Organs**

Muslims have declared organ donation acceptable, but this may not be acceptable to all Muslims.

## **Abortion**

Abortion or termination of pregnancy is only allowed if there is a serious medical condition for the mother. The older the pregnancy (more than 120 days ) the more difficult the ethical issue . The health of the mother is a priority and guidance from a religious leader should be sought to seek clarification.

## **Care of the Dying**

A dying Muslim will wish to lie on their right side facing Mecca (the Qibla). Family and friends may sit with the patient quietly reading the Holy Quran or making supplication. The patient may also feel the need for a visit from an Imam (leader) for comfort and making supplication. Reading the Holy Quran when one is ill is to bring about some spiritual healing and also as a means of feeling close to Allah. There is no need to hold the Holy Quran while performing any of the 5 daily prayers. It is an important religious duty to visit the sick and dying so a large number of visitors may arrive at all hours.

## **Last Offices**

### **DO NOT WASH THE BODY OR CUT NAILS AND HAIR**

Wrap in a plain white sheet and do only the practical essential tasks following death and wear disposable gloves. The family and Muslim undertakers will carry out all Islamic requirements and you could distress the family by carrying out normal last offices. Muslims believe that the deceased retains some awareness until he/she is buried. Talk to the family and be guided by them on what is acceptable or helpful to them in carrying out the last offices.

It is normal practice for relatives of the deceased to wash the body. The body is dressed in a Kaffon (white shroud) and the foot of the bed is turned to face Mecca or the patient's head will be turned to the right shoulder in order that the deceased's face looks towards Mecca.

## **Post Mortems**

Muslims, like many faiths, may oppose post mortems, but there are no religious restrictions if it is required by law. The family is likely to want all the organs returned to the body before burial.

## **Funeral**

Muslims are always buried within twenty-four hours after death.

The family who will handle all procedures including the washing of the body (known as gusel) and prayers at the Mosque normally contacts a Muslim undertaker or a Mosque. Immediate burial (next day) is preferred but this is not always possible due to weekends and public holidays in Great Britain and Northern Ireland.

The body is buried with the deceased's head facing the holy city of Mecca. Cremation is forbidden.



## **Paganism** e.g. Wicca [witchcraft], Druids, Odinists

The social infrastructure of paganism reflects the value the pagan community places on unity in diversity. It consists of a network of inter-related traditions and local groups served by several larger organisations. Pagans believe that nature is sacred and that the natural cycles of birth, growth and death observed in the world around us carry profoundly spiritual meanings. Human beings are seen as part of nature, along with other animals, trees, stones, plants and everything else that is of this earth. In these guidelines, Paganism is used to describe a particular religious group. It is not being used in a derogatory sense.

### **Attitudes to Healthcare Staff and Illness**

Most pagans have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick.

### **Special Considerations**

Generally no particular needs but Pagans may wish to have a small candle and simple holder or a small figure of a god and/or goddess.

### **Diet**

Many are vegetarian or vegan and some may want to keep to a raw food diet – in this situation it will be necessary to liaise with the Catering Department.

### **Modesty and Dress**

There are no particular points to be noted in this area and few Pagans would object to being examined by doctors of the opposite sex.

### **Blood Transfusions**

No religious objections.

### **Family planning**

Pagans will generally plan pregnancies, and use contraception as appropriate. Paganism emphasises women's control over their own bodies, and the weighty decisions relating to abortion are seen as a personal matter for the woman concerned, who will be supported in the choices she makes.

### **Care of the Dying**

It is important that Pagans have the contact details of their Spiritual Adviser to attend them in the same way as other ministers/religious leaders. Pagans have a network of volunteer contacts for those wanting a Pagan approach as they or their loved ones approach death. Pagans accept death as a natural part of life and will wish to know when they are dying so that they may consciously prepare for it.

### **Post Mortems and Organ Donation**

No objections, they believe that they may help others in this way.





## **Polish Community**

### **Health and Medicine**

Poland concentrated on public sector reforms in the early 1990's, which laid a foundation for changes to the health system. The health care system has been gradually decentralised and administrative responsibility and ownership shifted downwards to regional and local government levels and to health care provider 'independent units'.

Cancer mortality in general and lung and cervical cancers in particular are generally high in Poland. Cardiovascular diseases are also quite high. Common health problems of Polish people are heart disease, respiratory diseases, smoking and obesity, particularly in women. Thyroid deficiency also may be present because Poland stopped using iodised salt through the 1980s.

### **Immunisations**

For details about the Polish Childhood Vaccination Schedule see the link provided on page 25.

### **Mental Health**

Traditionally, those with mental health conditions were treated in large psychiatric hospitals, usually situated in little villages or isolated areas. This contributed to a negative attitude towards the mentally ill. However in recent years new medical practices have stressed the need for treatment in community based services. This is expected to improve attitudes towards those with mental health disorders. However some Polish patients might look for a physical cause of disease before considering a mental disorder.

### **Diet**

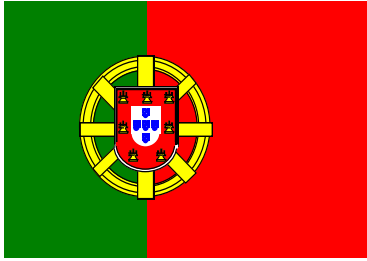
Generally speaking, Polish cuisine is rich, substantial and relatively high in fat. The main meal in Poland nearly always consists of some type of meat. Pork is the national meat of Poland and many main course dishes will contain it.

### **Death and Dying**

Most Polish people have a stoic acceptance of death as part of the life process, and a strong sense of loyalty and respect for their loved ones. Family and friends stay with the dying person so that the dying individual does not feel abandoned.

As with any individual, from any cultural background, the question of death and dying poses difficult issues. It should never be a generalised 'race' or 'culture' issue. (See page 29 of this handbook for further information).





## **Portuguese Speaking Community**

***NB: There are Portuguese Speaking Communities in many countries with differing cultures and traditions and thus generalisations should not be made. The information below is largely based on the Portuguese speaking community from Portugal.***

### **Health and Medicine**

Before the 'Carnation Revolution' in 1974, Portugal did not have National Health Provision or National Health Service. The poor were cared for by private charitable organisations and the Church. Those who could afford to, bought health services when required. By comparison our Health Service was created in 1947 and the Portuguese National Health Service more than 25 years later.

In Portugal, very few drugs/medicines can be secured without medical prescription, whereas we have a culture of self-prescription of over-the-counter drugs. This can create a misperception that locally the Portuguese are 'running to the doctor looking for prescriptions they don't need'. Health providers are simply not exposed to the unneeded self-medication of the local population.

Similarly, an assumption that because Portugal is part of Western Europe and therefore 'the same as us' can potentially lead to misdiagnosis, for example sickle cell disease is found in the South of Portugal. Portuguese women often present themselves with *agonias*, described as chest palpitations, shortness of breath and a general feeling of anxiety.

### **Barriers to Health**

The most commonly cited barriers to accessing health services include unfamiliarity with the health care system, the concept of prevention, primary care and health support services.

### **Mental Health**

Given the relative youth of the National Health Service in Portugal, people do not readily understand our concept of Mental Health support, self-help or access to psychology. Care should be taken with terminology as a diagnosis in relation to Mental Health may be confused with 'insanity' and lead the patient to expect and fear removal to an institution, loss of authority over their own affairs etc.

### **Language and Communication**

While many of the Portuguese community have a second language (other than Portuguese), English is most often acquired as a third language and some older persons may not have good reading skills in their first or second language.

Family involvement is important in arriving at decisions and this should be taken into account when dealing with individual patients who may need the matters

explained to relatives. When using interpreters, due care should be taken of language, cultural and ethnic differences and tensions within the Portuguese speaking community.

### **Diet**

The Portuguese eat significantly higher proportion of fresh fish and fresh fruit/vegetables in their diet than is eaten in Northern Ireland. The comparatively high cost of these foods here may impact on the capacity of the local migrant workers to eat properly.

### **Gender**

There is often a preference for same sex physicians for pelvic and breast examinations.

### **Maternal/Child Health**

Given that mental health is an area where misperception is common, care and sensitivity should be exercised in dealing with post-natal depression or special needs diagnosis with children. The difference in service provision can also lead to misconstruing support services as a criticism of the mother/family capacity to provide proper care.

### **Death and Dying**

As with any individual, from any cultural background, the question of death and dying poses difficult issues. It should never be a generalised 'race' or 'culture' issue, (see palliative care on page 28).



## **Quakers**

**Also known as the 'Society of Friends'**

### **Special Considerations**

A Quaker may like to be visited by another Quaker.

### **Diet**

No special considerations. Some Quakers are vegetarian and a few are vegan.

### **Care of the Dying Patient**

There are no special rituals or practices for the dying. Patients will appreciate a visit from an Elder and other Quakers who may sit in silent worship.

### **Last Offices**

Normal procedures apply. A number of people are appointed to support and advise families after a death and to assist with practical arrangements.

### **Post Mortems, Blood Transfusions and Donation of Organs**

No religious objection.

### **Funeral**

The wishes of the deceased are respected.

A Quaker funeral is like a meeting for worship and is based on silent reflection or prayer with no visible leader. Anyone is free to speak if they feel it appropriate or helpful. It is likely that several people may put into words the experience of the moment; the mystery of life and death, the human longing for consolation and the qualities of the one who has died.



## **Rastafarian Community**

### **Special Considerations**

Rastafarians may have an antipathy to Western medicine and be reluctant to take treatment, which they fear will contaminate the body, preferring alternative therapies such as herbalism, homeopathy or acupuncture. There may be large numbers of people wishing to visit the patient – visiting the sick is seen as important. Rastafarians may also have extended families with complex relationships, as legal marriage is not seen as important.

### **Diet**

All pork and pork products are forbidden. Only natural foods are eaten, so canned and chemical food is unacceptable. Some fish such as herring and sardines are also unacceptable, so the patient and family should be consulted about what is permitted. Some will follow a vegetarian diet.

### **Modesty**

Traditionally, Rastafarian women dress modestly.

### **Birth Customs**

The new arrival is celebrated by a ceremonial Nyiahbinghi drumming along with the offering of libations and prayer. The naming of the child takes place during a gathering of the broader community.

### **Care of the Dying Patient**

Rastafarians have a deep love of God and believe that wherever people are, God is present and that the Temple itself is within each individual. Family members may pray at the bedside of the dying person but there are no rites or rituals before or after death. There may be a considerable number of people wishing to visit.

### **Last Offices**

Routine Last Offices are appropriate.

### **Blood Transfusions, Post Mortems and Organ Donation**

There will probably be anxieties about blood transfusions because of concerns about contamination of the body. Assurance will be necessary. Post Mortems will be intensely disliked by most Rastafarians. Families are most unlikely to donate a body for research, organ transplant or for teaching purposes.

### **Funeral**

The wishes of the individual are respected, but burial is preferred. The funeral is not the elaborate affair as seen in other Afro-Caribbean groups and the body is accorded little ceremony. Only the deceased's family and friends will attend and there is no special mourning ritual. Rastafarians may be flown back to the country of origin.



## **Scientology**

### **Special Considerations**

A Scientologist may well wish to see someone from the Church of Scientology to discuss his or her spiritual condition. They are unlikely to welcome the attention of psychologists or counsellors unless they are working alongside advisors from their own church.

## **Seventh Day Adventists**



### **Special Considerations**

Saturday is observed as the Sabbath for rest and worship and is considered to be a day of communion with God and one another. The Sabbath is from Friday sunset until Saturday sunset.

### **Diet**

As a result of the Church's long-standing health programme, many Adventists adhere to a vegetarian diet but that practise is not incumbent on their members. The Church does, however, accept and practise the Levitical Food Code of eating only certain 'clean' or Biblically permitted meats, where members prefer a meat diet.

### **Care of the Dying Patient**

No special rituals, but visits from local pastor if required.

### **Funerals**

Burial is preferred but there is no religious objection to cremation.



## Sikh Community

### Attitudes to Healthcare Staff and Illness

Most Sikhs have a positive attitude towards healthcare staff and are willing to seek medical help and advice when sick.

### Religious Practices

Sikhs pray in the morning and evening, and are also expected to recite hymns whenever they have time in the day. Some privacy for prayers will be appreciated.

### Diet

Many Sikhs are basically Lacto-Vegetarian. Those Sikhs who eat meat will not normally eat beef and pork and many will not accept fish, eggs and meat. **NB. Sikhs will not eat halal or kosher meat.**

### Fasting

There is no fasting tradition in the Sikh Faith, but some may keep some form of fasting from Hindu influences. In such circumstances fasting normally consists of abstinence from some foods but not all. This should be checked with the patient where they want to keep a fast.

### Modesty

Women prefer to be examined by female doctors, but where this is not possible, a female member of staff should be present and vice versa.

Orthodox male and female Sikhs wear short underpants which should not be removed; the patient may prefer to shower with them on. Any removal or replacement must be done with the patient's agreement.

A request to remove the turban in public will cause embarrassment.

Both female and male patients are likely to find nudity, even in front of the same sex, offensive. Conservative Sikh men will wish to keep themselves covered from the waist to the knees.

Do not ask a Sikh to remove their KARA (worn by men, women and children) unless surgery or X-ray to be performed on right wrist or arm. For other operative procedures, secure with tape.

**NB. A MRI (Magnetic Resonance Intensifier) scan may not be performed unless the patient agrees to remove their KARA.**

Sikhs normally use the right hand for eating and the left for washing. Wherever possible the right hand should be free for eating.

### Washing and toileting

Sikhs prefer to wash in free-flowing water, rather than sitting in a bath; and they will appreciate having water provided in the same room as the toilet, or with a



bedpan when they have to use one. Sikhs will want to wash their hands and rinse their mouth before meals. The uncut hair is kept clean and neat by washing regularly and combing normally twice a day. If the patient is not well enough, nursing staff may assist in washing and combing and such help will be welcome.

## **Family Planning**

Sikhs have no objection to family planning.

## **Birth**

There are no religious ceremonies on birth but relatives will wish to visit the mother and there will be rejoicing with the distribution of sweets to celebrate. Relatives will be anxious that the mother completely rests for forty days after the birth.

## **Abortion**

This is generally disapproved of, although many will consider abortion in a desperate or shameful situation, particularly less orthodox Sikhs.

## **Care of the Dying**

Reciting hymns from Guru Granth Sahib will comfort a dying Sikh. The family will normally be present and will say prayers and recite hymns, especially if the patient is too weak to recite. Taped hymns and prayers can be placed in the patient's room to console and comfort the patient and the family members. After death and identification, the body or parts of the body should be covered with a plain white sheet or shroud. If the condition of the body permits, the eyes and mouth should be closed and limbs straightened with the arms placed straight beside the body.

