The cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu in Lenasia

By
Basani Innocent Rikhotso
14256666

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Supervisor: Dr N.J Bila
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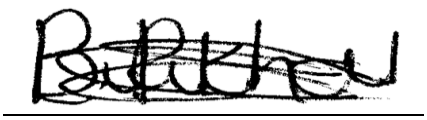
Signature: 

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ABSTRACT

The cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu in Lenasia.

Researcher: Basani Innocent Rikhotso
Supervisor: Dr NJ Bila
Degree: MSW (Healthcare)
Institution: University of Pretoria

To ensure social workers advocate for the active participation and inclusion of cultural and spiritual practices and belief systems of patients within the healthcare system. It is essential that social workers develop an understanding and educate themselves on the wide variety of cultures and religions recognised and acknowledged in South Africa. The researcher recognised Hinduism is a culture and religion that is commonly practiced in South Africa and that the Hindu population actively participates and practices in accordance to their culture and religion. Hence, it was in the interest of the researcher to investigate the cultural and spiritual factors that influence the health-seeking behaviours of the Hindu population within the healthcare system.

The goal of the research study was to explore the cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu population in Lenasia. The objectives of the research study were to conceptualise and contextualise cultural and spiritual factors influencing health-seeking behaviours from a health belief perspective; to explore and describe the cultural and the spiritual factors influencing the health-seeking behaviours of the Indian Hindu population in Lenasia. Lastly, to make suggestions to improve social work services in health care, taking into consideration the cultural and spiritual factors influencing health-seeking behaviours amongst the Indian Hindu population.

The qualitative research approach was appropriate as the researcher utilised applied research, specifically the evidence-based approach, as the approach enabled the researcher to explore and describe cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within the healthcare

system. Furthermore, practical solutions and recommendations for social workers to improve their social work services within the healthcare system specifically working with Indian Hindu population in Lenasia were provided. The instrumental case study design was appropriate for the research study as it enabled the researcher to develop an interview schedule that asked questions which permitted the participants to provide in-depth responses that express their personalised experiences of Hinduism as a culture and religion. The interview schedule contained sections which were as follows; Biographic information, knowledge of health care seeking behaviour, understanding of cultural and spiritual practices within your cultural/ethnic/spiritual group, spiritual and cultural factors, health-seeking behaviour and the family, services, social work intervention and, lastly, recommendations. The different sections in the interview schedule enabled the researcher to ask questions that were aligned with the goal and objectives of the research study.

The population of the research study encompassed of the Indian Hindu population in South Africa and the specific study population for the research study was the Indian Hindu population that resides in the Lenasia community in Gauteng province. The non-probability sampling was appropriate as it enabled the researcher to utilise the purposive sampling method as the method enabled the researcher to develop a selection criterion that selected participants in accordance to the goal of the research study. The snowballing technique was appropriate as the researcher utilised a schoolteacher in Lenasia who referred participants that were in accordance to the selection criteria of the research study.

Face-to-face interviews and telephone interviews were conducted to collect the data from the participants. The total number of participants interviewed for the research study were twelve participants which encompassed of nine female participants and three male participants. The participants were between the ages of 43-years-old and 74-years-old. A total of three participants were able to participate through face-to-face interviews. Due to the National lockdown in South Africa the researcher was unable to continue the face-to-face interviews. The most appropriate and applicable data collection was telephone interviews and were utilised to conduct the remaining nine interviews.

The Health Belief Model (HBM) was the appropriate model for the research study as the model provides evidence to help develop expertise towards cultural and spiritual factors that influence the health-related decision making of patients. Based on the findings, the model guided the researcher to understand and acknowledge that cultural and spiritual factors play an essential role and influence the health behaviours of the Indian Hindu population within healthcare perspective. The self-efficacy of the participants was acknowledged, as their cultural beliefs and practices enable them to practice healthy living through healthy eating by means of a vegetarian diet, engaging in yoga and meditation and physical activity. The utilisation of home herbal remedies through use of daily household ingredients and the above-mentioned health-seeking behaviours, enable the participants to maintain and control their non-communicable diseases. The HBM referred to perceived benefits in which the participants share the accessibility and availability of family elders, priests, and Gurus within their family system, which permits them to receive valuable health advice and spiritual guidance with healthcare-related issues. The participants have family members who are medical professionals and three of the participants are medical professionals themselves, which enables each family system to have access to adequate healthcare. Access to a healthcare professional in the family system permits the participants to practice positive health-seeking behaviours and seek medical assistance for emergency and annual check-ups. Hindu believers do acknowledge that their vegetarian diet does come with health complications such as Iron deficiency and a lack of Vitamin B12, hence, they do consume medical supplements and medication for their deficiencies and modify their diet according to these deficiencies. The participants expressed there is a wide variety of healthcare systems within Lenasia: public clinics, private hospitals, and accessibility and availability to complementary and alternative healthcare services. Although, there is accessibility of healthcare services, the participants strongly believe that community members without medical aid, rely heavily on Chris Hani Baragwanath Academia Hospital for medical services and receive specialised services in surrounding areas.

Therefore, it was concluded that healthcare professionals and social workers need to take into consideration that the Indian Hindu population in Lenasia has access to medical professionals within the family system and practice healthy living. Moreover, the practice and utilisation of complementary and alternative healthcare treatments

and procedures such as Allopathic, Homeopathic, Acupuncture, Ayurveda and Aromatherapy is common within the Lenasia community. Additionally, the researcher has identified that Hinduism is a culture and religion that permits flexibility and permits its believers to engage in health-seeking behaviours within the healthcare system and receive essential medical treatment. Hindu families pray and meditate as a family system; thus, making it easier for them to follow a healthy lifestyle and practice Hindu health-seeking behaviours that produce positive health outcomes for the family and the patient.

Hinduism as culture and religion live and practice according to a life of Karma, which is the law of cause and effect. The participants suggested social workers should be diverse and open towards the different cultures and religions especially the practices, rituals, and belief systems of Hindus.

Based on these conclusions, it is recommended that healthcare professionals and social work professionals should be aware that Hinduism is an open and flexible culture and religion that integrates cultural and spiritual practices and beliefs together with a medical approach. Furthermore, an awareness needs to be created that Indian Hindu patients should be permitted to seek spiritual guidance from their priests and Gurus, be knowledgeable and that the family system plays an essential role in healthcare related decision-making.

Key concepts: Behaviour, Cultural factors, Indian Hindu, Influence, Health seeking behaviours, Hinduism, Religion, Spiritual factors

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CHAPTER 1:
GENERAL INTRODUCTION AND BACKGROUND OF STUDY

1.1 Introduction

The belief systems, customs and practices of the different cultures and religions within the South African context play an essential role in the health-seeking behaviours of people with regards to consulting and seeking treatment of a health illness within a healthcare system (Ross, 2007:642). Health-seeking behaviour involves actions and thought processes involved in establishing and maintaining a healthy state including prevention, treatment, and management of illness (WHO, 1995). Shaikh and Hatcher (2005:50) add that health-seeking behaviours are influenced by various individual and collective factors, including demographic, socio-economic, political, and cultural factors.

Culture is another important factor, which refers to the customs, habits, skills, technology, arts, values, ideology, scientific, religious, and political behaviour of a group of people in specific time (Barker, 2014:103). Nayak, Sharada and George (2012:61), emphasize that every society has its own traditional beliefs and practices related to health care. Some practices are effective, whereas others may be harmful or ineffective. These beliefs and practices are linked to culture, environment, and education. Moleko (2012:166) states cultural factors influence the domains of social behaviour, personality, emotions, and health-seeking behaviours. Spiritual factors are aspects directly linked to spirituality. These include the motivation, attitude, belief, judgement, practice of, and behaviour directly linked to spiritual content or religious processes (Schaefer, Blazer & Koenig, 2008:509).

There is an increasing recognition within contemporary western medicine of the significant links between spirituality, religion, and health (Rumun, 2014:39). Thus, there is a growing need for health professionals to understand their patient's spiritual belief practices and this needs to be integrated into the community's cultural life (Rumun, 2014:39). Hindus within the South African context have nurtured and maintained their cultural and spiritual heritage in accordance to their self-help approach that builds the community, as they consider that spirituality plays an essential role in relation to the decision making of individuals within a healthcare

system (Sookraj, 2006:68). Therefore, the researcher within the social work perspective will focus on the Indian Hindu population with regards to their health-seeking behaviours within the healthcare system in the South African context. The study is a group-based research that focuses on the cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu population in Lenasia.

The Townships Board approved the establishment of an Asiatic township in Lenasia in March 1964, and the Minister of the Interior approved the setting to establish a community for Indians (Ramjettan, 2019:54). Lenasia meaning 'halfway to Asia', was built to provide 2 700 plots to accommodate Indians from Central Johannesburg and those from Kwa-Zulu Natal (Ramjettan, 2019:54). Moreover, Lal and Vahed (2013:4) highlighted that when Indians settled in Kwa-Zulu Natal, some Indians had relocated to the Transvaal to the township of Lenasia. Hence, the researcher selected the Indian Hindu population from Lenasia to be the specific study population for the research study.

Key concepts

The following key concepts will be defined and contextualised in accordance to the research study:

Behaviour: Barker (2014:38), refers to behaviour as any action or response by an individual, including observable activity, measurable physiological changes, cognitive and emotional changes. In the context of the study, behaviour is attributed towards the actions, practices and rituals performed in accordance to Hinduism within the healthcare system.

Cultural factors: "Cultural is defined as the culture of a particular group, country or society: an improved understanding of ethnic and cultural diversity, respect for racial and cultural identity, and the cultural traditions of society" (*Macmillan English Dictionary for Advanced Learners*: *International Student Edition* 2002:338). In the context of the study the researcher will focus on the cultural factors of the Indian Hindu population within the South African context that influence their health-seeking behaviours in the healthcare setting.

Ethnicity: "The affiliation with a large group of people who have a common racial, national, tribal, religious, linguistic or cultural background (Kirst-Ashman, 2013:66)." In the context of this study the Indian Hindu population will be a cultural, religious group

which resides in Gauteng province and will be the study sample of the research study. Therefore, the "Indian Hindu is a cultural, racial, and religious group within a society (Kurien, 2006:726) which encompasses of believers and supporters of the Hindu nationalist movement in India…" (Kurien, 2001:263).

Influence: "The power to affect a person or events based on the power received from prestige" (*Longman Dictionary of Contemporary English: for advanced learners*, 2009). In the context of the study, the research will focus on the impact the cultural and spiritual factors of Hinduism have on the health-seeking behaviours of Indian Hindus within a healthcare setting.

Health-seeking behaviours: These are based on how people monitor and respond to symptoms and how the symptoms change over the course of an illness. Furthermore, it refers to how the symptom affects the behaviour, remedial actions taken and response to the treatment provided (Anwar, Green & Norris, 2012:508). In the context of this study the health-seeking behaviours will be based on the cultural and spiritual factors of the Indian Hindu population who have been exposed to the healthcare system.

Religion: "People's spiritual beliefs concerning the origin and character based on the existence of higher power or powers that often provide and prescribe rituals and guidance to what is morally right" (Kirst-Ashman, 2013:66). In the context of the study, Hinduism will be the religious group focused on.

Spiritual factors: "Spirituality is defined as the deep-seated individual sense of connection through which each person's life is experienced as contributing to a valued and greater whole, with the inclusion of a sense of belonging and acceptance" (Van Rensburg, 2014:134). In the context of the study, the researcher will focus on the spiritual factors of Hinduism as the Indian Hindu population in South Africa views spirituality, specifically looking at the spiritual factors that play an essential role in health-seeking behaviours within the healthcare system.

1.2 Theoretical framework

The appropriate theoretical framework for the research study was the Health Belief Model which branches from the Social Learning Theory.

1.1.1 Social learning theory

The social learning theory, also referred to as the social cognitive theory, is a theoretical approach that focuses on the role of social modelling, imitation and observational learning that is based on human motivation, thinking and behaviour (Albery & Munafò, 2008:43; Siela & Wieseke, 2012:484). The social cognitive theory is fundamentally important for health psychology as it formed the basis of health behaviour with the utilisation of the health belief model (Albery & Munafò, 2008:43). Albert Bandura is believed to be the modern theorist who assisted in reshaping the theoretical perspective of behaviourism, as he focused his studies and research on personality, behavioural therapy, and the determinants of aggression (Weiten, 2014:482). Bandura (1977) focused on including the cognitive aspect within behaviourism and believes personality is shaped through learning (Weiten, 2014:482). Furthermore, Bandura (1977) states that the theory is believed to be a theory that is a bridge between behaviourist and cognitive learning theories as it encompasses attention, memory, and motivation.

1.1.2 Health Belief Model

The Health Belief Model (HBM) is a model based on how individuals cognitively represent health behaviours and the components important for predicting self-protective health behaviours (Albery & Munafò, 2008:48). Hence, the framework was selected for the research study as it focuses on exploring the health-seeking behaviours of the Indian Hindu population with the healthcare perspective in the social work context. Moreover, the HBM was developed to explain a health problem in accordance to programmes for changing health behaviours (Rew, 2005:254). The HBM was developed in the mid-1970's by social scientists and psychologists who focused on public health within the United States of America (Albery & Munafò, 2008:48; Rew, 2005:254) to identify factors that are responsible for predicting the decision to adopt health behaviours and psychological factors that were manipulated by health-related education (Albery & Munafò, 2008:48). Turner, Hunt, DiBrezzo and Jones (2004:38) state the HBM addresses four major components for compliance with recommended health action: perceived barriers, perceived benefits, perceived susceptibility of the disease, and perceived severity of the disease.

Lim, Gonzalez, Wang-Lezkus and Ashing-Giwa (2009:1139) highlight the HBM was developed to describe and explain health-related behaviours. The purpose of the HBM was developed to provide reasons for the role of belief-based psychological factors in health-related decision making and factors responsible for changing health behaviours (Albery & Munafò, 2008:48; Rew, 2005:254). Hence, the HBM is the most appropriate model to utilise for this research as it focuses on exploring and developing an understanding of the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within the healthcare setting in the South African context, specifically in the Lenasia community.

Moreover, the HBM was developed to provide an understanding for the role of the number of belief-based psychological factors in health-related decision making and health behaviour (Albery & Munafò, 2008:48; Rew, 2005:254). Therefore, the model will help the researcher understand the purpose of the cultural and spiritual beliefs and the practices of Hinduism that are responsible for the health-seeking behaviours of the Indian Hindu population within the healthcare system within the South African context. The HBM states that an individual may represent a behaviour in accordance to a set of beliefs and the values associated with the behaviour (Albery & Munafò, 2008:49; Rew, 2005:254). The health-seeking behaviours of Hindu believers within the healthcare system will be better understood and explored throughout the research study by seeking detailed descriptions from the Indian Hindu population. These will be explored in relation to the cultural and spiritual beliefs, practices, rituals, and customs within the different healthcare systems.

Albery and Munafò (2008:49) and Rew (2005:254) state that there are a set of beliefs meditated between socio-demographic factors and the actual health behaviour which were perceived susceptibility, perceived severity, perceived barriers, perceived benefits, cues to action and self-efficacy. ***Perceived susceptibility*** to health problems reflects that individuals may believe or perceive there are chances to experience a negative or positive outcome (Albery & Munafò, 2008:49). For instance, in the research study the participants engage in health-seeking behaviours that will positively or negatively affect their health outcomes, specifically within a healthcare system. Furthermore, this is based on the person's perception of the risk of acquiring an illness or disease.

Perceived severity reflects the consequences of a specific illness (Albery & Munafò, 2008:49). This refers to person's feelings on the seriousness of contracting the illness or disease and may consider health implications, death, disability, family, social life and emotional well-being associated with the illness (Taylor, Bury, Campling, Carter, Garfied, Newbould, & Rennie, 2006:3).

Perceived barriers refer to factors that may hinder the healthcare behaviour and triggers that may stimulate the healthcare behaviour (Albery & Munafò, 2008:49). Additionally, the person's perceptions and feelings on obstacles hindering one to perform or obtain a recommended health action and the implications thereof; such as side effects of treatment, medical expenses, time expenditure and emotional distress (Taylor et al., 2006:3) The perceived severity and perceived barriers will assist the social worker in researching the benefits and implications that the cultural and spiritual factors of Hinduism have on the Indian Hindu population within a healthcare system.

The ***perceived benefits*** in relation to the healthcare behaviour refers to preventive and curative methods to the illness or disease (Albery & Munafò, 2008:49). Furthermore, the person's perceptions of the effectiveness of various factors involved to reduce the threat of illness or diseases (Taylor et al., 2006:3). In relation to the research study, the cultural and spiritual factors of a population aim to provide a sense of harmony, balance, peace and bring about positivity. These positive outcomes will assist the patient and the healthcare team to work towards a medical treatment and atmosphere that will act in the best interest of the patient with the inclusion of cultural and spiritual factors. ***Cues to action*** are stimulus needed to trigger decision-making with internal and external forces. The internal forces include physical changes, psychosocial distress, whereas external forces are based on social media, newspapers, illness of family members and advice from people (Taylor et al., 2006:3; Turner et al., 2004:38).

Lastly, ***self-efficacy*** was proposed by Bandura (Albery & Munafò, 2008:49; Rew, 2005:254). Albery and Munafò (2008:43) who describe self-efficacy as the ability to perform a certain action to obtain a desired outcome. The self-efficacy of the HBM within the context of the research study will advocate for the practice, beliefs, and

customs of Hinduism within the healthcare setting. Furthermore, it will seek to establish how self-efficacy plays an essential role in assisting social workers advocate for the cultural and spiritual practices of Hindu patients within the healthcare settings. The above-mentioned set of beliefs will help the social worker to understand, in-depth, the cultural and spiritual factors that influence the health seeking behaviours of the Indian Hindu population within the healthcare system in Lenasia.

1.3 Problem statement and rationale

Social work within the healthcare perspective focuses on the providing knowledge and understanding to patients with regards to the medical procedures and treatments that need to be performed by the healthcare team. Furthermore, social workers advocate for the rights of the patient to actively participate in the decision-making (Kassim & Alias, 2016:119-120) concerning their health and possible health outcomes and discharge plan. As South Africa is a diverse country that encompasses of wide variety of cultures and religions (Beck, 2000:3-4), it is important for the social worker to advocate for patients to actively practice in accordance to the cultural and religious beliefs within the healthcare system. However, to ensure that patients actively practice and participate in accordance to their culture and religion within healthcare system, it is essential that social workers are knowledgeable of the different cultures and religions in in terms of their beliefs, customs, practices and rituals that they perform to obtain a sense of harmony, balance, peace and to receive appeasement from a spiritual being (Stone, 2001:181). This form of knowledge may assist the healthcare team in understanding the cultural and spiritual factors that influence the health-seeking behaviours of patients and whether they will consult and seek treatment within the healthcare system.

The cultural and spiritual factors influencing health-seeking behaviours differ from one culture to another. Hinduism is a culture and a spirituality that is commonly practiced in South Africa, and the Hindu population actively participates and practices in accordance to their culture and religion (Kumar, 2000:33-34). As most Hindus practice in accordance to their beliefs, customs and practices, it is in the interest of the researcher to investigate the cultural and spiritual factors that influence the health seeking behaviours of the Hindu population within the healthcare system. Social workers in health care need to understand the cultural and spiritual context of their

service users to understand their health-seeking behaviours and help the Hindu population to be rendered with appropriate interventions that are in accordance with their cultural and spiritual beliefs and practices. The researcher developed an interest in Hinduism as a culture and a religion within healthcare setting as Hinduism is a broad and diverse culture and religion that plays an influential role in the health-seeking behaviours of Hindu patients. This is a group-based research study that is conducted by the Master students of the University of Pretoria within the Department of Social Work and Criminology that focuses on the different cultural and spiritual health-seeking behaviours within healthcare system.

Health-seeking behaviours have been researched, but a gap exists in the diverse cultural and spiritual factors influencing health-seeking behaviours of the Hindu population within the South African context. The studies of Anwar et al. (2012), Chirkut & Sitaram (2007), Kathree and Petersen (2012), Madjdian and Bras (2016:204), focused on specific health-seeking behaviours of Hinduism within the healthcare system and the different roles the beliefs systems and practices of Hinduism play within the healthcare system. Moreover, the researcher identified that there is a lack of knowledge and adequate information that is based on the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within the healthcare perspective in South Africa within the social work context. Therefore, the study aimed to provide descriptive and valuable information that will help the social worker working within the healthcare system to understand the cultural and spiritual factors of Hinduism that are responsible for influencing the health-seeking behaviours of the Indian Hindu population within the healthcare setting.

The research question for this study is as follows: **What are the cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu population in Lenasia?**

1.4 Goals and objectives

The goal for this study is to explore the cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu population in Lenasia.

The objectives are as follows:

- To conceptualise and contextualise the cultural and spiritual factors influencing health-seeking behaviour from a health belief perspective.
- To explore and describe cultural and spiritual factors influencing the health-seeking behaviour of the Indian Hindu population in Lenasia.
- To make suggestions to improve social work services in health care, taking into consideration the factors influencing health-seeking behaviour amongst the Indian Hindu population.

1.5 Research methodology

The research methodology will be discussed in detail in Chapter 3 of the research methodology and empirical findings. The qualitative research approach in relation to the interpretive paradigm identified the exploratory and descriptive research purposes that were appropriate to provide direction in conducting the research study. The applicable research type was applied as the appropriate sub-type of applied research applicable to the research study was the evidence-based practice. The appropriate research design for the research study was the case study design, specifically utilising the instrumental case study design as the research study was an in-depth study. The purposive and snowballing techniques were utilised to select the appropriate study population. The interview schedule was utilised as data collection method with the utilisation of field notes and audio recordings. The audio recordings were transcribed, and the data was analysed utilising the thematic analysis technique. The trustworthiness of the data was determined through credibility, audibility, confirmability, and transferability. The ethical considerations were followed throughout the research proceedings and maintained the anonymity of the participants when presenting findings in Chapter 3.

1.6 Limitations to study

The sample size of the research study was limited and, therefore, limited the researcher's ability to make generalisations about the larger population based on the study. The sample size was characterised with participants from the middle stage of life and did not contain young adults to provide their views and experiences. Due to COVID-19 pandemic the researcher was unable to continue with face-to-face interviews, thus, the researcher was unable to make note of the non-verbal

communication cues of participants. Furthermore, the telephone interviews posed technical difficulties with audibility of participants and the ability to record the audio of the interviews. Most of participants have access to medical aid benefits, therefore, the researcher was unable to establish the downside of not having medical aid and its impact on accessing comprehensive healthcare services in Lenasia. The lack of male participants made it difficult to determine the trends common in male Indian Hindus in Lenasia in relation to their health-seeking behaviours. The researcher identified during the transcriptions of the audio recordings the English grammar and sentence construction provided by the participants posed problems when providing the verbatim responses in Chapter 3.

1.7 Chapter outline

Below the researcher will provide the outline of the chapters for the research study including the time frame of each of the chapters.

Chapter 1: Background of the study

The chapter will discuss the background of the study in accordance to the knowledge gap that has been identified in relation to the cultural and spiritual factors that influence the health-seeking behaviours of the Hindu population within the healthcare system in the South African context. The chapter will discuss the theoretical framework applicable to the study and provide the problem statement and rationale of the research study with provision of research question. The chapter will indicate the research goal and objectives of the research study. The chapter will provide a summary of the research methodology of the research proceedings and the limitations identified in the research study.

Chapter 2: Literature review

The literature review will be discussed in the detail, focusing on the themes of the research question in accordance to answering the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within the social work context from a healthcare perspective. Furthermore, it will identify social work services provided in the healthcare system by browsing international studies and studies conducted within South African context.

Chapter 3: Research methodology and Empirical findings

The researcher will provide the detailed description of the research methodology that will be applicable and appropriate for the research study. The researcher will include the interview schedule and informed consent form utilised for the research study. The transcribing and the interpretation developed through the utilisation of the thematic analysis technique and the method to determine the trustworthiness of the data obtained will be discussed. The empirical findings will be presented in accordance to the themes identified in accordance to research purpose of the research study.

Chapter 4: Key findings, conclusions and recommendations

This chapter will highlight the key findings in accordance to the themes and research objectives identified for the research study. The key research findings will provide the bases for the conclusions of the research study and the recommendations for future research studies.

The next chapter will focus on the literature review.

CHAPTER 2:
LITERATURE REVIEW ON HEALTH-SEEKING BEHAVIOUR OF INDIAN HINDU POPULATION WITHIN THE HEALTHCARE SETTING

2.1 Introduction

Social work within the healthcare perspective focuses on providing knowledge and understanding to patients with regards to the medical procedures and treatments that need to be performed by the healthcare team. Furthermore, social workers advocate for the rights of the patient to actively participate in the decision-making process concerning their health and possible health outcomes and discharge plan. South Africa is a diverse country that encompasses a wide variety of cultures and religions, thus, it is important for the social worker to advocate for patients to actively practice in accordance to their cultural and religious beliefs within healthcare system but also not impose their beliefs and practices on the prognosis, diagnosis and treatment of the medical condition.

To ensure that patients actively practice and participate in accordance to their culture and religion within the healthcare system, it is essential that social workers are knowledgeable of the different cultures and religions and understand how their beliefs, customs, practices and rituals enable the patient to feel a sense of harmony, balance, peace and how they receive appeasement from their spiritual being, specifically when the patient has a medical condition or is seeking treatment. Health-seeking behaviours have been developed as a tool to solve perceived health illness by taking the necessary actions and to encourage individuals to be educated and utilise health-promoting behaviours (Chandwani & Pandor, 2015:991). Thus, this form of knowledge may assist the healthcare team in understanding the cultural and spiritual factors that influence the health seeking behaviours of patients and whether they will consult and seek treatment within the healthcare system.

Schott and Henley (1996:130) state that every culture has specific rituals, prayers and ceremonies that are done for pregnancy, birth, marriage and for dying and death. The purpose of the research study is to enable social workers to become well-informed and equipped with the essential knowledge that enables them to work with the Hindu population within the different healthcare settings in accordance to the different units

within the healthcare setting. To understand the health-seeking behaviours of Hindus within the healthcare settings, the researcher explored and researched previous studies that were conducted to understand the practices and beliefs of Hinduism in relation to healthcare within the global context and within the South African context. Therefore, the literature review aims to provide comprehensive and integrative information on the practices and beliefs of Hinduism that play an essential role in influencing the health-seeking behaviours of Hindus by first understanding the role of culture and spirituality within the healthcare setting. Furthermore, it will provide literature on Hinduism as a culture and a religion within the global context and the introduction and integration of Hindu's followers within the South African context.

The researcher elaborated on the overall health-seeking behaviours of Hindus within the healthcare system and how it influences their decision during prognosis, diagnosis, and the discharge plan of the patient. The researcher identified the complementary and alternative medicine of Ayurveda practice that was developed and is commonly practiced by Hindus in a global and a South African context. Furthermore, the researcher elaborated how Ayurveda practice focuses on the connectedness of every aspect of an individual to restore balance and peace. The researcher will focus on the different contexts within the healthcare system that may be influenced by the cultural and spiritual belief, customs and practices of Hinduism and discuss the influence of culture and spirituality towards the roles between men and women within the healthcare system. Lastly, the researcher will provide literature on the role of the social worker within the healthcare setting in relation to the cultural and spiritual factors that may influence a patient's decision-making and active participation towards the healthcare treatment provided by the healthcare team.

