

# CHILDREN'S PAIN IN CULTURAL CONTEXT

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- It is essential to understand the cultural context from which the meanings, behaviors and expressions of pain can be understood
- As defined by Leininger (1991), culture is the learned, shared and transmitted values, beliefs, norms and lifeways of a group that guides their thinking, decisions and actions

## Pain and ethnic background

- Ethnic background is found to be strongly related to differences in children's pain expressions and pain management
- Chinese babies aged two months showed greater response to pain while receiving immunisation when compared to Canadian babies

- Culture is described to have influence on children's responses to pain, because they are learned from parents and other people within the family and a culture
- Parental beliefs, standards and norms influence a child's expressions of pain and selection of coping strategies

- Several cultural factors, such as technological, religious and philosophical, kinship and social, cultural values and lifeways, political and legal, economic, educational factors are related to children's pain
- In addition, role of gender seems to be related to children's pain assessment and management

- Earlier research in children's pain has been conducted in several cultural contexts and has focused on e.g. cultural validation of children's pain measure instruments showing the need for culturally valid pain measurement tools

- Chinese mothers considered soothing methods, such as touching and distraction to be effective with children while they rarely used pain medication
- Malawian family members valued traditional medication while Spanish and American families favored Western medicine
- Ethnic background seems to be related to the prevalence of painful symptoms

- African-American children had more earache, pain in the jaws while chewing and pain at jaw opening than did Caucasian children
- Finnish students aged 11 to 15 years reported the highest prevalence of complaints, such as head- and backache and abdominal pain while compared to students in Norway, Poland and Scotland. The findings may reflect cultural norms and willingness to report illness.

- Ethnic background is also found not to have any influence on children's pain responses. Dutch children receiving local anaesthesia, sensory and procedural information and involvement of the parent displayed less distress during venepuncture regardless of their ethnical origin.
- Ethnic background was not related to Dutch children's assessments of relative importance of health problems, such as headaches and stomach pain

- The patients' ethnic background is found to have influence also on nurses' and doctors' assessments of patients' pain. Black and Hispanic patients with long-bone fractures were less likely than white patients to be treated for pain.
- The manner in which the patients express their pain reflecting cultural variations is not always appreciated by hospital staff

## Religious and philosophical factors

- Religion was related to pain among Mexican-American informants. Adults and children considered God as a source of pain, but also as a provider of help.
- To get help for the pain, they used prayers, visits to religious shrines and promises to saints or the Virgin Mary.

## Kinship and social factors

- Kinship and social factors were identified among informants in USA and Taiwan. Mexican-Americans described feeling the pain of others, reflecting the interrelation of pain experienced by the individual, family and community.
- They linked pain with inability to perform expected roles within the family.

- Additionally, they tried to manage the pain within the context of the home. Especially men relied on others in caring for self.
- Taiwanese children were concerned about pain and hospitalisation because they prevented them from being with their friends. Additionally, they were worried about being hospitalised because of pain because it would weaken their academic performance at school.

## Cultural values and lifeways

- Mexican-American informants identified culturally accepted pain expressions, including withdrawing, going to bed and a change in activity or demeanor.
- They described expectations to hide pain from others. Additionally, cultural health beliefs were widely maintained among Hispanic population living in USA.

- One of the most common reasons for illness was "strong eyes", indicating that a person looking at the child with strong eyes would heat up the child's blood and lead to inconsolable crying and pain.
- Caregivers used traditional herbs and a "curandero's" medicine to children's pain relief.
- Cultural values may have influence on how nurses assess pain in children.

- 75 percents of children assessed to have pain were boys. It is possible that boys expressed their pain more than girls, but also the staff's and parents' cultural tradition to favour and give attention to boys might have had influence on the results.
- Some culturally embedded barriers for children's cancer pain management were found among hospital staff in Morocco.



- Suffering was considered to be normal, and especially boys were expected to endure it.
- The practice of circumcision was found to influence children's pain in several studies. Pacific parents and boys felt that circumcision should be performed mainly for reasons of culture and hygiene, even if pain was the main problem after the procedure.

- The boys wanted the procedure because of culture, religion and not to be different from other boys. All parents wanted the boys to be circumcised, and 71 % of the boys would have their own sons to be circumcised.
- 88 % of Korean parents wanted their sons to be circumcised because of hygiene reasons. Parents thought that anaesthesia is not needed for neonate circumcision because babies do not feel pain.

- Culture and tradition were most common reasons for female genital mutilation among Nigerian women. Most of the procedures were conducted by medically untrained persons and 69 % of the women had experienced severe pain and bleeding.
- Yet, a fifth of the women wanted their daughters to undergo female genital mutilation.

- Cultural values seemed to shape pain experiences in Taiwanese children. The children defined pain as "crying", which was understood mainly as facial expressions, not only vocalization.
- In southern Taiwan children are taught to cry without a vocal sound which may have influence on how children define their pain.