## **Last Offices**

Routine procedures may be performed but **DO NOT REMOVE 5 K'S.**

<b>KESH</b>	-	DO NOT CUT HAIR, BEARD OR REMOVE TURBAN
<b>KANGHA</b>	-	comb
<b>KARA</b>	-	Sikh bracelet
<b>KACHHA</b>	-	special shorts/underwear
<b>KIRPAN</b>	-	sword.

**NB. If, for any reason, the patient's KACHHA has to be removed, they should be replaced by another pair.**

It is normal procedure for the family to wash and dress the body at the Funeral Directors.

## **Blood Transfusions, Post Mortems and Donation of Organs**

No religious objections to any of these.

## **Funeral**

Sikhs are always cremated and their ashes scattered in running water.



## **Spiritualism**

### **Special Considerations**

Spiritualists in institutions may request a Healer for treatment alongside medical treatment. This can be performed by the laying on of hands, backed by prayers of spiritual guidance and can be carried out without any dramatisation.

### **Diet**

There are no special dietary requirements.

### **Care of the Dying**

Death to Spiritualists means the beginning of a new and fuller life and the certainty of eternal progress. The rate of their own particular advancement will depend upon their desire to do so, remembering that they will have free will, as they have in this life. They believe that those in the Spirit world will come and meet them and take them to their new home.

### **Last Offices**

Routine last offices are appropriate.

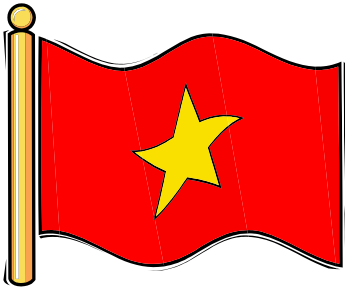
### **Blood Transfusions, Post Mortems and Donation of Organs**

No objections to blood transfusions, transplants or post-mortems.



## Unitarians

No particular requirements, but a patient may require their own minister rather than a chaplain from one of the other denominations.



## **Vietnamese Community**

### **Health and Medicine**

Traditional and Chinese medicine play an important role in health care and people may express a preference for herbal remedies rather than Western medicines. However, most ethnic Vietnamese prefer Western medicines.

### **Communication**

Traditionally, in social as in family life, hostility, aggression and other negative feelings are suppressed. Respect, self-control, flexibility and a readiness to compromise are also highly valued trait. Smiling is a common social response which can be used to mark a variety of reactions, such as anger, frustration, embarrassment, disappointment, lack of knowledge, lack of understanding, happiness or unhappiness. Smiling is therefore open to misinterpretation from our cultural perspective. Similarly ambiguous is the answer "yes": it may be used to indicate that the listener is paying attention and does not necessarily indicate agreement. People may say "yes" because they try to avoid disagreement while privately disagreeing.

### **Diet**

The staple food is rice and there is usually a clear soup taken with each meal. Dietary restrictions result from an individual's own choice. Milk and dairy produce is not to be found within the traditional diet. Lamb may be treated with suspicion basically because it is not widely available within Vietnam.

### **Fasting**

There are no particular periods of fasting.

### **Modesty**

Vietnamese prefer the same sex health care providers.

### **Family Planning**

Often, knowledge of family planning will depend on when the person arrived in Northern Ireland. It can be perceived as 'hot' medicine that can cause babies to have disabilities and may (particularly Catholics) also constitute too much interference with pregnancy.

Recent arrivals are more likely to be familiar with family planning due to government policy to move to 'the two child family'.

### **Naming Conventions**

Many first names can be used for either gender, this is not, however, universally true. Vietnamese people list their family name first, then their middle name, with their first (given) name listed last. Family members use different given names (first names aren't passed down). For example, if the name is Nguyen Van Hoa, Nguyen is the family name and Hoa is the person's given name.

## **Women and Child Health**

Members of the family provide the mother with strong ginger soups, which are consumed twice a day for at least two weeks, twenty-four hours after the baby is born. These are believed to purge the mother of any traces of infection. Other foods may be unacceptable during this time.

A special meal is prepared one month after the birth to celebrate the arrival of the baby into the community.

Vietnamese mothers bottle-feed their babies. It is uncommon to wean the baby on to a cup before the first birthday. In addition, drinks are often given via a bottle until the child is three years old or even older. This can have a disastrous effect on dental health.

When a child is ill, the first recourse may be to a folk or family remedy. A common remedy is rubbing the location of the illness with a spoon or a coin and some kind of ointment, such as Tiger Balm or "heating" oil, until bruising results. This kind of cure is called cao gio ("rubbing off the bad wind"). It is reputed to work by getting rid of the "wind" (gio or phong), which has caused the cold, sore throat, stomach or back pain, headache or flu. Since bruising is an effect of this, it can be mistaken for child abuse.

## **Blood Transfusions/Donation of Organs**

Normally no religious objection as helping others is fundamental to Buddhist belief. Some Far Eastern Buddhists may object.

## **Abortion**

The termination of pregnancy is perceived as an enormous step to take because the foetus is considered to have a soul or spirit. This is capable of remaining with and troubling the family concerned. This is of less concern to recent arrivals from Vietnam.

## **Care of the Dying**

Those associated with Buddhism and Catholicism.

## **Last Offices**

Normal procedures are usually acceptable, but check with family.

## **Funeral**

Those associated with Buddhism and Catholicism.



## **Zoroastrianism**

### **Special Considerations**

Children are given sacred garments on initiation, a shirt (sadra) and girdle (kusti) which are worn at all times and must be treated with great respect. The girdle is tied and untied during the recital of daily prayers.

Zoroastrians have very high standards of hygiene. Running water is preferred for washing but a bowl of freshly drawn water is an acceptable alternative.

### **Diet**

No particular restrictions though some may not eat pork or may prefer a vegetarian diet.

### **Blood Transfusions**

Orthodox Zoroastrians may consider blood transfusion a pollution of the body.

### **Donation of Organs**

Like transfusions these may be seen as a pollution of the body and the orthodox may be unwilling to donate or receive.

### **Last Offices**

The body should be washed before being placed in white clothing. The family may provide a special shirt to be worn under the clothing with the girdle. They may also wish for the head to be covered by a cap or scarf.

### **Post Mortems**

Religious law forbids these and a Coroner's legal requirement is the only way a post-mortem is likely to be accepted.

### **Funeral**

Burial and cremation are both acceptable and are likely to be wanted without delay. The family may prepare the body but generally they instruct a funeral director. If there is no family, attempts should be made to contact a fellow Zoroastrian.

## Section 6: Accessing an Interpreter or Using Translation Services

### The Role of the Interpreter

Interpreters are an important and expensive resource in providing a voice for patients/clients whose proficiency in English is poor or insufficient. The interpreter is used solely for the purpose of conveying information between health and social care staff and patients/clients, in a language that the staff member and the patient/client can both understand. The interpreter's role is **NOT** to analyse information, or to decide what should and should not be conveyed. He or she is also bound to keep patient/client confidentiality.

Staff should not expect the interpreter to counsel the patient/client, or to calm the person down. The interpreter is simply there to repeat what the staff member and the patient/client say to each other bearing in mind cultural or circumstantial issues.

### Assessing Interpreter Needs

It is essential to use professional interpreters, especially in sensitive situations or if there is any possibility of misinterpretation

How can you tell if an interpreter is required especially if the person can speak some English? Some people cannot communicate in English at all or will have such minimal English that the decision is obvious. Some will bring an 'I need an interpreter card'.

When a patient/client with poor or insufficient English skills approaches Health and Social Care staff for an appointment or help, the member of staff needs to determine if an interpreter is required.

### On Presentation, Observe the Following Steps

Identify the language spoken by the patient/client and establish whether an interpreter is needed. This may be done through an accompanying relative or friend or by the patient/client or by directing the patient/client to the language identification poster which has the following statement in many languages:

"POINT TO YOUR LANGUAGE. WE WILL GET AN INTERPRETER ON THE TELEPHONE."

Determine whether an 'on site interpreter' or a 'telephone interpreter' is required. As a basic principle, the more complex the communication the more likely an 'on-site interpreter' is required while the more urgent the need the more likely a 'telephone interpreter' is the best option.



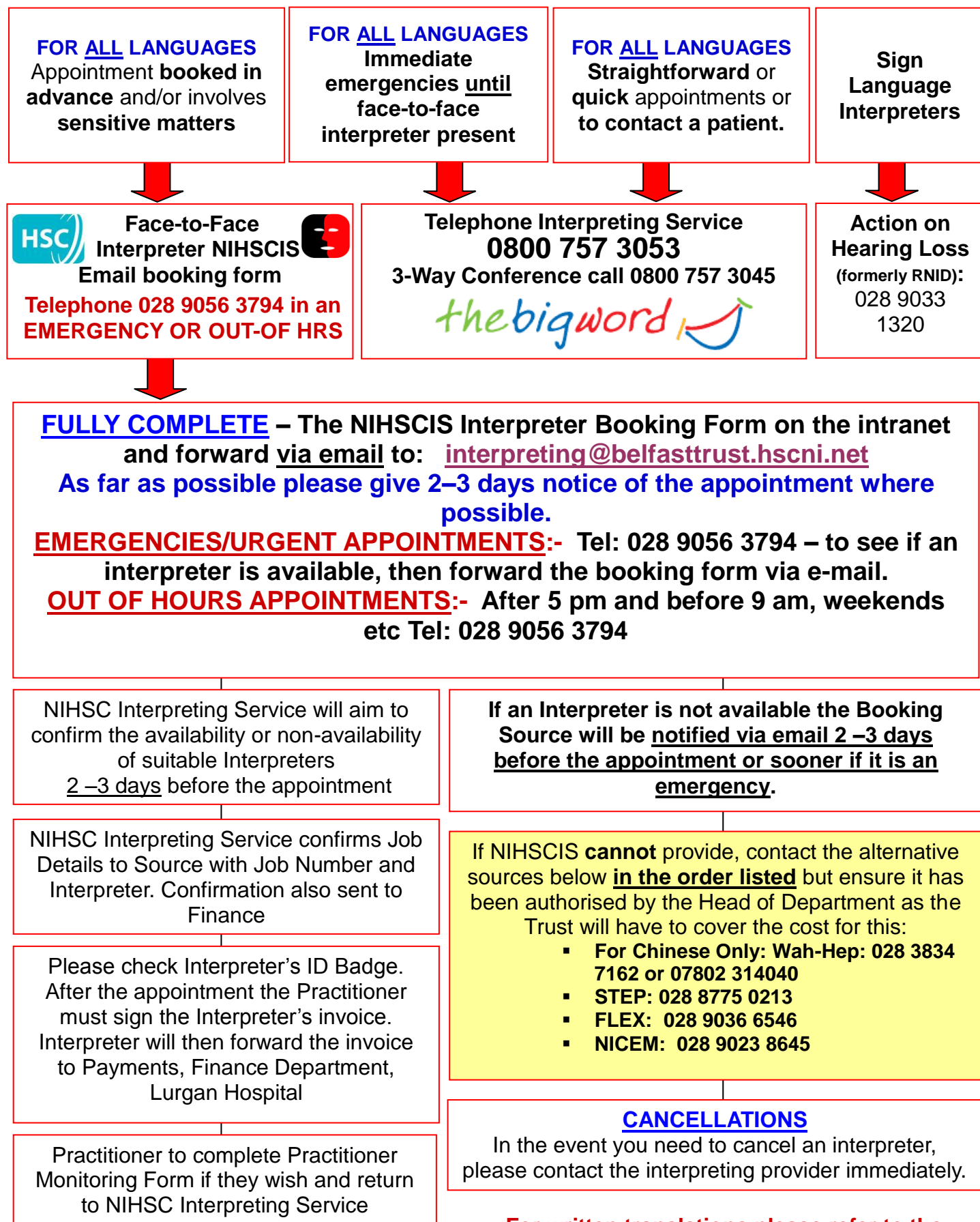
Establish whether the patient/client has any preferences regarding the interpreter e.g. gender and obtain their consent.

A family member or friend may be used to interpret in immediate situations where decisions may have to be made quickly. This may however raise issues of confidentiality and does not reflect 'good practice'.

If a face to face interpreter is required you **must** try the Northern Ireland Health and Social Care Interpreting Service (NIHSCIS) first. Only if you are unsuccessful with NIHSSIC should you then proceed to book with one of the other providers.

Seek approval for the engagement of an interpreting service from the Head of Department then proceed to contact the appropriate interpreting service outlined in the **flowchart overleaf**. For future reference, record that an interpreter is needed and the language required in the patients/clients core information with their file.

# PROCEDURE FOR BOOKING INTERPRETERS



**For written translations please refer to the flowchart on page 98**

# **Staff Guidelines For Working with Interpreters (Face-to-Face)**

## **1.0 INTRODUCTION**

- 1.1 Interpreters are an important resource in providing a voice for patients whose proficiency in English is poor or insufficient for the situation.
- 1.2 These guidelines refer to utilising the services of an interpreter in a face-to-face situation.
- 1.3 The Trust has access to a telephone interpreting service via TheBigWord which should be used in an emergency situation or for short interventions such as making an appointment.

## **2.0 IDENTIFYING THE NEED FOR AN INTERPRETER**

- 2.1 As a general guide, a patient who has been in an English-speaking country for less than two years will need an interpreter.
- 2.2 In stressful situations such as illness and hospitalisation, it is usual for the person's command of English to decrease. It is crucial that the patient has full understanding and there are no misinterpretations by patient or staff.
- 2.3 As with native English speakers, English comprehension at social level does not necessarily mean that the person will be able to understand medical terminology. It is possible to overestimate a person's English skills.
- 2.4 To decide whether the patient needs an interpreter, assess whether their English language ability is adequate for the situation.
- 2.5 Some people can not communicate in English at all or will have such minimal English proficiency that the decision is obvious. Some will bring an 'I need an interpreter' card naming the language required.
- 2.6 You may need to seek this information out from the person or via an accompanying relative. However, if there is any doubt, here are some simple tests to help you make your decision.
  - Ask a question that requires the person to answer in a sentence. Avoid questions that can be answered with a 'yes' or a 'no' or a very familiar question such as 'Where do you live?'
  - Ask the person to repeat a message that you have just given in his/her own words.

- 2.7 If you do not know which language is required, Language Identification Posters are available in various departments within the Trust and these are also available via the Trust's Equality Unit. Discuss your interpreting needs with your manager.