2.2 Culture and spirituality within healthcare settings

Maslow's Hierarchy of needs states that spiritual needs are recognised as essential and help serve a purpose in a person's life by serving a positive meaning and help an individual with self-actualisation with integration of culture and spirituality, furthermore, the connectedness may provide positive results for the physical and emotional aspects of an individual (Bergamo & White, 2015:620). Furthermore, the beliefs and perceptions about health, what makes an individual sick, what treatment to seek and the prevention of an illness may be influenced by the cultural and spiritual beliefs and

behaviours that individuals have with regards to their culture and religion (Schott & Henley, 1996:17). The cultural and spiritual factors influencing health-seeking behaviours differ from one culture to another, as Hinduism is a culture and spirituality that is commonly practiced in South Africa, and the Hindu population actively participates and practices Hinduism in accordance to their culture and religion within South African context, it is important to take their position into consideration.

The healthcare system provides the patient and their families with prayer rooms and temples within the hospitals that they can lean on for guidance, spiritual strength, hope, peace and balance; especially when the patient believes there is spiritual imbalance between the body, mind and soul (Queensland Health, 2011:8). Queensland Health (2011:8) and Schott and Henley (1996:30) emphasize that Hindu patients and families may wish to pray in the hospital rooms and wish to have religious statues or religious icons in the hospital rooms. Moreover, Queensland Health (2011:8) and Schott and Henley (1996:30) assert that permitting the patient and family to place the religious icons in the patient room without infringing their religious beliefs and practices on other patients in the ward may provide a sense of spiritual guidance, protection and light for the patient during their stay in the healthcare setting. Additionally, the Queensland Health (2011:8) and Schott and Henley (1996:30) state that the provision of prayer rooms within the healthcare system plays a significant role for patients and families to feel a sense of hope, faith, strength and spirituality when there is an imbalance towards the physical, emotional, mental and psychological well-being of the individual and when there is an illness with the body or mind.

Bergamo and White (2015:620) believe that spirituality may provide an individual with a sense of meaning and emotional support within the healthcare system when they are experiencing a chronic or terminal illness, and help enhance and improve the patient's quality of life. Therefore, the researcher is of the view that it is important for a social worker to adopt the importance of culture and spirituality within the healthcare system as these aspects play an essential role and influence what leads to positive health outcomes for the patient for their duration within healthcare system. As mentioned earlier, Hinduism focuses on integrating together the body, mind and soul with harmony, thus, it is important for the social worker to be knowledgeable of global practices that play an influential role in the healthcare system for Indian Hindus within

the healthcare system. Bergamo and White (2015:622-623) suggest that healthcare practitioners should increase their knowledge of culture and spirituality to enable themselves to be culturally competent and understand the importance of spirituality in the healthcare setting. Hence, it is important for the healthcare system and healthcare providers to make provision for the necessary support, specifically focusing on the spiritual and cultural aspects that may have a positive influence on the health of the patient and provide psychosocial support, relief and reduce any discomfort for the patient and family.

Although, spiritual beliefs and practices may yield positive outcomes for patients, it may often lead to patients believing that their chronic or terminal illness is produced by disappointment and anger from god or a higher power and the patient may wish not to take treatment to be punished for their actions (Bergamo & White, 2015:621). This form of belief systems are practiced and believed by Hindu patients as they often choose not to take pain medication and prefer to suffer from the pain caused by medical condition as way to ask for forgiveness for their wrong doings in life (Queensland Health, 2011:16). The above mentioned information, informs the researcher that it will be beneficial to understand and explore the impact and influence that spiritual beliefs have on medical conditions and the influence the decision to take pain medication or any other form of treatment for the medical condition.

The researcher was able to provide literature on the cultural and spiritual factors that may play a significant role within the healthcare system for the patient and their families. The researcher has identified Hinduism as culture and a religion and has, therefore, selected Hinduism to play an essential role in influencing the health-seeking behaviours of the Hindu population within healthcare system. Firstly, the researcher will discuss Hinduism within the global context in accordance to its development and practice worldwide.

2.3 Hinduism in global context

Lakhan (2008:30), Schott and Henley (1996:305) and Warrier (2006:1) state that Hinduism is a religion that was not founded by a person or group of people and has no central doctrine or central scripture or body of scriptures such as the Bible or the Qur'an. Hinduism is the third largest religion in the world, and is most practiced in

India, Nepal, and Bangladesh (Warrier, 2006:4). Warrier (2006:4) further highlights that Hinduism moved from India into Cambodia, Thailand, Malaysia and in the 19th century the Hindu movement continued into East and South Africa, Fiji, and Mauritius. Most recently, Warrier (2006:5) states that the Hindu population migrated to Britain, North America and Australia with minor changes to Hinduism as the Hindu populations were required to change in accordance to the settlements and community structure in host countries.

Most Hindus worship the Supreme Spirit or God through the utilisation of symbols and these symbols represent a God or Goddess which each contain different types of qualities and characters (Schott & Henley, 1996:306). Hinduism contains different social groups referred to as the Castes which are ranked in accordance to the purest and the impure, furthermore, Caste is determined by the individual's occupation and the social group they are born into (Warrier, 2006:17). Saroha, Altarac and Lynn (2008:41) state that there are four main Caste systems which are hierarchically organised in accordance to *Brahmin* (priests or philosophers), *Kshatriya* (rulers or warriors), *Vaishya* (merchants or artisans) and *Shudra* (laborers or unskilled workers). These divisions may influence the health-seeking behaviours of Hindus within the healthcare system, as the social divisions are based on the financial status and availability and accessibility of resources.

The Hindus believe in reincarnation into the world over and over again which is the Hindu belief that an individual does not come to an end through death, but the soul of the individual lives on and is reborn in the world within a new body (Firth, 2005:682: Warrier, 2006:5). Hindus refer to this as *samsara*, as it is the cycle of birth, death and rebirth without beginning and without end (Lakhan, 2008:29; Schott & Henley, 1996:305; Warrier, 2006:4; Young, Morris, Burrus, Krishnan & Regmi, 2011:1033). Schott and Henley (1996:305) state that Hinduism is a social system that encompasses a way of life, a set of beliefs, values and religious practices which help people understand the way of the world. Hinduism believes in the philosophy of Karma which is based on the law of cause and effect stating that the actions of an individual may determine his or her life events in the future such as good actions may lead to conditions of happiness and bad actions may lead to suffering (Lakhan, 2008:28; Warrier, 2006:5). Hindus believe that an individual should perform his or her duties to

God, parents, teachers and society, which leads to an individual striving for inner discipline, detachment from the affairs of the world and seeking spiritual enlightenment (Warrier, 2006:5). Overall, Hinduism is a culture and spirituality that focuses health beliefs and dietary habits that lead to harmony, inner peace and having the balance within the self that will promote goodness and purity within one's life.

The researcher was able to discuss Hinduism within the global context and now the researcher will focus specifically on Hinduism within the South African context and how Hinduism has being able to adapt and adjust to the different and diverse cultures and religions practiced in South Africa.

2.4 Hinduism in South Africa

Hinduism is a religious faith that originated in India and is acknowledged to be the world's oldest and third largest religion. The Hindu religion is commonly practiced in India, Nepal, and Sri Lanka (Schott & Henley, 1996:305). The study of Gopal, Khan and Singh (2014:28) highlighted that the Indian Hindus who settled in South Africa have developed their own identities in accordance to the South African context and demonstrated how Hindus passed on their Hindu beliefs, rituals and practices to their children and great grandchildren through storytelling.

Chirkut and Sitaram (2007:23) and Kathree and Petersen (2012:38) state that Hindus form part of the minority of the population in South Africa, furthermore, the Hindu community in South Africa are categorised in accordance to four language groups within Hinduism which are *Tamils, Telugus, Hindis* and *Gurajartis* (Gopal et al., 2014:28; Kumar, 2000:11). Kumar (2000:98) highlights that the Gurajartis within the South African context are furthered divided in accordance to the *Kathiawadis* and the *Sũratis.* The *Kathiawadis* are believed to practice in accordance to the Hindu practices and beliefs regardless of the change of environment and country. Kathree and Petersen (2012:39) further state that the Indian Hindu population historically predominated in Kwa-Zulu Natal (KZN) and commonly reside in Chatsworth, Phoenix, Tongaat, Mount Edgecombe, Stanger, Umzinto, Pietermaritzburg, Ladysmith, New Castle, Dundee, Glencoe and along the North and South coasts of KZN (Gopal et al., 2014:29).

The Tamil community maintains and upholds the Tamil language and Hindu religion through the utilisation of the Tamil-based organisations and Tamil language societies (Kumar, 2000:103), furthermore, these organisations help the Tamil community to learn, preserve, practice and celebrate their cultural activities, practices and ceremonies in accordance to their beliefs and ways. Kumar (2000:104) states the Tamil community maintained the Tamil language and culture within South Africa by singing Tamil hymns developed by the ancient Tamil devotional singers and ensuring their children learn the Tamil language through the Tamil hymns. Although, Hindus that settled in South Africa maintained and continued their religious activities, they were required to modify some of their customs and practices to better accommodate their new environment (Gopal et al., 2014:28; Kumar, 2000:33). South African Hindus celebrate most of their religious ceremonies and festivals on the weekends to accommodate everyone (Kumar, 2000:34). Occasional rituals are performed by South African Hindus throughout the different life stages such as birth ceremonies, house-warming ceremonies, wedding ceremonies and funeral ceremonies (Kumar, 2000:50).

The researcher was able to provide a detailed description of the settlement of Hindu believers in South Africa and how they have maintain and upheld their Hindu practices and beliefs in South Africa, next the researcher will discuss the health-seeking behaviours of Hindu patients within the different healthcare settings.

2.5 Hinduism's health-seeking behaviours within healthcare system

Lakhan (2008:28) states Hindu beliefs consider a health illness as a life experience and a test from God, therefore, it is essential for the healthcare professionals and the social worker to understand the importance of enabling the patient to practice in accordance to their beliefs and perform the necessary practices and continue with daily rituals that will not impend on the healthcare approach to treat health illness but will enable a spiritual enlightenment for a patient while admitted in a healthcare setting. For instance, an individual's prayers may take place three times a day (sunrise, noon and before sunset), using a string of sandalwood beads and an offering of fruit or milk to their god or goddess (Scott, 2010:188). Furthermore, within a healthcare setting a patient may pray in the hospital rooms and wish to have religious statues or religious icons in the hospital rooms (Queensland Health, 2011:8; Schott & Henley, 1996:305).

Most Hindu women will need their modesty protected, with a sheet covering their body when undressing and they will wish for a female practitioner to attend to them (Ehman, 2007:2; Queensland Health, 2011:8). Whereas, Hindu men may wear sacred threads, which wrap around the torso and permission should be requested from the patient or next of kin to remove them. In emergencies, where it may be necessary to cut the thread, it should be returned to the patient (Scott, 2010:188). Hindu men and women may prefer to be examined by a healthcare provider of their own gender and may wish to have a family member present during the clinical procedure or examination (Ehman, 2007:2; Queenland Health, 2011:10). These preferences inform the researcher that it is essential for social workers and healthcare professionals to be aware of the gender preferences of the patients towards the attending medical practitioners and the importance of wearing their sacred garments and jewellery during their admission in healthcare facility and to explore the significance these sacred garments play towards the wellness and well-being of the patient.

As each culture and religion may have specific dietary habits that they consume on daily basis, it is essential for the healthcare team to take note of the different types of foods the Hindu population consume. Schott and Henley (1996:138) state that food may symbolise love, security, moral and religious values, attitudes towards health and our own beliefs about the self and the about the world. Therefore, a patient may request to consume food in accordance to their cultural and spiritual beliefs, moreover, the healthcare team should be aware of the food the patient may consume in accordance to their beliefs and not prescribe food that is prohibited within the Hindu culture and spirituality.

Hindus believe that certain types of food play an essential role in relation to the emotions and body temperature of an individual and these foods are categorised as ‘hot’ or ‘cold’, in terms of their effect on the body and emotions (Henley, 1983). The Hindus believe that ‘hot’ foods that are salty, sour or high in animal protein may lead to a rise of body temperature and can excite the emotions of an individual, whereas ‘cold’ foods that are sweet or bitter are believed to cool body temperature, calm the emotions and make the person cheerful and strong (Jootun, 2002). Jootun (2002) further elaborates that an imbalance of hot or cold foods can disturb the body’s energy equilibrium and lead to ill health. The abovementioned information informs the

researcher to explore the types of food the Hindu population within the South African context consume, specifically when they are admitted in the healthcare setting and are advised and requested by the healthcare professional to consume certain types of food to alleviate the pain and help the recovery and healing process from the health illness.

People of South Asian or Indian heritage believe some vegetarians do not consume eggs, onions, garlic or root vegetables and those who consume meat may refuse to consume beef and pork (Schott & Henley, 1996:140). Some Hindus may consider meat, poultry, fish, eggs, onion, garlic and alcoholic drinks to be impure, therefore, vegetarian food is considered and believed to be purer food and some communities within the Hindu population may follow a strict vegetarian diet (Warrier, 2006:16). Therefore, within a healthcare setting Schott and Henley (1996:139) highlighted that prohibited food that Hindus do not consume must not contaminate the food they can consume specifically within healthcare setting. As the cow is believed to be a sacred animal within Hinduism, Hindus do not consume food that is made of cow products or food that contain ingredients obtained from a cow (Warrier, 2006:16). Moreover, healthcare practitioners need to consider the importance of the dietary habits of women, specifically during pregnancy and after giving birth, some cultures and religions may require avoiding certain types of food and the immediate family members provide nourishing traditional food within the healthcare setting and within the family environment (Schott & Henley, 1996:173).

The cow is believed to be a sacred animal within the Hindu practice and belief system. Schott and Henley (1996:307) elaborate that the cow is a symbolic and meaningful animal within the Hindu practice as it brings about a sense of gentleness, protection, and unconditional love of a mother. As the cow is considered sacred, most Hindus are believed to be vegetarians, which means the eating of animal products is to be avoided. Moreover, some Hindus may prefer not to ingest medicines derived from alcohol or animal products (Ehman, 2007:2; Scott, 2010:188; Schott & Henley, 1996:307). As patients are asked if they have any allergies before prescribing medication for their treatment, it is important for healthcare practitioners to inform Hindu patients of treatment that may contain alcohol, cows, pigs or any form of animal products as Hindus do not consume medication that contains animal products. Taking

the above information into consideration, it is therefore essential for the social worker and healthcare team to be knowledgeable as it prevents the patient from consuming food that they are prohibited from consuming, but also enables the healthcare team to be knowledgeable of the cultural and spiritual factors that may influence the prescription of medical treatment for medical procedures.

Spiritual cleanliness is important as purity within the Hindu perspective is essential. Therefore, it is important for healthcare practitioners to provide facilities for patients to wash and rinse their mouths (Scott, 2010:188), as most Hindus practice the ritual of cleanliness and prayer each morning (Queensland Health, 2011:8). Ehman (2007:3) and Queensland Health (2011:8) state that Hindus wash their hands before eating and preferably wish to take a shower as washing and bathing with running water is essential for Hindus. Schott and Henley (1996:306) state that Hindu women who are admitted into a healthcare setting may wish to pray in the morning before eating and wash their hands and if she cannot move out the bed, they may wash hands from a bowl and sprinkle water on head to demonstrate as a symbol of washing.

As cleanliness is the core belief and practice within Hinduism it is important for healthcare practitioners to take into consideration the importance of oral hygiene within the healthcare system by the Hindu population and their right as a patient to practice their beliefs within the healthcare system (Queensland Health, 2011:8). Hindus prefer to wash their teeth immediately after waking up from general anaesthesia or surgery with utilisation of home remedies such as chewing mint leaves, cloves and fennel seeds for oral hygiene and health purposes (Schott & Henley, 1996:144-145; Queensland, 2011:11). Therefore, the healthcare practitioners and social workers need to be culturally aware of the practices that the Hindu population have towards their oral hygiene and the healthcare benefits their home remedies believe they provide for them within the healthcare system.

Fasting is believed to have physical and spiritual benefits for the patient and their family, furthermore, fasting within the Hindu perspective is believed to cleanse the patient of their physiological system (Shanmugasundaram, O'Connor & Sellick, [sa]:3). Thus, the researcher should take into consideration the importance and the role of fasting within the Hindu practice and the influence it has towards the health-

seeking behaviours of Hindu patients. The Hindu religion believes in the spiritual power of fasting which yields a sense of healing, hope and self-discipline that leads to purifying the body and soul to gain a sense of emotional balance and to restore balance and harmony for the individual and the family (Queensland Health, 2011:15). Fasting may play an essential role for the family to pray and fast for good health and good fortune for the patient admitted in the healthcare system or recovery from health conditions at home (Ehman, 2007:3). Although, fasting provides a sense of harmony, balance and brings good fortune it may also have negative implications within the healthcare system as, some Hindus may refuse to take their medication and follow certain type of diets by consuming only fruits, yoghurt, nuts or potatoes (Schott & Henley, 1996:308). Furthermore, Kannan, Mahadevan, Sadacharan and Velayutham (2016:859) further elaborate that fasting within Hinduism may be differentiated between three types of fasting, which *nirahara* is fasting without food, *phalahara* which fasting that includes fruit and milk and *alpahara* is fasting that allows rice and other types of food. The above-mentioned information the researcher used to investigate and explore the functions of fasting with regards to the health aspects of the patient and to discover the positive and negative effect it may have on the health-seeking behaviours of Hindu patients.

Pregnancy and childbirth are important events that women experience throughout their life phases. Nath, Bhattacharya, Sinha and Praharaj (2014:13) state that woman play an essential role of childbearing within the family context and, within Hinduism, specific rituals are performed and appeased for the mother and the infant. Traditional healthcare practices are shaped by the beliefs and practices of ancestral beings and believed to provide physical healing, therapeutic effects and spiritual care for fertility and maternal care (Ohaja, Murphy-Lawless & Dunlea, 2019:2).

Traditional Birth Attendants (TBAs) in South Asia, specifically in India, are more likely to provide maternal and infant health care services for women and families as TBAs assist during deliveries and adopt culturally accepted practices which are beneficial towards the health and well-being of the mother and the child (Saravanan, Turrell, Johnson & Fraser 2010:94). The methods utilised by the birth attendants have been passed from generation to generation, however, these methods lead to delays for the referral of excessive postpartum bleeding and engaging in unhygienic practices during

deliveries, which may cause serious health complications and infections for the mothers and babies (Saravanan et al., 2010:94).

The researcher was able to differentiate the health-seeking behaviours of Hindu believers within the healthcare setting and will discuss the development and practice of Ayurveda medicine as a form of Complementary and Alternative Medicine.

2.6 Complementary and Alternative Medicine

Complementary and alternative Medicine (CAM) is defined as group of diverse medical and healthcare systems, practices and products that are a part of conventional medicine (Zulkipli, Islam, Taib, Dahlui, Bhoo-Pathy, Al-Sadat, Majid & Hussain, 2017:1). Ayurvedic medicine is an ancient form of Indian traditional practice that was developed by Hinduism. Ayurveda practice is an ancient preventive medicine practice that focuses on the connection between the body and the mind (Mishra, Togneri, Tripathi & Trikamji, 2015:1283; Queensland Health, 2011:10). Chattopadhyay (2017:132) and Freidin and Ballesteros (2015:669) state Ayurveda practice is a system of medicine that originated in India with the primary goal of preventing diseases by living a healthy lifestyle, moreover, Freidin and Ballesteros (2015:669) further elaborate that the Ayurveda practice focuses on the prevention and treatment of illnesses and also introduced a healthy way of living within your lifestyle and daily living. The Ayurveda practice emphasises the connectedness of the body, mind and soul that is integrated with the healthy lifestyle of an individual (Freidin & Ballesteros, 2015:669-670).

The study of Chattopadhyay (2017:132) focused on the essential role that Ayurveda practice plays in preventing non-communicable diseases such as cardiovascular diseases, cancers, respiratory diseases, and diabetes through a healthy lifestyle. Whereas the study of Freidin and Ballesteros (2015:669), focused on Argentina adopting the Ayurveda practice within the healthcare system, whereas the participants of the study highlighted the importance of developing self-understanding, self-healing and improving their well-being. In the study of Lalbahadur (2013), the focus was on the factors that influence the decisions of individuals to practice and utilise Ayurveda healing within the South African context.

The studies of Chattopadhyay (2017) and Freidin and Ballesteros (2015) highlighted the lack of physical activity and unhealthy diet as contributing factors that lead to a high risk of being diagnosed with non-communicable diseases, thus, with the Ayurveda practice which focuses on the body, mind and soul, an individual must practice a healthy lifestyle and include physically activity. Furthermore, in Argentina the Ayurveda practice is utilised for various reasons such as treating chronic conditions (digestive and sleep disorders, ovarian cysts, nasal obstruction, allergy, herpes, and infertility); to control risk factors (high cholesterol and/or blood sugar level); to relieve menopausal symptoms; for guidance on a healthy diet (vegetarianism and veganism) and assist in weight loss (Freidin & Ballesteros, 2015:673). Within the South African context Ayurveda practice is commonly practiced by Indians as it encompasses of the Hindu heritage and practices that have been passed from generation to generation (Lalbahadur, 2013:32). Furthermore, Lalbahadur (2013:35) states there is an increase in registered Ayurveda practitioners within the South African context and the availability and accessibility of Ayurveda practices and facilities in South Africa.

The Ayurveda treatments serve to balance and cleanse with the inclusion of herbs, utilisation of products of animal origin, minerals, balanced healthy diets, physical exercise, massage, breathing techniques and meditation (Freidin & Ballesteros, 2015:670; Mishra et al., 2015:1283). Hindu patients and families believe in practicing in accordance to treatment and prevention methods that integrate the body, mind and soul which will promote a healthy lifestyle and wellness. Freidin and Ballesteros (2015:673) state that the Ayurveda physicians specialise in medical conditions such as chronic conditions, controlling high cholesterol and blood sugar, helping to relieve menopausal symptoms, changes in dietary habits and weight loss. Moreover, Freidin and Ballesteros (2015:671) demonstrated in the study that Ayurveda practice has increased across Argentina as there are yoga centres, integrative clinics and health food stores, furthermore, there are Ayurveda physicians who prescribe personalised therapeutic plans that encompass a variety of dietary adjustments and daily self-care routines such as physical exercise, meditation and yoga routines. The abovementioned practices in Argentina demonstrate how individuals have adopted the ways and practices of Hindus who believe in self-control and meditation as the

pathways to physical health, healthy lifestyle and a balance between the body, mind, and soul.

The inclusion of Ayurveda practices within the healthcare system may be beneficial to the Hindu patients as they consider Ayurveda to be part of their health-seeking behaviours within the family system and the healthcare system (Queensland Health. 2011:10). The meditation, yoga routines and breathing exercises may provide a sense of comfort and inner peace for patients who are experiencing emotional, physical and psychological discomfort that may be associated with the pain and recovery process experienced within the healthcare system (Sharam, 2002:2). Within the study of Freidin and Ballesteros (2015:674), four participants shared that they adopted the Ayurveda practice to help themselves overcome their health problems and utilise the Ayurveda practice to cope and deal with the emotional and physical discomfort associated with menopause or losing weight. The participants in the study of Lalbahadur (2013:41) stated that they were influenced and motivated by family and friends who shared personal experiences about Ayurveda medicine and how it helped heal their illness and restore balance within their health. The above-mentioned information may motivate and encourage a social worker to acquire expertise about the Ayurveda practice and emphasize the importance of including the practice and treatment options to be integrated together with medical treatment provide by the healthcare team.

The inclusion of the Ayurveda may enable the patient and family to exercise control over their health in terms of treatment (Freidin & Ballesteros, 2015:676), recovery options and discharge plan in terms of the medication while the Ayurveda options will assist the healing process to be less painful and reduce the emotional and physical discomfort. *Prana,* translated to breathe, is a concept utilised in Indian medicine that is practiced through the ancient exercise of yoga, meditative techniques and prayers are the various forms of healing techniques performed by Hindus (Mishra et al., 2015:1283). Moreover, Sharma (2002:1) states that within the Hindu context yoga is termed *Rāja,* which focuses on the interconnection between the body and the mind.

As the Ayurveda practice originated in India, the practice plays a spiritual and psychological role within the Hindu culture and religion as it encompasses the

importance of integrating the body, mind and soul (Freidin & Ballesteros, 2015:669-670). The social worker needs to recognise the importance of Ayurveda practice within the Hindu culture and spirituality as Hindu patients within the healthcare system may wish to practice some of the techniques of Ayurveda practice that may bring about a sense of harmony, peace and balance to the patient within the healthcare system. Furthermore, it is important for the social worker to advocate for the patient to utilise the appropriate methods in accordance to the medical diagnosis and medical treatment with the healthcare team to integrate the Ayurveda practice with the healthcare approaches within the healthcare system.

Sharma, van Teijlingen, Hundley, Angell and Simkhada (2016:6) state that women in Nepal practice and utilise *janma ghuti* (aryuvedic medicine for digestion), *balmrita* (herbal aryuvedic medicine), *quati quati* or *quati aushodi* to help the baby's heart to be strong and have strong bones and *jaiphal* (herbs and spices) for the new born baby. Furthermore, Sharma et al. (2016:5) highlight that women and infants in Nepal after birth may receive a massage of mustard oil to help relax the muscles and help the child to grow by smoothing the joints. The most common Hindu spiritual remedy is *vibuthi* (holy ash) believed to contain protective, purifying and healing properties, the holy ash may be applied on the forehead, consumed in small quantities or be carried in small pocket (Queensland Health, 2011:10). The abovementioned information is important for the healthcare team to be aware of, as different cultures and religions believe in spiritual attire and practices that offer a sense of protection, comfort, peace and balance, therefore, the holy ash within Hinduism plays an essential role of spiritual connection, balance and harmony for the family and the patient within the healthcare system.

The researcher was able to discuss Ayurveda practice and the services the practice provides to its followers. The researcher will next discuss the different life stages of a family system in accordance to the different types of medical conditions that are common within the healthcare setting that may be influenced by the cultural and spiritual factors of Hinduism.

2.7 Different practices within the healthcare system

Culturally based beliefs have a great influence during key life events such as pregnancy, childbirth, transition to adolescence, during motherhood, in terms of parenting and in the rituals associated with death and dying, and many of these life events have health related dimensions (Douglas & Pacquiao, 2010:152). Thus, the researcher, will provide the cultural and spiritual factors that influence the health-seeking behaviours of Hindu patients within the different life events and demonstrate the importance of the healthcare team including the social worker to be culturally aware and competent of the practices, rituals and beliefs of Hinduism.

2.7.1 Pregnancy

Sharma et al. (2016:5) state that there are cultural practices, beliefs, superstitions and taboos in relation to pregnancy and childbirth, which may control or influence the eating habits, physical activity and access to antenatal care and postnatal services within the healthcare setting. Moreover, culture and spirituality may play a significant importance in providing psychological relief for the stress that women may experience during pregnancy and the sense of harmony, inner peace, and balance that spirituality may provide towards period of pregnancy. The cultural and spiritual practices and beliefs of Hinduism towards pregnancy are essential and should be acquired knowledge to assist social workers working in the healthcare system to advocate for the maternal and infant health of Hindu women within the family system.