- Living in rural or urban area seemed to have influence on children's pain. The prevalence of recurrent abdominal pain was higher in Malaysian rural schoolchildren (12.4 %), while it was 8.2 % in urban schoolchildren.
- Contrary to earlier findings indicating severe pain during female genital mutilation, mothers living in a rural area in Egypt reported that only three percents of girls had any pain.

- Obviously these mothers, who were mostly illiterate, underestimated and underreported their daughter's pain and considered it as a normal part of the procedure

## Political and legal factors

- A fifth of Nigerian women who had undergone female genital mutilation wanted their daughters to undergo the same procedure.
- However, more than half of them did not know that circumcision is illegal in Nigeria.

- It is obvious that agencies working on female genital mutilation reach only a small percentage of people for whom circumcision is a traditional practice.
- Nurses and physicians working with children having cancer criticised legal and political system of health care in Morocco, where access to pain medication is limited by government restriction, complex policies and cost factors.

- They thought that Moroccan law should be liberalized so that medications, such as morphine can be more available.
- Therefore, greater awareness among decision-makers, such as hospital directors and the ministry of health staff was needed.

## Economic factors

- Low income in the family and lack of resources seem to be related to children's pain management. The prevalence of recurrent abdominal pain was higher in Malaysian children (13.6 %) whose family income was low while it was 7.2 % in children with higher family income.

- Headache and abdominal complaints were frequently found symptoms among children in Kenya.
- The children used both pharmaceuticals and herbal remedies in self-treatment of their symptoms. Boys were three times likely to use pharmaceuticals, which reflects higher income potential for boys, who can earn money by fishing.

- The use of health care system in pain management was limited because of economical reasons among Mexican-Americans
- Lack of resources was the reason why cancer pain was under-treated in children living in Morocco. Minor analgesics, considered ineffective for cancer pain were used because they were available and less expensive than other medication.

- Comparison between children with sickle cell disease living in London and Jamaica showed that children living in Jamaica had larger numbers of episodes of severe pain but painkillers were used more among children living in London.
- The findings indicate that there is relative lack of resources in Jamaica, which may cause untreated pain in children.

## Educational factors

- Education of parents and hospital staff has been found to have impact on children's pain management.
- The prevalence of recurrent abdominal pain was higher in Malaysian children (12.4 %) whose fathers' educational attainment was lower compared to children (6.9 %) whose fathers had undergone college or university.

- Contrary to those findings, father's educational attainment and occupation were not related to the prevalence of children's physical abuse in Hong Kong.
- Lack of training for medical staff, including nurses and physicians was one of the major obstacles to assessing and managing pain in children with cancer in Morocco. Some physicians described lack of scientific ways to assess children's pain.

## Gender as a cultural factor

- social role of girls and boys differ in different cultural contexts
- several studies have shown that girls' pain is managed more effectively than pain in boys



- Australian parents (N=93) made more coping-promotion statements and generally talked more to female than male infants (aged 4 to 6 months) during immunization injection (Piira et al. 2006)
- Finnish parents, especially fathers, wanted their sons to tolerate pain and not to express their pain. Additionally, many pain alleviation methods were used mainly girls.

## Parental perceptions

- A comparison of parents' perceptions of children's analgesics showed that American and Finnish parents thought that analgesia should be given regularly, but American, more than Finnish parents thought analgesics should be given to the child before the pain becomes severe.

- Additionally, American, more often than Finnish parents stated that children easily become dependent on analgesics and that analgesics for home use may be dangerous for children
- cultural differences may explain differences showing that American parents are more protective towards their children

## Implications to children's pain management

- The study findings indicate that children's right for effective pain relief can be supported mainly in Western societies and many children's suffer from pain due to lack of resources. Additionally, it has been shown that even 43.6 % of children receiving herbal medication e.g. for abdominal pain in South Africa died for intoxication, and most of the children younger than six months.

- The findings indicate the need to improve safe and effective pain management among children.
- The practice of circumcision remains a challenge in children's pain experiences. It seems to be embedded deeply in cultural values, and, therefore highly accepted among fathers, mothers and children despite the fact that the procedure may cause severe pain.

- Circumcision as a practice that is culturally valued does not mean that it is morally acceptable. On the other hand, cultural and religious considerations should determine whether circumcision is performed.
- Severe pain is always present during circumcision conducted without pain management or anaesthesia, and most physicians do not use anaesthetics during CCC.

- Additionally, most circumcisions are conducted at home and by traditional circumcisers in e.g. Turkey. It is obvious that the practice of circumcision without medical reasons, being physical abuse, should be more discussed by health care staff in the societies.
- Contemporary education programs do not seem to be effective enough to stop these traditions causing suffering among children.

- In Hong Kong, physical abuse is fairly common, and especially fathers' education or occupation did not have influence on children's physical abuse.
- These findings indicate that rights of children as an essential part of humanity (UNICEF 1990) are not met in all societies because of cultural traditions accepting physical abuse.

- We should be aware of these challenges in children's pain management; in a global world these challenges cannot be rejected
- Can we influence cultural values e.g. of boys' need to tolerate pain by education?