### 3.0 ARRANGING FOR AN INTERPRETER

- 3.1 If you consider that an interpreter is required, then arrange one following the procedure as outlined on page 93 of this handbook.
- 3.2 It is very important to find out which language and dialect is appropriate. For example, Taiwanese people sometimes get confused by the terms the interpreter uses if the interpreter is from China, Hong Kong or Malaysia.
- 3.3 The ethnicity of the interpreter is important. Some patients may not want to have interpreters from specific communities, for political reasons or because of confidentiality fears in small communities. For example, it may be inappropriate to provide a Serbian interpreter for a Bosnian Muslim.
- 3.3 Remember the interpreter is there to enable you to do your job completely, not only for the patient/client.
- 3.4 Ensure that the Claim for Travelling and Hours Worked form is completed and forwarded to the Finance Department for payment.

NB: If a patient refuses an interpreter it is the practitioners' right to have one present if they are unsure as to the patient's level of understanding of English. Therefore it is best to have the interpreter present and if the patient fully understands the nature of the conversation and the practitioner is happy that they understand then the interpreter can be released from duty.

### 4.0 THE INTERPRETER'S ROLE

- 4.1 The interpreter is used solely for the purpose of conveying information between health and social care staff and patients/clients, in a language that the staff member and the patient/client can both understand. The interpreter's role is **NOT** to analyse information, or to decide what should and should not be conveyed. He or she is also bound to keep patient/client confidentiality.

When deciding if an interpreter is required, try to explain to the patient/client their right to an interpreter (which is free of charge) and the interpreter's role, if they are not already aware of this. Also explain the interpreter's professional obligation to preserve confidentiality.

- 4.2 Staff should not expect the interpreter to counsel the patient/client, or to calm the person down. The interpreter is simply there to repeat what the staff

member and the patient/client say to each other bearing in mind cultural or circumstantial issues.

## **5.0 HOW TO COMMUNICATE WITH THE PATIENT/CLIENT WITH AN INTERPRETER PRESENT**

### **5.1 Before the discussion**

- Arrange a place where the discussion can be conducted in private.
- Allow for extra time.
- Arrange the seating to allow for easy communication: in a circle or triangle or place the interpreter to the side and just behind you.
- Brief the interpreter prior to the discussion, where possible.
- Ask the interpreter for any cultural factors that may affect the discussion but remember that interpreters do not consider themselves to be cultural experts.

### **5.2 Introduction and set up**

- Introduce yourself and the interpreter.
- Explain both your's and the interpreter's role.
- Stress that both you and the interpreter are bound by code of ethics to maintain the confidentiality of the discussion.
- Explain the purpose of the discussion and how it will proceed.

### **5.3 During the discussion**

- Sit facing the patient/client.
- Look at the person and maintain awareness of body language. Avoid looking at the interpreter unless you are directly addressing him/her.
- Speak **directly** to the patient/client as you would with an English speaker.
- Always use the first person e.g. 'How are you feeling?' (to the patient). Not, 'Ask her how she is feeling?' (to the interpreter).
- Do not try to save time by asking the interpreter to summarise.
- Be aware that it may take more words than you have spoken to convey the message.
- Do not let the interpreter's presence change your role in the discussion. It is not the interpreter's role to conduct the discussion.

## 5.4 **Discussion style**

- Speak a little more slowly than usual in your normal speaking tone. Speaking louder does not help.
- Use plain English where possible.
- Pause after 2 or 3 sentences to allow the interpreter to relay the message.
- Start speaking when the interpreter signals by raising a hand.
- Summarise periodically when complex issues are involved.
- If the person does not understand it is your responsibility (not the interpreter's) to explain more simply.
- Seek the patient/client's permission if you need to obtain cultural information from the interpreter.
- Avoid long discussions with the interpreter. If you need to talk to the interpreter directly then the interpreter should explain to the patient/client about the nature of the conversation.

## 5.5 **Ending the discussion**

- Check that the patient/client has understood the key messages in your discussion. Ask for any questions.
- Thank both the patient/client and the interpreter. Say goodbye formally.
- Debrief the interpreter if the discussion was emotionally taxing and clarify any questions you have arising from the discussion. This may need to happen later, as it may make the patient/client uncomfortable if you are seen to be in a detailed conversation with the interpreter.
- For most people, it is important to engage an interpreter of the same gender as the patient. If this is not possible, ask the patient if they are willing to accept the opposite gender before engaging an interpreter.

## 6.0 **GUIDELINES REVIEW**

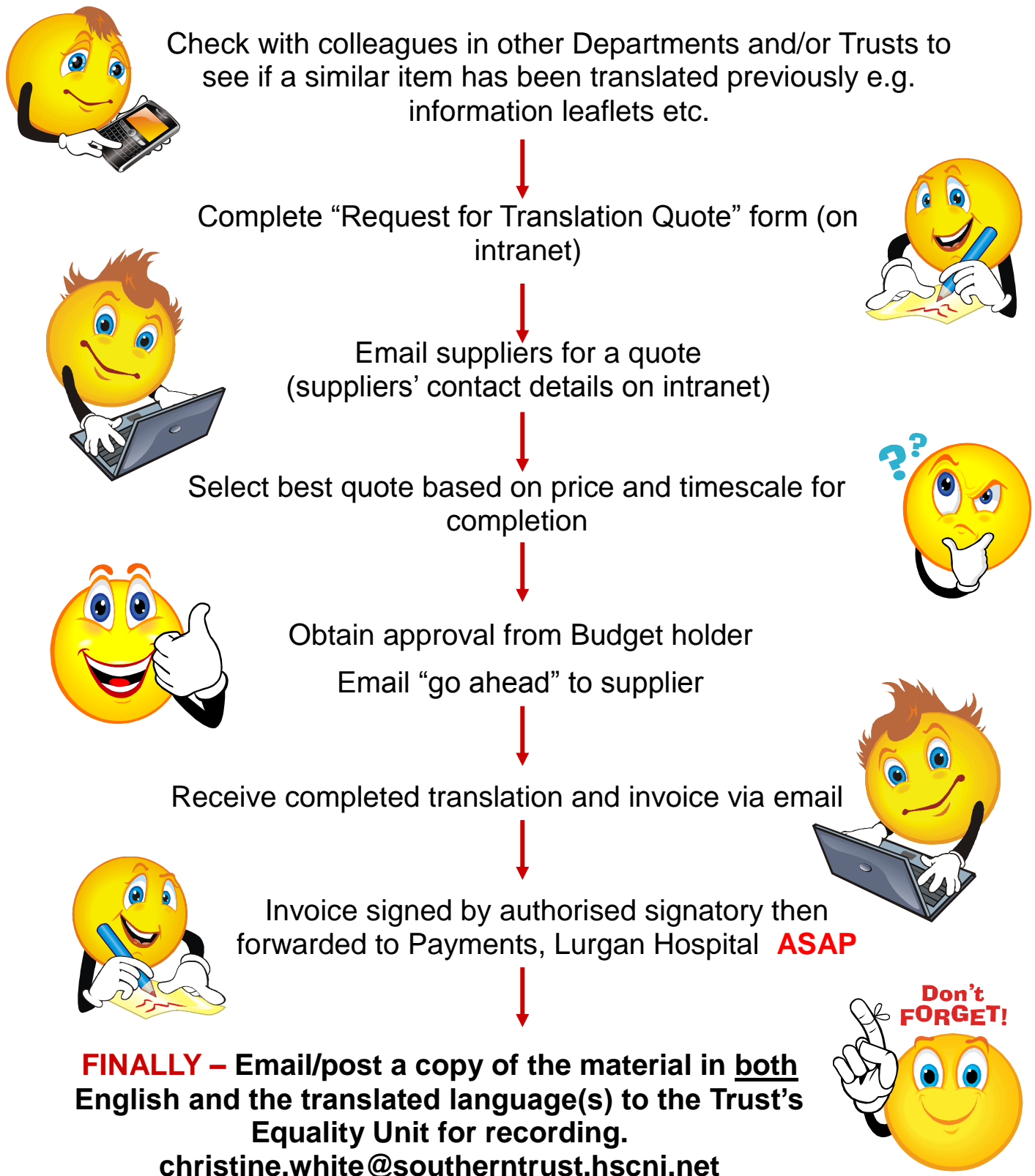
- 6.1 These guidelines will be reviewed on a yearly basis as local interpreting services are developed in consultation with agencies representing minority ethnic groups.
- 6.2 Staff are requested to highlight any issues with these guidelines to your Trust's Equality Unit to ensure they remain effective.

*Review Date: November 2012*

## Translation of written information

If there is a requirement to have written correspondence translated, whether from English to a particular language or vice versa, there are a number of companies who can do this for the Trust. The first HSC-wide contract for the provision of translation services came into effect on 1 April 2006. Please see flowchart below:-

# PROCEDURE FOR UNDERTAKING TRANSLATIONS





## Section 7: Useful Contacts

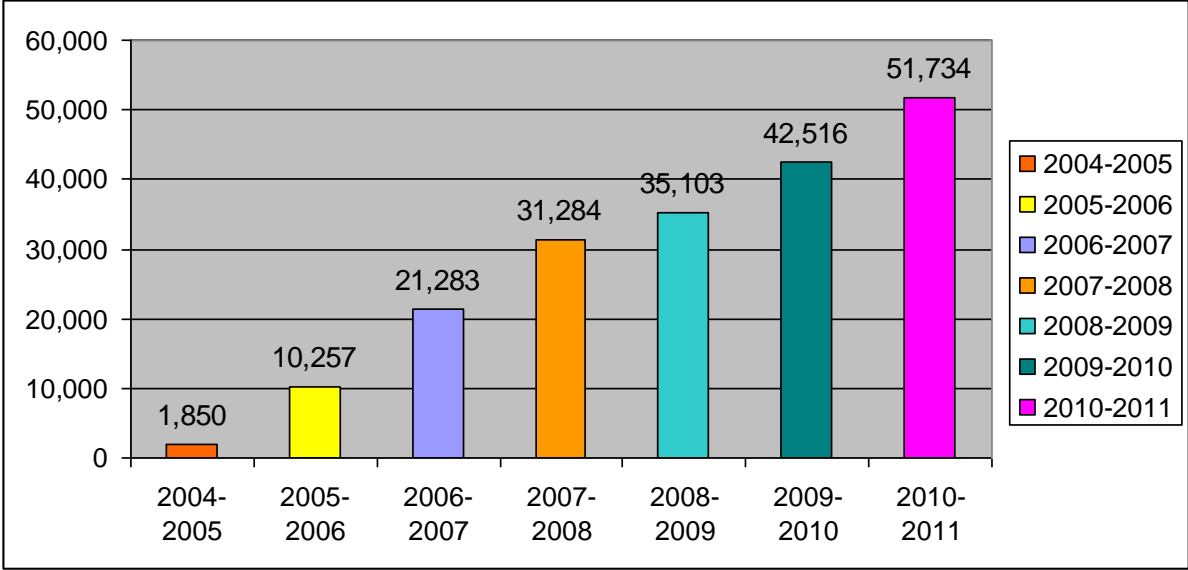
<b>Traveller Movement (NI)</b> <b>30 University Street</b> <b>Belfast</b> <b>BT7 1FZ</b>	<b>Wah Hep Chinese Community Association, Legahory Centre, Craigavon, BT65 5BE,</b> <b>Tel: 028 3834 7162,</b>
<b>South Tyrone Empowerment Programme (STEP)</b> <b>C/o Dungannon Enterprise Centre</b> <b>2 Coalisland Road</b> <b>DUNGANNON</b> <b>Tel: 028 8775 0213</b> <b>Email: <a href="mailto:bernadette@stepni.org">bernadette@stepni.org</a></b>	<b>Bahá'í Faith</b> <b>399 Lisburn Road</b> <b>Belfast</b> <b>BT9 7EW</b> <b>Tel: 028 90 667402</b> <b>E-mail: <a href="mailto:bcni@bahai.org.uk">bcni@bahai.org.uk</a></b>
<b>Belfast Hebrew Congregation</b> <b>The Wolfson Centre</b> <b>49 Somerton Road</b> <b>Belfast, BT15 3LH</b> <b>Tel: 028 9077 5013</b>	<b>Latinoamercia Unida</b> <b>C/o Multicultural Resource Centre</b> <b>9 Lower Crescent</b> <b>BELFAST BT7 1NR</b> <b>Tel: 028 9024 4639</b>
<b>Belfast Travellers Education and Development Group</b> <b>13A Glen Road, Belfast</b> <b>BT11 8BA</b> <b>Tel: 028 90 203337</b> <b>E-mail: <a href="mailto:info.b-e-t-d@ireland.freeseve.co.uk">info.b-e-t-d@ireland.freeseve.co.uk</a></b>	<b>Belfast Travellers Support Group</b> <b>Unit 12 Blackstaff Complex</b> <b>77 Springfield Road</b> <b>Belfast</b> <b>BT12 7AE</b> <b>Tel: 028 90 438265</b>
<b>Barnardos Tuarceatha</b> <b>Cranmore House</b> <b>Suite 1, 613 Lisburn Road</b> <b>Belfast, BT9 7GT</b> <b>Tel: 028 90 668766</b> <b>Email: <a href="mailto:sinead.mcallister@barnardos.org.uk">sinead.mcallister@barnardos.org.uk</a></b>	<b>Chinese Welfare Association</b> <b>133-135 University Street</b> <b>Belfast</b> <b>BT7 1HQ</b> <b>Tel: 028 90 288277</b> <b>Fax: 028 90 288278</b>
<b>Chinese Chamber of Commerce</b> <b>17 Elblana Street</b> <b>Belfast</b> <b>BT7 1LD</b> <b>Tel: 028 90 288222</b>	<b>Oi Kwan Chinese Women's Group</b> <b>C/O 100 Lisburn Road</b> <b>Belfast</b> <b>BT9 6AG</b> <b>Fax: 028 90 681604</b>
<b>Oi Yin Bangor Chinese Women's Group</b> <b>C/O 8 Beechville Drive</b> <b>Conlig</b> <b>BT19 7ZW</b>	<b>Belfast Islamic Centre</b> <b>38 Wellington Park</b> <b>Belfast</b> <b>BT9 6DN</b> <b>Tel: 028 90 664465</b>