There are some rituals and special prayers that are considered during and after pregnancy as stated by Kathree and Petersen (2012:38) and Laroia and Sharma (2006:96) who highlight that Indian women are provided with a social support network during pregnancy and the first 40 days of birth to prevent health complications for the infant and mother. Furthermore, the authors state that the medical assistance and expertise provided by the medical team to the family system can help highlight the health complications that are imposed by the cultural and spiritual practices that the Hindu women are required to adhere to during pregnancy.

To clearly understand the cultural and spiritual implications that Hinduism has towards the pregnancy and the maternal and infant health within the healthcare system and family environment, the research will discuss the cultural and spiritual factors that may

influence the health-seeking behaviours of the family during the period of pregnancy and after childbirth. Moreover, the researcher will highlight the importance of culture and spirituality care for women suffering from postpartum-depression disorder.

2.7.1.1 Period of pregnancy

Hindu women may engage in fasting practice to help with the process of conception and help the woman to have a successful and healthy pregnancy and birth. Furthermore, prayers will be offered regularly during pregnancy for the healthy development of a child (Schott & Henley, 1996:308). The foetus protection ceremony of *Punsavana* is performed in the third or fourth month of pregnancy to invoke divine qualities in the child and in the seventh month prayers of *Simantonnayana* are offered. According to the Hindu belief these prayers are when the soul enters the body (Jootun, 2002).

Sujindra, Bupathy, Suganya and Praveena (2015:234) focused on adequate and appropriate practices and services available for the antenatal care of expecting mothers during their pregnancy. The study further highlighted that antenatal care is part of a health promotion and prevention programme for expecting mothers and to ensure a healthy pregnancy during the gestation period (Sujindra et al., 2015:234). Sujindra et al. (2015:234) state that maintaining physical activity during pregnancy is part of a positive healthy antenatal practice. However, in Nepal, the role of a woman is to care for her children and husband, and his may lead to a heavy workload during pregnancy and breastfeeding duration, which may lead to negative health outcomes for the mother and her infant (Madjdian & Bras, 2016:206). During pregnancy Hindu women in Nepal are expected to continue working in the field until the day of delivery (Madjdian & Bras, 2016:216), which can lead to maternal and birth complications. Therefore, it is essential for social workers working within the maternity ward to understand the positive and negative implications of maintaining physical activity during the pregnancy.

The study of Saroha et al. (2008:42) was based on the Caste system and the influence it has on women of different Caste systems receiving maternal health care services within the healthcare system. Saroha et al. (2008:42) state that women of the *Shudra* Caste system may receive fewer healthcare services such as antenatal care, iron folic

acid supplements and gynaecologic services, compared to, the higher Caste *Brahmin* and *Kshatriya* systems that are reported to receive and seek antenatal care and gynaecologic services. The study is a clear demonstration that women in rural India lack the healthcare and knowledge of maternal healthcare to seek healthcare services within healthcare settings and the Caste system plays an influential role in seeking healthcare services during pregnancy.

Madjdian and Bras (2016:204) reported that pregnant and breastfeeding women who do not have the support of their mother-in-law are not free to eat more nutritious food which may lead to undernourishment and often do not have the voice to obtain medical care and assistance during labour, which results in higher maternal mortality. By comparison, pregnant women who have the support and active involvement of their mother-in-law are more likely to be cared for and have access to nutritional food (Madjdian & Bras 2016:204). Furthermore, the TBAs and the mother-in-law play a health and social role by assisting the mother and new-born for a week and provide psychological and physiological healing (Saravanan et al., 2010:97). This form of support may help the mother receive the necessary psychosocial support she needs.

Madjdian and Bras (2016:206) state that in the Nepal maternal mortality is high due to the lack of access to healthcare, the lack of birth attendants and the lack of cultural practices during and after birth. However, in India TBAs are accepted and readily available in the community as community members believe in their practices as they practice according to cultural practices and the beliefs of the community, furthermore, the unavailability of health services in rural areas, increase the utilisation of TBAs for child births (Saravanan et al., 2010:95-96).

Hindu women may often wear jewellery for religious reasons such as a black string around the arm, neck or body to help with successful pregnancy, birth of a child and recovery from any illness (Schott & Henley, 1996:308). The authors further assert that in some families the sister-in-law may provide the wife with a gold bangle that will help with safe delivery of the baby and the bangle should not be removed (Schott & Henley, 1996:308). The above-mentioned information is essential for the social worker and the healthcare team to be mindful of as some surgeries pertaining to pregnancy and birth complications may require special precautions such as any form of jewellery or cultural

garments to be removed before the surgery. This form of instruction may lead to some form of distress and discomfort for a Hindu patient who believes in the spiritual healing and sense of peace and harmony the gold bangle or black string may provide during and after the surgery. The abovementioned information can assist the healthcare team in understanding the cultural practices that influence positively, or negatively, the health outcomes of the pregnant Hindu women within the family system and the healthcare system.

Within the Hindu religion, the Hindus believe that women who have experienced multiple miscarriages are believed to experience the Devaki syndrome which is an Indian societal milieu that encompasses cultural characteristics of the Hindu religion (Nath et al., 2014:14). The study of Nath et al. (2014:14) was based on investigating the Devaki syndrome where the women in the study believed to be experiencing the same fate of the Queen Devaki who is a religious figure who had suffered seven losses of new-borns who were killed by the tyrant King Kansa. Her eighth son, however, survived as her husband took their son away before he could be killed by King Kansa. The women believed to have developed a defence mechanism the same as Queen Devaki to help escape the physical pain and anxiety of spontaneous miscarriages and the anxiety of future losses with future pregnancies (Nath et al., 2014:14). As fate provided for Queen Devaki to have her eighth son, the women reported to have a sense of hope and faith that they will be blessed with their own children and must be patient and keep faith.

The study of Nath et al. (2014:14) demonstrates that Hindu women who have experienced spontaneous miscarriages and lost a sense of identity as a woman and the ability to conceive developed a belief towards Queen Devaki as a religious mythology that can provide a sense of hope and comfort to their loss and provide confidence to be able to conceive in the future. The researcher believes that Queen Devaki within the Hinduism belief system may provide coping mechanisms for women who have experienced spontaneous miscarriages and stillbirths. Social workers working within the maternity unit provide emotional, mental and psychological relief for the mother and her family, furthermore, the social worker can work with the psychologist to include the cultural and spiritual aspect of the mother and family that

can provide a sense of acceptance of the loss and a sense of peace to help cope and deal with the feelings of guilt, denial and self-blame.

2.7.1.1 Childbirth

The postnatal period is the duration after the expecting mother has given birth and the period is for the duration of 42 days (Ngunyulu, Mulaudzi and Peu, 2016:48; Sharma et al., 2016:7), during the postnatal period the mother and infant may receive care, support and medical care from family and medical health care professionals including the assistant and participating TBAs. Furthermore, Ngunyulu et al. (2016:48) highlight that during the postnatal period it is possible for the TBA to provide the necessary postnatal care to mothers and their infants by practicing indigenous practices and beliefs that promote and enhance the well-being and wellness of the mother and infant within the family environment. Moreover, the social worker can help advocate for the family to practice their religious beliefs and practices in accordance to the birth of new-born and the specific rituals and ceremonies that are practiced within Hinduism.

The women in Nepal practice the *nwaran* (purification) ceremony which is performed after the birth as they believe that birth is unclean and needs to be purified with a cultural ceremony (Sharma et al., 2016:5). There is a passage of rites that the Hindu culture embark on after the birth of child that is essential in accordance to their cultural and spiritual practices. The passage of rites that are interlinked with healthcare perspective are as follows: *garbhadhana,* which is the conception of the child (Dwivedi, 2004:173); *punsavana,* as the consecration of the child in the womb; *simantonnayana,* which is parting the hair of the pregnant women; *jatakarma,* the birth of the child; *nishkarmana,* the child is taken out of the home for the first time; and lastly, *annaprashana,* which is when the child is fed solid food for the first time (Dwivedi, 2004:173). Schott and Henley (1996:64) highlight the importance of fathers when a new baby is born. A Hindu father may wish to perform the *jatakarma* ceremony of welcoming the infant into world by touching and smelling the infant and whispering religious verses into the infant's ears (Mckenna & Shankar, 2009:79; Queensland Health, 2011:11).

Jootun (2002), Mckenna and Shankar (2009:78), and Queensland Health (2011:11) state the family may perform a rite that entails the drawing of a small dot in the shape

of an *Om* symbol behind the infant's ear or place the *Om* chain symbol around the infant's neck or be placed in the cot. Furthermore, Jootun (2002), Mckenna and Shankar (2009:79) and Schott and Henley (1996:309) elaborated that the family may also write the *Om* symbol with honey or butter (*ghee*) on the infant's tongue. Some Hindus may wish to bury the umbilical cord on the sixth day after birth and on the sixth day after birth, a ceremony is performed in which a white thread of cotton is tied around the infant's wrist, ankle or neck (Queensland Health, 2011:12). According to Hindu beliefs on the sixth day, the infant's fate is traditionally written by the Goddess of learning and the family may wish to leave a symbolic blank sheet of paper and pen near the baby's cot (Schott & Henley, 1996:309).

As Ehman (2007:2) and Queensland Health (2011:8) state, that female patients may prefer a female health practitioner, hence, it is important for the healthcare team and social workers to consider some women may feel violated, dishonourable to themselves and their family and it is unacceptable when a male anaesthetist inserts the epidural and for a male doctor to conduct an internal examination (Schott & Henley, 1996:150). It will be essential for the social worker and healthcare team to understand the gender preferences that are imposed by cultural and spiritual beliefs of childbirth within the Hindu perspective and to explain to the patient and family the importance and role of the available birth attendees and doctors to perform the childbirth, and not prolong labour which may lead to negative health outcomes for the infant and mother.

After labour, some Hindu families may wish to wrap the infant in special garments that plays a religious significance, blessing and protection towards the infant (Schott & Henley, 1996:309), the practice may be against the hospital regulations especially with specific precautions for new-borns in the paediatric and maternity unit. Therefore, it is essential for the researcher to investigate the significance of the special cloth for the new-born and for Hindu believers to provide detailed reasons in accordance to the spiritual meanings attached to the practice and the healthcare professional to explain the possible implications the practice may present on the health of the new-born.

According to Laroia and Sharma (2006:95) and Mckenna and Shankar (2009:78) prelacteal feeding is food that women provide to their new-borns before breastfeeding is initiated to the infant. Within the Muslim community the practice of prelacteal feeding

is influenced by the teachings of the Prophet and shares that prelacteal feeding is performed after the baby is born and before the mother initiates breastfeeding. Moreover, sweets are believed to have a special cultural importance and given to a new-born to confer good luck (Mckenna & Shankar, 2009:79). By comparison, in the Hindu community the new-born is welcomed into the family by performing traditional ceremonies that integrate prelacteal practices such as the *jatakarma* or *suwarna prashan samskar* (Mckenna & Shankar, 2009:79).

Prelacteals, such as cow's milk, water, honey and *ghee* within Hindu cultural practices, are given to new-borns as they are believed to provide positive health outcomes for the gastrointestinal and genitourinary systems (Laroia & Sharma, 2006:95; Mckenna & Shankar, 2009:80). However, Mckenna and Shankar (2009:81) indicate that the feeding of honey to a new-born may lead to infant botulism and symptoms of constipation, poor feeding practices or muscle weakness. The above-mentioned information indicates that it is important for healthcare professionals to inform the mother and family of the implications of feeding new-borns honey and suggest for the family to replace the honey with an appropriate ingredient. Mckenna and Shankar (2009:81) further recommend that the mother may implement the cultural feeding practices of sweets or herbal preparations during the postpartum period. The above-mentioned information provides the researcher with valuable insight on the breastfeeding practices of Hindu cultural practices and the food required to be consumed before initiating breastfeeding.

A close married female relative may symbolically wash the breast of the mother with a mixture of cow's milk and water before she breastfeeds her child for the first time (Mckenna & Shankar, 2009:80; Schott & Henley, 1996:306). As stated, before the Hindu religion and practice considers the cow as a sacred animal that represent the gentle and unconditional love of a mother, thus, the researcher needs to understand better the significance of the cow for the family, specifically focusing on the maternal and neonatal benefits the cow signifies and how it may yield positive health outcomes.

The Hindu perspective believes that pregnant women and women who have given birth should consume specific food that is special and plays an essential role towards the pregnancy and the birth of a child (Laroia & Sharma, 2006:95). The first month of

breastfeeding after giving birth, the mother changes her dietary habits to be able to gain more strength; this food includes butter, honey, meat and local red rice (Madjdian & Bras, 2016:217-218). In addition, specific dishes and drinks are included, for instance *chhaang col* (hot rice wine with butter and honey, Lama), *tsampa* (dough of wheat flour with butter and honey, Lama); and *san* (millet with butter and honey, Lama) are consumed strictly during the breastfeeding period (Madjdian & Bras, 2016:218; Mckenna & Shankar, 2009:78; Sharma et al., 2016:5). The researcher believes that Hindu women, specifically in India, practice in accordance to their cultural beliefs and do their best to incorporate medical practices that will yield positive outcomes for the immune system of the child by emphasising the importance of breastfeeding and eating healthy during the breastfeeding period. Moreover, Sharma et al. (2016:9), states that breastfeeding is associated with reduced risk of infection, prevention of dehydration and hypoglycaemia in babies and provides beneficial health outcomes for mother as breastfeeding reduces risk of breast and ovarian cancer in mothers and increases mother-baby bonding. Hindu women in Nepal are guided by ancestral practices and rituals that state that there are some foods that are not to be consumed during the post-partum period as they believe that spinach and pumpkin cause the infant to have motion problems and diarrhoea, furthermore, potatoes are believed to cause skin allergies and radishes may cause a cold (Madjdian & Bras, 2016:218).

Home births may lead to harmful infant care practices which may result in harming the baby's health and well-being. The practice of bathing babies who are premature or underweight after delivery may lead to increased risk of hypothermia. Furthermore, not weighting the babies straight after birth may yield negative health outcomes for the infant (Saravanan et al., 2010:107). The *Colostrum* is believed to be rich in vitamins and antibodies and provides natural immunity to the infant and is recommended that breastfeeding of the infant should be initiated within the first hour after birth to prevent infant mortality (Laroia & Sharma, 2006:95; Saravanan et al., 2010:109). However, in India, the practice of discarding the colostrum after birth and not being provided to the infant is commonly practiced and leads to negative health complications for the infant (Laroia & Sharma, 2006:95; Saravanan et al., 2010:109). Therefore, social workers and healthcare professionals in healthcare systems need to emphasize the importance of breastfeeding the infant straight after birth. Madjdian and Bras (2016:204) further state that during the life stages of pregnancy and breastfeeding for

women, some Indian women are not free to eat adequate nutritious food which may lead to undernourishment and higher maternal mortality rate during labour or after labour when compared to women who have the maternal support from their mother-in-law and are more likely to have access to a nutritious diet and maternal healthcare services.

Hindus may consider severely handicapped infants as the result of bad karma that has befallen the parents and is responsible for the birth deficits or severe complications of the child (Ross, 2008:22-23; Sharma, 2002:7). The social worker, with the assistance and knowledge of the healthcare team, may help the parents and family understand that the disability of the infant may be caused by genetics, bad dietary habits, stress or chronic conditions the mother might be diagnosed with and had implications on the pregnancy. The social worker may also discuss genetic counselling together with the specialists to elaborate the possible genetic make-ups that may have caused the disability of the infant. Furthermore, the social worker, with the specialist, may have a genetic counselling session with a couple planning or expecting their first child of possible disabilities that may be detected through ultrasound and antenatal screening.

2.7.1.2 Postpartum-depression disorder

Postnatal depression is major mental health disorder that affects women after birth, as women are adjusting to psychological, physical, social, emotional and mental changes that are accompanied by tearfulness, sleep disturbance, exhaustion, anxiety and irritability that is often accompanied with fluctuating emotions (Schott & Henley, 1996:175). The social worker, together with the healthcare team, need to take into consideration the mental, emotional and physical aspects of the mother after giving birth, as these aspects influence the health and wellness of the mother to be able to care for her well-being and that of the infant.

The cultural and spiritual beliefs and practices that mothers engage in after birth play an essential role in the emotional, mental, and psychological well-being of the mother and the infant (Laroia & Sharma, 2006:95). These aspects affect the wellness and well-being of the mother and the infant in a positive or a negative manner and often negatively impact on the psychological and mental well-being of the mother, which can lead to postpartum depression disorder (PPD) which is a serious mental health

condition that affects women after the birth of their babies (Kathree & Petersen, 2012:47). The study of Kathree and Petersen (2012) was based on the postnatal care that Hindu women received in accordance to the rituals and practices of Hinduism and the implications that the postnatal care provided may prevent or lead to postnatal depression after birth.

The postpartum care within the cultural context of the Indian Hindu community is based on the mother and infant receiving postpartum care within first 40-day period with the assistance and support of the mother-in-law and husband. The care aims to provide comfort and promote the physical and the mental well-being of the mother in the postpartum period (Kathree & Petersen, 2012:47; Laroia & Sharma, 2006:96). The study of Kathree and Petersen (2012:38), was aimed to investigate the postpartum experiences in South African Indian women, specifically focusing on any forms of traditional postpartum healing and care rituals, and the perceived psychosocial benefits of the rituals and social support that protect against PPD. These practices assist the social worker and the medical team in understanding the beliefs and practices that the Indian Hindu women engage in which can minimise or prevent the onset of PPD.

Three of the participants of the study stated that they experienced postpartum rituals and care, which provided a sense of calmness, soothed, assisted the mother with pain relief, and promoted deep sleep for the mother and infant (Kathree & Petersen, 2012:46). Furthermore, Grewal, Bottorff and Hilton (2005:249) and Schott & Henley (1996:176) state that daughters often seek health advice from their mothers, especially with regards to pregnancy-related issues which can decrease the chances of being diagnosed with PPD. Nevertheless, the majority of women in the study indicated that the decline in postpartum supportive rituals and traditions led to the lack of social support for mother and infant, thus leading to the mother establishing a sense of resentment towards her husband because of his lack of emotional support and willingness to share household responsibilities (Kathree & Petersen, 2012:48). The researcher needs to establish during the research study the type of support the women in the Hindu community within the South African context receive and whether they have access to family support and care and whether they have TBAs within the

community and family environment who provide psychosocial support and healthcare services.

2.7.2 Children within healthcare system

Previous research studies have focused on the health-seeking behaviours of parents and guardians with regards to their response, knowledge and attitude towards the health conditions of their children, and the role of cultural and spiritual factors that influence their health-seeking behaviours to seek consultation and treatment within the healthcare system for their children (Anwar et al., 2012:511). Older women have installed a wide variety of traditional practices from generation to generation, which provide guidance and special prescriptions and natural home-made remedies that enhance the health and well-being of the family (Gopal et al., 2014:29; Grewal et al., 2005:250). The social worker can work closely together with these generations of women who have the knowledge and expertise that can enable their children to be assisted medically and to bring a sense of calmness and peace for the children, and family, within the healthcare system for maintaining and practicing according to their culture and religion.

Chandwani and Pandor (2015:990) stated that child mortality and morbidity that resulted from diseases, can be reduced when early interventions are sought by attaining appropriate healthcare and treatment. Thus, their study aimed to investigate the possible factors that influence the health-seeking behaviours of mothers for their children in the Narmada District and to explore the reasons for not seeking curative care for their children when they were sick. It is essential for parents and guardians to seek the necessary healthcare services to prevent diseases, recognise medical symptoms that indicate a medical condition and treat the medical condition. These practices can assist parents and guardians to seek treatment when necessary and reduce the mortality rate of children under the age of five in developing countries (Chandwani & Pandor, 2015:990).

Madhavi, Kiran and Madhavi (2015:7372) investigated the beliefs and practices of mothers towards the eating habits of the children who were admitted within to the healthcare setting, furthermore, it emphasized the implications that traditional practices and beliefs may have towards the nutrition of the child and the eating habits

that are imbalanced and lack the appropriate nourishment for the child in the healthcare setting and family environment. The social worker and dietician may work together in providing appropriate information on nutrition to help the parents and family to provide nutritious food for their children. The study by Madhavi et al. (2015) motivates the researcher to explore the eating habits of the Hindu population within the healthcare system focusing on children and when they have been admitted within the healthcare setting within the South African context.

Malnutrition may cause children to be vulnerable to infections, slow the recovery process and increase mortality rate, thus, it is important to emphasis prevention and appropriate treatment of diarrhoea, measles and other infections in infancy and early childhood to reduce malnutrition (Madhavi et al., 2015:7372). Furthermore, cultural, and spiritual beliefs and practice of food restrictions and food reduction during medical illness of a child may lead to childhood morbidity and child mortality (Madhavi et al., 2015:7373). The reasons stated by mothers for decreased feeding during illness were: the child is tired, the child cannot suckle, or the child cannot digest properly when sick; and home remedies like giving *tulsi* or castor oil was practiced by few mothers before bringing the child to hospital (Madhavi et al., 2015:7374). According to Madhavi et al. (2015:7374) before bringing the child to hospital 4 out of 34 mothers have given home remedies like honey, *tulsi, spatika, sonti kommu,* and *karakkayi* and stated the preferred food during illness was milk, rice, bread, curd rice, idly, banana, and *rasam* rice; and restricted foods during illness were cerelac, rice, milk and elements of a non-veg diet. The results obtained from the study, suggested to Madhavi et al. (2015:7378) that healthcare professionals should provide educational nutritional programmes to mothers who practice according to their cultural practices when their children are admitted for a medical condition in the healthcare setting and emphasize that mothers should continue with nutritional eating habits in the family environment. Overall, the researcher may need to explore the eating habits of Hindu children within the healthcare setting and family environment, furthermore, the researcher needs to further explore the cultural and spiritual factors that influence the health-seeking behaviours of parents and guardians towards the health and well-being of their children.

The researcher was able to discuss the health-seeking behaviours that parents, guardians and families may practice in accordance to Hinduism when a child is admitted within a healthcare facility or may be seeking healthcare services. The researcher will now discuss the significance of donor transfusions and transplants in accordance to Hindu practices and beliefs.

2.7.3 Donor transfusions and organ transplants

The study of Oliver, Woywodt, Ahmed and Saif (2011) highlight the importance of religion and its influence on whether the patient would consider a donor transfusion or transplant that is essential to their health. Religious beliefs and practices play an essential role with regards to the patients deciding whether to proceed with donor transfusions and transplants within the healthcare system and if the medical team performing the procedure are able to provide a detailed explanation of the necessity of the procedure to be performed (Oliver et al., 2011:237). Furthermore, some medical professionals are not culturally sensitive or do not have the knowledge about the cultural beliefs and practices of the patients that influence their health-seeking behaviours within the healthcare setting (Oliver et al., 2011:237), therefore, further research within the social work context from the healthcare perspective needs to be conducted to assist the social workers in helping the medical professionals understand the culture and spirituality of the patients, and how it influences their decision-making towards the procedure. The study of Oliver et al, (2011:440) and Slabbert, Mnyongani and Goolam (2011:269) emphasise that donor transplant within Hinduism is commonly practiced and considered to be a way of life, as it is believed that when an individual dies, their soul is transported to another body, but that donating organs is also is way of preserving and enhancing the life of another person.

Copeman (2008:278) refers to *The Guinness Book of World Records* within the Medical Marvels section that highlighted the practice of a North Indian devotional order in collecting larger units of blood in day that amount to 12 002 450 millilitre units. Furthermore, Verma, Sharma, Sharma and Pugazhendi (2016:1), recognised the importance of the availability of safe blood and blood products that play a crucial role in improving health, thus, the study explored and described the attitudes of Indian adults towards the practice of voluntary blood transfusions. Verma et al. (2016:1), state that blood transfusions save millions of lives each year, however, in developing

countries, such as India, they experience difficulties with the availability of an adequate and safe blood supply, thus, creating a shortage of a safe blood supply for thalassemia patients, victims of road accidents, cancer patients, scheduled major surgeries and women with complicated pregnancies.

The blood donation practice practiced by the North Indian devotional order indicates that blood transfusions are commonly practiced and form part of the daily practices in India as they believe blood donation provides an element of life to those who have lost essential elements from their lives. Verma et al. (2016:1) emphasize that people in developing countries may demonstrate ignorance towards blood transfusions and the misconceptions and fear about the blood donation process influences the decision-making of individuals to not participate in donating blood voluntarily. However, in North India, the Indian religious movements that are organised by Gurus are more likely to become essential providers in donating blood voluntarily throughout India. Furthermore, there are three prominent devotional orders that collaborate with blood banks to organise blood donation camps in their places of worship, which are the *Radhasoamis*, the *Sant Nirankari Mission* and the *Dera Sacha Sauda* (Copeman, 2008:279-280). The abovementioned information suggests that the researcher needs to investigate the perceptions and beliefs that Hindu South Africans have towards blood transfusions and whether they participate in blood transfusions at the South African National Blood Service (SANBS). The study by Copeman (2008:279) states that some devotional orders in North India collaborate with blood banks to organise blood donations camps at the places of worships, thus, blood transfusions within the Indian Hindu population is widely practiced and should be considered within the South African context.

The results obtained in the study of Verma et al. (2016:2), indicated that 96.7% of participants donate blood because of the good practice of saving a life; 94.4% of participants voluntarily donate blood to prevent a shortage of blood in the blood banks; 91.9 % of participants donate blood because they feel proud and sense of positivity for doing good; and 65% of the study participants view that blood transfusions are a good way of expressing good will and gratitude towards the community. The abovementioned results indicate that the participants in the study practiced voluntary blood donation to provide positive health outcomes for the recipients of the blood and

provide a sense of achievement and self-accomplishment for doing good for the life of another. Furthermore, 80% of the participants express that donating blood leads to positive outcomes as they believe it improves their blood circulation (Verma et al., 2016:3). However, the study of Verma et al. (2016:3) does indicate that 40% of the participants who have donated blood felt weak and tired from donating, thus, it hinders their decision to voluntarily donate their blood in future and 25% of the participants believe they may expose themselves to infectious diseases when they donate blood. Verma et al. (2016:6) suggest that healthcare professionals should help the blood donors to understand the process of blood donations and the social worker may communicate the misconceptions and misperceptions towards blood transfusions with families who may need to donate blood for family members who have been hospitalised.

Slabbert et al. (2011:271) state that Hindu beliefs and religious laws do not prohibit an individual from donating organs, but is the decision of the individual to donate organs or not, furthermore, organ donation in Hinduism is considered charitable and results in good karmic benefits (Lakhan, 2008:31). Religious Indian Hindus in India do not practice organ transplants on deceased loved ones due to a shortage of transportation for organs, extremely hot climates and a shortage of trained transplant surgeons that make it difficult to perform organ transplants (Slabbert et al., 2011:271). However, Sharma (2002:9) states that organ or tissue removal from a recently deceased body may be utilised to donate to another individual and may require the family to perform a ritual of purity before donating the organ. Contrary to the abovementioned statement, Hindus do practice organ transplant with family members that are living donors (Randhawa, 1998:1953; Slabbert et al., 2011:271). Furthermore, to support the practice of donating living organs, in the study of Randhawa (1998:1952), a participant shared his religious view of Hinduism by stating that "*our religion says do not waste things; if they can be utilised and used for the good of other people, then that should not be thrown away.*"

Although, blood transfusions and organs transplants are meant to provide a second chance at living a healthy life for a patient, it may often be too later for other patients and the patient may need to consider long-term care and end-of-life care issues, thus, the following heading that will be discussed will focus on the end-of-life care issues

and beliefs within Hinduism and the practices and beliefs towards dying and death within the healthcare system.

