

Selected abstracts from unpublished works

DESCRIPTIVE ANALYSIS OF CULTURAL COPING MECHANISMS UTILIZED FOR THE REDUCTION OF PARTURITION PAIN AND ANXIETY IN FIJI

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This study examines the cultural
response to the pain of parturition in two
groups: the Fijian and the Fiji-Indian.

Methodology

First the cultural context of birth was
investigated. Data were obtained by inter-
viewing traditional birth attendants (four
Indian *dai* and four Fijian *yalewa vuku*),
women (nulliparous, multiparous, and
laboring), and men. Cultural information
on attitudes, values, and beliefs regarding
childbirth, traditional herbal medicines,
technical methods for the management of

childbirth, and the expected (or ideal) behaviors of the parturient women are presented.

Second, 29 women were observed during labor and delivery, and their responses to the pain stimulus were recorded using a behavioral taxonomy. Finally, the perceived severity of childbirth pain was quantified using a pain stimulus scale. This scale compares the pain of childbirth with other painful events using Thurstone's paired-comparison discriminative analysis technique.

Results

The pain stimulus scale shows that Fijians rate childbirth pain as the most painful when compared with other painful events, whereas the Fiji-Indians consider this pain as less severe, second after the pain of a heart attack. In both groups the cultural perception of pain severity is congruent with the ethnographic descriptions of childbirth, so that the greater the perception of the pain event, the greater the number of coping mechanisms exist within the culture to reduce pain.

Childbirth in the Fijian culture is a community concern, and care of the mother and her infant is the responsibility of all. Multiple coping mechanisms, such as an extensive belief system, herbal remedies, and support and comfort measures, have developed within the Fijian culture to reduce pain. On the other hand, Fiji-Indians consider childbirth a private condition that must be concealed as long as possible. Only a few coping mechanisms exist to assist the pregnant woman, and caring mechanisms do not exist until after the birth of the child.

The importance of cultural assessment and the impact of cultural barriers to care are demonstrated. Cultural differences in the utilization of health care services are shown using interview data. Delay in seeking hospital care was measured by the degree of cervical dilation on admission. The data showed that Fijian women prefer traditional care, considering this a valid replacement for hospital care, whereas cultural emphases on modesty and parity inhibit Fiji-Indian women from utilizing maternity services.

ETHICAL DIMENSION OF PLANNED PARENTHOOD DECISIONS

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The overall purpose of this study was to describe the ethical dimension of planned parenthood decisions. In particular, four areas were addressed: the type of ethical decision-making process used, significant profile characteristics related to the type of ethical decision making, the ranking of factors affecting planned parenthood decisions, and the relationship of the factors affecting planned parenthood decisions to attitudes toward planned parenthood.

Theoretical basis

A choice about whether to have children is an ethical decision. Besides objective data, the individual's values regarding planned parenthood are influential in determining what is the right action. At least two choices exist, and differing values