<b>Indian Community Centre</b> <b>86 Clifton Street</b> <b>Belfast</b> <b>BT13 1AB</b> <b>Tel: 028 90 249746</b>	<b>Northern Ireland Pakistani Cultural Association</b> <b>C/O 8 Braniel Park</b> <b>Belfast</b> <b>BT5 7JL</b> <b>Tel: 028 90 836704</b>
<b>Bangladeshi Welfare Association</b> <b>24 Greenwell Street</b> <b>Newtownards BT23 7LN</b> <b>Tel: 028 9042 1218</b>	<b>Pakistani Community Association</b> <b>7 Casaeldona Gardens</b> <b>Belfast BT6 9RQ</b> <b>Tel: 028 9079 7671</b>
<b>British Medical Association</b>  <b>Various publications re. asylum seekers that health care staff may find of use.</b>  <b><a href="http://www.bma.org.uk">www.bma.org.uk</a></b>	<b>Multi-Cultural Group</b> <b>Windsor Womens Centre</b> <b>136-144 Broadway</b> <b>Belfast</b> <b>BT12 6HY</b> <b>Fax:028 90 230684</b>
<b>Northern Ireland Filipino Association</b> <b>C/O NICEM</b>  <b>See Details below.</b>	<b>Northern Ireland African Cultural Centre</b> <b>60 Lisburn Road</b> <b>Belfast</b> <b>BT9 6AF</b>
<b>NICEM (Northern Ireland Council for Ethnic Minorities)</b> <b>Ascot House 3F</b> <b>24 - 31 Shaftesbury Square</b> <b>Belfast BT2 7DB</b> <b>Tel: 028 9023 8645</b>	<b>Multi-Cultural Resource Centre</b> <b>9 Lower Crescent</b> <b>Belfast</b> <b>BT7 1NR</b> <b>Tel: 028 90 244639</b> <b>E-mail: <a href="mailto:mcrc@dnetco.uk">mcrc@dnetco.uk</a></b>
<b>Refugee One Stop Service</b> <b>C/o NICEM</b>  <b>Details as above</b>	<b>National Asylum Support Service</b> <b>58 Howard Street</b> <b>Belfast BT1 6PD</b>
<b>NI Interfaith Forum</b> <b>C/o Stranmillis College</b> <b>Stranmillis Road</b> <b>BELFAST BT9 5DY</b> <b>Tel: 028 9038 4328</b>	<b>Equality Commission NI</b> <b>Equality House</b> <b>7-9 Shaftesbury Square</b> <b>Belfast, BT2 7DP.</b> <b>Tel: 028 9050 0600</b> <b>Fax: 028 9031 5993</b>
<b>O Centro para Portugues</b> <b>Feeney's Lane</b> <b>Dungannon</b> <b>Fax: 028 8775 0212</b>	<b>HARPWeb - Health for Asylum Seekers and Refugees Portal. This website provides a major new resource for both professional and voluntary agencies working with asylum seekers and refugees.</b> <b><a href="http://www.harpweb.org.uk">www.harpweb.org.uk</a></b>
<b>Law Centre (NI)</b>	<b>Diversiton</b>

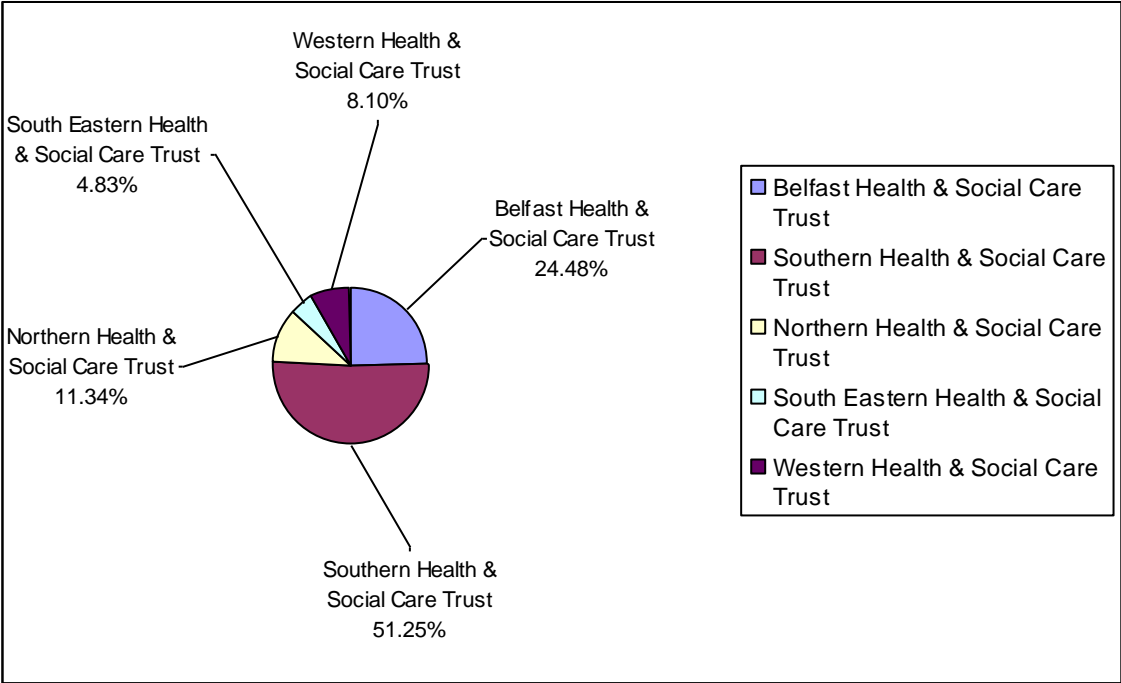
<b>124 Donegall Street</b> <b>Belfast. BT1 2GY</b>  <b>Tel: 028 90 244401</b>	<a href="http://www.diversiton.com">www.diversiton.com</a>
<b>Polish Saturday School</b>  <b><a href="mailto:kareynol@gmail.com">kareynol@gmail.com</a></b>	<b>Ethnic Minority Centre, Newry</b>  <b><a href="mailto:ethnicminority@newryandmourne.gov.uk">ethnicminority@newryandmourne.gov.uk</a></b>
<b>Lithuanian Saturday School</b>  <b><a href="mailto:irma.zvinklyte@gmail.com">irma.zvinklyte@gmail.com</a></b>	<b>Crushna Munia Bessbrook</b>  <b><a href="mailto:margarita.sheridan@btinternet.com">margarita.sheridan@btinternet.com</a></b>
<b>BBC Website:</b>  <b><a href="http://www.bbc.co.uk/religion/religions/">www.bbc.co.uk/religion/religions/</a></b>	<b>Multi-Faith Group for Healthcare Chaplaincy (GB)</b>  <b><a href="http://www.mfghc.com">www.mfghc.com</a></b>
<b>NI Healthcare Chaplains' Association (NIHCA)</b>  <b><a href="http://www.nihca.co.uk">www.nihca.co.uk</a></b>	<b>UK Board of Healthcare Chaplaincy</b>  <b><a href="http://www.ukbhc.org.uk">www.ukbhc.org.uk</a></b>
<b>Traveller Support Groups:-</b>  <b>Craigavon Traveller Support Committee, Tel:028 3834 2089.</b>  <b>An Tearmann Project, Coalisland, Tel: 028 8774 6501.</b>  <b>Traveller Family Support Worker, Newry, Tel: 028 308 34272.</b>  <b>CAWT Traveller Development Officer, Tel: 00353 0494377120.</b>  <b>Safe and Well Project - Southern Area Action with Travellers (SAAT), Tel: 028 37 524542.</b>  <b>BELONG (BME including Travellers), Tel: 028 8774 1960 or 028 8774 6501.</b>	

# Section 8: NI Health and Social Care Interpreting Service Statistics

## NO. OF REQUESTS SINCE 2004 TO PRESENT



## NO. OF REQUESTS PER TRUST



**NB: Southern Trust is the largest user with over 50%.**

## Language Requests within the Southern Area Quarter Ending December 2011

Language	No. of Requests
Polish	2663
Lithuanian	2258
Portuguese	1248
Tetum	531
Russian	312
Latvian	206
Slovak	186
Chinese - Cantonese	141
Hungarian	95
Chinese - Mandarin	91
Bulgarian	78
Romanian	72
Czech	18
French	10
Italian	7
Urdu	7
Arabic	6
Bengali	6
Albanian	5
Spanish	4
Nepali	3
Ukranian	2
Vietnamese	2
Greek	1
Punjabi	1
Slovenian	1
Thai	1
<b>Total</b>	<b>7955</b>

## **Section 9: Further Information on the Different Religions and/or Beliefs**

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## African Community

Africa is the world's second-largest and second most-populous continent, after Asia. At about 30.2 million km<sup>2</sup> (11.7 million sq mile) including adjacent islands, it covers 6% of the Earth's total surface area and 20.4% of the total land area. With 1.0 billion people (as of 2009) in 61 territories, it accounts for about 14.72% of the world's human population.

The climate of Africa ranges from tropical to subarctic on its highest peaks. Its northern half is primarily desert or arid, while its central and southern areas contain both savanna plains and very dense jungle (rainforest) regions. In between, there is a convergence where vegetation patterns such as sahel and steppe dominate. Africa is the hottest continent on earth and holds the record for the highest temperature recorded, set in Libya, 1992.

Africa's population has rapidly increased over the last 40 years, and consequently, it is relatively young. In some African states, half or more of the population is under 25 years of age. The total number of people in Africa grew from 221 million in 1950 to 1 billion in 2009.

## Languages

By most estimates, well over a thousand languages (UNESCO has estimated around two thousand) are spoken in Africa. Most are of African origin, though some are of European or Asian origin. Africa is the most multilingual continent in the world, and it is not rare for individuals to fluently speak not only multiple African languages, but one or more European ones as well. There are four major language families indigenous to Africa.

The Afro-Asiatic languages are a language family of about 240 languages and 285 million people widespread throughout the Horn of Africa, North Africa, the Sahel, and Southwest Asia.

- The Nilo-Saharan language family consists of more than a hundred languages spoken by 30 million people. Nilo-Saharan languages are spoken by Nilotic tribes in Chad, Ethiopia, Kenya, Sudan, Uganda, and northern Tanzania.
- The Niger-Congo language family covers much of Sub-Saharan Africa and is probably the largest language family in the world in terms of different languages.
- The Khoisan languages number about fifty and are spoken in Southern Africa by approximately 120,000 people. Many of the Khoisan languages are endangered. The Khoi and San peoples are considered the original inhabitants of this part of Africa.

Following the end of colonialism, nearly all African countries adopted official languages that originated outside the continent, although several countries also granted legal recognition to indigenous languages (such as Swahili, Yoruba, Igbo and Hausa). In numerous countries, English and French are used for communication in the public sphere such as government, commerce, education

and the media. Arabic, Portuguese, Afrikaans, Malagasy and Spanish are examples of languages that trace their origin to outside of Africa, and that are used by millions of Africans today, both in the public and private spheres. Italian is spoken by some in former Italian colonies in Africa. Prior to World War I, German was used in certain areas also.



### **Agnostic or Atheist**

We should not assume that people who profess to be agnostic or atheist have no beliefs or spiritual needs. They may be glad of human support and friendship but should be approached with sensitivity.



### **Albanian Community**

The Republic of Albania is a Balkan country in Southeastern Europe. It borders Montenegro to the north, the southern Serbian province of Kosovo in the northeast, the Republic of Macedonia in the east, and Greece in the south. It has a coast on the Adriatic Sea to the west and a coast on the Ionian Sea to the southwest. Albania has a population of around 3,581,656 according to 2006 statistics.

The 1992 elections ended 47 years of communist rule, but the latter half of the decade saw a quick turnover of presidents and prime ministers. Many Albanians left the country in search of work; the money they send home remains an important source of revenue. Although Albania's economy continues to grow, the country is still one of the poorest in Europe, hampered by a large informal economy, large public debt, and an inadequate energy and transportation infrastructure. Albania has played a largely helpful role in managing inter-ethnic tensions in south-eastern Europe, and is continuing to work toward joining NATO and the EU.

### **Religion and Culture**

Albania is made up of mainly the native people, which form 95% of the population. The remaining 5% consists of 3% of Greek population and 2% of the Vlach, Gypsy, Serb, and the Bulgarian population. While 70% of the people are Muslim, 20% are Albanian Orthodox and the remaining 10% Roman Catholic.

For many years, Albanian culture remained without any identity as the language itself was not taught in schools. But later Albania began to get influenced by China and Russia and today, the country can boast of its traditional dances, festivals,

handicrafts and customs. Big museums, libraries and theatres also form part of Albania's educative entertainment section.

## Language

The official language is Albanian. Some Albanians also speak Italian and English. Greek is widely spoken in the Gjirokastra and Saranda districts in south Albania.



## Bahá'í Community

The Bahá'í Faith is an independent world religion which was founded in Persia (Iran) during the mid-19<sup>th</sup> century. In 1844 the Báb taught that a Divine Messenger was about to be sent into the world. Within a few years the Báb had attracted many followers, however His followers suffered great persecution – many thousands were martyred in a short space of time and in 1850 the Báb was executed in Tabriz for heresy. Before His execution the Báb had identified Bahá'u'lláh as the Promised One foretold by all the world's religions. His followers became known as Bahá'ís. Bahá'u'lláh suffered greatly and spent the remainder of His life in imprisonment and exile. He was finally exiled to Palestine (Israel) and His remains are buried near Mount Carmel. Mount Carmel has become a place of pilgrimage for Bahá'ís from all over the world.

The Bahá'í Faith is the youngest of the world's independent religions. Over the past 150 years the Bahá'í community has spread across the globe to become the second most widespread religion. It has over 5 million followers worldwide.

Bahá'ís believe in the essential unity of the great world religions and that God has revealed Himself to humanity through a series of Divine Manifestations including Abraham, Buddha, Jesus, Krishna, Moses, Mohammed, Zoroaster, the Báb and Bahá'u'lláh. Bahá'ís also believe in the unity of humanity, the elimination of extremes of wealth and poverty, the need for universal education, equality between women and men and harmony between science and religion.

The Universal House of Justice, based on Mount Carmel in Israel, is the global governing body; elected National Spiritual Assemblies supervise affairs in each country, Bahá'í Councils organise affairs at the regional level and local Spiritual Assemblies administer local affairs. Bahá'u'lláh set out the basic principles and systems for administration and forbade the establishment of a priesthood. Thus Bahá'ís have no clergy although religious leaders are appointed by the administrative institutions described above. Bahá'ís pray each day, observe 9 major holy days and fast for 19 days every year. They regard their work as a form of worship and are dedicated to the abolition of prejudice. Sacred texts include the writings of the Báb and Bahá'u'lláh including The Most Holy Book, The Book of Certitude, The Hidden Words and The Seven Valleys. The scriptures of other religions are also regarded as sacred texts by Bahá'ís. Followers are required to say an obligatory prayer each day and read from the scriptures of the Faith each

morning and evening. In illness they are exempted from the obligatory prayer. In Northern Ireland there are Bahá'ís present from many different cultural backgrounds and so there may be particular cultural considerations that might be important for some patients.

## **Fasting**

Members of the Faith observe a period of fasting each year. The ill are exempted, as are children, the elderly and expectant and nursing mothers.