2.7.4 Dying and death

Rayburn (2008:94) states the patient and family may need to consider philosophical, religious and spiritual matters that may be accompanied with dying and death such as desires and tasks the patient may wish to accomplish before their impending death. Furthermore, Ohr, Jeong and Saul (2016:1681-1682,) investigated the cultural and religious beliefs that impact the decision-making of patients and their families towards end-of-life care issues and emphasised that individuals and healthcare professionals may experience challenges towards end-of-life care issues that may lead to emotional and social discomfort and burdens for the patient. The researcher believes that the practice of spiritual beliefs and practices within the healthcare system in relation to the patient experiencing a chronic illness may help the patient to reduce any form of distress, fear or anxiety associated with dying and assist the patient with acceptance of the chronic illness and impending death. Hence, Ohr et al., (2016:1682) emphasised the importance of healthcare professionals including social workers to improve their expertise and understanding of the end-of-life care issues and the ability to be culturally competent to provide services in accordance to end-of-life care issues of the patient and their family.

The healthcare team and social worker may need to prepare the patient for the inevitable, which is death, as well as help the patient prepare in accordance to their mental, psychological and socioemotional needs. The researcher believes that the spiritual and cultural aspects of the patient should be integrated and focused on when the patient is going through the process of dying and death. Furthermore, the study of Rayburn (2008:94) emphasized the importance of the counsellor helping individuals and their families to deal with a chronic illness or trauma that may lead to dying and death and helping individuals and families deal with the anxiety, fear, loss and stress associated with chronic illness and trauma. This statement supports the notion that it is important for social workers to consider death as a life event that might be associated with uncertainty, psychosocial distress and the fear of the unknown as the family may need to prepare for the impending death of the family member.

Jootun (2002) states that when the family does not perform the necessary ceremonies it may lead to the family experiencing psychological and mental distress and anxiety as the family is concerned with the well-being of the soul of the dying patient and the spiritual consequences that the family may experience. Within the practice of Hinduism, Hindus believe that when the family does not practice and perform the rituals and the ceremonies that are essential for the patient and family, it may create a sense of distress and anxiety for the patient and family.

Rayburn (2008:94) states that when individuals and families face end-of-life care issues and death, it is essential for the social worker to help the family deal with and accept the chronic illness or trauma that has occurred and the possibility of death that may result from the illness or trauma. Thus, the social worker may consider culture and spirituality playing an essential role in determining whether the individual and the family will be prepared for the critical life event that will soon occur, and may provide a sense of peace, healing and psychosocial support. Elizabeth Kubler-Ross (1969) proposed the five stages of grief associated with death: denial, anger, bargaining, depression and acceptance as a reaction and to understand the psychological aspect of illness and death (Benokraitis, 2005:502; Louw & Louw, 2009:296). These stages may help the social worker assist the patient to deal with feelings of guilt, hopelessness, blame, sorrow, anger and to find a sense of faith, harmony, hope and spiritual healing towards their impending death. In addition, the social worker may help the surviving family members to establish a sense of acceptance, hope and balance after the death of their loved one (Rayburn, 2008:97).

Hindus may wish to die at home as the home has a religious significance, and the eldest son of the patient is required to be present before and after the death of parent (Jootun, 2002; Schott & Henley, 1996:310; Queensland Health, 2011:13; Rayburn, 2008:104). A Hindu patient preparing for death may wish for a Pandit (priest) to perform specific rituals by tying a sacred thread around the neck or wrist, place a few drops of water from the River Ganges into the patient's mouth and place a sacred *tulsi* leaf, which is holy basil, in the patient's mouth. In addition, the patient may wish to read or recite religious chants and prayers (Ehman, 2007:3; Jootun, 2002; Schott & Henley, 1996:310; Queensland Health, 2011:13) as a way to prepare for death. Furthermore, dying Hindus may find comfort and harmony by reading or hearing a

Hindu scripture of Bhagavad Gita, which is a scripture focusing on five truths of Hinduism that state the soul has no birth or death but passes into another body from birth to death; or the dying patient may wish to lie on the floor which symbolises being close to Mother Earth (Rayburn, 2008:103). Furthermore, Lakhan (2008:30) states that the last moments of a Hindu is essential as it determines the properties of rebirth for the dying patient, an extended family member may be close by to chant a powerful hymn of *Aum Namaisvaya* that leads the patient to enlightenment.

Death in Hinduism is believed to be practiced by following the Hindu sacraments, worship, and devotional services to God. Furthermore, Hindus believe they have the right to refuse unnatural timing of their death and are allowed to avoid aggressive treatment that will prolong suffering and have a negative influence on the quality of life (Rayburn, 2008:103-104). As the eldest son is required to be present for the death of patient, the eldest son takes the lead role in washing the body of the deceased and the family may wish to light a small lamp or burn incense near the body. Lastly, the body is cremated immediately after death (Ehman, 2007:3; Jootun, 2002; Queensland Health, 2011:13). Overall, Hindus should be treated with respect and kindness by facilitating a process that enables Hindus to freely express their spiritual beliefs and perspectives on dying and death, specifically within healthcare system (Rayburn, 2008:97).

The final life event that a family may experience is death and it is essential for the healthcare team, together with the social worker, to help the patient fulfil their wishes to perform cultural and religious practices that may provide a sense of spiritual enlightenment with spiritual being and provide a sense of peace, acceptance and harmony towards death. The researcher identified that the literature provided on Hindu practices and beliefs may also be influenced by the role a man or woman plays within the family system and the decision-making process in relation to health-seeking behaviours and seeking healthcare services. Thus, the researcher will next discuss the role of gender within the healthcare system in relation to health-seeking behaviours of the Hindu population.

2.8 Role of gender in healthcare system

The status and role of women within a Hindu family is a sensitive issue as the patriarchal system imposes behavioural and social constraints on the women (Warrier, 2006:15), therefore, it is important for the researcher to understand and explore the constraints Hindu women have that may impact and influence their health-seeking behaviours within the healthcare setting. Furthermore, the researcher must establish the extent that a Hindu woman within a traditional home may be able to participate within the healthcare system and the health decision-making, which may lead to positive or negative health outcomes or severe health implications. The study of Madjdian and Bras (2016:200) highlighted the significance of the role of gender in relations to food security, nutrition, and food allocation within households in South Asia. Furthermore, the study made a comparison of Buddhist women having the authority to select the food within the family system, while in Hindu families the husband and mother-in-law were responsible for purchasing food the family will consume (Madjdian & Bras, 2016:213).

Warrier (2006:15) points out that Hindu women in Britain are becoming more liberal in terms of exercising their freedom of movement, employment within the workplace and changing styles of clothing to more modern ways. Women are seen to be unclean during they menstrual period and are prohibited from social visits to the family shrine, temples, and other sacred sites (Warrier, 2006:16). Madjdian and Bras (2016:213) state the husbands may cook occasionally when the women are menstruating and the first month after giving birth as the women are impure and prohibited from cooking.

Anwar et al. (2012:514), state that there are different health-seeking behaviours between men and women, furthermore, certain social and cultural beliefs and religious misinterpretations may lead to women being associated with a lower social status, especially in the rural areas, and may experience gender discrimination during the childbearing life cycle phase. Anwar et al. (2012:514) state that authoritative powers within the household and lack of education can lead to possible reasons for a woman's delay in health-seeking behaviour within the healthcare system, especially during the reproductive life stage of the family, and seeking assistance for their children, which may often lead to negative child health outcomes (Madjdian & Bras, 2016:203). Moreover, households that believe that the male figure as being the main or solo

financial provider within the family system, may also believe that he is the one responsible for food allocation, which may lead to women having less authority and decision-making regarding the wellness, nutrition and health of family in relation to availability and accessibility of nutritional food.

Young adult women who are married are required to reproduce and care for their children and they have little autonomy and decision-making power to make decisions, which may often lead to negative maternal and child health outcomes (Madjdian & Bras, 2016:203). The position of a woman within a cultural and spiritual based household, may positively and negatively affect the health decisions and health outcomes of women within the healthcare system. Women may be considered impure or unclean when menstruating and after childbirth (Queensland, 2011:8). Furthermore, the access to healthcare and healthcare systems, in accordance to the different health needs, can be influenced by the cultural norms, values and practices of different families and kin relations (Madjdian & Bras, 2016:201).

The researcher suggests that it will be appropriate to explore whether the role of the husband plays an essential role in the health-seeking behaviours of the wife within the healthcare system, as there has been prior studies that focused on the role of the husband regarding his wife's health. Women in traditional households may have husbands who are responsible for making health-related decisions on their behalf and may ensure the compliance of their wives to the recommended medical treatments as there is a sense of positive support and encouragement from their husbands (Grewal et al., 2005:248). Thus, the role of the husband concerning the health of the wife is essential in a traditionally based household, as it positively influences the health-seeking behaviours of the wife within the healthcare system in accordance to the cultural and spiritual beliefs of the family. However, the study by Grewal et al. (2005:248), identified that unsupportive husbands, described as typical Indian men, would not assist their wives with household duties and this could negatively influence the women's health. The studies by Chandwani and Pandor (2015:991), and Grewal et al. (2005), highlight that the role of gender within a culturally based household may influence the decision-making of men and women in healthcare systems and lead to different health outcomes, that may determine whether recovery rate will be successful or not. Therefore, it is essential for the social worker to identify the gender roles within

a family system that impact the health-seeking behaviours of the patient within the healthcare system.

India is dominated by patriarchal systems, unemployment, illiteracy, and upheld cultural beliefs that hinder the ability and capability of mothers to seek medical assistance when their children are perceived to be sick (Chandwani & Pandor, 2015:991). Hence, Chandwani and Pandor (2015:995), suggest that increasing maternal education and, implementing gender-sensitive interventions, and counselling may have positive implications for the future, leading to better health outcomes and favourable health indicators.

Overall, the researcher was able to provide literature on the role of gender towards the health-seeking behaviours of the Hindu population within the healthcare system and family environment. As the research study is investigated and explored by a qualified social worker, the researcher will describe the role of the social worker towards the health-seeking behaviours of the Hindu population within the healthcare system, and explore the influence the cultural and spiritual factors have towards the Hindu population within the healthcare system.

2.9 Role of social workers within healthcare system

The role and responsibility of the social worker is to familiarise themselves with cultural and spiritual beliefs that may play a role in influencing the health-seeking behaviours of patients and encourage the patient to practice and express their own spiritual practices and beliefs. The United States of America, New Zealand and Canada have identified and integrated the practice of social workers within the healthcare systems (Ashcroft, McMillan, Ambrose-Miller, McKee & Brown, 2018:109) and work together with social workers to provide integrated comprehensive services within the healthcare setting that will enhance and improve the well-being and wellness of the patient and family. Ashcroft et al. (2018:110) state that social workers contribute towards the healthcare system by providing services such as psychosocial assessment and intervention, offering psychotherapy and help the patients and families to link with necessary resources and healthcare facilities after discharge from hospital. Patients and their families may experience socioemotional and mental issues or problems accompanied by the prognosis and diagnosis of the medical condition (Ashcroft et al.,

2018:110), therefore, the social worker may provide appropriate counselling and psychosocial support services to ensure positive health outcomes.

Within South African healthcare systems, the healthcare settings have identified the importance and role the social workers play within the healthcare system, specifically the psychosocial issues of the patient and family. The study of Nkomo (2016:6) was conducted in Chris Hani Baragwanath Academia Hospital to explore and understand the importance of social workers in implementing the spiritual practice and influence within the healthcare setting and to provide a comprehensive approach that encompasses the spiritual, emotional, social and psychological aspects. Ross (2008:18) states that social workers within the South African context should be knowledgeable and well-informed of the traditional healing practices and interventions that may be culturally appropriate within the healthcare system. Furthermore, the author elaborates that social workers should have a holistic approach towards the medical condition of the patient and introduce culturally sensitive and appropriate intervention strategies (Ross, 2008:29).

Isaac, Hay and Lubetkin (2016:1065) state that cultural competency within the healthcare facilities include the recognition of the different cultural knowledge systems and cultural identities that may influence the health prognosis, diagnosis and treatment of a patient within the healthcare system. Therefore, the social worker needs to be culturally competent and culturally diverse to work in accordance to the cultural identity of the patient and to advocate for their cultural beliefs and practices being embedded within the treatment and discharge plan. The knowledge the social worker may assist the patient and families to cope with the stress, anxiety and fear that is accompanied with sudden severe illness or prolonged chronic illness that may lead to an end-of-life event. Thus, the study of Ohr et al. (2016:1687) recommends that educational programmes on end-of-life care issues will provide the expertise and the skills that will enable healthcare professionals to be culturally competent enough to communicate with patients experiencing end-of-life care issues (Ohr et al., 2016:1687).

The research by Nkomo (2016) emphasizes the importance of social workers working together with the patient and their families in accordance to their belief systems and ensuring that the social worker is diverse, non-judgemental and is aware of their

spiritual identity within the work environment and towards the service users. The researcher believes that the social worker should be able to identify and acknowledge that culture and spirituality is believed to be strength within a family context. This would enable the social worker to work towards the cultural and spiritual aspects of the patient that will result in positive health-seeking behaviours within the healthcare setting. Cultural competent practice is essential within the healthcare setting, as it assists the healthcare professionals to understand the socio-cultural meanings attached to illness and disability and to explore the different types of prayers, rituals and ceremonies practiced to restore balance, harmony and inner peace (Ross, 2008:15).

Spiritual beliefs may influence the health-seeking behaviours of the patients by affecting the decision making of the patient, acceptance of the diagnosis and their willingness to take health treatment (Isaac et al., 2016:1067). The social worker may be required to communicate with the patient and their families together with the healthcare professionals about the health diagnosis, and that the health condition is not attributed to their way of living, cultural practices or spiritual beliefs. Isaac at al. (2016:1066) states that religious practices such as prayer, meditation, hymn books and scriptures may play a positive role and yield positive outcomes towards the understanding and acceptance of the health condition, adherence to treatment and improved quality of life by being healthy and practicing a healthy lifestyle outside the healthcare system. Hindus participate in Ayurveda practice through meditation, yoga, physical exercise and healthy eating, thus, the social worker, together with healthcare professionals, may utilise Ayurveda practice to their advantage in ensuring the adherence to treatment and promotion of healthy living after being discharged from the healthcare system. The researcher believes the social worker may assist the patient and family in coping with the health condition by emphasising good health practices of connecting the mind with the body and thus, promotion of wellness and well-being by living a healthy life that is interconnected with spiritual cleanliness.

Isaac et al. (2016:1066) state that the cultural and spiritual awareness of the healthcare professionals may enable them to provide services that enable patients and their families to be participate in decision making. Additionally, Nkomo (2016:9) highlights that healthcare professionals state that the free expression of their

spirituality enables them to provide adequate services in accordance to the patient's spirituality. Thus, it is important for social workers to identify their own spirituality and cultural identity as this may negatively or positively influence their professional conduct towards the spiritual and cultural beliefs of the patient and their families in accordance to the health condition and health outcomes that is presented to them. The study by Govender, Soma, Persad, Moodley and Rajah (2013) explored the health beliefs and perceived barriers that Hindu women within South Africa experience towards breast cancer and recommends that Hindu women should positively engage in practicing early detection practices to detect breast cancer and seek medical assistance if there is the suspicion of breast cancer or have family members who been diagnosed with breast cancer.

Nkomo (2016:13) highlights the importance of social workers within the healthcare setting advocating and enabling patients and their families to practice in accordance to their spiritual beliefs and practices in healthcare system. Moreover, it is essential for social workers within the healthcare settings to understand and be knowledgeable of spiritual rituals, ceremonies and practices that are practiced by patients and their families within the healthcare setting (Nkomo, 2016:13). The knowledge acquired by the social worker in relation to the spirituality of the patients within the healthcare setting may enable the social worker to be competent and emphasise the importance spirituality plays in having a positive role in providing a sense of balance, harmony and faith towards their health condition and results in positive health outcomes. Hindus believe that the display of crying or emotional outbursts over the death of a loved one is not considered appropriate because the behaviour is seen as lack of deep faith and acceptance of the cycle of living and dying and rebirth (Rayburn, 2008:104). This information may assist the social worker to develop an understanding of the way Hindus may experience and express the loss of a loved one and assist them with reflecting on their emotions and thoughts through psychosocial support and bereavement counselling.

Isaac et al. (2016:1069), emphasise that healthcare systems and healthcare professionals may enable and engage their patients to practice their cultural and spiritual beliefs to inhibit health behaviour and promote health wellness. The researcher believes that a social worker who is self-aware of the positive influence of

culture and spirituality may encourage patients to practice self-efficacy by promoting positive spiritual coping strategies that enable them to play an active role in wellness and enhance patient adherence to health-promoting behaviours (Isaac et al., 2016:1071). The utilisation of the Holy Scriptures of Hinduism that emphasise good karma and living a positive healthy life as an individual, may work to the advantage of the social worker to help the patient and family practice healthy behaviours in the family system and promote positive adherence to treatment within the healthcare setting and after being discharged.

Positive communication on previous generation's cultural and spiritual beliefs may help the social worker and healthcare team understand the spiritual experience, religious background and the role that spiritual beliefs may play in coping with illness and beliefs that may be conflict with medical choices (Isaac et al., 2016:1071). Lakhan (2008:28) states that Hindus believe an illness to be a life experience and a test from God, therefore, it is essential for the healthcare professionals and the social worker to understand the importance of enabling the patient to practice in accordance to their beliefs and perform the necessary practices and continue with daily rituals that will not impede the healthcare approach to treat the illness, and pass the test given to them by God. As each developmental stage for children is associated with different developmental needs and tasks, it is important for the social worker and the family to perform rituals and ceremonies that are in accordance to each phase that positively impact towards the health-seeking behaviours of the family with the healthcare system and the prognosis, diagnosis and treatment for the child or children.

2.10 Summary

Overall, the researcher discussed the influence of culture and spirituality within the healthcare system and discussed broadly Hinduism as the world's third largest religion within the global context in the healthcare system and within the South African context in the different healthcare settings. As Hinduism is a culture and a religion that focuses on integrating the body, mind and soul with balance, harmony and peace, the researcher discussed the development and significance of the ancient practice of Ayurveda which is a complementary and integrative medicine that Hinduism developed in developing practices that will create a connectedness of body, mind and soul through physical activity and a healthy lifestyle.

The researcher discussed the different life stages of a family by discussing pregnancy according to the different practices and beliefs of Hinduism that symbolise and signifies the birth of a child, and discussed the life stage of children within the healthcare setting, the significance of donor transplants and transfusions within Hinduism, and lastly discussed the role of men and women within the healthcare system in relation to the Hindu practice and beliefs. Lastly, the researcher discussed the overall role the social worker plays within the healthcare setting towards being culturally competent and culturally aware of the cultural factors and being spiritually aware.

The researcher will next discuss Chapter 3 based on the research methodology and the key findings of the research study.

CHAPTER 3:
RESEARCH METHODOLOGY AND EMPIRICAL FINDINGS

3.1 Introduction

The chapter encompasses the research methods that were utilised to explore and describe the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within a healthcare setting. The purpose of the research study was to explore and describe the cultural and spiritual factors that influence the health-seeking behaviours of the Hindu population within the healthcare setting, within the South African context. The researcher provided information on the appropriate research paradigm followed by the appropriate research approach and research purposes to help explore and describe cultural and spiritual factors that influence the health-seeking behaviours of the Hindu population within the healthcare setting.

The researcher provided information on the type of research study that was conducted and the appropriate research design to assist the researcher to explore and describe the cultural and spiritual factors that influence the health-seeking behaviours of the Hindu population within the healthcare setting. Furthermore, the researcher provided information on the research method of the research study by discussing the study population and sampling, the data collection methods and the data analysis, data quality and the pilot study. Lastly, the researcher discussed the appropriate ethical considerations for the research study.

3.2 Research approach

The researcher identified that the interpretive paradigm based on direct communication with the participants of the research study is suitable as the study aims to explore and understand the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within a healthcare setting (Carcary, 2009:16; De Vos, Strydom, Schulze & Patel, 2011:8; Nieuwenhuis, 2016:61). Furthermore, the paradigm was suitable as it provided the researcher with detailed knowledge through the exploration and description (Nieuwenhuis, 2016:62) of the cultural and spiritual health-seeking behaviours of the Indian Hindu population within the healthcare system.

Makofane and Shirindi (2018:49) state that qualitative research is essential in social work as it provides numerous realities about the participants' perceptions and experiences. Therefore, the qualitative research approach was appropriate for the research study as the approach enabled the researcher to explore and describe the research question based on the rituals and practices (Burnette, 2015:37), associated with the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within the healthcare system. Furthermore, the design enabled the researcher to provide a detailed process of the activities and events (Burnette, 2015:37) that take place within a specific context such as the cultural and spiritual health-seeking behaviours of the Indian Hindu population within the healthcare system.

The benefit of the qualitative research approach was that the participants' guided the process of the research study through the information provided to the researcher and assisted the researcher in developing categories and themes in accordance to the research topic (Johnson & Onwuegbuzie, 2004:20). However, the limitation of the qualitative research approach is that the data interpretation is time consuming (Johnson & Onwuegbuzie, 2004:20). The researcher needed to identify and develop themes and categories based on the detailed descriptions provided by the participants in accordance to the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within healthcare perspective.

As there are inadequate research studies conducted on the research topic within the social work profession in the South African context, the researcher aimed to explore and describe the health-seeking behaviours that are influenced by the cultural and spiritual factors of Hinduism. Thus, the most appropriate research purposes for the research study were exploratory and descriptive research purposes, as the research study aimed to provide a new form of understanding and broader knowledge on Hinduism as a culture and a spirituality within the healthcare perspective in the social work context. The exploratory research purpose was utilised to provide better insight and understanding of phenomena by exploring further the health-seeking behaviours of the Indian Hindu population in accordance to their culture and spirituality (Babbie, 2011:92; Bless, Higson-Smith & Sithole, 2013:95; Fouché & De Vos, 2011:95; Jansen, 2016:11; Neuman, 2012:16). The descriptive research purpose focuses on specific

details of the social setting (Bless et al., 2013:57; Fouché & De Vos, 2011:96; Neuman, 2012:17), furthermore, the descriptive research purpose focuses on the provision of a factual and accurate description of the population being studied (Singh, 2007:64; Saunders, Lewis & Thornhill, 2012:171). Hence, the research purpose was appropriate as the research study aimed to describe cultural and spiritual factors that influence the health seeking behaviours of a specific population, which was the Indian Hindu population.

Overall, the qualitative research approach in relation to the interpretive paradigm identified the exploratory and descriptive research purposes were appropriate to provide direction on conducting the research study. Furthermore, the researcher identified a research approach that enabled the researcher to conduct a research study that will be beneficial within the social work context from the healthcare perspective. The research approach enabled the researcher to explore and describe the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population. Next the researcher will discuss the type of research applicable to the research study.

3.3 Type of research

Jansen (2016:9) and Fouché and De Vos (2011:95) state that applied research is utilised to solve problems or provide practical solutions for social workers. Therefore, the applied research was applicable as the research study aimed to improve and enhance the knowledge base of social workers in relation to the cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu population within the healthcare perspective. Furthermore, the research study aimed to request from the participants to provide recommendations on how to enhance the social work services within the healthcare system specifically when working with Indian Hindu patients.

The appropriate sub-type of applied research for the research study was the evidence-based practice as it enabled the researcher to consult available research that is related to the research study (Gilgun, 2005:52; Rubin & Babbie, 2017:25). Furthermore, the evidence-based practice provides social workers working within the healthcare system with crucial information regarding the cultural and spiritual factors that influence the

health-seeking behaviours of the Indian Hindu population within the healthcare system. As supported by Rubin and Babbie (2017:25), the evidence-based practice enabled the researcher to utilise available research studies to acquire detailed information on cultural and spiritual knowledge of Hinduism practices within the healthcare setting. Furthermore, a research study was developed that aided the researcher to investigate, in detail, the cultural and spiritual factors of Hinduism in the healthcare system within South African context. The literature obtained from various literature sources, referred to Hinduism in the South African context and international contexts. The utilisation of literature sources from international contexts enabled the researcher to compare and provide similarities of cultural and spiritual factors that influence the health-seeking behaviours of Hindu believers within the healthcare system.

The researcher was able to discuss the type of research applicable to the study and provide the most applicable sub-type of applied research for the research study. The researcher will next discuss the most applicable and appropriate research design that assisted the researcher to conduct the research study.

3.4 Research design

The case study research design is based on examining numerous features of a case in-depth within the cultural context. As such, the research topic of the research study focused on the cultural and spiritual factors that influence the study population's decision to seek consultation and treatment within a healthcare setting (Boblin, Ireland, Kirkpatrick & Robertson, 2013:1268; Neuman, 2012:21). Furthermore, the case study research design enables the researcher to have a holistic understanding of a specific phenomenon with the provision of real-life experiences (Boblin et al., 2013:1268). Hence, the approach permitted the researcher, together with the participants, to establish more knowledge and understanding about the cultural and spiritual factors that influence the health seeking behaviours of the Hindu population within the healthcare setting. The case-study design also assisted the researcher to develop an in-depth understanding of Hindu believers within the South African context specifically in the healthcare perspective and their health-seeking behaviours.

The appropriate sub-type of the case study design applicable to the research study was the instrumental case study design as it focused on the issues of the research topic and explored the research topic in-depth (Rule & John, 2011:9). The researcher utilised the instrumental case study design as it enabled the researcher to explore, describe and understand the cultural and spiritual factors that influence the health seeking behaviours of the Indian Hindu population, specifically within healthcare perspective. Furthermore, the instrumental case study design enabled the researcher to ask questions that focused on the background information of a participant in accordance to their cultural and spiritual beliefs, practices and rituals, social support structures, access to healthcare services and lived experiences of the healthcare system in relation to Hinduism as a culture and a system of spirituality. The design enabled the researcher to include the opinions and solutions of participants towards the integration of culture and religion within healthcare system. It also provided the platform for participants to recommend ways which will improve the social work services of social workers working within healthcare system, specifically with Hindu patients.

After careful consideration of discussing the appropriate research design of the research study and highlighting the appropriate sub-type of the research design, the researcher will next discuss the different aspects that were taken into consideration for the research method of the research study.

3.5 Research methods

The researcher will discuss the appropriate research methods of the research study in accordance to the study population and sampling, the data collection instrument, the data analysis, the data quality and the pilot study applicable to the qualitative research approach.

3.5.1 Study population and sampling

The population of the research study covered the Indian Hindu population in South Africa. The specific study population for the research study was the Indian Hindu population that resides in the Lenasia community in Gauteng province. As Lenasia is a community in Gauteng province that is commonly dominated by the Indian Hindu population (Inamasu, Patel, Espina, Pentz, Joffe, Winde & Schüz, 2018:861). The non-

probability sampling was appropriate for the selection of the study sample, as the research topic was an in-depth sensitive research study (Bernard, 2013:163; Makofane & Shirindi, 2018:34). The research study was culturally sensitive and aimed to understand the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population within a healthcare setting. The appropriate sampling method for the research study was purposive sampling as the participants of the research study were selected in accordance to the purpose of the study (Russell, 2011:160). The participants were selected in accordance to being Indian Hindu participants who have participated in health-seeking behaviours within the healthcare system and have been in influenced by their culture and spirituality in any way. Furthermore, purposive sampling is utilised to acquire participants of a specific phenomenon or specific characteristics to obtain broader knowledge (Makofane & Shirindi, 2018:34), such as the knowledge of Hinduism as a culture and a system of spirituality and its influence towards its believers.

To select the appropriate participants the researcher utilised the snowballing sampling technique as the researcher requested assistance from an Indian Hindu Educator from Nirvana Secondary school to refer the researcher to suitable participants that were required for the research study (Strydom, 2011:222).

As the snowballing technique was utilised to assist the researcher with referrals to suitable participants (Makofane & Shirindi, 2018:34), in this instance the Indian Hindu Educator was the pilot study participant. Afterwards, the Educator assisted and referred to the researcher the actual participants who participated in the research study. Moreover, the participants who were referrals from the Educator were selected in accordance to the selection criteria that was developed in accordance to the specific attributes and characteristics of the research purpose of the research study (Ekinci, 2015:29; Makofane & Shirindi, 2018:34; Maree & Pietersen, 2016:199; Strydom, 2011:232). The researcher requested the Educator to refer the suitable participants according to selection criteria and provided the contact details of the referrals.

The researcher contacted the actual participants and provided detailed information on the research study and the purpose of the research study. The researcher further explained the process of how the actual participants will participate in the research

study. The researcher prepared the participants by negotiating the place and time for the interviews and acquired permission to audio record the interview sessions (Makofane & Shirindi, 2018:41). The researcher explained the importance of understanding and signing the informed consent form before conducting the data collection process. The selection criterion for the study sample of the research study was as follows:

- Indian Hindu participant who reside in Lenasia, Gauteng.
- Participant who can speak and understand English.
- Participant should be either male or female and between the ages of 20 and 75 years.
- Participant is required to have been exposed and have lived experiences of healthcare systems in accordance to themes identified in literature review and is knowledgeable of the influences that the Hindu culture and religion have regarding their health-seeking behaviours within the healthcare system.

Greeff (2011:350) states that data saturation of the participants is determined when the researcher begins to hear the same responses being provided and there is no new information from the participants. The researcher interviewed a total of twelve participants as data saturation occurred of the data received from the participants pertaining to the information they provided. A total of twelve participants were interviewed for the research study, the twelve participants encompassed of three males and nine females. The twelve participants encompassed of six Educators, two Social Workers, two Medical Doctors, one Nurse Practitioner and one Secretary. Makofane and Shirindi (2018:37) expressed that participants' lived experiences are better understood by the researcher when the researcher is knowledgeable of the culture and has developed an increased awareness and sensitivity. Thus, to ensure the researcher understood the lived experiences and knowledge shared by the participants about Hinduism, the researcher complied a literature review that assisted the researcher to understand the information shared during the interview sessions and determine data saturation.

The researcher was able to discuss the study population of the research study based on selection criteria that was developed to select the appropriate participants and will next discuss the data collection method of the research study.

3.5.2 Data collection

The semi-structured interview, also termed as in-depth interviewing, was appropriate as it assisted the researcher to gain a detailed description of the participants' cultural and spiritual beliefs, practices and rituals within the healthcare setting and provide flexibility for the participant and the researcher to engage in interesting topics that may emerge throughout the interview (Bernard, 2012:181; Greeff, 2011:351-352; Makofane & Shirindi, 2018:40; Richards & Morse, 2007:114; Tolley, 2016). Makofane and Shirindi (2018:40) and Tolley (2016) state that semi-structured interviews enable the researcher to ask open-ended questions that are followed by follow up questions that will enable the researcher to obtain detailed information that would answer the research question. The questions developed in the semi-structured interview enabled the participants to share their health-seeking behaviours in accordance to their personal experiences and preferences and base their health-seeking behaviours on the influence of Hinduism as a culture and religion. The semi-structured interview enables the researcher to ask questions that will elicit descriptions of behaviours, actions and activities that are related to the research purpose (Tolley, 2016). For instance, in the interview schedule the participants were asked about health-seeking behaviours in relation to their culture and spiritual beliefs and practices. Furthermore, the participants were asked to share experiences within family systems and healthcare systems that were culturally or spiritually influenced to engage in health-seeking behaviours.

As stated by Greeff (2011:351) and Merriam and Tisdell (2015:118) the semi-structured interview enables the researcher to develop questions that will stimulate responses that enable the participants to share experiences and descriptions of the effects of their cultural and spiritual beliefs, practices and rituals of Hinduism on health-seeking behaviours. The interview schedule asked questions that were based on the experiences and behaviours (Merriam & Tisdell, 2015:118) of the participants based on their culture and spirituality. In this instance: "*What are the cultural practices you are familiar with in your ethnic group or what are the spiritual practices you are familiar with in your spiritual group?"* The interview schedule further asked the participants for their opinions and values (Merriam & Tisdell, 2015:118) based on a specific

experience or phenomena. In this instance the interview schedule asked: *"What does culture mean to you and what does spirituality mean to you?"*

The one-to-one interview schedule was a suitable data collection method for the research study as the participants were able to provide in-depth insight (Burnette, 2015:37; Greeff, 2011:343; Lechuga, 2012:251) about the cultural and spiritual factors that influence their health-seeking behaviours within the healthcare system. It also enabled the participants to share experiences about healthcare services within the community of Lenasia and to provide recommendations on ways that social work services may be improved in the healthcare system. The researcher read and explained the informed consent form to the participants and requested their permission to use digital recording and write field notes during the interview session. The participants understood the research study and the implications associated with the research study and, after signing the informed consent form, the researcher proceeded with the interview session.

The advantage to this type of data collection method enabled the researcher to provide questions that permitted the interview process to create an enabling environment that formed interesting topics related to the research topic (Tolley, 2016), such as the popular utilisation of Ayurveda methods within Hindu communities. The disadvantage of the interview schedule was the flexibility of the participant, as the participant had a strong role in determining the progress of the interview. The participant may not answer the all the questions and may deviate from the prepared questions (Greeff, 2011:353). The researcher was prepared for deviations from the proposed questions of the interview and ensured the progress of the interview did not deviate further away from the research topic and purpose. The researcher was prepared that the participants may not be able to answer all the questions asked in the interview schedule. Two of the participants were unable to answer questions surrounding the spiritual practices within Hinduism as they described themselves as more cultural individuals than spiritual.

As stated by Greeff (2011:343) the quality of the interview is based on the skills of the researcher as the interviewer, this further explains that the researcher needs to be knowledgeable and familiar about the goal and purpose for the research study. The researcher is of another culture and spiritual belief. Therefore, the researcher was

required to be open-minded to be able to establish a rapport with participants and be prepared for unexpected data that might seem unorthodox.

Due to the COVID-19 pandemic, the researcher was forced to reconsider another form of data collection method to collect the data from the participants. Most participants were forced to be in self-isolation and quarantine as they tested positive for COVID-19 and stayed with family members that tested positive. The researcher requested a new data collection method from the supervisor and the supervisor suggested the researcher to conduct telephone interviews. The researcher contacted the participants first to inform them about the change of data collection method and asked for their email addresses to email the informed consent forms. The participants signed the informed consent form and emailed them back to the researcher and scheduled interviews for the next day.

The advantage to the telephone interview enables the researcher to reach participants through a larger geographical area (Lechuga, 2012:253). Therefore, the telephone interview was a safer and better data collection method based on the circumstances as there was no physical contact and both researcher and participant were able to adhere to National Lockdown restrictions and regulations. The telephone interviews ensured the personal safety of the researcher and participants (Greeff, 2011:356). Furthermore, the telephone interview was suitable as it enabled the participants to have the interviews in the comfort of the homes (Greeff, 2011:356; Lechuga, 2012:253). The participants managed to have the interviews with participants in an empty space that was quiet and enabled the participant and researcher to have the interview session without disturbances. With the current COVID-19 circumstances the researcher and the participants maintained social distancing and no physical contact. The disadvantage of telephone interviews is the lack of non-verbal communication as the researcher cannot see the participants' non-verbal cues (Guest, Namey & Mitchell, 2017; Lechuga, 2012:266). Moreover, the telephone interviews provided technical problems because the cell phone device's speaker volume was not working properly and had technical difficulties.

A total of three participants were interviewed via one-to-one interviews including, the pilot study participant, and nine of the participants were interviewed via telephone interviews. The time duration of the interviews ranged between 30 minutes to an hour.

The suitable data collection instruments for the research study were audio recording, field notes written during the interview proceedings and transcripts of each audio recording. The participants were sharing detailed in-depth information about the cultural and spiritual factors of Hinduism that may influence their health-seeking behaviours within the healthcare setting. Furthermore, the researcher wanted to demonstrate interest and focus on the responses provided by the participants. Field notes were taken by the researcher with the permission of the participants during the interview sessions to take note of non-verbal communication that the participants might have demonstrated during the interview sessions (Gilgun, 2015:745; Merriam & Tisdell, 2015:131; Tolley:2016). Additionally, the field notes assisted the researcher to write down common emotions, reactions and behaviours demonstrated (Franklin, Cody & Ballan, 2010; Gilgun, 2015:745) by the participants during the one-to-one interviews. Diagrams developed through the field notes during the one-to-one interview sessions and the telephone interview sessions, assisted the researcher to write down connections, concepts, and themes (Gilgun, 2015:746) identified from the responses provided by the participants.

Greeff (2011:358), Merriam and Tisdell (2015:131), and Nieuwehuis (2016:95) expressed that audio recording is a method commonly utilised to capture everything that is discussed during the interview session and to assist the researcher to transcribe the recording and analyse the data. The researcher attained permission from the participants to be audio recorded before proceeding with the interviews. The researcher informed the participants that the audio recordings will be utilised for research purposes and the researcher, and the supervisor will have access to the recordings. Audio recording is a suitable and appropriate form of recording (Guest et al., 2017) as the researcher utilised her cell phone device to record the interview sessions and did not have to purchase a tape recorder. Furthermore, to ensure the recordings were accurately saved and secured, the researcher saved the recordings on a laptop device should the cell phone device be damaged and have no access to audio recordings. The researcher utilised audio recordings and field notes to record the interview sessions with the participants and, after concluding the interview sessions, moved on to transcribing the twelve recordings.

Transcripts of the audio recordings is important as it provides verbatim responses from the participants in writing and helps the researcher to provide responses according to participants when presenting the findings (Guest et al., 2017). The researcher transcribed the interview sessions of the participants to be able to have transcripts of each interview and utilised the transcripts for the data analysis of the information provided and decode according to the identified themes from responses. Verbatim transcriptions of recorded interviews provide the researcher with better analyses of the interview sessions (Merriam & Tisdell, 2015:131). This also guided the researcher to identify commonalities and differences between the participants. As South Africa is a multilingual country that has diverse languages and cultures, the recording of interview sessions lasted from 40 minutes to one hour and required a whole month for the researcher to transcribe (Makofane & Shirindi, 2018:38). The downside of transcribing is that the process is time-consuming as the researcher needs to ensure that audio recordings were transcribed word for word and the transcriptions are in accordance to the audio recording (Guest et al., 2017). Furthermore, the researcher was required to consult with various literature sources to check for the spelling of rituals, dietary habits, home remedies, festivals, and practices that the participants mentioned during the interview sessions.

The researcher was able to provide detailed information of the data collection methods utilised to collect data from the participants and how the date was recorded. The researcher will next discuss how the data was analysed in accordance with the research purpose.

3.5.3 Data analysis

Braun and Clark's (2006) six-phase approach to thematic analysis was utilised to analyse the data received from the participants, furthermore, the six-phase approach assisted the researcher to identify codes and themes aligned with the research goal and objectives of the research study. The first phase was based on **familiarisation**, in which the researcher listened to the audio recordings of the interviews, read through the transcripts of the recordings and the field notes the researcher had taken during the interview sessions with participants (Clarke, Braun & Hayfield, 2015:230). The researcher first transcribed the twelve audio recordings of the participants and pieced together each transcription with own audio recordings and field notes. The researcher

highlighted and made notes on the similarities and differences provided by the participants.

The second phase is the **coding** the data obtained from the participants by identifying and labelling the key themes and features in accordance to the research topic (Clarke et al., 2015:230). This was performed with the guidance of the research purpose and the information provided in literature review and the data saturation of the responses. The researcher read and understood the definitions of culture, spirituality, and health-seeking behaviours. The researcher used these definitions to identify similarities, differences and common familiarities and practices from the participants within the Hindu perspective. The research objectives were further utilised to develop codes that will be aligned to the research study and assist the researcher to identify trends and group them.

The third phase is based on the **searching for the themes** within the data to identify main themes and establish sub-themes aligned with the main theme (Clarke et al., 2015:236). The researcher developed diagrams and mind maps through the utilisation of field notes, audio recording and transcripts to identify possible themes by grouping the responses of the participants to common practices, beliefs and experiences in relation to their health-seeking behaviours. Furthermore, the researcher utilised the field notes to identify differences in practices especially with participants stating they either seek guidance from Gurus or priests. The researcher used the mind maps to identify common challenges experienced in the community of Lenasia in relation to health services. The researcher utilised the mind maps to identify recommendations to improve the social work services of social workers within healthcare specifically those working with Hindu patients.

The fourth phase is based on the researcher **reviewing the themes** that have been identified and whether they are applicable to the research topic; these themes were proposed in the literature review (Clarke et al., 2015:236). The researcher further reviewed whether the themes identified were aligned with the research objectives of the research study. Furthermore, the researcher reviewed whether the main themes and sub-themes were able to provide a broader response to the cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population in

Lenasia. The researcher went back to audio recordings, field notes and transcripts to identify missed data or revise data that had been identified and interpreted.

The fifth phase is based on **defining the themes and selecting an appropriate name** for each theme that has been identified in accordance to the cultural and spiritual factors influencing the health-seeking behaviours the participants described (Clarke et al., 2015:240-241). The mind maps and diagrams helped the researcher to formulate names appropriate for the identified themes and sub-themes. Furthermore, the fifth phase helped to structure the way the themes will be presented in the last phase when the research report is written (Clarke et al., 2015:240-241). The researcher developed a structure with the guidance of the interview schedule to develop headings for each main theme identified.

The sixth phase is based on the researcher **compiling and writing the report** of the research study in accordance to the themes that have been identified in relation to the cultural and spiritual factors influencing health seeking behaviours of the Indian Hindu population in Lenasia (Clarke et al., 2015:230). The layout developed in the fifth phase assisted the researcher to write up the empirical findings of the research study. The findings were presented according to sections in the interview schedule to provide structure and consistency with the research topic.

The researcher was able to provide a detailed step-by-step process on how the data obtained from the participants was analysed. The researcher developed the main themes and sub-themes in accordance to the findings derived from audio recordings, field notes and transcripts. The researcher will next discuss information on the quality of the data and how the researcher determined its trustworthiness.

3.5.4 Data quality

To determine the trustworthiness of the data obtained from the participants, the researcher utilised credibility, auditability, confirmability, and transferability as strategies to determine data quality of the findings (Lietz & Zayas, 2010:191). **Credibility,** also referred to as authenticity, aims to demonstrate whether the researcher accurately identified and described the participants' views and descriptions (Lietz & Zayas, 2010:191; Schurink, Fouché & De Vos, 2011:420). The researcher

made use of the transcripts, field notes and audio recordings to document the information provided by the participants and to ensure the credibility of the research study. The appropriate strategy to determine the credibility of the research study was observer triangulation, as it included the researcher together with the supervisor to analyse the data received to ensure that every theme was identified and included in the presentation of the empirical findings (Boblin et al., 2013:1270; Lietz & Zayas, 2010:193). Data triangulation was utilised to determine the credibility of the one-to-one interviews and telephone interviews as the researcher utilised field notes, transcripts, and audio recordings of the interviews to establish the data analysis (Lietz & Zayas, 2010:193).

To determine the **transferability** of the data the researcher needed to establish whether the findings could be utilised in different contexts (Lietz & Zayas, 2010:19; Schurink et al., 2011:420). Furthermore, the researcher documented the findings of the research study in the manner they can be utilised for similar future research studies that will be based on the cultural and spiritual influences of health seeking behaviours of the Indian Hindu population within the healthcare perspective. Transferability was determined through thick description of the context, participants, and research design of the research study (Lietz & Zayas, 2010:194; Franklin et al., 2010; Nieuwenhuis, 2016:124). The participants provided detailed descriptions to assist the research to identify themes in relation to the health-seeking behaviours of the Indian Hindu population in Lenasia.

To determine the **confirmability** of the research study, the researcher needed to ensure the findings documented were presented in accordance to the data received from the participants. The researcher utilised a member checking strategy with the participants to determine whether the information that was recorded during the interview sessions was accurate (Boblin et al., 2013:1270; Lietz & Zayas, 2010:193; Nieuwenhuis, 2016:123).

To determine the **auditability** of the research study, the researcher utilised strategies to determine that the research proceedings were ethical, logical, and well-documented (Schurink et al., 2011:420). The researcher utilised the audit trail as a strategy to determine whether the interview schedule was the appropriate date collection method

(Franklin et al., 2010; Lietz & Zayas, 2010:196). The interview schedule was developed and structured in accordance to the research study's goal and objectives. Furthermore, the research proceedings were ethical and conducted in a professional manner without causing any form of emotional harm or discomfort to participants.

The researcher was able to discuss how the trustworthiness of the data was determined through the utilisation of the four strategies of credibility, transferability, confirmability, and auditability. The researcher will next discuss the pilot study and how it was conducted with the pilot study participant.

3.5.5 Pilot study

A pilot study is small-scale test that is conducted by the researcher to test a questionnaire with the purpose of minimising the likelihood that participants will have problems answering the questions, experience data recording problems and to enable the assessment of questions` validity and the reliability of the data to be collected (Ekinci, 2015:127; Saunders et al., 2009; Saunders et al., 2012:451). The pilot study helped the researcher determine whether the interview schedule was appropriate to collect data from the participants. Furthermore, the researcher conducted the pilot study to make changes to the interview schedule and ensure the interview schedule is easy and simple for the participants to provide worthwhile responses.

Purposive sampling is commonly utilised for pilot studies (Bernard, 2013:163), the researcher utilised purposive sampling to select the Educator as a pilot study participant according to the selection criteria of the research study sample. Ekinci (2015:128) and Strydom (2011:241) state the pilot study should be open to criticisms and comments, as the feedback provided by the participant provides the researcher with an accurate means on how to rephrase and present questions to the actual participants. The Educator provided feedback for the researcher to remove questions that were repetitive and restructured questions that were unclear and had grammatical errors.

Overall, the researcher was able to conduct a successful pilot study with the pilot study participant and make the necessary changes for the actual participants. The researcher was able to discuss the different aspects that were considered in relation

to the research methods of the research study. The researcher will next discuss the ethical considerations applicable to the research study.

3.6 Ethical considerations

The researcher ensured the research study was conducted in a professional and ethical manner that would not harm the participants of the research study. Furthermore, the researcher ensured that the publication of the findings from the research study were accurate and protected the participants. The researcher will discuss the ethical considerations utilised and followed throughout the research proceedings. The following ethical considerations were discussed: harm and debriefing, confidentiality and anonymity, voluntary participation and informed consent, and actions and competence of researcher for the research study.

3.6.1 Harm and debriefing

Neuman (2012:56), Sliverman, (2013:162), and Strydom (2011:115) state that emotional harm of participants may occur during the research study especially when they would be required to disclose their lived experiences of distress, emotions and thoughts they experienced within healthcare system. This form of disclosure may lead to psychological distress; therefore, it was the responsibility of the researcher to be prepared for any form of distress experienced by the participants (Babbie, 2011:63). Furthermore, the researcher provided the details of a social worker who will offer therapeutic sessions to participants who might have experienced emotional discomfort or trauma from the interview sessions. The letter of counselling services contained the details of a qualified social worker who will provide counselling services free of charge.

The information provided by the research study revealed the cultural and spiritual factors that influence the Indian Hindu population within the healthcare system, hence, the researcher took caution to not make the participants uncomfortable during the interview sessions (Babbie, 2011:64). It was important for the researcher to have a debriefing session with the participants after the interview and reflect on the topics discussed throughout the interview. The social worker will provide emotional, social, and mental support for the issues that may arise from the interview session.

3.6.2 Confidentiality and anonymity

The researcher is required to maintain, practice and uphold confidentiality throughout the research study (Babbie, 2011:68; Bless et al., 2013:32; Sliverman, 2013:162) by ensuring that the findings of the participants are revealed for research purposes and not to disclose the personal information and identity of the participants. The information provided by the participants' exposure to the healthcare system in accordance to their cultural and spiritual beliefs and practices was disclosed and discussed with the supervisor, and the researcher protected the personal identity of the participants (Strydom 120-121; Neuman, 2012:63). The researcher removed the identifying information of participants in the interview schedules and replaced them with false identification names, then created an identification file that links the identification name to the name of participant. As the researcher created the identity profile for each participant, the researcher will still be able to identify the participants with their original interviews if required for additional and new information from the interview and still be able to maintain confidentiality (Babbie, 2017:68; Neuman, 2012:62). The researcher explained to the participants that their personal identities will be kept confidential and the researcher will create names to utilise in the research study.

3.6.3 Voluntary participation and informed consent

The researcher explained with the utilisation of the informed consent that the participants' participation to the research study is voluntary and is not forced upon them (Babbie, 2017:63; Sliverman, 2013:162; Strydom, 2011:215). The researcher explained to the participants that they would be contributing meaningful information about the health-seeking behaviours of the Indian Hindu population within the healthcare perspective for the social work research field. The researcher also explained the meaningful information provided on how social workers can provide their social worker services to Hindu patients within healthcare system, will be beneficial to the social work field. The information provided may assist participants in the future when they come across social workers in the healthcare system.

The informed consent further explained that the information provided by the study population will be beneficial to the healthcare professionals within the healthcare setting. As the information will assist and guide the healthcare professionals in

providing services in accordance to their cultural and religious needs. The written informed consent provided the participants with the necessary information regarding the research study that enabled them to make a voluntary informed decision of whether to participate and were made aware of the risks involved in the research study (Babbie, 2011:64; Neuman, 2012:59; Sliverman, 2013:162; Strydom, 2011:117). As the data instrument to record the interview session was audio recording, and the researcher requested permission to record the interview sessions before commencing the interviews, the method of data storage was included in the informed consent to inform the participants of the importance of audio recording. The researcher ensured that the participants read and understood and signed the informed consent form before proceeding with the interview.

3.6.4 Actions and competence of researcher

The researcher is a qualified social worker that knows the importance of being culturally sensitive and knowledgeable about the cultural and spiritual background of the participants. This background enabled the researcher to be competent, knowledgeable, and skilled enough to ensure that the proceedings of the research study was conducted in an ethical manner (Strydom, 2011:123). The researcher was open-minded towards the information provided by participants regarding their cultural and spiritual aspects and maintained a non-judgemental and non-discriminative attitude towards the information. As supported by Strydom (2011:124), the objectivity of the researcher is essential to ensure that the researcher is competent for a culturally sensitive research study.

3.7 Empirical findings

The section will discuss the findings of the research study by presenting the biographic information of the participants. It will discuss the themes and sub-themes that emerged from the data that was collected. Verbatim quotations from the caregivers are presented with the support of the literature that was reviewed by the researcher.

3.7.1 Biographic information

The researcher will discuss the biographic information of the participants in terms of their age, gender, marital status, number of children, religion, home language and

highest qualification. The total number of participants interviewed for the research study was twelve participants.

3.7.1.1 Age

The total number of participants in the research study were twelve. Two of the participants were between the ages of 40-45 years old, one participant was between the ages of 45-50 years old, and two of the participants were between the ages of 50-55 years old. One participant was between the ages of 55-60 years old, two of the participants were between the ages of 60-65 years old, three of the participants were between the ages of 65-70 years old and one participant was between the ages of 70-75 years old.

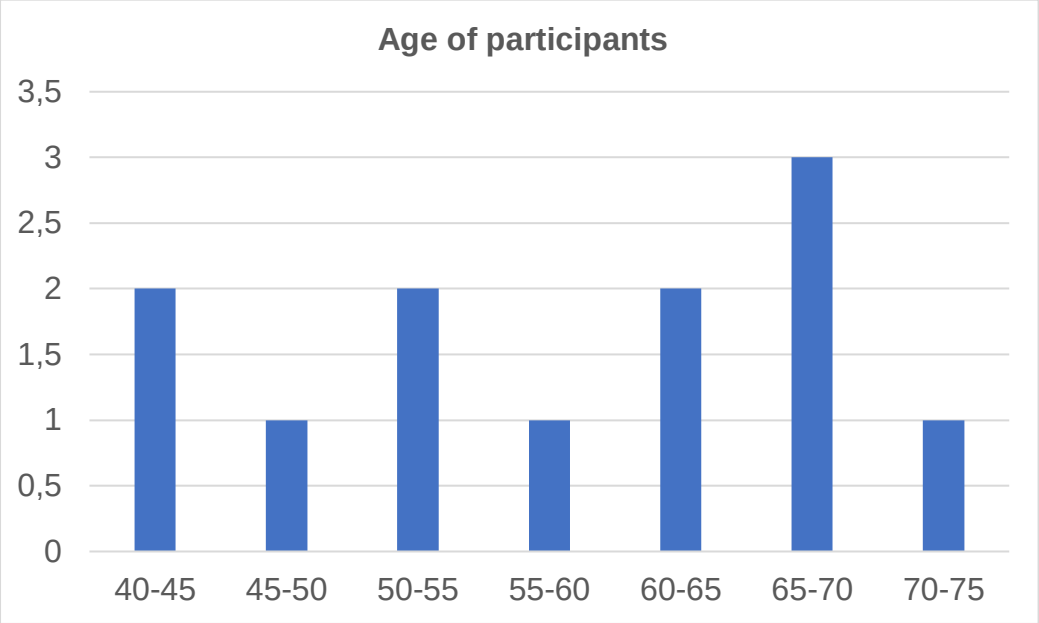

Figure 1.1 Age of Participants

Eight of the participants were categorised according to middle adulthood phase as they were between the ages of 40 to 65 years old (Sacco, 2013:140). Four of the participants were categorised as being in the mature phase as they were between the ages of 65 years and older (Sacco, 2013:140).

3.7.1.2 Gender

The graph illustrates that the total number of male participants, which was three, and the total number of female participants was nine.