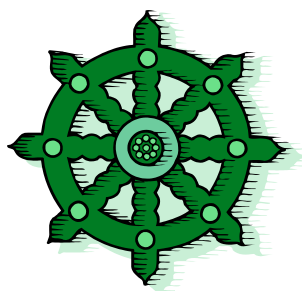
## **Brahma Kumaris**

The Brahma Kumaris World Spiritual University (BKWSU) was founded in 1937 in Hyderabad Sind (then in India) by Brahma Baba. The BKWSU core curriculum is offered in the form of a foundation course in meditation, based on the teaching of Raja Yoga. Raja Yoga is viewed as a path to understanding and knowing one's identity as a spiritual being. Activities focus on developing a sense of self-worth and respect for others.



## **Brethren**

Originating in the mid-19th Century, the Brethren - sometimes known as 'Plymouth Brethren' - are not really a denomination as such but rather a loose fellowship of autonomous local churches. Some would fit into the general Free Church category but others do not fit well with mainstream Christianity. Guidelines from the patient and their family are particularly important. Their buildings are often known as the Gospel Hall or Evangelical Church.



## **Buddhist Community**

Buddhism derives from the teaching of Siddhartha Gautama who was born into a princely family near the border with Nepal in India during the 6<sup>th</sup> century BC. Leaving a life of luxury to seek an answer to the question of human suffering, Siddhartha found enlightenment through meditation. He became known as Buddha or enlightened one. Buddhism means the teachings of Buddha and this is a way of life. The term Buddha is derived from budh, meaning to be awakened.

Over the centuries, Buddhism has spread widely and has main divisions into northern and southern types. There are over 300 million Buddhists world-wide and there are many variations of Buddhism; while most Buddhists have been born into a Buddhist family or culture, many Buddhists in the UK have consciously converted to Buddhism.

## **Buddhist Beliefs**

The enlightenment which Buddha found was the middle way between extremes of luxury and self-torture and, for the lay-follower, a Buddhist way of life involved the pursuit of morality and generosity, the keeping of special festivals, pilgrimage to Buddhist sacred places and social responsibility.

Buddhists 'take refuge' in the 3 principles known as the 3 Jewels:

**The Buddha** - the historical Buddha and the spiritual idea of human enlightenment.

**The Dharma** - teachings and practice which lead to human enlightenment.

**The Sangha** - the spiritual community (monks and nuns practising the Dharma).

The eight-fold path of Buddhism is the framework to be followed, encompassing understanding of life, the right motives, right speech, perfect conduct, right livelihood, self-discipline, right-mindedness, perfect meditation. There are five basic precepts and these are:

1. to refrain from killing
2. to refrain from taking that which is not given
3. to refrain from misuse of the senses and sexual misconduct
4. to refrain from lying or using false or harmful speech, and
5. to refrain from taking intoxicating drink or drugs which cloud the mind.

Buddhists believe in Rebirth and that their behaviour in this life will influence the quality of the next and, therefore, accept responsibility for their actions at all times. They believe that through Rebirth, all human beings reap good or evil consequences of their actions.

Because there is no 'God' instead the act of 'Puja' or worship (to respect) is a way of acknowledging a human ideal.

Buddhists meet in simple temples, call Viharas or a meeting house which is frequently a large room in a house. The room will be carpeted and bare of furniture, except for cushions. Buddhists worship there whenever they can and attached to the building may be accommodation where monks and others may stay.



There are many forms of Buddhism. The main split is between the Theravada stream, which continues a more strictly traditional practice and the Mahayana, which allows for more variety and the absorption of other practices such as:-

Shinto – Japanese sects

Chinese meditative practice – Ch'an/Zen

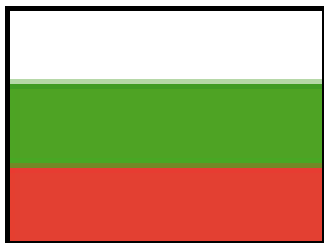
Tantoism, occult, Tibetan Bon – Vajrayana/Lamaism/Tibetan Buddhism.

The philosophy of Buddhism has also had a considerable impact in the West. The Buddhist Society of England was formed at the beginning of the 20<sup>th</sup> Century.

Because of its emphasis on self-redemption rather than redemption through God, a Buddhist's personal actions and way of dealing with life are important in his own progress and reincarnation.

**WESSEK** - a celebration of the Enlightenment of Buddha – is held on the full moon of May.

**Scriptures** - A copy of 'The Teaching of Buddha' will be held in the Chaplain's office or Administration Department. Any scriptures brought in by the patient or borrowed must be treated with respect and other things must not be placed upon them.



### **Bulgarian Community**

The Republic of Bulgaria (Република България), or Bulgaria (България), is a country in the southeast of Europe. It borders the Black Sea to the east, Greece and Turkey to the south, Serbia and Montenegro and the Republic of Macedonia to the west, and Romania to the north along the river Danube. According to national statistics in 2001 Bulgaria had a population of 7,973,673. Bulgaria fell within the Soviet sphere of influence after World War II and became a People's Republic in 1946. Communist domination ended in 1989, when Bulgaria again held multiparty elections, but economic difficulties and a tide of corruption led to over 600,000 Bulgarians, most of them qualified professionals, to emigrate. Bulgaria joined NATO on 29 March 2004 and it joined the European Union on 1 January 2007 after signing the Treaty of Accession on 25 April 2005.

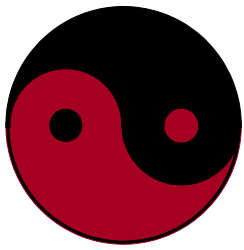
### **Religion and Culture**

According to the 2001 census, Bulgaria's population is mainly ethnic Bulgarian (83.9%), with two sizable minorities, Turks (9.4%) and Roma (4.7%). Of the remaining 2.0%, 0.9% are distributed among some forty smaller minorities. Most Bulgarians (82.6%) are, at least nominally, members of the Bulgarian Orthodox Church, the national Eastern Orthodox church. Other religious denominations include Islam (12.2%), various Protestant denominations (0.7%), Roman

Catholicism (0.5%), with other denominations, atheists and undeclared numbering circa 4.1%.

## Language

Bulgarian is the mother-tongue of 84.8% of the population; it is a member of the Slavic languages. Bulgarian is the only official language, but other languages are spoken, corresponding closely to ethnic breakdown.



## Chinese Community

### Chinese Beliefs

These are influenced by a variety of beliefs i.e. Buddhism, Christianity, Confucianism and Taoism. (See section on Buddhism and Christianity). Taoism perceives life as a balance between fire, earth, water, metal and wood. Illness occurs when these elements are imbalanced. Chinese traditional medicine seeks to address the imbalance. Confucianism is an ethical code respecting authority and perceiving law as essential in order to make life possible.

Every traditional Chinese home has a shrine, which will contain tablets listing each of their ancestor's names. Nowadays, photographs often accompany these names. The shrine usually is placed in a prominent position and will also contain statues of the various deities. Small red electric lights or candles illuminate the shrine. Offerings of fruit, rice, wine or burning incense are made frequently and often before making important family decisions, the ancestors may be consulted.

## Festivals

These represent important days in the Chinese lunar calendar, which is based upon the phases of the moon. Therefore the dates of these festivals change each year.

**Chinese New Year** This usually falls in January or February. Celebrations last 3-15 days. This is celebrated with fireworks, dancing and the giving of gifts. Red symbolises good luck and gold symbolises prosperity. On New Year's Eve everyone must take a bath and put on new clothes – this represents self-purification and renewal.

**Dragon Boat Festival** Falls on the 5<sup>th</sup> day of the 5<sup>th</sup> lunar month in the Chinese lunar calendar, somewhere around midsummer's day. The festival is also known as Poet's Day because it commemorates the poet Qu Yuan.

**Ching Ming & Ching Yang** These festivals occur in April & October. It is the



time when homage is paid to ancestors.

**Moon Festival** Held in August or September each year and is a celebration of the new moon. 'Moon' cakes filled with lotus paste and lighting lanterns are key elements to this festival.

## Language

The Chinese language has three spoken forms:-

**Cantonese:** Relates to people from Hong Kong, China, Kwongtung Province of China and, the New Territories, Malaysia and Singapore.

**Hakka:** Largely spoken dialect of the New Territories. This is spoken by most elderly Chinese living in Northern Ireland

**Mandarin:** The first language spoken by people originating in China and Taiwan. (The official Chinese language.) This is understood to a greater or lesser extent by the vast majority of the Chinese people especially the young and educated.

Chinese is a tonal language. Therefore, a word in Mandarin can have four different unrelated meanings depending on the tone in which it is spoken. Within Cantonese, one can have up to eight tones.

In relation to the written word, during the Cultural Revolution in the 1960s, the written language was simplified to encourage literacy. However, Chinese people from Hong Kong China use the traditional form. The average educated Chinese person knows between 5,000 and 10,000 characters.



## Christian Community

Christianity grew from Judaism. It accepts the Old Testament of the Jewish people but believes that the promised Messiah has already come in the person of Jesus around 6BC. Christians see God as one but within that oneness, God expresses himself in 3 persons, Father, Son and Holy Spirit. Jesus is seen as the Son of God, both human and divine and the Holy Spirit is the invisible guide showing people the truth of God's way. It is believed that Jesus died on a Roman Cross and then rose 3 days later and gave further teaching to his disciples before returning to his Father. Christians believe in life beyond this world. For most Christians baptism with water is the basic sign of commitment to the Church founded by Jesus. Baptism is often given at a young age but in some parts of the Christian Church, baptism is only administered to adults.

There is one Church and Christians are those who accept Jesus Christ as the divine Son of God and accept God as Father, Son and Holy Spirit. Within that basic unity, however, there is a wide variety of ways of practising the faith.

Down the centuries a huge number of churches have grown which reflect these variations of practice and understanding. These are not separate religions, however and these different parts of the universal Church such as Methodism, Roman Catholicism, Anglicanism, Presbyterianism, Free Presbyterianism, Baptists etc. are called denominations. Easter and Christmas are the principal festivals.

## **Christian - Roman Catholic & Protestant Churches**

### **Christian - Roman Catholic**

The Roman Catholic Church in common with other Christian denominations has its roots within the person of Jesus Christ and the Judaeo-Christian Scriptures. It is characterised by a doctrine and structure which traces its history to the Apostles of Jesus Christ in the 1st century AD.

Roman Catholics believe in the resurrection of Jesus from the dead and in the existence of the Holy Trinity; God the Father, the creator of the world, God the Son who is Jesus Christ and God the Holy Spirit. A recent Catechism (guide-book) for the Catholic Church presents the tradition as being based upon - faith as expressed in the great Creeds, the sacramental life, the spiritual and moral life and Christian prayer.

The Roman Catholic Church recognises seven sacraments. These are sacred rites, which pass on the principles of the Church and assist people in living their Christian lives. They are Baptism, Confirmation, the Eucharist, Reconciliation, Anointing of the Sick, Marriage and Holy Orders (whereby priests are ordained to minister the faith).

There are around 600 million Roman Catholics in the world today concentrated in Southern Europe, Latin America and the Philippines. Roman Catholics try to live their lives as proposed by Jesus in the New Testament responding to the message of love and unity contained there. Following on from this attitude of caring and service, the Roman Catholic Church has established many schools, hospitals and relief organisations throughout the world.

Increasingly lay people are becoming more involved in the running of the parish and in the liturgy contained in religious services. In addition to the diocesan and parish structures, religious orders of men and women have had an important role within the spiritual life of the church for hundreds of years. Sunday Mass is an important part of the religious life of the individual Roman Catholic and a number of feast days celebrating various aspects of the life of Jesus and the saints are celebrated throughout the year.

According to the 2001 Census, there are about 678,462 members of the Roman Catholic faith living in Northern Ireland. It is the largest Christian denomination in Northern Ireland and Ireland as a whole.

### **Christian - The Protestant Churches**

In Northern Ireland the three numerically largest Protestant denominations are Presbyterian, Church of Ireland and Methodist.

#### **The Presbyterian Church**

Presbyterianism came to Ulster with the Scottish settlers in the 17<sup>th</sup> Century; Irish Presbyterianism traces its formal origins to the establishment of the first presbytery at Carrickfergus in 1642. Presbyterians place an emphasis upon the Sovereignty of God, the Kingship of Christ and the authority of the Bible. Prayers, hymns, Scripture readings and preaching are central within worship. Nearly 348,742 members of the Presbyterian Church were recorded at the 2001 Northern Ireland Census.

#### **The Church of Ireland**

The Church of Ireland is part of the worldwide Anglican Communion and in the 2001 Northern Ireland Census numbered about 257,788 members. It describes itself as 'Catholic, Protestant and Reformed' and traces its roots to the earliest days of Irish Christianity as well as to the early apostles. The sacrament of Holy Communion (the Eucharist) is central to its worship and two main Prayer Books are used - The Book of Common Prayer and the Alternative Prayer Book.

#### **The Methodist Church in Ireland**

Methodist teachings are very similar to those of the other larger Protestant denominations, with an emphasis on the Bible as the supreme authority for faith and the need for personal faith. Baptism is normally of infants and communion services are usually held monthly. Set liturgy is not often used in Irish Methodist churches and the climax of worship is normally the sermon, with much hymn singing. Each local congregation normally has a Minister and some lay people serve as Local Preachers. According to the 2001 census about 59,173 people in Northern Ireland identify themselves as Methodists.

Northern Ireland's Protestant communities are diverse and as well as the three numerically large denominations there are many smaller ones. Those indicated here give some flavour of that diversity.

#### **The Baptist Union of Ireland**

There are around 18,974 Baptists in Northern Ireland. Baptists emphasise the need for believers' baptism by total immersion in water on profession of faith in Jesus Christ and there is a baptismal tank at the front of most Baptist churches.

#### **The Christian Brethren**

See section on Brethren on page 40.

### **The Free Presbyterian Church of Ulster**

This Church was established in the early 1950s under the leadership of the Reverend Ian Paisley and has grown steadily since that time to a membership of around 11,902. Free Presbyterians describe themselves as fundamentalist, emphasising 'the absolute authority and divine verbal inspiration of the Old and New Testaments as the Word of God' and great importance is attached to evangelism. The Free Presbyterian Church has consistently opposed ecumenism.

### **The Pentecostal Churches**

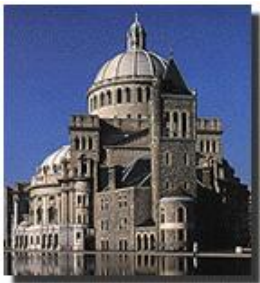
Several Pentecostal denominations are found in Northern Ireland, with broadly similar beliefs and practices, especially the Elim Pentecostal Church, the Assemblies of God and the Apostolic Church.

### **The Salvation Army**

In the 1860s and 1870s William Booth, a Methodist minister in East London, established a new mission to the poor which became known as the Salvation Army. By 1880 the Army had arrived in Ireland, where it currently has about 1,640 members.