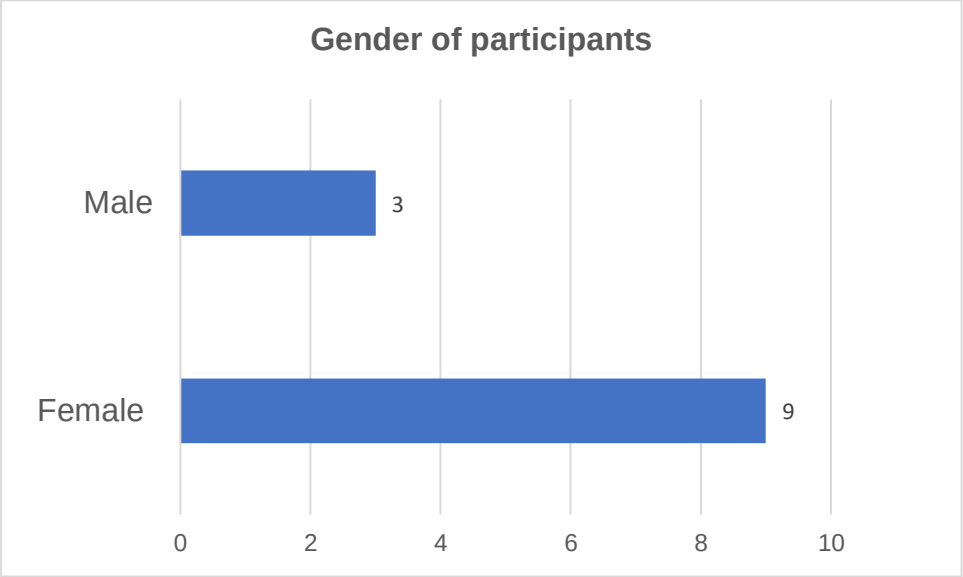

Figure 1.2: Gender of participants

According to Statistics South Africa of the Census of 2011 (Census, 2011) of the City of Johannesburg the gender ratio of Lenasia was 50.42% female versus 49.58% male. This supports the ratio of the participants in the research study as the female participants were more than the male participants.

3.7.1.3 Marital status

The marital status of the participants was essential towards the findings of the research study, to understand the dynamics of who plays a role within the family system regarding decision-making. The study by Grewal et al, (2005) highlights the role of gender within a culturally Hindu-based household and how it may influence the decision-making of men and women in healthcare systems leading to different health outcomes as well as determining whether the recovery rate will be successful or not. Furthermore, the role of gender will help establish whether married participants or single participants are influenced by cultural and spiritual factors in health-seeking behaviours.

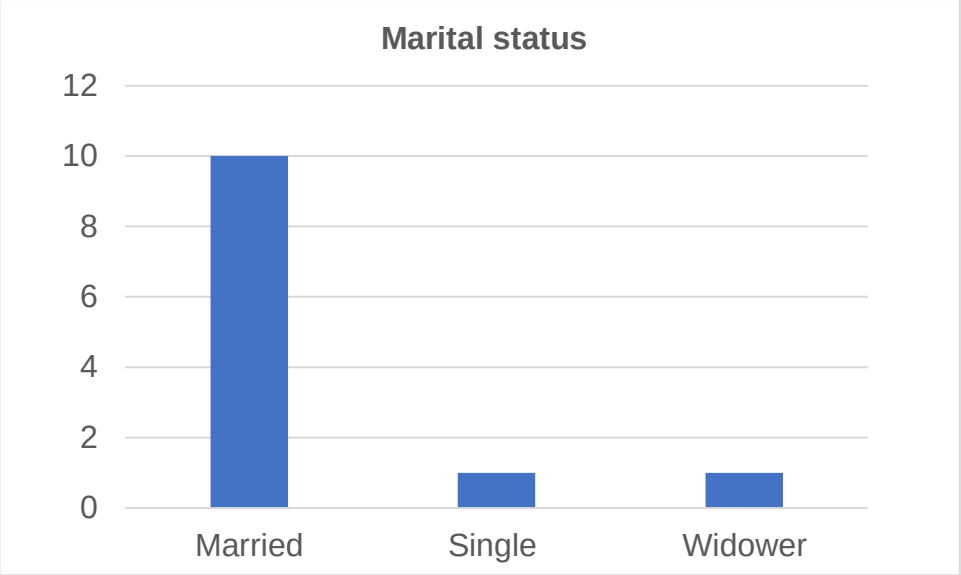

Figure 1.3 Marital status

One participant is single, one participant is a widower and ten of the participants are married.

3.7.1.4 Number of children

The interview schedule included the number of children for each participant to get a better understanding of the family context of the participants. The study of Anwar et al. (2012) focused on the health-seeking behaviours of parents and guardians with regards to the health conditions of their children, and the role of culture and spiritual factors that influence their health-seeking behaviours to seek consultation and treatment within the healthcare system for their children (Anwar et al., 2012:511). Thus, the researcher included the question to understand the family structure of each participant and to understand their decision-making towards health-seeking behaviours concerning their children.

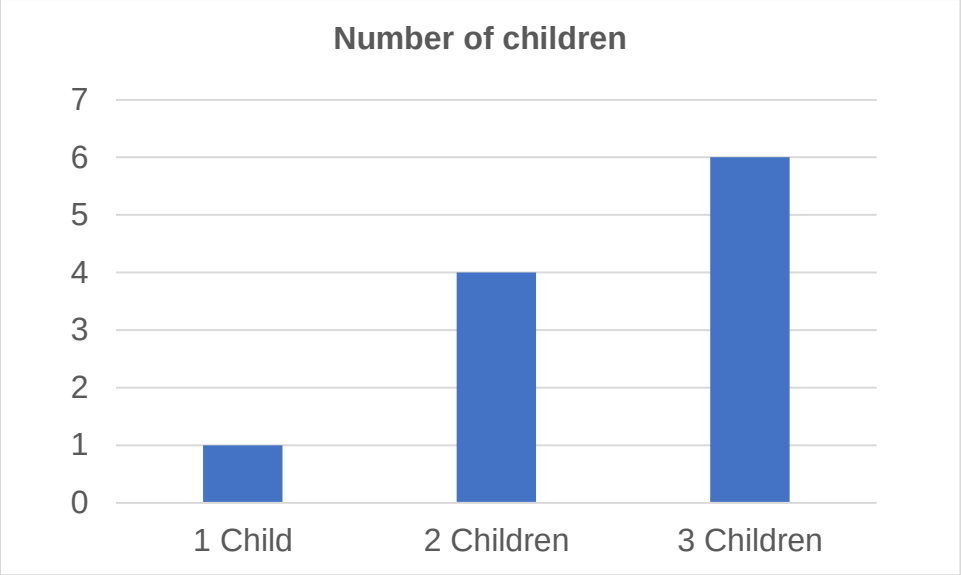

Figure 1.4 Number of children

One participant does not have a child and one participant has one child. Two of the participants have two children each and six of the participants have three children each.

3.7.1.5 Religion

Lenasia meaning 'halfway to Asia', was built to provide 2 700 plots to accommodate Indians from Central Johannesburg and those from Kwa-Zulu Natal (Ramjettan, 2019:54). The participants in the research study shared that they are Hindu believers. To support the findings of the research study, Lal and Vahed (2013:4) highlighted that when Indians settled in Kwa-Zulu Natal, some Indians relocated to the Transvaal to the township of Lenasia.

3.7.1.6 Home language

Hindu Indians in South Africa belong to four major language groups which are Tamil, Telegu, Gujarati, and Hindi (Gopal, Khan & Singh, 2014:28). However, the participants of the research study expressed that they speak English as their home language in their respective households. As supported by Statistics South Africa of the Census 2011 of the City of Johannesburg (Census, 2011), most of the population in Lenasia are English-speaking. Thus, the statement supports the above results obtained from the demographics of the participants in the research study.

3.7.1.7 Highest qualification

The researcher needed to determine the highest qualification of participants to establish whether their profession may have an influence towards health-seeking behaviours, in conjunction with their cultural and spiritual beliefs and practices.

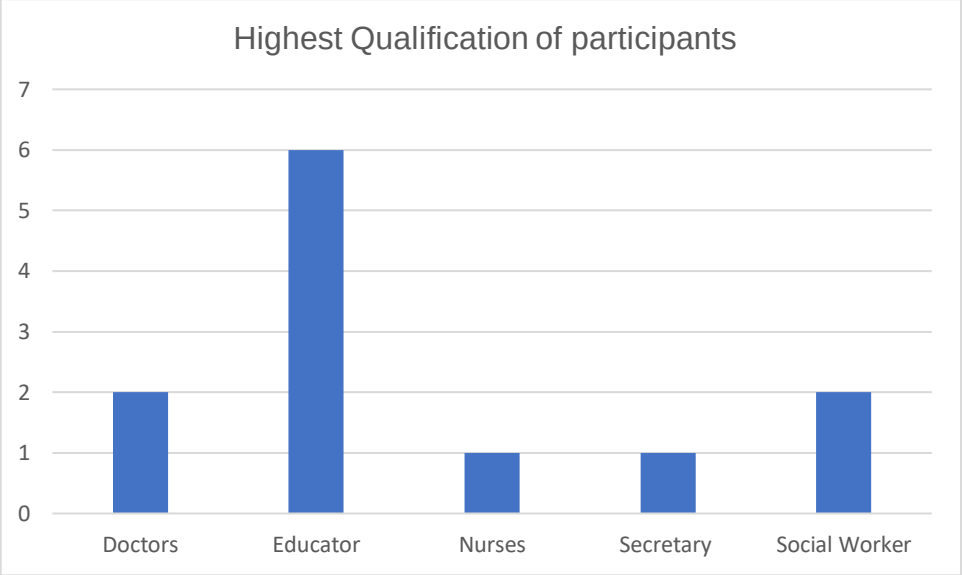

Figure 1.5 Highest qualification of participants

Two of the participants were Doctors and six of the participants were Educators including a retired Educator. Two of the participants were Social Workers, one participant was Nurse, and one participant was Secretary.

Section 1 provided the biographic information of the participants. The researcher will next discuss the knowledge of healthcare seeking behaviour of the participants.

3.8 PRESENTATION OF THEMES AND SUB-THEMES

The researcher will discuss the themes and sub-themes that originated from the responses provided by the participants in relation to the cultural and spiritual factors that influence health-seeking behaviours of Indian Hindu population in Lenasia. The themes and sub-themes will be presented with verbatim responses from the participants and be supported by the literature that correlates with the findings presented.

THEMES	SUB-THEMES
Health-seeking behaviours of Indian Hindus	Understanding of health-seeking behaviours
	Vegetarian diet
	Yoga
	Meditation
	Physical activity
	Access to healthcare professionals
	Non-communicable diseases
Cultural and spiritual practices of Indian Hindus	Cultural practices
	Spiritual practices
	Fasting
	Lamps
	Festivals
	Sacredness of the cow
	Herbal home remedies
	Pain and suffering
Role players significant in family systems	Temples
	Guru
	Priest
	Role players within the family system
Healthcare services	Healthcare services in Lenasia
	Specialised services
	Challenges of healthcare services
Social work intervention	Social work referral
	Diversity of social workers
Cultural and Spiritual practices within the healthcare system	Cultural and religious groups
	Decision-making of patients
	Introduction of Complementary and Alternative treatments

3.8.1 THEME 1: Health-seeking behaviour of Indian Hindus

This theme mainly focused on contextualising the health-seeking behaviour of Indian Hindus. Seven sub-themes emanated from this theme and they will be discussed below:

Sub-theme 1: Understanding of health-seeking behaviour

The participants did their best to define health-seeking behaviours in accordance to their understanding of the terminology. Based on their descriptions of the term, the participants were able to provide the definition according to the health-seeking

behaviours they engage in. The participants shared that they practice yoga, meditation, physical exercise, eat a vegetarian diet and have access to healthcare professionals. Their responses are captured below:

"*It's a behaviour of a person who wants to keep healthy.*" **Participant 8**

"To me it means to be eating a balanced, you know, wholesome diet, that you are taking care of all the needs of your body." **Participant 7**

"Ohhh…I am bit confused with that; I am not too sure; I am assuming it is talking, having healthy communication with community, your children, your family and uhm… and be with your values and your principles, religion, I would assume it's that." **Participant 4**

"What is this health medication or health advice, prognosis, diagnosis? So when we say health-seeking behaviour we are trying to understand what you do to engage or seek assistance in terms of your health aspect." **Participant 9**

Health-seeking behaviours are defined as how people monitor and respond to symptoms and how the symptoms change over the course of an illness, furthermore, it relates to how the symptom affects their behaviour, remedial actions taken and responses to treatment provided (Anwar et al., 2012:508; Chandwani & Pandor, 2015:991). The HBM was developed to provide an understanding for the role of belief-based psychological factors in health-related decision-making and health behaviours (Albery & Munafò, 2008:48; Rew, 2005:254). In relation to the HBM, health-seeking behaviours focus on how symptoms change over time, changes in the behaviour of an individual during the duration of an illness and their response to the treatment (Anwar et al., 2012:508; Chandwani & Pandor, 2015:991). Therefore, the HBM was the appropriate framework for the study as it aimed to understand the changes and reasons that influence the health-seeking behaviours of the India Hindu population in Lenasia.

Three participants view health-seeking behaviour based on what they do. Their assertions are captured as follows:

"*I walk, I exercise I do all my exercises plus a little bit of yoga…(paused)… that's about it because I can't do much with my age; I can't do swimming or that type of thing; I walk 4 to 5 kilometres, I do all my warming up exercises and, well, I eat well because I am a vegetarian, I am not a vegan but I am vegetarian."* **Participant 6**

"Ah… okay firstly I don't smoke, I don't drink, eat plenty of fruits, vegetables and meditate. Meditation is important." **Participant 3**

"The lentils we eat quite a bit and not too much meat; and we cut down on salt and ahhh… yea, exercises are very important and we do yoga and meditation and I am a medical doctor but I run a dance school. (Laughs)." **Participant 2**

Health-seeking behaviours help individuals to develop and utilise health-promoting behaviours (Chandwani & Pandor, 2015:991). The HBM was appropriate as it refers to self-efficacy which focuses on the individual engaging in specific practices to obtain a desired outcome (Albery & Munafò, 2008:49). Moreover, health-seeking behaviours lead to perceived benefits as the participants engage in health-seeking behaviours that promote healthy living and reduce the chances of chronic conditions and hospitalisation.

Sub-theme 2: Vegetarian diet

The participants expressed that they follow a vegetarian diet which includes eating fruits and vegetables that helps to cleanse they bodies and ensure they do not contaminate their bodies with beef and pork products. However, three of the participants mentioned the health implications of a vegetarian diet towards their health status. The direct quotes below provide a response to the vegetarianism that is commonly followed by Indian Hindu believers.

"So, I do yoga. In terms of my food and that, Hindus especially we eat a lot of vegetables, we eat a lot of fruits, drink a lot of water. Right so that's part of our diet in between. We have quite a vegetarian diet, but I am not a vegetarian as such, I eat meat as well, I eat fish, right, but I don't have that much of red meat, I prefer more of my vegetables, in terms of my diet." **Participant 1**

"We make vegetarian food, you can make vegetarian biryani, right, cook your vegetables, your lentils, rice tair, you know, all of that." **Participant 11**

"Some of them, my mum is over 90 now and she's been a strict vegetarian for the 60 to 70 years." **Participant 2**

"*Our lentils; there is a lot of high protein in lentils and there are so many types of lentils. Most of the people they just stick to being modern, but there are different, different vegetables you will only get in Indian areas with different types of beans, different types of, you know, lentils and it makes up actually."* **Participant 2**

"Uh yea, so I think it's our diet and in my culture it is very important to watch what we eat and we more supposed to be vegetarian and to be seen eating more fruit and vegetables, but I suppose because of the proteins when we look at the chicken and the fish and that, otherwise…uhm…uh…the really Hindi people are definitely vegetarians." **Participant 11**

"Wednesday can be either chicken, fish or meat but I try to keep it to fish or chicken…uh…as well as Thursday chicken or fish, but Thursday, for some religious groups, is also a prayer day and then again on Friday it's also a fasting day. It's a prayer day again with vegetables; so three times in the week it is totally vegetarian days for me." **Participant 11**

Hindus believe plants and animals are sacred things, especially animals, therefore, they do not consume meat, specifically the cow, as it is sacred in Hindu beliefs and they commonly follow a vegetarian diet (Holland, 2018:61; Lian, Hock, Fong, Yuvaraj, Aldrin and Ab Llah, 2018:4; Queensland, 2011:9). Additionally, many Hindus are strict vegetarians who abstain from all meat, fish, and eggs; however, there are Hindus who consume dairy products (Queensland, 2011:9). The HBM was developed to understand that individuals may represent a behaviour in accordance to a set of beliefs and values associated with a specific behaviour (Albery & Munafò, 2008:49; Rew, 2005:254). For instance, Hindus only consume the dairy from the cow and are prohibited from eating pork as it is seen as an unclean animal (Holland, 2018:61; Queensland, 2011:9). Hindus prefer to eat food that is prepared from home when they

are hospitalised (Holland, 2018:61), especially when there is a high possibility of their food being contaminated with animal products when their food is prepared in hospital kitchen.

According to HBM individuals may engage in health behaviours that may prevent illnesses or diseases and help control existing illnesses (Taylor et al., 2007:3). Therefore, the vegetarian diet provides health benefits in improving the health status and assists in the prevention of chronic diseases (Lian et al., 2018:3). The vegetarian diet lowers blood cholesterol levels, blood pressure and reduces the risks of obesity and diabetes (Lian et al., 2018:3). The vegetarian diet stimulates physical changes for the participants that lead to positive health outcomes. Hindus consume Lentils to compensate for lack of protein intake from beef, chicken, and lamb products (Lian et al., 2018:5).

However, three of the participants indicated that the vegetarian diet has health implications towards their health. Their responses are as follows:

"In that sense that I don't follow my religion as rigidly like some people do. Like in my religion, people are normally vegetarian, right. I am not like my father he was ill at a very young age. Like his 20's or 30's and my family were vegetarian before and he needed to start eating, you know, to get his iron and everything up. So he started eating fish, you know, to try and get it up; so first he started with eggs, we had to eat eggs, then we ate fish, then slowly meat came into our diet. We had to because our family is quiet anaemic so we actually changed our diet, but like I said, it's most Guratjis, like am a Guratji by nature, when by cultural this thing. The majority of the Gurajti are vegetarian, like uhm… we had to adapt because our iron was very low, in fact to date am still taking tablets." **Participant 1**

"*Yes, yes now when I say that I will use my mum as an example. My mother now she is very anaemic and she doesn't have enough blood so then the sisters and all of them asked her what you eat. Now she is vegetarian she don't eat meat, she don't eat chicken, she don't eat fish and due to all of that her diet became very bad because she wasn't having enough protein."* **Participant 9**

"Uhm I am basically a vegetarian so I have an iron deficiency I picked up, basically it just picked up because I am vegetarian." **Participant 7**

Although, the vegetarian diet leads to positive health outcomes which may be perceived benefits in accordance to HBM, it does, however, hinder the health status of vegetarians as it may lead to deficiencies due to a lack of protein intake making it a perceived barrier. As perceived barriers are obstacles that hinder the health status of an individual (Taylor et al., 2006:3), the vegetarian diet is reported to lead to iron deficiencies, diagnosis of anaemia and a deficiency of vitamin B-12. The disadvantages of the vegetarian diet are the lower concentrations of Vitamin B-12 which leads to the increase risk of Vitamin B12 deficiency and protein deficiency (Lian et al., 2018:3-4).

The HBM mentions cues to action which are accessed on media platforms. An illness of a family member and professional advice from a healthcare professional helps stimulate the decision-making of individuals (Taylor, 2006:3; Turner et al., 2004:38). In relation to the study, the participants have access to healthcare professionals and family members whose health status has been affected because of the vegetarian diet, which lead to them to introducing the consumption of lentils, dairy products, and supplements. As supported by Lian et al. (2018:4) the consumption of milk, dairy products and eggs helps with protein, calcium, and Vitamin B intake of vegetarians. Furthermore, non-vegetarian Hindus abstain from eating meat on days of observance when they are fasting for religious reasons (Queensland, 2011:8). This statement supports the assumption of the HBM that external forces such as spiritual practices may influence the health behaviours of Hindu believers.

Sub theme 3: Yoga

The participants refer to yoga and meditation as health-seeking behaviours utilised on a daily basis to keep a purified, clean and conscious mind, body, and soul. The assertions of the participants are presented below.

"Basically you are an afflicted body and teaching people how to… uh…as it says the Art of Living; how to use your body, and to make use of your breath to live in the present." **Participant 7**

"Well, yoga makes a contribution to help because it's also got everything to do with your health as well." **Participant 8**

"It is really a light yoga programme where you would loosen your body to prepare for your Santia, Santia is just revision of where you should be doing Sun salutation and you need to keep your mind, body and breathe…uh…you know, in sync." **Participant 7**

"Spiritual health; the only thing I do is that yoga, in my religion yoga is part of this thing meditation and…uhm… yoga is actually, you know, like breathing, how to breathe and that, and how to maintain yourself and also your yoga keeps your posture and how to keep, you know, how to keep your body and mind well." **Participant 1**

Hinduism is practiced through a variety of spiritual exercises, primarily loving devotion of Bhakti Yoga, selfless service of Karma Yoga, and knowledge and meditation Jnana or Raja Yoga (Hodge, 2004:30; McDaniel, 2019:2; Srivastava & Barmola, 2013:93). The assumption of self-efficacy promotes health behaviour as an individual may engage in health behaviour that stimulates positive health outcomes (Albery & Munafò, 2008:49). Hence, yoga helps with practicing breathing exercise which consist of a four-part breathing rhythm of inhale, hold the breath, exhale, and pause breathing (Rohnfeld & Oppenheimer, 2012:29). The breathing exercise assists with enhancing the wellness and well-being of the individual and lead to Hindu believers practicing yoga for cultural and spiritual purposes which is the desired outcomes for majority of the participants.

"So*, as you basically grow older there certain disciplines that you put, you know, self-impose at the end of the day those that benefit you in the long-term because you might not see the results immediately but over the long term. It's like you know doing exercises regularly and what this does for you is you have a healthy body and a body that obviously is not gonna be calm to relax as such, so it's in your two hands to make sure that if you learn something and it benefits you, you need to put it into practice. So early morning practices of doing a little bit of yoga or falling still and doing your breathing exercises might as tempting as the bed might be."* **Participant 7**

"*It's Shri Shri yoga programme mainly. it's not a very intense Pataiia yoga or Yanga yoga for that matter, but it is really light yoga programmes where you would loosen your body to prepare for your Santia, Santia is just revision where you should be doing Sun salutation and you need to keep your mind, body and breathe…uh…you know in sync."* **Participant 7**

Supporting the above quotes, yoga exercise helps with insomnia, calms mental and emotional turmoil, purifies the blood, soothes headaches and is alleviates anxious and depressive conditions (Rohnfeld & Oppenheimer, 2012:31). The assumption of HBM of perceived benefits, yoga is a preventive method that decreases the chances of developing health conditions by dealing with mental health issues with a positive coping mechanism such as yoga. Furthermore, yoga is recommended after a long and tiring day at work, feeling tired and the inability to relax because you cannot let go of so many thoughts (Rohnfeld & Oppenheimer, 2012:31). An individual may perceive yoga as a method that effectively decreases the risk factors of non-communicable disease such as stress and engaging in excessive smoking or smoking to cope with stress and life situations.

Sub-theme 4: Meditation

The participants shared that the regular practice of meditation has long-term beneficial benefits that has enhanced their wellness and well-being, furthermore, it helps them connect to a Higher being in relation to their spirituality. The participants shared they need to keep an open, pure, and clean mind for a healthy spiritual journey. They also engage in meditation to have internal peace with mind, body, and soul. The quotes are presented below:

"Meditation is very important and just sitting in front of the lamp, you light the lamp, you sit still for few minutes sort of focusing on what your problem is, on how you plan and in the morning, before you start going out to do your normal work, you focus to have contact with our inner self and, of course, our spirituality." **Participant 2**

"*Or we stressing so obviously we are bringing on the body illness to ourselves, that's what the belief is in Hinduism. So, that's why we go into meditation and things. So, it helps ease up pain, it helps relax the body, your muscles, etc."* **Participant 3**

The study of Suchday, Mayson, Klepper, Meyer and Dziok (2014) explored the Eastern and Western perspectives on meditation, they concluded that meditation is an ancient practice that stems from Hindu and Buddhist philosophies. Hindus use meditation to connect with enduring and external version of the self, whereas Buddhism focuses on the connection with emptiness (Suchday et al., 2014:48). In relation to the perceptions of the participants, meditation is for the mind, body, and soul. Most importantly it plays a religious role for Hindu believers. An external force such as meditation should be considered essential as it provides emotional and psychological support to individuals and assists with enhancing the wellness and well-being of an individual. Singh, Sharma and Talwar (2012:47) and Suchday et al. (2014:45-46) highlight that meditation provides mental and physical health benefits, for instance improvements in anxiety, depression, stress, and cardiovascular fitness. Furthermore, meditation should be perceived as a benefit in engaging in health-seeking behaviours as it integrates the body, mind, and soul.

Two participants expressed the daily practice of meditation in their lives. The participants refer to meditation to provide a source of comfort and is a positive coping mechanism to cope with different situations within their lives. The assertions of the participants are presented below:

"But when your work is in order, your home is in order and fortunately I got a very structured life at home, being a Hindu I participate in rituals and I go to temples and I do also meditation." **Participant 10**

"Health-seeking behaviour, maybe meditate more, like to stay calm so that with meditation I can get relief, like if you have anxiety, you know, like now with the current situation." **Participant 5**

Meditation is associated with enhancing the mental health of an individual by decreasing stress and anxiety, reducing emotional distress, and improving the quality of life (Singh et al., 2012:47; Suchday et al., 2014:52). The physical benefits of meditation include helping to reduce blood pressure, reduce migraines, reduce headaches, and reduce chronic pains (Singh et al., 2012:52; Suchday et al., 2014:52-53). Therefore, the assumption of the HBM to encourage and practice self-efficacy

enables the individual to develop and implement a health behaviour that will be beneficial to health outcomes (Taylor et al., 2006:3).

Sub-theme 5: Physical activity

The participants, especially those in old age developmental phase, in the research study shared that they engage in physical activity to maintain a healthy lifestyle and to help keep physically fit. Furthermore, the participants expressed the types of physical activities they engage in which were: dancing, yoga sessions, different forms of aerobics and other physical exercises. The participants provided activities they practice daily and maintained physical activity during the COVID-19 lockdown restrictions. They cited the following information:

"So I do yoga, I go for walks, I do aquarobics." **Participant 8**

"*Uhm…I think I have a balanced lifestyle with a good healthy diet uhm…outdoor exercises. So mentally keeping you stimulated as well and uhm…exercising, I guess."* **Participant 4**

"The lentils we eat quite a bit and not too much meat; and we cut down on salt and ahhh… yea, exercises are very important and we do yoga and meditation and I am a medical doctor but I run a dance school. (Laughs)." **Participant 2**

McKinney, Lithwick, Morrison, Nazzari, Isserow, Heilbron, and Krahn (2016:131) investigated the health benefits of physical activity and cardiorespiratory fitness. Whereas to, Reiner, Niermann, Jekauc and Woll (2013:1) investigated the long-term benefits of physical activity, especially in relation to non-communicable diseases. Both studies supported the reasons provided by the participants to engage in physical activity for health reasons. Engaging in physical activity is accompanied with the basic assumptions of the HBM, which are the perceived benefits and self-efficacy as physical activity leads to a desired outcome of living a healthy lifestyle and increasing life expectancy (Champion & Skinner, 2007:46). Additionally, the study of Amatriain-Fernández, Murillo-Rodríguez, Gronwald, Machado and Budde (2020) investigated the benefits of physical activity and physical exercise during the COVID-19 pandemic. The above-mentioned study supports the participants' engaging in physical activity to

maintain a healthy lifestyle and control their non-communicable diseases during the COVID-19 pandemic. Hence, continuous practice of physical activity is a positive health-seeking behaviour that positively impacts the physical aspect of the participants which, according to HBM, is seen as a perceived benefit and the practice of self-efficacy by the participants (Champion & Skinner, 2007:46; Taylor et al., 2006:3).