### **The Society of Quakers**

See section on Quakers on page 80.



### **Christian Science**

The Church of Christ, Scientist, was founded in 1879 by Mary Baker Eddy (1821 -1910). Though she suffered much physical ill health, eventually this led her to the question of God's responsibility for human suffering. She experimented with various alternative-healing methods and eventually experienced personal healing after reading of the healing power of Jesus

Christ in the New Testament. This episode, in 1866, marked the point of her founding of Christian Science.

In 1875 she published 'Science and Health', later revised as 'Science and Health with Key to the Scriptures'. The Bible and this work formed the textbooks of the Faith, which grew rapidly in America and elsewhere. There are over 200 congregations in the UK.

The Church aims to 'reinstate primitive Christianity and its lost element of healing'. To most people, it is probably best known for its reliance on prayer alone for the healing of sickness. Adherents believe such healing is in direct line with that practised by Jesus Christ and the early Christian Church and is an integral part of the overall ministry of Christianity and the natural result of drawing closer to God in one's thought and life.

Christian Scientists are free moral agents and the Church does not control the actions of its members. It does not rebuke those who defer to family or legal pressures to undergo conventional medical treatment. However, when someone joins the Church, it is understood that there will be reliance on God for healing, rather than on medicines or surgery. Christian Science treatment must be purely spiritual, calling for a deeper understanding of man's relationship with God.

Christian Scientists will not normally be treated in hospitals but will seek treatment in a Christian Science Nursing Home or House. They may be admitted as the result of an accident or as a result of family or legal pressures, however and they will undergo medical treatment during pregnancy. Christian Scientists will allow medical treatment for their children in accordance with UK Law.



## **Filipino Community**

### **Beliefs**

See section: The Christian Community

## **Special Considerations**

Filipino culture has two particularly important traits. One is hiya, which can be roughly translated as "embarrassment", "shame" or "face". It has been described as "a kind of anxiety, a fear of being left exposed, unprotected and unaccepted". Having hiya means that people may feel very sensitive to social slight and as a result are very careful of the feelings of others.

Related to hiya is amor proprio, "self esteem". Loss of self-esteem can cause withdrawal.

There are cultural differences both inside and outside the home. In the Philippines, women are responsible for managing household finances and affairs. This differs from the situation in many Northern Ireland households, where men often expect to be in charge of the finances.



## **Hindu Community**

Hinduism is the oldest living religion, originating in India about 5,000 years ago. Indeed the word Hindu is the Persian for 'Indian' and was given to believers by invading Muslims in the 11<sup>th</sup> Century. Believers themselves prefer to speak of their belief as the eternal teaching and their beliefs are very much entwined with their way of life.

Hinduism is an umbrella-term covering different philosophical schools of thought and systems of belief. There is a wide diversity in belief and practice but a key belief is that there is one Supreme God, who is unlimited and therefore can manifest in unlimited forms, both male and female. There is also a belief in a number of demi-gods and demi-goddesses. Hindus believe that the atman, spirit, of a person is separate from their physical body and that this energy leaves the body at death and goes on to another life. It is the actions of the person in their life, which determine the nature and circumstances of their next life. The ultimate aim is to escape the cycles of birth and death and achieve union with the Supreme Spirit.

## **Hindu Beliefs**

As already indicated, the Hindu faith covers a wide range of belief and practice; indeed some see it as an umbrella covering a large number of more distinct beliefs. While most Hindus believe in God, some do not.

For most Hindus, the one God is understood either as the all-pervading, unknowable Brahma or as the Supreme Person. In either understanding, Hindus also believe in the existence of higher beings. The three main gods and their consorts are:

### **God**

#### **Brahma – The Creator**

The lord of all creatures

#### **Vishnu – The Preserver**

The controller of human fate

#### **Shiva – The Destroyer**

The source of good and evil who destroys and re-creates

### **Consort**

#### **Sarasvati**

The goddess of knowledge and truth

#### **Lakshmi**

The goddess of fortune and beauty

#### **Kali/Durga**

The symbol of judgement and death.

These gods can be seen in incarnations or avatars who have appeared in history and some who are yet to come.

A major belief is that of the transmigration of the atman (soul) in this world until it is sufficiently enlightened to transcend this process and become an eternal servant of Brahma by merging into the Supreme Spirit. This ultimate goal of all living beings is called moksha.

## **The Caste System**

**Please note: this is being addressed currently by the Indian Government at world level.**

The Hindu faith and social order are particularly combined in the Caste system. The system is justified by Scriptures and the idea of karma, whereby a person's actions in their life (lives) determines their progress in the cycle of rebirth. A caste



combines the family grouping with particular forms of work and traditionally people were expected to both mix socially and marry someone of the same caste.

The four major castes are:

<b>Brahmins</b>	Priest
<b>Kshatryas</b>	Rulers and Soldiers
<b>Vaishyas</b>	Businessmen, Artisans and Farmers
<b>Shudras</b>	Manual Workers

These are not straightforward, however and there are many subcastes as well as people belonging to a caste which does not seem to reflect their occupation.

## **Religious Festivals**

<b>Diwali/Deepavali</b>	The Festival of Light. A celebration of the victory of Rama over Ravanna and the homecoming of Rama and Sita. Candles and lights are lit in all houses to guide Lakshmi, the goddess of good fortune and prosperity to bless the house. Gifts are exchanged and fireworks are lit. The Festival celebrates the victory of light over evil.
<b>Holi</b>	Again celebrates the victory of good over evil. It also signifies the end of winter and the beginning of spring. Celebrations involve coloured water and coloured powder, which is thrown at family and friends. Some people may choose to fast. People meet in their homes, temple or community centre to sing religious songs.
<b>Janamashtami</b>	This is a celebration of the birth of Lord Krishna. Plays may be presented to depict the life of Lord Krishna. Again, many people will attend their local temple where religious songs are sung. Hindus may fast all day until midnight and some people may fast during the following day.
<b>Mahashivratri</b>	A celebration of the birth of Lord Shiva.
<b>Nanaratri</b>	The 'festival of nine lights' leading up to Dussehra. Dedicated to Mother Goddess Durga or Amba. Hindus dress up and dance around deities for nine days.
<b>Dussehra</b>	The tenth day after Nanarati. Celebrations of Mother Goddess Durga – the female principle of energy and motherhood. Family celebrations occur and presents are exchanged.
<b>Raksha Bandhan</b>	A celebration of the bond between brothers and



sisters.

**Rama Navami**

Celebrates the birth of Rama, the incarnation of Vishnu and the hero of the epic poem, the Ramayana. A day of fasting and prayer.

**Ganesh Chaturthi**

The celebration of the god of prosperity and good fortune – Ganesh. This god is revered as the remover of obstacles and is perceived as the symbol of happiness.

**Saraswati**

A celebration of Saraswati, the goddess of learning and art.

The Panchang is the Hindu lunar calendar and is the basis of all religious festivals. Festivals do not fall on the same date annually.



**Humanism**

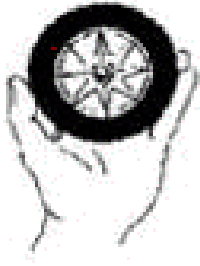
Humanism originated in the Greek secular contribution and was formalised in the UK in the Ethical Union, which was founded in 1896. The British Humanist Association was formed in 1963, under the Directorship of Sir Julian Huxley. Humanism is the outlook of goodwill and reason for those who do not accept God or a Divine Plan and see the highest good as what is best for mankind.

Humanism is concerned with morality and having faith in man's intellectual and spiritual resources, which it is believed will bring knowledge and understanding of the world and how to solve the moral problems which arise in using that knowledge. They believe strongly in the individual's freedom of choice.

Humanism respects man regardless of class, race or creed. It is also believed that the solution to a person's problems lies within themselves.

Humanism considers freedom and tolerance to be basic moral principles and looks to achieve happiness for all.

Humanism accepts that everything in the universe is the result of naturalistic processes. Humanism aims to give vision to inspire people and guidelines from which moral judgements can be built. There is a belief that the ideals of co-operation and tolerance, the use of the constitutional process and reasoned persuasion can win through and form the best framework for the Open Society.



## **Irish Traveller Community**

Irish Travellers often confused with Gypsies are a lesser known culture in Northern Ireland. Travellers are indigenous to Ireland whereas Gypsies have their origins in Northern India. The presence of the Irish Traveller community dates back many years as they are the second largest ethnic group in Northern Ireland estimated at approximately 1,500 families.

Within the Southern Trust a high number of Traveller families are located in the Coalisland and Armagh areas as well as in Craigavon. Irish Travellers have a long shared history and value system, live in extended family groupings and have their own customs, traditions and language. Gamin, the language of the Travellers has its origins in 'Old Irish or even a pre-historic Celtic parent language'. The distinctive Traveller lifestyle and culture, based on a nomadic tradition, sets them apart from the settled population.

Travellers are identified by the Race Relations (NI) Order 1997 as a racial or ethnic group; "A community of people commonly so called who are identified as a people with a shared history, culture and traditions including historically nomadic way of life on the island of Ireland."

Travellers identified as a distinct ethnic group situates them within the context of the social relations engendered by the interaction between dominant and subordinate ethnic groups. The oppression of the Travellers is seen as a human rights issue with implications for legal protection against discrimination and equality of access to the full range of service provision including accommodation, education, training and employment and health care as they are the most discriminated against minority group in Northern Ireland today. Only 11% of the Traveller community are in paid employment. The 'Traveller Economy' is the term used to describe the work Travellers initiate themselves. Examples of this include tin-smithing (tinkering), horse-trading, seasonal agricultural labour, and door-to-door sales of domestic wares. The traditional Traveller economy, however, was adversely affected in the years following the second world war by a number of factors, including farm mechanisation, rural depopulation, improved rural transport and the mass production of plastic goods. Such changes rendered many traditional Traveller crafts, trades and services redundant. As a result, 70% of those who are economically active have had no paid work in the last ten years. Low levels of educational attainment and high levels of illiteracy are also key issues. The vast majority of Travellers hold no formal qualifications, and 92% have no qualification equivalent to or higher than GCSEs.

Research indicates that the Traveller community are the most marginalised group in Northern Ireland with attitudes being the biggest barrier they face. For example, one survey revealed 40% of respondents felt the Travelling lifestyle of Irish Travellers was not a valid one and should not be supported and resourced in terms of job opportunities and the way services are developed for them. Further, the same research revealed that 57% would not accept a Traveller as a neighbour, 66% as a work colleague and 70% as a friend. Travellers often

experience negative attitudes when accessing health and social care and some have recounted incidents whereby they have heard staff talking about them in derogatory terms.

## **Beliefs**

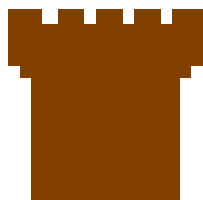
See section: The Christian Community.



### **JAINISM**

Jain philosophy arose in India and is distinctive from Buddhism and Hinduism. The universe is believed to have existed for all time and no Creator is seen as necessary. Each soul is eternal and the ultimate goal of existence is to gain release from a cycle of death and rebirth and achieve eternal rest in the highest heavens called nirvana.

Jainism is an ascetic philosophy, which sees the world as a place of sorrow, which can only be escaped by distancing oneself from the world through the Three Jewels, right knowledge, right faith and right conduct. The central vows, which assist in reaching the salvation of nirvana, are non-violence, truthfulness, non-stealing, chastity and non-attachment to possessions and worldly goods.



### **Jehovah's Witnesses**

Jehovah's Witnesses believe in Almighty God, Jehovah, Creator of the heavens and the earth, but not in a way acceptable to Christians or Jews.

Their scriptures vary from the Bible used by Christians.

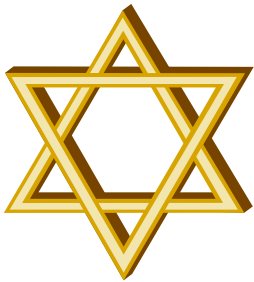
EARTH.....

created by Jehovah...  
cared for by man...  
to be inhabited forever

Jehovah's Witnesses believe in making a positive effort to reach the public with their message, which varies from traditional Christian teaching. Scriptures and literature are offered to householders.

Witnesses conduct meetings in Kingdom Halls on a weekly basis and also assemble in private homes for Bible Studies each week.

The only festival celebrated is the annual memorial of the death of Christ, the date of which varies, being calculated to the Biblical formula.



## **Jewish Community**

The foundations of Judaism and the earliest stories of the Jewish people are found in the Hebrew Bible (i.e. the 'Old Testament'). The essential belief is that there is One Spiritual God who cannot be represented in any shape or form. Since Biblical times the land of Israel has been considered a Jewish homeland. Following the re-establishment of Israel in 1947 many Jews have chosen to live there, others to live in many

other countries.

## **The Jewish Faith**

The Jewish religion dates back several thousand years and is the oldest of the three major monotheistic religions. Indeed Christianity and Islam both build on the revelations contained in the Hebrew Scriptures largely recognised by Christians as the Old Testament. The Jewish Faith sees God as the Creator and Ruler of everything, both knowing all things and eternal. The Jewish people see themselves as having special obligations as God's chosen people particularly under his Law. People are born Jewish rather than choosing Judaism; although some people do convert to Judaism. It is not a faith, which actually seeks converts. The Jewish bloodline comes through the mother rather than the father.

The Jewish Law is found in the Torah, the first 5 books of the Hebrew Bible/Old Testament. This Law is summed up in the Ten Commandments, but other regulations are also contained in the Torah and Talmud and have been further amplified by Jewish scholars.

### **The major branches of Judaism are:**

**Orthodox** – strict observance of the Law is taught and conforming one's daily life to the classical regulations. Because of this, most Orthodox will feel unable to travel to see patients on the Sabbath however serious the situation. However, patients may travel if it is a matter of life and death.

**Progressive/Reform/Liberal** – these branches take a variously less orthodox viewpoint, being prepared to adapt tradition to the needs of modern society without losing the central faith in God and his adoption of the Jewish people as his chosen.

Jewish people believe that the Messiah is yet to come into the world. They expect the Messiah to be a divinely appointed perfect man who will lead the Jewish people to that foretold in prophecy.

The Rabbis are experts in the Law and give guidance in Jewish practice. They are involved in teaching and preparing boys (and in the liberal and reform tradition, girls) for the ceremony of adulthood at age 13. The Rabbis also conduct worship in the synagogue. There are religious leaders who have not achieved the rabbinical standard of scholarship, but who may assist in the pastoral care of members of a synagogue. There is wide variation in the degree to which individual Jews observe religious requirements.

## **Sabbath and Festivals**

The Sabbath begins at sunset on Friday and lasts until sunset on Saturday. Some patients will want to follow the tradition of lighting two candles at the onset of the Sabbath and to greet the Sabbath with a small glass of wine with special bread. We can assume that if this is required, the relatives or Rabbi will provide these necessities. On the Sabbath work is prohibited. Practice varies widely but may include certain everyday tasks like writing or switching on lights. The patient or relative should be consulted as to what that person can or cannot do.

## **Religious Festivals**

<b>Pesach</b>	The Passover (celebrated in March or April) is an eight day celebration marking the exodus of the Jews from Egyptian slavery. The four middle days are treated as ordinary workdays. Special Passover meals are made and food must not contain any yeast or anything that is fermenting. Only unleaven bread and other special food is eaten.
<b>Yom Hashoa*</b>	Remembrance Day for the victims of the Nazi Holocaust. It is marked by lighting memorial candles and the holding of special services.
<b>Yom Ha'atzma'ut*</b>	Marking the foundation of Israel.
<b>Lag B'Omer Omer*</b>	The period of 49 days between Passover and Pentecost. Lag B'Omer is the 33 <sup>rd</sup> day. It is the celebration of the end of a plague that occurred during Roman times and it is the only day during Omer when weddings can take place.
<b>Shavuot</b>	Pentecost – a celebration of the revelation of the Torah on Mount Sinai. It also celebrates the wheat Harvest.
<b>Tisha B'Av*</b>	A day to fast and to mourn the destruction of the 1 <sup>st</sup> and 2 <sup>nd</sup> Temples in Jerusalem.
<b>Rosh Hashanah</b>	New Years Day – the anniversary of the world's creation and the marking of the ten days when Jews are judged by God.
<b>Yom Kippur</b>	The Day of Atonement (celebrated in September or October) marks the end of the ten days. It is a day of fasting.

The dangers of fasting when ill will be taken into account by even the most orthodox patient on medical advice.

<b>Sukkot</b>	A nine day harvest festival. The middle five days are treated As weekdays. It begins five days after Yom Kippur and commemorates the forty years spent in the wilderness after the Jewish flight from Egypt.
<b>Simchat Torah</b>	This follows Sukkot celebrating one annual cycle of reading the Torah and the beginning of another cycle.
<b>Hanukkah*</b>	The re-dedication of the Temple by the Macabees. An eight-branched candlestick is used to celebrate the eight evenings of this festival – one candle is lit each evening.
<b>Ti B'Shevat*</b>	This is a New Year for trees. Trees are planted and fruit from Israel is eaten.
<b>Purim*</b>	A celebration of deliverance of the Jews from Persia. The giving of gifts to family and friends and charity to the poor takes place on this day with a day of fasting preceding it.

Not all these festivals are of the same religious significance. The ones, which are not restrictive as to work, writing or switching on lights, are marked with an asterisk '\*'.



## Latvian Community

The Republic of Latvia is situated in northeastern Europe with a coastline along the Baltic Sea, Latvia is geographically the middle of the three former Soviet Baltic republics and has a population of around 2,274,735. It has language links with Lithuania to the south, and historical and ecumenical ties with Estonia to the north. Following the collapse of the Soviet Union, Latvia declared independence on August 21 1991. Latvia became a member of NATO and the European Union in 2004.

## Religion and Culture

The population is mostly Christian. The largest group being Lutheran (556, 000, according to 2003 data), with smaller percentages Roman Catholic (430,405) and Eastern Orthodox (350,000). Another religion is Dievturi (The Godkeepers), which has historical roots based on pre-christian era mythology and there are also members of the Jewish faith, approximately 9,883 in 2005. The ethnic composition is Latvians 58.9%, Russians 28.6%, Belarusians 3.8%, Ulkranians 2.6%, Poles 2.4% and Lithuanians 1.4%



Music and songs are very important in the life of Latvians. The country has had several composers who took their inspiration from folk music.

## **Language**

The official language of the country is Latvian. Russian is by far the most widespread minority language. Older people often speak a fair bit of German, but most young Latvians are quite fluent in English.



## **Lithuanian Community**

Lithuania has a population of 3.7 million people with the country's area being 25,212 sq. miles (slightly smaller in size than the Republic of Ireland with slightly larger population). 80% of the population are Lithuanians. The remaining 20% are Russian (8.7%), Polish (7%), Belarusian (1.6%) and Ukrainians (1.2%). The average

life expectancy of Lithuanians is 63 years for men and 75 years for women.

## **Religion**

The largest of the Christian faiths is the Roman Catholic Church, but many other Christian, Jewish and Muslim Faiths have active congregations in Lithuania. There are also significant numbers of persons of no religion.

## **Culture**

Lithuania is the largest, by population, of the Baltic Countries. The first language is Lithuanian, one of only two surviving Baltic languages of Indo-European origin. There are four main dialects, the most common of which is 'high' Lithuanian. Before the 18<sup>th</sup> century the Grand Duchy of Lithuania stretched through Russia and the Ukraine to the Black Sea. The modern Lithuanian State has been an independent republic since 1991. Agriculture is still the mainstay of the economy, with cattle, dairy foods, vegetables and sugar beet the main products.

Traditional Lithuanian cooking makes innovative use of the humble potato and includes cepelinai (meat cooked inside a ball of potato dough, served with a special sauce), vedarai (cooked meat and potato sausage) and kugelis (potato pudding with a sour cream sauce). Smoked sausage, various cheeses, local fruit and vegetables are traditional fare and soups are also popular. Western European culture has permeated the larger urban and youth culture to a considerable extent.

## **Family**

The average family has one or two children. The father is generally recognised as head of the family. There is a longer tradition of both parents working outside the home and actively sharing parental responsibilities than in Northern Ireland.

## **Language and Communication**

The most commonly spoken languages are Lithuanian, Russian, Polish and Yiddish.



## **Mormons**

**(Also known as the Church of Jesus Christ of Latter-day Saints)**

The origins of the Mormon religion began in 1820 in Palmyra, a family area in Western New York, USA. Today there are estimated to be 300,000 converts annually and the headquarters of the Church is in Salt Lake City, Utah, USA.

Mormons worship using the King James Version of the Holy Bible and the book of Mormon. Mormon missionaries crossed the Atlantic in 1837 and began preaching and the first Mormon baptisms in England took place in the River Ribble at Preston on the 30 July 1937.

Mormons believe that God (the Father), Jesus Christ (the Son) and the Holy Ghost are separate personages, although united in purpose. They believe in continuing Revelation and that there is a living prophet, a man who receives revelations from God and who directs their church here on earth. They also believe that we are living in a time just before the Second Coming of Christ and that the Gospel should be taken through missionary work to the whole of the world. They believe in self-sufficiency, in honouring, upholding and sustaining the Law and in being of service in the community. Mormons follow a very strict health code, known as the Word of Wisdom, which counsels against the use of tea, coffee, alcohol and tobacco and advocates healthy living.

Missionary work is mainly done by young people between the ages of 19 and 22 who travel in pairs serving full-time without pay. They go out into the Community visiting homes and spreading the word of their Church. Most rely on their own savings or are supported by family and friends. Their term of service is two years for men and 18 months for young women and missionary couples.





## **Muslim (Islamic) Community**

There are approximately 4000-5000 Muslims in Northern Ireland, most of which have settled from Europe, the Far East, Gulf States, India, Iran, Malaysia, the Middle East, North Africa, Pakistan and Turkey. The majority of Muslims are Sunni (90% Sunni, 10% Shiite). Most Muslims live in the Belfast area, although many live in Ballymena, Coleraine, Craigavon and Londonderry. The Belfast Islamic Centre is the main mosque and place of worship for Muslims in Belfast and also acts as a social and community centre. NIMFA (Northern Ireland Muslim Family Association ) is another place for worship and activities for Muslim families in Belfast. There are also a few local mosques i.e. the Ballymena Islamic Cultural Centre and the Bangladeshi Islamic Centre, Newtownards and in Craigavon the community have their own Imam and temporary mosque. The main languages spoken, in addition to English, include Arabic, Malay, Urdu, Punjabi, Sylheti and Bengali. In the Southern Area the most common languages would be Punjabi, Urdu and Arabic. There is a strong link between the universities within the Province and the Belfast Islamic Centre which was founded in the early 1980s and NIMFA which was founded in the early 1990s. On both sites the Arabic language, the Quran and Islamic history classes are run along with study circles for women on weekends with discussion focusing on Islamic history, poetry, language, careers advice and parenting. The Islamic community has a part of Glengormley cemetery allotted to them.

The literal meaning of Islam is considered to be 'peaceful submission to Allah'. Makka (Mecca), Saudi Arabia is the place of pilgrimage and the birthplace of the prophet Mohammed (peace and blessing on him). Muslims face the Kabba (shrine) within Mecca when praying, so may ask the direction of Kabba or Mecca.

The Holy Quran is the Holy Book of the Muslims who believe it to be the Word of God; this is particularly the case for the Arabic version. The Islamic faith is not just a pattern of religious behaviour, but a way of life that includes all day to day activities (e.g . being good to parents, relatives, neighbours, friends and being perfect at work etc.). The faithful are called to pray five times a day, although these can be joined together when necessary. Times of prayer vary because they are based on the times of dawn and dusk and Muslims follow the Lunar calendar.

Islam is a multi-racial faith and all languages may be found to some extent within the Muslim following. In Northern Ireland, the most prominent languages amongst the Islamic community are Arabic, Malay and Urdu.

## **Islamic Beliefs**

The foundations of the Islamic Faith go as far back as Adam and Eve and Islam is a continuous chain from the Torah through the Gospels and on to the final book the Quran. This Faith developed rapidly during the Prophet's lifetime and from the 7<sup>th</sup> Century became a potent force first in the Middle East and then further afield.

While all religions have some impact on the way a follower conducts his or her life, Islam lays down a distinct regime for devout followers both in public and private life. Islamic law is based on:

1. The **Quran** (Koran) revealed gradually to Mohammed by the angel Gabriel. (The Arabic text is regarded as the only authentic version).
2. The **sunna** or practice of the Prophet as recorded in tradition.
3. The **ijma** or consensus of the Muslim community and Islamic scholars.
4. **Qiyas** – deductions from the first three sources.

There are a number of strands of the Islamic faith, which have their own views on practice and some are more conservative than others. There is a common agreement on the basic foundations. They believe in one God (Allah) and reject any idea that God comprises any person other than Allah the Creator. They reject the Christian view of God as one, but comprising Father, Son (Jesus) and the Holy Spirit. They do acknowledge Jesus as a prophet but see Mohammed (peace and blessing on him) as the final and most important prophet whose message was universal rather than for a particular nation or people.

### **Islam is built on 5 Pillars (duties) which are considered the practical side of Islam.**

#### **Declaration of Faith (SHAHADAH)**

By believing and verbally using the following words, 'I bear witness that there is no God but Allah and that Mohammed (peace and blessing upon him) was his prophet and messenger'.

#### **The mandatory five daily prayers (SALAT).**

Fajr	-	at dawn
Zuhr	-	in the early afternoon
Asr	-	late afternoon
Maghrib	-	at sunset
Isha	-	late in the evening. The believer must perform ablutions before prayers can commence. Muslims are obligated to attend midday congregational prayer on Fridays in a communal setting.

#### **Fasting during Ramadan**

One lunar month of abstaining from food, drink and sex from just before dawn to sunset. Ramadan occurs 11 days earlier each year and is the 9<sup>th</sup> month of Islamic lunar calendar.

**The giving of alms (ZAKAT)** is a duty of giving charity to the poor every year. Sadqa is charity given anytime.

**Pilgrimage to Mecca once in life (HAJJ).**

Muslims reject any image of God and would not wish to pray where there are symbols of other religions. Some will refuse to pray where other symbols are around. There is also variation in attitudes over men and women praying together; some will be happy to pray in different areas of the same room, while others will wish to be in a different room or screened from each other.

It is normal for Muslims when mentioning 'Mohammed' or the 'Holy Prophet' to insert a phrase 'peace and blessing on him' either in their native tongue or in Arabic. (We have used this phrase in the text both out of respect for this tradition and as an example of a practice you may hear and find strange; it is not incumbent on non-Muslims to use this.) This is part of their prayer and reverence for the Prophet who was instrumental in showing the world Allah's message. It should also be noted that many Muslims find it difficult when in modern Western society people make jokes about God. They will certainly find criticism or satire about Allah or Mohammed unacceptable and may be deeply offended.

**Islamic Date of Significance.**

These festivals are calculated by the lunar calendar.

<b>Al Hjarh</b>	Commemorates the migration of Mohammed from Mecca to Medina. The Muslim calendar starts on this day.
<b>Ashura</b>	Commemorates the death and defeat of Hussain, son of Ali and grandson of Mohammed. Shiite Muslims will fast, mourn and re-enact the historic events. Sunni Muslims will imitate the Prophets own fast on this day.
<b>Muharram</b>	The first day of the first lunar month - New Year.
<b>Mohammed's Birthday</b>	The twelfth day of the third lunar month.
<b>Lailat Al Miraj</b>	This is the original of the five times a day ritual. It marks the ascent of the prophet to the throne of God to receive messages for the guidance of mankind.
<b>Ramadam</b>	Muslims practice self-discipline through fasting in order to achieve tolerance, love, sacrifice and equality, by desisting between dawn and dusk from eating, sexual activity or quarrelling. The fast is broken at sunset with special meals.

<b>Lailat UI Qadr</b>	A celebration of the night (the night of power) when the Quran was first revealed during Ramadan . This is equivalent to 1,000 nights of worship. Prayers are said either at home or at the mosque. There is additional reading of the Quran.
<b>Hajj</b>	The pilgrimage to Mecca. Each Muslim should make one trip to Mecca within their lifetime only if he/she can afford it. The employer may expect the individual to be away for at least three weeks.
<b>Eid UI Fitr</b>	The celebration day at the end of Ramadam. Gifts are exchanged and there is a special feast. Prayers are said at the local mosque and/or community centre.
<b>Eid UI Adha</b>	A commemoration of when Ishmael and Abraham were tested by God. Eid prayer is said at the local Mosque and /or community centre.

*NB: The two 'Eids' above are the only two festivals in Islam.*



### **Paganism e.g. Wicca [witchcraft], Druids, Odinists**

In these guidelines, Paganism is used to describe a particular religious group. It is not being used in a derogatory sense.

### **Beliefs**

These tend to include:

- ‘A respect for the Sanctity of Life’
- ‘A respect of the Welfare of Children’
- ‘A particular respect for Women’
- ‘A feeling of closeness to and reverence for Nature’
- ‘That Deity can be seen in terms of male and female’
- ‘That Deity can be found and approached both within and without one’s Self’
- ‘Reincarnation’
- ‘The need to work for good ends’

For many pagans, the position of a goddess as a major source of their inspiration is the most distinctive aspect of paganism.