The other participants expressed how they engage in physical activity. Their quotes are provided below:

"Yes, we do, we have a WhatsApp group so people would try and encourage one another and then there are certain Zoom classes that do take place, so we got one today at 8'o clock." **Participant 7**

"The lentils we eat quite a bit and not too much meat; and we cut down on salt and ahhh… yea, exercises are very important and we do yoga and meditation and I am a medical doctor but I run a dance school. (Laughs)." **Participant 2**

"So I do yoga, I go for walks, I do aquarobics." **Participant 8**

Amatriain-Fernández et al. (2020:265), McKinney et al. (2016:131) and Reiner et al. (2013:1) state that physical activity can reduce the development of chronic diseases such as hypertension, diabetes, stroke, and cancer. Furthermore, physical activity promotes and enhances healthy cognition and psychosocial function. The assumption of perceived susceptibility within the HBM states that individuals should engage in physical activities which include sports, leisure activities, dance, and physical exercise (Amatriain-Fernández et al., 2020:264). The participants were able to detect the severity of acquiring an illness or disease because of the dietary choices and lack of physical activity (Champion & Skinner, 2007:46). Furthermore, with family members who are diagnosed with an illness, the participants can detect the health implications and impact it has on the physical and the emotional well-being of the family member (Champion & Skinner, 2007:46; Taylor et al., 2006:3). The physical activity of aerobic endurance training reduces blood pressure for patients who are diagnosed with hypertension (McKinney et al., 2016:134). In addition, physical activity helps maintain cognitive function in older persons and helps promote a healthy lifestyle (McKinney et

al., 2016:135). Thus, these internal and external factors encourage and motivate the participants to engage in physical activity and prevent illness, which, in the HBM, is considered as preventive health behaviours (Abraham & Sheeran, 2015:32).

Sub-theme 6: Non-communicable disease

Most of the participants were diagnosed with diabetes, hypertension, cholesterol and two of the participants have spinal medical conditions which has led them to access specialised services. Furthermore, the participants shared that Hindus are commonly known for sugary food and sweets which leads to a high risk of being diagnosed with non-communicable diseases. Therefore, the participants do their best to limit sugar intake at home and to consume sugary food during festivals. Their assertions are captured below:

"Yes and together with that I got cholesterol (pause)...I got high blood pressure." **Participant 1**

"Well uh I am a diabetic, hypertension and uh I am not the most responsible in terms of my sort of dietary needs." **Participant 9**

"Because I am a heart patient, I am a diabetic and, well with my eyes it is fine, but I have pressure so I have to visit the…" **Participant 6**

"Yea, well you know what because my husband is diabetic and hypertensive and it's a genetic thing in the family so…" **Participant 11**

South African Indians are commonly diagnosed with diabetes and coronary heart disease (Naicker, Venter, MacIntyre and Ellis, 2015:1). Additionally, Schouw, Mash and Kolbe-Alexander (2020:1) mention non-communicable diseases in the South African context are accompanied by behavioural risk factors of excessive alcohol use, tobacco smoking, unhealthy diet, and a lack of physical activity. This can be compared to a study that was done in India by the Indian Health study of three regions in India, where they identified the diet in these regions is characterised by dairy, fried snacks and sweets which lead to abdominal obesity (Naicker et al., 2015:7). Both studies support the opinions of the participants that dietary habits are leading cause of non-

communicable diseases. Based on the HBM the above-mentioned study of Naicker et al. (2015) highlighted the perceived barriers which lead to abdominal obesity as the dietary habits in India hinder the chances of living and promoting a healthy lifestyle (Champion & Skinner, 2007:46). Misra, Gopalan, Jayawardena, Hills, Soares, Reza-Albarrán and Ramaiya (2019:532) state that nutritional and lifestyle transitions are linked to a rapid increase of obesity cases, metabolic syndrome, and type-2 diabetes. The participants acknowledged and identified their sugary intake and cooking with huge amounts of oil as increasing the chances of cholesterol, diabetes, and high blood pressure. Consequently, the participants were able to perceive the severity of their daily diets which may lead to health complications and future diagnosis of chronic conditions (Taylor et al., 2006:3).

Three participants also expressed their dietary habits in relation to sugar intake and the food they prepare, specifically for Hindu festivals and ceremonies. The below direct quotes provide insight:

"*And I am diabetic number two and then I don't like (pause) buttered things, like, so I do give them strict instructions before they bring me even my breakfast, because I don't eat eggs."* **Participant 6**

"The orange one and those colourful nuts and everything else, yes, they are very sweet because a lot of sugar added in it to make I,t and then it's fried in ghee." **Participant 11**

"*We don't have sugar and then my daughters don't have sugar in their tea or in their cereals, but my husband and the little one, they put the sweetener."* **Participant 11**

"Right if you use pure lemon juice and drink some of that if the diabetes is too high, or then we take cinnamon. If the kids have a problem then we use some of the lemon medicine, like dacetine." **Participant 9**

The consumption of refined grains, high saturated fat intake, increase of sugar-sweetened beverages and low intake of fruits and vegetables are major causes of an

increase in obesity and diabetes in developing countries (Misra et al., 2019:527; Reiner et al., 2013:1). The participants do acknowledge that the food they consume especially during festivals, contains fats, oils and sugars that are unhealthy and increase the chance of being diagnosed with a non-communicable disease. Hypertension and diabetes are major public health problems in developing countries (Anwar et al., 2012:512). Additionally, obesity and cardiovascular heart diseases are also identified as the most common non-communicable disease (Reiner et al., 2013:1). As diabetes, obesity and cardiovascular heart diseases are common within the South African context. Therefore, the HBM will help assist healthcare professionals and families determine the severity of these diseases towards the patient in terms of physical, health and the emotional implications and consequences (Albery & Munafò, 2008:49; Champion & Skinner, 2007:46).

There are existing barriers identified and acknowledged within the Indian Hindu communities that hinder the ability to decrease the chances and prevalence of non-communicable diseases (Albery & Munafò, 2008:49). Indian sweets are prepared with sugar and substantial amounts of saturated fat derived from ghee and butter (Naicker et al., 2015:7). Type-2 diabetes is a worldwide problem with significant health and social implications which is commonly caused by risk factors such as obesity and physical inactivity (McKinney et al., 2016:134). The utilisation of complementary and alternative medicines in the treatment of diabetes is prevalent in developing countries (Misra et al., 2019:530). Hindu believers practice self-efficacy on a daily basis with the utilisation and practice of herbal remedies, these remedies prevent further complications of health status and control already existing illnesses and diseases.

The festival of Diwali is characterised with feasting of sweets and savouries prepared from roasted Bengal gram flour, rice flour, jaggery, sugar, ghee, and coconut which leads to high carbohydrates and fats (Kannan et al., 2016:859). External forces such as Hindu festivals may be perceived as barriers according to HBM as they increase the chances of being diagnosed with non-communicable disease.

Sub-theme 7: Access to healthcare professionals

The participants shared that they have family members who are healthcare professionals and play an essential role in their health-seeking behaviours especially

when seeking medical assistance and treatments. Two of the participants are medical doctors and one participant is a nurse, and these participants shared they utilise medical knowledge and expertise to engage in a healthy lifestyle. The participants expressed Hinduism is a culture and religion that is flexible and open to medical approaches, therefore, it encourages participants to utilise the medical approach together with herbal remedies that will not interfere with medical treatments. Their responses are captured below:

"Nothing at all actually yea, the culture doesn't influence the seeking of healthcare workers, if you think culture shouldn't really be in the way, so it doesn't. Yea, we have nothing against it. (Laughs)" **Participant 2**

"*Uhm… at the moment I am diabetic as well as hypertensive and we try our best to have a good diet and not so many sugary stuff and also the benefit for me is that my daughter is a medical physician and she stays with us and she is the doctor at the Lenmed clinic and she of course takes care of our health and she ensures that we do the regular check-ups and have our blood tests regularly taken and if it's necessary to gives us health, you know professional help, medication and so on to do that. So, I do have that extra benefit."* **Participant 12**

"Uhm… I actually have a brother who is in the medical field, so whenever we have symptoms, we just call him up and he will give the medication and we will know we are well on our way. (Laughs)" **Participant 4**

"Hey… I have to be sick (laughing between interviewer and interviewee), so if am not well, I give myself a day or two, hey… I will start trials; you know sometimes we try our Ayurveda style and grandmother's remedies, we try that all out, if still not working I go straight to the doctor. I go to the physician; I go to him he tells me what to do. Most of the time the answer is the same, old people's syndrome." **Participant 1**

"Look it depends on the situation we have a doctor in the family, my sister is in the medical field so we often speak to her but I think medical practitioners are all on one sort of track where they believe is that you have to have antibiotics and you got to take medication and for this it has to be treated this way." **Participant 7**

Some of participants shared that they do not seek immediate medical attention as they have family members who are healthcare professionals who assist them with providing medical advice and when to seek healthcare services.

"Yes, now you see in our religion, neh, if you got measles, mumps, chicken pox and those type of illness. We are not allowed to go to doctor but what we are allowed to use are types of herbs." **Participant 10**

"We have certain rituals we do like for example, like for example if you get measles or something. It is an illness that the kids get but we also say that it is given to us by God. You know like by our Mother." **Participant 5**

"Uhhh…yea, yea basically you know when the kids get maybe like chicken pox or measles." **Participant 3**

"Then according to our customs and traditions in Hinduism we are not allowed to consult a doctor. But we have to pray to Goddess Mariamn, normally we pray to her for seven days and we observe fasting where we eat vegetables, no meat we do not fry; we are not allowed to use oil." **Participant 3**

The access to healthcare professionals is a perceived benefit for the participants as the family provide healthcare services within the family context (Abraham & Sheeran, 2015:30). Furthermore, the healthcare professionals may assist the participants to engage in preventive health behaviours such as physical activity and dieting (Abraham & Sheeran, 2015:32). Moreover, they also encourage their family members to participate in positive health-seeking behaviours based on their spiritual beliefs (Concha, Villar & Azevedo 2014:8)

Few of the participants shared they do not seek medical services when their children have measles, mumps or chicken pox as the illnesses are given by God. Therefore, the participants expressed that they treat the illnesses within the family system with herbal remedies, special prayers, and rituals.

"We have certain rituals we do like for example, like for example if you get measles or something. It is an illness that the kids get but we also say that it is given to us by God. You know like by our Mother." **Participant 5**

"Yes, now you see in our religion, neh, if you got measles, mumps, chicken pox and those type of illness. We are not allowed to go to doctor but what we are allowed to use are types of herbs." **Participant 10**

"Then according to our customs and traditions in Hinduism we are not allowed to consult a doctor. But we have to pray to Goddess Mariamn, normally we pray to her for seven days and we observe fasting where we eat vegetables, no meat we do not fry; we are not allowed to use oil." **Participant 3**

The HBM recognises that there may be cultural taboos associated with seeking healthcare services (Concha et al., 2014:8) such as Indian Hindus not seeking healthcare services for skin conditions such as measles, mumps, and chicken pox. Wombwell, Fangman, Yoder and Spero (2015:597) conducted a study that investigated the religious barriers to measles vaccination in the United States of America. *Shitala Mata* is the goddess of smallpox, smallpox is referred to as *Mata*, when smallpox appears on the child's skin it is the displeasure of the goddess (Yadav, 2014:46-47). Religious beliefs and rituals may be perceived as benefits and barriers within the healthcare system (Champion & Skinner, 2007:53). The beliefs in relation to skin illness within Hinduism may act as a benefit as the believer treats the illness at home and cures it with Ayurveda remedies. Comparatively, the belief may be perceived as a barrier, as the family system may not seek medical treatment when the skin illness becomes severe and untreatable within the family home.

3.8.2 THEME 2: Cultural and spiritual practices of Indian Hindus

The participants discussed Hinduism in accordance to culture and religion. The participants highlighted practices, rituals, and beliefs that the Indian Hindu in Lenasia perform and practice throughout the year. Eight sub-themes emerged from this theme which were cultural practices, spiritual practices, fasting, festivals, sacredness of the cow, herbal home remedies and, lastly, pain and suffering.

Sub-theme 1: Cultural practices

The participants expressed that culture is a way of life, it defines who they are as individuals, it how defines them as Hindu believers and, most importantly, how to live their lives according to Hindu ways. Three of the participants expressed that, according to Hindu beliefs, they treat skin conditions such as measles, mumps and smallpox within family system with a mixture of herbs and engaging in seven-day prayers when the family member is well. The responses are captured below:

"Uh, to me it means a lot, you have to have some kind of culture, you have to know your culture, you have to implement this culture in your home and guide your children. You know I got a son and daughter and I am looking what they are doing to their children and think about if they didn't have guidance from me. I witness people my age that took culture like, you know, for granted and they felt that, you know, what it's of no use to me to follow my culture. My religion means a lot and I have learnt a lot throughout the years. I came from a home where my parents weren't very religious, you know, they were just they did the bare minimum." **Participant 10**

"Uh you know what it, it I don't really know if I can really give you an answer for that because I feel it's a way of life, it's a form of tradition, religious duties and having self-control knowing when to make sacrifices and, you know, it makes me a proper human being on the whole. My culture makes me a proper human being, like, like what society would like to see is what my culture will teach me." **Participant 11**

"Culture means a way of lifestyle, I think, that was installed over the years with certain practices and partly with religious beliefs as well." **Participant 4**

Culture is defined as the learned arts, beliefs, customs, knowledge, laws, and morals that a group of members within a society are socialised into (*Macmillan English Dictionary for Advanced Learners: International Student Edition*, 2002:338). The universal greeting of Hinduism is *Namasthe* which translates *I see the divinity in you*. The greeting is used in morning, noon, evening, day and night. The greeting is done with both hands held up together at chest level (GDE/ GIED Commemoration Days-August 2002, 2002:125). The greeting signifies peace and respect towards Hindu believers and the people they come across on daily basis. Cultural practices within the

healthcare system, specifically with the utilisation of the HBM framework, may help healthcare professionals identify and acknowledge the positive and negative health-seeking behaviours influenced by culture and its practices and rituals (Albery & Munafò, 2008:49; Rew, 2005:254).

Two of the participants expressed the importance of colours within Hinduism. They cited the following information:

"For example, uhhh… in March, the whole thing of Holi. Holi is you know the festival of colours." **Participant 11**

"And we like releasing the evil and the good we leave right, and to celebrate it we throw colour." **Participant 1**

Colours play an essential role within Hindu culture and religion, as the main colours utilised in Hindu ceremonies are red, yellow that represents turmeric, green that represents leaves, blue that represents water and white that represents wheat flour (Benjasri, 2015:160-161; Verma, 2014:1). The colour representation within Hinduism represent the different Gods and Goddess, furthermore, it may assist healthcare professionals understand belief-based psychological factors that influence the health-seeking behaviours of an individual (Albery & Munafò, 2008:48; Rew, 2005:254). The white colour represents purity, cleanliness, peace and knowledge and the Goddess of Knowledge, *Saraswati*, is known to wear a white dress (Benjasri, 2015:161; Verma, 2014:1). Red represents sensuality and purity and is worn by the Goddess *Shakti* who is responsible for bravery, protection, and destroys evil (Verma, 2014:1). Saffron represents fire, and fire is utilised to burn impurities, therefore, this colour is purity and light within Hindu beliefs. Yellow is a colour that represent knowledge, learning, happiness, peace, and meditation; in addition, the colour *Lord Vishnu* is a yellow colour dress to represent his knowledge (Verma, 2014:2). Green is colour of festival and represents peace and happiness and, lastly, blue is the colour of the Creator as it represents the sky, ocean, rivers, and lakes (Verma, 2014:1-2). *Lord Rama* and *Lord Krishna* spent their lives protecting humanity and destroying evil, hence, they are coloured in blue (Verma, 2014:1).

One participant expressed the significance of wearing specific jewellery within Hinduism.

"All the time, it's all a form of concentration and that and then also there is this thing that when we get married, besides the red dot, there is a chain that we wear. It's called a Mangal sutra I don't know if you have heard or seen that it's beautiful, gold with black beads on it." **Participant 11**

"Yes, in my culture the ladies, it's like everybody can't just wear that for us there is some meaning about wearing it." **Participant 11**

Hindu women wear a sacred thread, ring or gold chain around their necks and the men and boys may wear sacred thread across the chest (Queensland, 2011:10). Hindu scriptures have prescribed rituals and ceremonies to mark 16 defined stages of life (Srivastava & Barmola, 2013:91). The HBM was developed to understand the health-seeking behaviours of individuals (Lim et al., 2009:1139). In relation to Hinduism, Indian Hindus identify and understand the different life stages of an individual with the utilisation of the Hindu scriptures. Therefore, these scriptures, with the assistance of Priest, may be utilised to help understand the health-seeking behaviours of the Indian Hindu population within the healthcare system.

Other participants mentioned dance, yoga, utilisation of herbal remedies, following the vegetarian diet and fasting as their cultural practices within Hinduism. The assertions of the participants are presented below:

"*Through dance we learn our history, we learn our language, we learn our religion, yeah, because Indian classic dance is related to all that."* **Participant 2**
"Well, I think cultural practices are more and more like people are realising the benefits of yoga and the some of the herbal remedies, I am now thinking of, what's the term, alternative medicine." **Participant 4**

"And what cultural factors contribute to your health-seeking behaviour? Cultural I think that is just being maybe Hindi speaking we do have like for example the diet, the diet that is now a rich diet, that is culturally determined and that, especially during the

festivals the people get out of hand and it has contributed to diabetes, cholesterol and so on. It is still there, it is still there and that contributes because it has a direct effect on the health of the person and on us and cause us to seek assistance as well. The diet and being vegetarian, if you are vegetarian and if you are not and have these festivals and these ceremonies and according to religion you observe them for a specific period then you will be vegetarian and then not. I will tell you there is a period during September that all Hindi speaking, myself included, and my family as Hindi speaking Hindus that observe and respect the deceased. We have a prayer and everybody in our community also observes that and that is for 15 days. For 15 days we fast, we fast completely on a vegetarian diet and then there is a ritual that is observed by men and women and then at the end of the ritual or at the end of that fasting then we do a prayer and we take out food for the deceased and, you know, the ceremonies are performed." **Participant 11**

Hindu believers worship their deities through utilisation of singing and dancing offered in temples and Hindu believers visit the temples to worship deities (Srivastava & Barmola, 2013:93). Each culture and religion develops its own health-seeking behaviours in accordance to environment, origins and generational practices, hence, the HBM emphasises the importance of understanding factors that are responsible for adopting the health-seeking behaviour (Turner et al., 2004:38).

Within Hinduism women are worshipped as Goddesses, ancient Hindu scriptures such as Vedas and Upanishads demonstrated respect for the feminine principle (Pathak, 2019:228). *Shiva* is one of the great deities of Hinduism (Chirkut & Sitaram 2006:26). Goddess of *Shakti* in the form of *Durga*, Goddess of Knowledge and learning as *Sarasvati* (Chirkut & Sitaram 2006:26; GDE/ GIED Commemoration Days- August 2002, 2002:124; Pathak, 2019:228). *Lakshmi* is the Hindu Goddess of health, wealth, and prosperity (Chirkut & Sitaram 2006:26; GDE/ GIED Commemoration Days- August 2002, 2002:124; Pathak, 2019:228). Furthermore, the above-mentioned Gods and Goddesses play an essential role towards the health-seeking behaviour of Hindu believers and are responsible for decision-making in relation to health-related issues (Turner et al., 2004:38).

Three of the participants mentioned that within Hinduism skin conditions are treated within the family system and they do not seek healthcare services and health treatment. Their assertions are captured as follows:

"We have certain rituals we do like for example, like for example if you get measles or something. It is an illness that the kids get but we also say that it is given to us by God. You know like by our Mother." **Participant 5**

"It's called herbs so we have to grind that and we have to put a child in between them. The linen must be white and then we take those leaves, you put the leaves in between the bed and the sheet, the child sleeps on there and we wear no shoes in the house. We don't eat meat we only eat veggies and at the entrance of our door we have a like a bristle container with the Majai (ginger) water and the leaves that is to tell people into your home don't come this is a quarantine area." **Participant 10**

"We wear no shoes, we must. Let's say if the child has measles and we find out today, so immediately we go into the house and mop everything, the floors. Everything must be cleaned, shoes everything either we put it in one room or either we put it one side in the yard on the corner of the yard away. So, the yard everything must be completely clean, bed sheets everything, we have to change for the child and normally we use like white sheets. And we don't sweep for the seven days." **Participant 3**

"The whole house is clean, most of the food that we eat is like boiled food not just very light meals, nothing with oil, yes, and then we have to do like a ritual on the seventh day. And you find like in most, you check most 90% of Hindus this are my own statistics we don't have severe marks on our body and things like that. Like other religions go to doctors the minute they got measles or chicken pox to get a vaccine and you also find that there is still suffering, it becomes longer on the body and leaves scars." **Participant 3**

The study of Yadav (2014:44) focused on addressing the *Shitala* Goddess, the Goddess of chicken and smallpox in North India. Goddesses within Hinduism display positive roles of fertility, protection, cultural creativity, wifely duty, and material abundance (Yadav, 2014:45). Wombwell et al. (2015:600) emphasised Hindus

practicing vegetarianism and cows being regarded as sacred animals and that the consumption of beef is prohibited. As emphasised, Hindu Goddesses play an essential role in the lives of Hindu believers, especially women. Healthcare professionals may utilise the Goddesses to help female patients and mothers gain strength within the healthcare system. Therefore, the HBM emphasises that identifying beliefs may assist to create the link between a behaviour and socialisation (Abraham and Sheeran, 2015:30). The female participants worship Goddesses for protection, prosperity, wisdom and positive outcomes in their lives and the lives of their families. *Shitala Mata* is worshipped and appeased to save the child from smallpox and the *Shitala* is associated with the well-being of children and women, and men do not participate in worship (Yadav, 2014:47).

One participant mentioned the pilgrimages that Hindu believers embark on in India. The response is captured below:

"Like meditation and then we also do Dianne which is like family-oriented rites of passages. We do pilgrimages uh… it just depends, not everyone can afford to do pilgrimages, but it's recommended and then you also do your festivals such as Diwali to get past and various food drives like in the course of the year." **Participant 3**

Thousands of Hindu believers visit the pilgrimage sites and temples during the Hindu month of *Chet* which is the months of March and April (Yadav, 2014:48). Based on the HBM an individual's perceptions to various factors involved to reduce the threat of illness or disease (Taylor et al., 2006:3), it is essential to understand and explore these practices. The pilgrims and visitations to temples are essential cultural rituals that Indian Hindus practice to explore their spirituality and seek spiritual cleanliness and assist with the purification of the body, mind, and soul.

Sub-theme 2: Spiritual practices

The participants described that their spirituality is a way of life as Hinduism is not defined as religion but as a way of life (Kannan et al., 2016:859). The participants express that yoga and meditation are utilised to create spiritual connectedness and insights. The participants expressed that they engage in prayers to fulfil spiritual

enlightenment and seek spiritual guidance to start the day. The responses are captured as follows:

"I think one's spirituality means one thing in terms of spirituality the general sort of thing is spirituality tends to take into context that many people way of looking at it is through our religions and through that spiritual and you pray regularly, you understand? It's who you believe in, that tends to be the general definition then I am not very religious, that is. Spiritual in the different context where it says you have a good heart you have (inaudible), it grounds you in cleansing it's part of it and the strong thing I have learned is in Hinduism there are terms that you must respect other religions, in fact that people have taken the misconception. I have given you a value that I have picked up in Hinduism. If you do not respect other religions like you notice some of the Hindu houses' they will have the cross the moon sign, you understand." **Participant 9**

"Example of like spirituality uhm… it's like a praying things about God, miracles, visualising or meditation or all those ceremonies, your spirit helper that's from the temples. Yea, spiritual also means how peaceful you are and how fond of your true, let's say, if I found my true purpose in life." **Participant 3**

"Spirituality means like I think where you find yourself, you wanna get closer to God." **Participant 5**

"Yea, spirituality we are very spiritual uh we follow our religion, we not uh deep as such but we do follow the religion in the sense that we observe all the main festivals and prayers that we have on our Hindu calendar throughout the year. For example, when it is Diwali, that's our festival." **Participant 10**

Spirituality is defined as the deep-seated individual sense of connection through which each person's life is experienced as contributing to a valued and greater whole, with the inclusion of sense of belonging and acceptance (Van Rensburg, 2014:134). The HBM states that behavioural health issues and health-seeking behaviours may be influenced by supernatural and spiritual factors (Concha et al., 2014:8). Therefore, it was essential to explore and discover the spiritual factors that influence the health-

seeking behaviours of Indian Hindus (Concha et al., 2014:8). Furthermore, religion plays a significant role in the health and well-being of patients (Holland, 2018:62). Hence, the HBM recognises the utilisation of religion within the healthcare system to assist the patient with their emotional well-being but, most importantly, utilise spirituality to think positively about their medical treatment and recovery (Concha et al., 2014:8).

Furthermore, the participants refer to daily prayers conducted in the morning in the prayer morning with the lighting of the lamp and going to the temple for special prayers and observing the festivals of the year. Their responses are captured below:

"And our daily prayers, worshipping is important and we also do recitations of Holy Scriptures." **Participant 3**

"So, and then I don't really do meditation because I…ahh…I don't have the time but even with the meditation they say it's, you know, it only can be done if you have a goal or an aim that you working towards. Now with me when I pray in the morning and evening in front of the lamp." **Participant 12**

"We believe that there are also things that can be cured by prayers." **Participant 3**

"Yes, yes, I think our prayers do play a major role." **Participant 1**

"Well in our family especially, the Hindu family, we usually pray together, like as soon as I light the lamp my wife will follow, then the kids before they go to school. They will go to the prayer room or try to sort of do prayers themselves. So as the family we have a little area that each one goes to and then sit down for a few minutes before you start your day." **Participant 2**

The HBM may assist with understanding the importance of spiritual beliefs and practices (Concha et al., 2014:12). Therefore, it help healthcare professionals explore the importance of prayers and the benefits of prayers when a patient is hospitalised. Hindus have Gods and Goddesses they worship, furthermore, each Hindu home has a prayer room called the puja (Hodge, 2004:31; Holland, 2018:62). The Bhagavad Gita

is the holy book which Hindu believers keep clean and safe (Hodge, 2004:31; Holland, 2018:62). Hindus often pray in the mornings before they start their days (Holland, 2018:62). The two main festivals of Hindus are Holi and Diwali and are celebrated and honoured by Hindu believers (Holland, 2018:62). The participants in the study of Gopal et al. (2014:34) shared that they pray daily at home in either a shrine or a special place of worship set up exclusively for prayer purposes, additionally, prayer at temples is usually done during special religious festivals.