## **Polish Community**

The Republic of Poland is a member state of the European Union since 2004 and has a population of around 38.6 million making it the 8th most populated country in Europe. The average life expectancy of the Polish is 69 years for men and 78 years for women.

In November 1918 Poland gained independence and was proclaimed as a Republic.

## **Religion and Culture**

The major religion in Poland is Roman Catholic. Minority religions include Eastern Orthodox and Protestant. Ethnically, Poland is almost homogenous with the minorities accounting for about 3-4% of the population. In the inter-war period (1918-1939) 35% of the population were of non-Polish nationality. The dramatic change is due to the Second World War and the post-war policy of Poland's communist authorities. Polish identity and patriotism are deeply rooted in minds of Polish emigrants. Despite being abroad, they are intimate with Polish culture and their children often study Polish as a second language. Most of them are in permanent touch with the close relatives living in Poland who keep them up to date with news on Poland.

## **Language**

The main language in Poland is Polish; according to the 2002 census 97.8% speak Polish while 2.2% was 'other' or 'unspecified'. Poland's school curriculum introduces English in the third grade. Many Polish people prefer having written information in Polish during times of stress even if they can read English.



## **Portuguese Speaking Community**

The Republic of Portugal is a member state of the European Union with a population of 10 million and an area of 36,000 sq. miles. The average life expectancy of the Portuguese is 71 years for men and 78 years for women.

In common with several other Western European Countries, Portugal has a long Colonial history which is reflected in the diversity of its citizens e.g. some may be of Black African descent. In 1974, all former Portuguese colonies were granted independence although many citizens of these countries retain Portuguese citizenship.

## Religion

The major Portuguese population is Roman Catholic and Catholic traditions continue to influence life in Portugal. Minority religions include Protestants, Jews and Muslims. Church and state were separated under the Constitution of 1911.

## Culture

Portugal was a major world power in the 15th and 16th Century, losing much of its wealth and status following an earthquake in 1755 which destroyed Lisbon and the occupation of Portugal in the Napoleonic wars and the independence of Brazil in 1822. The monarchy was deposed in 1910 and until 1974 the country was run by dictatorship. A left-wing military coup installed democratic reforms and elected government in 1974 and the following year Portugal granted independence to all its African colonies.

Not all persons, therefore who speak Portuguese as a first language have a shared culture, or a common national flag. Portuguese is spoken in South America, Africa, Goa, East Timor and Macau (off the coast of China) and is one of the most common spoken languages in the world. Therefore, it should be noted that not all of the Portuguese speaking community are actually 'Portuguese'.

Portugal has a rich and diverse culture which embraces Celtic, Moorish, Roman, African and Latin American influences in architecture, art, music and food.



## Quakers

### **Also known as the 'Society of Friends'**

Quakers are best known for their pacifist principles and their silent and spontaneous worship. Founded by George Fox in the 17th Century, Friends believe that there is a Divine Light present in every person.

Quakers believe the whole of life is sacred and the experience of God is available to everyone. Quakerism is a group of insights, attitudes and practices, which together form a way of life, rather than a dogma or creed. It rests on a conviction that by looking into their innermost hearts people can have direct communication with their Creator. This experience cannot ultimately be described in words, but Quakers base their whole lives on it. The Religious Society of Friends (Quaker) movement arose in the mid-seventeenth century. Its followers called themselves 'Friends of Truth' or simply 'Friends'. There are no ministers or pastors. Elders and Overseers are appointed to oversee spiritual and pastoral well being of Quakers meetings and their members.



In their meetings for worship Quakers do not sing hymns or use set prayers, but wait on God in silence, with a member occasionally speaking briefly about insights they have received, praying or reading from the Bible or other religious works.

From early on in their history, Quakers have taken a clear stand for peace. This can involve campaigning against war and the arms trade, but is also about building peace and dealing with the causes of conflict in everyday life.



## **Rastafarian Community**

Rastafarians are followers of a growing movement, which began in the West Indies, mainly in Jamaica and Dominica in the 1930s. The movement is linked to the roots of resistance to slavery (Campbell 1985) amongst the descendants of the black African slave families and the identification with Africa is central to the principle of Rastafari.

The philosophy of Marcus Garvey gave birth to the Rastafarian philosophy. He promulgated that man must know himself and led the 'Back to African Movement' which raised consciousness and self-respect.

The accession of Ras (Prince) Tafari, as Emperor of Ethiopia (Haile Sellassie) in 1930 was seen as fulfilment of the belief that a ruler would emerge in Africa and lead all black people to freedom.

Various groups have contributed to the Rastafarian Movement, which has, in many ways, rejected Jamaican-European culture and the Christian Revivalist Religion predominant in Jamaica. The result is a distinct entity. The Old and New Testaments are still regarded as Scriptures, but Rastafarians do not consider themselves ordinary Christians. For them Christ's spirit was reborn in Ras Tafari, the true Messiah.

Rastafarian is a personal religion and its culture has a puritan ethic, which assists personal dignity and this may mean rejecting Western medical treatment. For some, legal marriage is unnecessary and thus extended families may be complex.

Rastafarians are easily identified by their distinctive hairstyles i.e. dreadlocks. The hairstyles or locks are a symbol of faith and a sign of black pride. Orthodox members may not permit their hair to be cut. Rastafarians may be unwilling to wear hospital garments which have been worn by others. If this is the case, disposable theatre gowns may be the best answer.

## **Religious Festivals**

Christmas is celebrated on the 7 January.

Haile Selassie's birthday is on the 23 July.

The 2 November is the celebration of his imperial majesty's coronation.  
Marcus Garvey's birthday is on the 17 August.



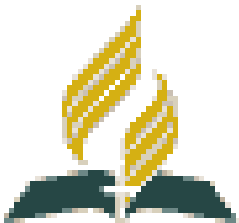
### **Scientology**

The American L Ron Hubbard founded scientology in 1950. It describes itself as an 'applied religious philosophy' and rejects the idea that Man is simply a higher animal and the materialism of modern society,

which it believes to be destructive.

Scientologists describe a person's inner spiritual being as the thetan, the essence of a person. This is not a separate part of a person but the person. They consider that people are made up of the 'thetan', mind and body and that a person can be helped to take control of themselves. The mind is seen as having two parts – the 'analytical' and the 'reactive'. The reactive part of the mind records everything even when we are unconscious and is 'charged' with energy in the memories it contains. Neutralising that energy allows people to be in control of themselves.

Scientologists are concerned with the whole of life and have advice for their followers on a whole range of problems.



### **Seventh Day Adventists**

The 7<sup>th</sup> Day Adventists grew out of a worldwide religious revival, which expected the imminent return of Christ. The Church was organised formally in 1863 and began its mission to the world. They believe the Bible is infallible and have a strict lifestyle.



### **Sikh Community**

Sikhs believe in one God and in many cycles of rebirth. They respect equality of all people, regardless of caste, colour, creed or sex.

The birthplace of Sikhism was in the Punjab, India in the last 15<sup>th</sup> Century. They took on the Hindu view of rebirth.

In most towns, there is a GURDWARA (Sikh temple) which is the rendezvous chosen by Sikhs for meeting, speaking about God and for public worship. It is a place for meditation, divine knowledge, bliss and tranquillity. Unlike other temples which contain altars and idols, a Gurdwara has as its focal point the HOLY



GRANTH SAHIB (Sikh Holy Book) wrapped in a costly cloth placed on a platform under a canopy.

Prayers are read during the day; orthodox and baptised Sikhs try to keep a stricter routine and may wish to pray 5 times daily.

Tobacco and alcohol are officially forbidden, although many younger and less devout men do take alcohol. Tobacco is more strictly banned.

## **Sikh Beliefs**

Sikhism is one of the newer faiths of the World, having its origins in the life and teachings of Guru Nanak in the Punjab in Northwest India in the late 15<sup>th</sup> and early 16<sup>th</sup> Centuries.

The Sikh religion was founded by Guru Nanak, born in Talvandi (1469-1538), Guru Nanak envisaged a society in which every member would work for the common good; Sikh means 'Disciple'. He and the nine other Gurus who followed him sought to set an example in the way of living spiritually, while at the same time taking an active part in the World.

Guru Nanak was opposed to religious practices taking the form of superstitions and ritual acts, which he saw as barriers rather than aids to worship. He spoke against the Caste System, against the custom of 'Purdah' (veiling) and 'Sati' (Widow burning) and gave women not only equal but rather higher status than men. He emphasised the oneness of God and his presence; and he stressed the virtues of truthfulness, kindness and generosity and the equality of men. Nine more Sikh gurus followed his teachings over a period of 200 years.

The tenth guru, Gobind Singh, knit the Sikhs into a Saint and Soldier nation with a common loyalty and a common purpose and at the same time introduced a more democratic form of organisation, with less reliance on a single man. He introduced Sikh Baptism in 1699: all baptised Sikhs adopted and wore five symbols of Brotherhood.

These are known as the five Ks and are:

<b>Kesha</b>	Uncut hair of head, face and body.
<b>Kangha</b>	The comb which keeps hair tidy and in place.
<b>Kara</b>	The steel bangle wrist band.
<b>Kirpan</b>	A short sword or dagger.
<b>Kachha</b>	White shorts, worn as an undergarment. These have important religious significance and should not be removed unnecessarily. If they must be removed this must be discussed with the patient.

The Guru also instructed the Sikhs to rise early and say prayers in the morning, at sunset and before returning to bed; to abstain from tobacco, drugs and alcohol; to

avoid eating meat, to refrain from adultery and to contribute to religious purposes or for the needy in the community.

There are no priests in Sikhism; any competent person from the community can lead the service. Before Guru Gobind Singh died he declared that the Book of Scriptures, 'Guru Granth Sahib' should be his successor and it is through this Holy Book that Sikhs now approach the 'Wagurguru', meaning the Wonderful Lord.

The Sikh Temple is called the Gurdwara, where the Granth Sahib is kept with utmost respect. The Gurdwara is more than a place of worship; it is a Community Centre – the focal point of the Sikh Community.

The kitchen attached to the Gurdwara is called a Langer. Worshippers meet after the service to prepare food and eat together. People take it in turn to supply the food.

Langer is the free provision of food for everyone, regardless of religion, race, sex or class. It is a distinctive feature of Sikhism and served twice a day in major Gurdwaras.

To provide food and to serve the prepared meal are both considered great honours.

## **Turban**

Sikhs are probably best known for two things, their turbans and their inner spirit. The turban is more than a covering for the head. It is regarded as part of one person's personality, not merely a garment. The hair of Sikh children will not be cut as it grows longer, that of boys will be tied up in top knot and secured with a handkerchief.

It is the way in which the Sikh man identifies himself with the Gurus, especially the tenth, who, when he commanded his followers to be like him, was understood to be referring to outward appearance as well as spiritual and ethical conduct. As the Guru wore the turban, so should their disciples. The turban is made out of muslin material, which is wound round the head and is six to seven yards in length and about thirty inches in width. There are different ways of wearing a turban and different shapes and colours. Younger men will wear it in different colours. Some older men and men who are widowed wear white. Not all women wear a turban but there are some that do. If they do, they will also cover a turban with the 'dupatta' scarf that is worn with Shalwar (trousers) and Kameez (tunic top).

## **Religious Festivals**

These are divided up into Melas and Gurpurbs. A Gurpurb is a religious celebration associated with the anniversary of the birth or death of a Sikh guru. The festivals of Baisakhi, Diwali, Sangrand and Hola Mohalla are important melas.

### **Baisakhi**

New Year's day falls on 13 April commemorating the

foundation of the Sikh Order of Khalsa known as the five Ks. It is preceded with three days of prayer.

### **Hola Mohalla**

Falls in the spring when Sikhs are supposed to visit Gurdwaras in the vicinity.

### **Birthday of Guru Nanak**

A complete reading of the Guru Granth Sahib which begins two days before the birthday and is scheduled to finish on the morning of the birthday itself. Hymns and sermons celebrate the work of Guru Nanak and food is shared amongst the congregation.

### **Diwali**

The traditional Hindu Festival of Lights which is significant for Sikhs. The 6<sup>th</sup> Guru Hargobind was released from prison and arrived in Amristar on Diwali Day



## **Spiritualism**

In itself a religion, in that it embodies the main ideas of all religions that there is life after death, immortality and the existence of a God. The difference is that Spiritualism claims the ability through Medium-ship to prove that man survives the grave. The philosophy of Spiritualism is based on seven fundamental principles.

‘The Fatherhood of God’

‘The Brotherhood of Man’

‘The Communion of Saints and the Ministry of Angela’

‘The Continuous Existence of the Human Soul’

‘Personal Responsibility’

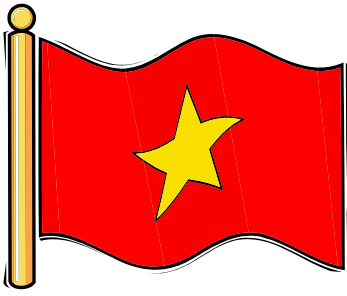
‘Compensation and Retribution for all the Good and Evil Deeds done on Earth’

‘Eternal Progress Open to every Human Soul’



## **Unitarians**

This is a dissenting movement, which carried many overtones of Christianity but rejects a number of important Christian doctrines such as the Trinity and the Incarnation of Jesus Christ. Baptism is in the name of God (the Father) only.



## **Vietnamese Community**

The majority of Vietnamese people living in Northern Ireland arrived as refugees in the late 1970's via refugee camps via Hong Kong as a result of the Chinese invasion of Vietnam. The majority have originated from North Vietnam and most are ethnic Chinese.

### **Religion**

Vietnam has no official religion. Confucianism, Taoism and Buddhism are three philosophies, which influence the lives of Vietnamese people. However, the vast majority of Vietnamese are Buddhists with 20-30% Catholics.

### **Language**

The Vietnamese people speak one or both of two languages:

Vietnamese	This may be the only language spoken by ethnic Vietnamese. Ethnic Chinese can often speak Vietnamese too.
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Cantonese	All Vietnamese of Chinese origin will speak Cantonese.
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In spite of reading and writing English well, many Vietnamese don't speak English fluently.

### **Festivals**

Those associated with Buddhism and Catholicism.



## **Zoroastrianism**

A descendent of the old Indo-Iranian beliefs, the modern Zoroastrian faith has an emphasis on personal religion and choices. God is seen as the good Creator of all things physical and spiritual and has no responsibility for evil. Evil comes from the Destructive Spirit (Angra Mainyu) whose nature is destructive and violent. The world is the battle ground for good and evil. Zoroastrians believe in life beyond death and judgement which consigns a person to heaven or hell.