Sub-theme 3: Fasting

The participants expressed that they practice fasting to be spiritually connected to the spiritual being. They practice fasting to observe days for the different ceremonies and festivals throughout the year. The participants engage in fasting to cleanse and purify the body, mind, and soul, and connect all three aspects of an individual into one whole. The participants expressed that family members who have chronic conditions may fast according to health status and when hospitalised they are not permitted to engage in fasting practice until they feel better. The participants mentioned on which days of the week they fast and the types of food they abstain during the observed days. Their responses are captured below:

"No eggs in the things that we make, we can't eat eggs on that day because it's prayer day although it's a day of fasting and celebration but to us it's prayer." **Participant 11**

"I think maybe fasting, fasting which is an integral part of Hinduism and is seen like purifying the body and soul and encouraging disciplinary paths. But it's not considered a must for all Hindus, like Hindu patient fast in hospitalisation." **Participant 3**

"No, no we not as uhh… stagnant in terms of fasting and it depends on the person's will. So if you want to fast it's okay and if you don't want to fast it's okay. Then for example if a person had diabetes and you know high blood pressure or something and you need to take the medicine and it's also okay." **Participant 8**

"Well then obviously the fact that you are ill, the illness takes priority. Because I mean you have to maintain your lifestyle during the illness, you have to take care of your health first." **Participant 1**

Kannan et al. (2016:858) state that religions originated from India advocate ritual fasting as an expression of their faith. Furthermore, the study of Kannan et al. (2016:858) focused on the impact of fasting on diabetes and the management strategies of diabetes. Although, the HBM may view fasting as barrier due to abstaining from certain types of food, however, Hindus believers emphasise the importance of Hindus who are hospitalised not to practice fasting but focus on their recovery and improve their health wellness. To support the statement, *smritis* fasting is a way of life and fasting is for an able-bodied individual and the ill are not allowed to fast (Kannan et al., 2016:859). Additionally, Hindus may fast all year around on certain days depending on their beliefs (Rajendran, 2010:31).

Some of the participants mentioned the days in the week on which they practice fasting and do not eat certain types of food. The below direct quotes provide a response.

"Yea, at the fasting, am not a Muslim I am a Hindu, what happens is that we are to drink water, to drink water, to eat once a day and we allowed to have a meal once a day. Also on the different days of the month especially this month there certain perspective food that we eat." **Participant 8**

"Wednesday can be either chicken, fish or meat but I try to keep it to fish or chicken…uh…as well as Thursday chicken or fish, but Thursday, for some religious groups, is also a prayer day and then again on Friday it's also a fasting day. It's a prayer day again with vegetables; so three times in the week it is totally vegetarian days for me." **Participant 11**

"Monday we fast for Lord Shiva, Lord Shiva is known to be the, the Creator and the Destroyer. He creates us and he also takes us, he sends his angels of death which Yaravi to come and take you as it's your time to die." **Participant 12**

"So, for example on one day which is Navratri we have to eat spinach then on another day which we dedicate to the health of our children and the husbands we eat nine different kinds of Lentils, which are boiled together and then eaten with uhm… Navratna dal roti but uhm…roti with the wheat flour." **Participant 8**

The specifications towards fasting practice should be considered and acknowledged as they influence the heath-seeking behaviours of the Indian Hindus. Furthermore, healthcare professionals should be assisted to understand the health behaviours associated with fasting and the benefits of fasting within the healthcare system (Rew, 2005:254). Fasting within Hinduism is abstaining from a wide variety of things such as abstaining from certain foods, drinking water and abstaining from sexual activity (Rajendran, 2010:29). Fasting can be *nirahara* which is fasting without food, *phalahara* is fasting with fruit and milk, lastly, *alpahara* is fasting with broken rice (Kannan et al., 2016:859). There are two types of fasting, periodic fasting is fasting done during the week (Queensland, 2011:8; Rajendran, 2010:29) and fasting that is accompanied with festivities during festivals (Kannan et al., 2016:859; Rajendran, 2010:31). Hindu scriptures state fasting helps the well-being of a human being as it nourishes their physical and spiritual demands (Rajendran, 2010:29). Moreover, Hinduism believes in purification of the mind and body, therefore, regular fasting ensures purification (Rajendran, 2010:29). On Saturday, Hindu believers fast to appease the god of that day, *Shani* or *Saturn* (Rajendran, 2010:32), Some fast on Tuesdays the auspicious day for *Murugan* or *Hanuman* (Rajendran, 2010:32) On Friday devotees of the goddess *Santoshi Mata* abstain from taking anything citric (Rajendran, 2010:32).

Sub-theme 4: Lamps

The participants state the lamp plays an essential role in Hinduism as it is utilised for prayers, yoga, and meditation sessions. The responses are captured below:

"Spirituality is with myself you know when you think once we light the lamp we feel that we are close, you have to have it in yourself how you feel. And then ask that you do your job as best as you can." **Participant 2**

"We have a bristle lamp that we light every day, it's got cotton wool in it and we put oil or ghee right and light incense sticks, that lamp gets washed on Friday, that is the day for washing the lamp, we wash it, we put bristles on it and make it shine again." **Participant 12**

"Like not my husband, no my husband also does prayer but I do a prayer with lighting the lamp and singing the prayers and singing like the Hymns that we have." **Participant 8**

"We will light if am hospitalised like I don't need to light the lamp, I can just close my eyes and sort of start meditating and find in whatever I done in front at home in front of the lamp um… I can do it in bed even in the hospital and they can continue with what they have to do at home." **Participant 2**

Benjasri (2015:156) states Hindus believe that the oil lamp is light that symbolises knowledge and before proceeding to a ceremony the lighting of lamp represents Hindu practices. The lamp symbolises a spiritual belief within Hinduism and the lamp helps to create the set-up for yoga and meditation which are both commonly practiced preventive health behaviours within Hinduism (Abraham & Sheeran, 2015:32). Hindu beliefs state lighting the lamp daily helps drive out the devil and invites eight kinds of wealth to Hindu people (Benjasri, 2015:157). GDE/GIED Commemoration Days-August 2002 (2002:134) states Hindu believers have to offer daily prayers in the morning and evening, prayers fill the mind with purity, divine light, and spiritual guidance.

One participant mentioned the importance of lighting a lamp in the mornings before doing their morning prayers. The response is captured below.

"*So, like you know we have prayers in the morning and then private meditation is important, we light the lamp, and (inaudible) to be focused with our own selves and you know according to our Indian culture like we, like we love to look at the Sun in the morning and worship the Sun. We go out into the garden, we pick flowers and put them on our doorstep, you know."* **Participant 2**

The participants shared they light the lamp early in the morning to pray, meditate and do yoga. Most Hindus pray in the morning before they start their day (Queensland, 2011:8) with the utilisation of the lamp. The lighting of the lamp helps creates a mind-set that enables the patient to relax and allow the body to heal itself (Srivastava & Barmola, 2013:95). Healing and relaxation may be health preventive methods and

health behaviours (Abraham & Sheeran, 2015:32) that assist Indian Hindus to help enhance the well-being and wellness of individuals. Hindu homes light the lamp in the house in front of the image of a deity, or in front of the *Jhanda*, which is flag (Gopal et al., 2014:32).

Sub- theme 5: Festivals

The majority of the participants referred to the different festivals that they celebrate throughout the year. Hindu festivals which played an essential role for the followers such as the Draupadi-firewalking festival, Mariammen (Porridge prayer), the Gengaiamman festival and the Kavadi festival (Lal & Vahed, 2013:8). Hindu festivals are celebrated to satisfy the gods and thereby maintain order, or dharma (Srivastava & Barmola, 2013:93). Lal and Vahed (2013:4) state that Hindu festivals within the South African context enable Hindu believers to develop their religious devotion by reminding followers of deities and enable followers to be untied. Their responses had the following to say:

"Like meditation and then we also do Dianne which is like family-oriented rites of passages. We do pilgrimages uh… it just depends, not everyone can afford to pilgrimages but it's recommended and then you also do your festivals such as Diwali to get past and various food drives like in the course of the year." **Participant 3**

"Because there is a child with measles and mummies and then we don't allow the child out of the house for a certain period of time. When the mummies or measles is completely gone we do a special prayer that is for the Goddess Amia. So, when we do this prayer, we, we light seven pieces of camifia and we pray that, you know, thank you for curing this child and normally every year we do a prayer for this Goddess right, it's called porridge prayers where we give fermented porridge to this Goddess so that at that time when we, are asking for, we, we are saying thank you we will do a prayer later to feed. Feed people and we give them like lunch or something so that's basically for our ritual in." **Participant 10**

"Okay we are quiet, we are not obsessive to a degree with religion but we do follow certain rule on how its important observe days. Like during the year before it comes to

the festival of Diwali we are few, we have lots of days that like fast, abstain away from meat and going to perform rituals at the temple. So, we follow that." **Participant 5**

Based on the HBM spiritual factors may influence the health-seeking behaviours of an individual (Concha et al., 2014:8). In the context of the study, Hindus believe in protecting cows and do not consume animal, beef, and pork products on a daily basis and especially not during rituals, fasting periods and festivals. Hindus do not consume eggs and abstain from meat products when they observe fasting days and celebrate festivals (GDE/ GIED Commemoration Days- August 2002, 2002:128). The participants shared that during the fasting days and festivals they are prohibited from meat consumption and consume a vegetarian diet. Hindu festivals are associated with the Hindu calendar and Hindus follow the calendar by fasting on auspicious days (Ramjettan, 2019:253).

One participant mentioned the festival of Holi, the response is captured below.

For example, uhhh… in March, the whole thing of Holi. Holi is you know the festival of colours." **Participant 1**

Holi is the spring and harvest festival, which is celebrated by joyous singing, dancing, and smearing colourful powders to each other's face and show happiness of living without fear or threat (GDE/ GIED Commemoration Days- August 2002, 2002:130; Holland, 2018:62; Srivastava & Barmola, 2013:93). Furthermore, Hindu believers cover each other in paint which symbolizes the equality of all people (Srivastava & Barmola, 2013:93).

One participant mentioned the festival of Light called Diwali; the response is captured below.

"Y*es, its the festival of light is called Diwali where people bust the fireworks."* **Participant 9**

Diwali, often called the festival of lights, celebrates among other events the triumphant homecoming to Ayodhia of the ideal couple, Ram and Sita, after Sita's rescue from

the clutches of the evil demon-king, Ravana (GDE/ GIED Commemoration Days- August 2002, 2002:133; Holland, 2018:62; Srivastava & Barmola, 2013:93). Diwali is a festival celebrated on the last two days of October to November, the festival is meant to celebrate good over evil, light over darkness, and to encourage freedom, festivity and friendliness (GDE/ GIED Commemoration Days- August 2002, 2002:134). Before the month of Diwali Hindu believers observe a month of fasting and follow a strict vegetarian diet (GDE/ GIED Commemoration Days- August 2002, 2002:128). Sweets are essential for festivals and auspicious ceremonies to celebrate good omens, happiness, and prosperity (Benjasri, 2015:157).

One participant mentioned the festival of Navarathri and its importance celebrates the strength of women. The response is captured below.

"Right for nine days you go the temple and you pray, and we celebrate the strength of women. In every different form as our mother, as our nurturer, even to fight for rights. Fight for education, you know, even education for women that play a role in the education. Laksim is money, as the provider of money. So we, we provide, you know for the nine forms of women, every day we go to the temple and we dance. We actually call it Ghashia (Hindu Women Dance)." **Participant 1**

Navarathri which translates to 'nine nights' is a prayer festival that lasts for the period of nine nights in honour of the manifestations of *Durga* or *Shakti* (GDE/ GIED Commemoration Days- August 2002, 2002:133). The first three nights are dedicated to *Durga* in commemoration to preserve peace and order in the world. The second three nights are for *Lakshmi* the Goddess of material and spiritual. The final three nights are in honour of *Sarswath* the Goddess of knowledge and wisdom (GDE/ GIED Commemoration Days- August 2002, 2002:133).

One participant mentioned the ritual of Raksha Bandhan, the response is captured below.

"Like Diwali, and you know the Raksha Bandhan which is tying the bond between brother and the sister and then on tomorrow we are starting our fasting month. And in

the fasting month they are a couple of days which are allocated to specific duties and then we observe that." **Participant 8**

Raksha Bandhan is a ceremony in which an amulet is symbolically tied around the wrists of brothers by their sisters to pledge to protect them against evil for the following year (GDE/ GIED Commemoration Days- August 2002, 2002:132; Srivastava & Barmola, 2013:93). The festival of Lakshmi Vratam is a festival performed to bless a couple to have a fruitful marriage filled with healthy children, health, and long life (GDE/ GIED Commemoration Days- August 2002, 2002:131). Maha Shirvrati the great night of Shiva is a festival observed in honour of Lord and the union of Lord Shiva to his wife Parvati (GDE/ GIED Commemoration Days- August 2002, 2002:129). To celebrate the Maha Shirvrati the Shiva Lingam is worshipped throughout the night by washing it every three hours with water, milk, curd, honey, and rosewater (GDE/ GIED Commemoration Days- August 2002, 2002:129). Overall, the above-mentioned festivals play spiritual significance towards the lives of Indian Hindus.

Sub-theme 6: Sacredness of the cow

The majority of the participants expressed that the cow is viewed as a sacred cow that should be protected and they are prohibited from consuming beef products. To support the statement, the study of Narayanan (2018:133) focused on the prohibition of consuming cow, the protection of cows within India and how cow milk is utilised for Hindu beliefs, rituals, and identity. The participants expressed that the cow plays an essential role within Hinduism as it provides milk which provides dairy products. Furthermore, the participants shared that the cow signifies a mother as she is provider to the family and children. The cow also referred to as *panchagavya* within Hinduism as it provides the following five products curd, ghee, milk, urine, and dung (Joshi & Adhikari, 2019:171; Narayanan, 2018:135). Agoramoorthy and Hsu (2012:5) discussed the religious, historical, economic, cultural, and sociological significance of the sacred cow within Hinduism. Their responses are as follows:

"No, no, no, you know from India and that you look at it, at the cow and that, I don't eat beef at all. I don't eat beef in my religion because the cow for me is a mother figure,

the cow gives me milk. So we pray for the cow. I don't know if you have noticed? Hindus pray to the cows." **Participant 1**

"And we don't as Hindu we do not eat beef and pork, so you would not find it in the Hindu, in my culture you know in my family we don't eat meat uh beef considering that the cow is a Mother that gives us milk so we won't." **Participant 5**

Hindus do not eat cow meat as the cow is regarded as holy animal in the Eastern culture (Agoramoorthy & Hsu, 2012:5; Joshi & Adhikari, 2019:169). Furthermore, in relation to the current research study the participants expressed the importance of the cow within the Hindu culture and how it represents the Mother of Earth and provides milk and dairy products (Agoramoorthy & Hsu, 2012:5; Narayanan, 2018:133). The cow provides milk products such as yoghurt, buttermilk, butter, and ghee that plays an essential role in the daily diet of people in India (Agoramoorthy & Hsu, 2012:8; Joshi & Adhikari, 2019:170; Narayanan, 2018:134). Within Christian and Islamic religions, the cow is considered a source of protein. In Hinduism, the cow is sacred animal that is considered the mother of people (Joshi & Adhikari, 2019:169). The study of Joshi and Adhikari (2019:169) supports the participants' spiritual beliefs towards the sacredness of the cow and the role it plays within the family system. The Hindu book of Veda emphasizes on the importance of cow. The cow is referred to as mother and the important role it plays within the universe for purifying the devils of impure airs and environments (Joshi & Adhikari, 2019:169).

Based on the HBM the spiritual beliefs of Indian Hindus in relation to the cow should be acknowledged as these beliefs hinder the health of Indian Hindus because of a lack of protein intake (Albery & Munafò, 2008:49). Furthermore, to make any decisions that include the patient, it is essential for healthcare professionals to be aware of spiritual beliefs that influence the health-seeking behaviours of Indian Hindus and their refusal to take certain types of medication because of animal products (Concha et al., 2015:8). The cow is a holy animal that is regarded as mother because the cow feeds the family with milk, ghee, butter and the curd; and the mother is responsible for ensuring that her children are fed (Agoramoorthy & Hsu, 2012:7; Joshi & Adhikari, 2019:170). Furthermore, the cow milk is utilised to improve bone function and nourishes the skin (Joshi & Adhikari, 2019:170).

Sub-theme 7: Herbal home remedies

The participants expressed that they utilise herbal home remedies to treat the common cold, coughs, flu and sinusitis. The combination has been passed on from generation to generation and female participants shared that their mother-in-law has played an essential role in sharing essential home herbal remedies to treat medical conditions. The participants shared that for the most common concoction to treat common colds and coughs within households, they mix and boil together milk, turmeric powder and grated ginger and drink while hot. The participants provided the use and benefits of using garlic, ginger, lemon, and turmeric in their daily lives. They cited the following information:

"Oh… no problem. If I have a sore throat I won't just simply take medication, I would drink lemon and honey water." **Participant 5**

"Yea, our diet is in such a way that most of the herbs and powders are in our food already. Like ginger, garlic, extra water, cutting down on salt, uhm… turmeric in which is sort of an antibacterial ingredient. We try to have lot of vegetarian meals you know. So our diet is in such a way, it's part of our culture so all these ingredients are already in our diet." **Participant 2**

"My mother-in-law and all her monthly meds I had to write labels to say this is a sugar tablet this is a blood pressure tablet, this is whatever tablet. You would take this morning, you would take this evening so I have this book from Readers' digest called uhm Medicines, it's all about medicines so you know like pictures of medicines, tablets, capsules and then what is was used for." **Participant 12**

"Hey… I have to be sick (laughing between interviewer and interviewee), so if am not well, I give myself a day or two, hey… I will start trials; you know sometimes we try our Ayurvedic style and grandmother's remedies, we try that all out, still not working I go straight to the doctor. I got physician; I go to him he tells me what to do. Most of the time the answer is the same, old people's syndrome." **Participant 1**

Herbal medicines, also referred to as botanical medicines, includes the utilisation of leave, roots, stem, flowers, and seeds from plants that are used for medical and

therapeutic purposes (Kumar, 2017:690). Self-medication is a common practice that is accompanied by the utilisation of homemade prepared remedies (Anwar et al., 2012:514). The HBM refers to educational programmes that provide expertise and knowledge on medications through media, medical articles and from healthcare professionals to help patients to make well-informed decisions and modify their health behaviours for healthy outcomes (Taylor et al., 2006:3; Turner et al., 2004:38). Self-treatment is a common initial response to an illness accompanied with self-medication as it saves time and money, furthermore, information is gained through books, magazines, package inserts and social media (Anwar et al., 2012:514). As reflected in the study, Indian Hindus have developed some knowledge of the medication they take, and the type of ingredients contained in each medication.

Some participants highlighted and acknowledged that cloves, turmeric, honey and cinnamon are commonly utilised in their daily meals. Their responses are provided below.

"Okay my children are all married and living on their own, so it's only me and my husband at the moment. But the remedies that we maybe, home remedies that we use will be honey, ginger, turmeric ahh… yea and…" **Participant 8**

"Yea, turmeric, honey so, for example for a cough you will take honey and mix it with ginger, you give it to the kids to sort of suck, you know, for a little bit at a time." **Participant 8**

"So, I for my IBS, which is Irritable Bowel Syndrome, I have had a lot of Ayurvedic treatment and I have manged that and also use Ayurveda treatments which are herbs, the medical practitioner would basically recommend and there is lots of different herbs in there." **Participant 7**

"Yea, it's in the house and remember when we cook, we cook with these spices. When you cooking you cooking with turmeric or your immune has got it. Garlic, all of them have antibacterial, anti this thing." **Participant 1**

The study of Husain, Pandey, Trak and Chauhan (2019) focused on exploring the medical benefits of the utilisation of herbs and spices for the treatment of medical conditions. Most of the participants in the research study mentioned the everyday utilisation of herbs and spices in everyday cooking has positive health benefits. This is supported by Husain et al. (2019:909) who states that diseases and infections have been in Indian homes for decades and have been cured and treated by herbal medicines created from spices and herbs available in their respective kitchens for all that time. The socio-demographic information of Indian Hindus is mentioned above to highlight the most common chronic conditions diagnosed and the preventive health behaviours they engage in to control these chronic conditions (Abraham & Sheeran, 2015:30). Furthermore, Indian spices and herbs are linked with home remedies that are utilised to treat indigestion, chronic diarrhoea, common colds, blood pressure and diabetes (Ganguly, 2010:25). Thus, the HBM will be the appropriate tool to develop educational programmes that further develops and modifies the preventive health behaviours of Indian Hindus (Abraham & Sheeran, 2015:32).

One participant expressed the use of every day ingredients provides health benefits for the family system. The below direct quote provides a response.

"Antioxidants and everything. Because you are cooking in your daily life with all these spices which have these healthy things. I mean turmeric is supposed to have this uhh… official this thing… ginger, no meal goes by without ginger and garlic. We have ginger, we have garlic in our daily meals and we have things like ghee. And these things that people go buy it in the pharmacy right, over the counter. Us it's a daily thing, it's in our meals, we are eating it all the time." **Participant 1**

Ganguly (2010:25) and Husain et al, (2019:910) state that spices and vegetable products used for flavouring and condiment in food recipes are derived from seeds, leaves, bark, or roots. According to HBM the daily practice of cooking and dieting with food that contains health properties enables Indian Hindus to engage in preventive health behaviours with the added advantage of physical activity (Abraham & Sheeran, 2015:32). Ganguly (2010:25) further refers to *The Rig Veda* which is one of the ancient Hindu scriptures that contains more than a thousand healing plants. *The Rig Veda* refers to the cow as a Goddess and the scriptures encouraged Hindu followers to

practice vegetarianism (Agoramoorthy & Hsu, 2012:7; Granguly, 2010:25). Husain et al. (2019:910-912) highlights the five most important spices utilised in Indian food are cloves, cinnamon, black pepper, turmeric, and dry seeds.

The participants shared a combination of milk, ginger and turmeric powder is boiled together for coughing, chest pains and colds. The participants mentioned the utilisation of garlic. They cited the following information.

"They create the paste with a whole lot of herbs in it and then you use it as a tea and then you boil it and you drink that tea. That thing will actually help to alleviate the pain and take away the wind out of so the child doesn't cry. You know doesn't keep the burping to take the wind out. You call it achimowe and all that." **Participant 1**

"The garlic (laughs) plays a very important part as part of the culture in order to you know for people to get better and so on. Yea I have a friend, I have a friend who is in her 80s she told me and is always telling us to have one garlic clove, clove of garlic in the morning and it's good for your eyesight and so on. Up till now she still has that garlic." **Participant 12**

"I basically make a concoction every evening for the daughter, myself, and the wife its basically just take water, boiling it, getting some ground ginger and you just take fresh ginger and you grind it, you add some turmeric, honey and cinnamon and some lemon and it's a lovely little drink that you can have which has seemed to have helped me for this winter thus." **Participant 7**

Ginger is commonly utilised to treat colds, heat the stomach and improve digestion (Ganguly, 2010:25). Clove is believed to comfort the sinus (Ganguly, 2010:25), and is utilised to treat tooth decay, bad breath and contains antibacterial properties that treat infections of cholera and diarrhoea (Husain et al., 2019:910). Husain et al. (2019:911) also refers to clove as pain-killer spice as it contains anti-inflammatory properties which are effective for treating arthritis and rheumatism. Garlic is utilised as a spice especially in Asian cuisine and is well-known for its medicinal properties and may also lower cholesterol, blood pressure and the risk of cancer (Ganguly, 2010:25). As mentioned previously, Indian Hindus engage in preventive health behaviours based

on their dietary habits (Abraham & Sheeran, 2015:32). Therefore, healthcare professionals should acknowledge the practice as the self-efficacy of Indian Hindus' desire to achieve positive health outcomes through the dietary habits (Albery & Munafò, 2008:43).

Three participants shared that they use cinnamon to control their diabetes and prevent sugary intake.

"Right if you take pure lemon juice and drink some of that if the diabetes is too high, then we take cinnamon and if the kids have a problem then we use some of the lemon medicine like dacetine." **Participant 9**

"Ohhh…yea the one thing that I did forget to tell you know in our family am just remembering now, Innocent, my husband he is diabetic and has been diabetic for over 20 years and with high blood pressure and he has his porridge then he would still put some cinnamon and some of these spices over it in order to have it." **Participant 12**

"And so like yea we cook with all these cinnamon sticks, cloves are there, the ginger and garlic and all this and recommend all of these things and it's in our diet already for thousands of years." **Participant 2**

Cinnamon, one of the most popular flavours in cooking, is good for digestion and for sore throats (Ganguly, 2010:25; Husain et al., 2019:911). Moreover, cinnamon is effectively utilised for fever, diarrhoea, urinary tract conditions, menstrual problems, and is commonly utilised to control diabetes (Husain et al., 2019:911). The HBM states that an individual should be able to identify health behaviours that yield positive or negative outcomes (Albery & Munafò, 2008:49). In the context of the study, Indian Hindus consume cinnamon to reduce the chances of diabetes and to control diabetes by substituting their sugary intake with healthier option such as cinnamon.

One participant mentioned the popular use of spices in Indian meals and the positive health outcomes it yields. The assertions of the participants are presented below:

"Exactly. My diet, the food I eat incorporates all these spices and all these spices are there. For example, every time I eat chilli, it has a cooling thing that goes with it. So, the way the diet is designed the way our food is designed is supposed to keep us vital and healthy." **Participant 1**

"Yes, basically my family all of us if you look at the food, we are eating, using our spices daily, because part of our cooking. We eating for example when we cook our food is with ghee. Ghee is clarified butter, that's healthy, right then when we start cooking we cook with certain seeds that we throw in our food. That is healthy, that is supposed to be maintaining it. After we cook with certain spices like ginger, garlic and that. That is part of our healthy, we also after eating we have biriyani or any sweet or something, not any sweet that is supposed to aid digestion. So all our food that we eat and everything is basically is maintain a healthy lifestyle." **Participant 1**

Hot overpowering spices are utilised for winter diets or to treat cold diseases accompanied by excess phlegm, furthermore, chilli pepper extract is utilised to treat a wide variety of digestive problems (Ganguly, 2010:25). The HBM states that the health beliefs of Indian Hindus enables them to actively engage in health behaviours in accordance to spiritual beliefs and cultural practices that promote positive health-seeking behaviours (Abraham & Sheeran, 2015:30; Concha et al., 2014:8).

Two of the participants mentioned the utilisation of turmeric, ginger, and garlic. Their responses are captured below:

"Yea, our diet is in such a way that most of the herbs and powders are in our food already. Like ginger, garlic, extra water, cutting down on salt, uhm… turmeric in which is sort of antibacterial ingredient. We try to have lot of vegetarian meals you know. So our diet is in such a way, it's part of our culture so all these ingredients are already in our diet." **Participant 2**

"We, when it comes to our pregnant mums and with nausea and vomiting is one of the major problem that everyone has and we will promote them trying ginger and mint and just how they have their diet and such. And for the cough and colds they can just do

some steam, try honey and lemon, a little bit of turmeric and milk so those are for the minor things and not the major." **Participant 4**

"And so like yea we cook with all these cinnamon sticks, cloves are there, the ginger and garlic and all this and recommend all of these things and it's in our diet already for thousands of years." **Participant 2**

Turmeric is the most utilised spice that reduces inflammation, protects the liver from toxins and prevent platelet clumping which improves circulation (Ganguly, 2010:25-26; Husain et al., 2019:912). Turmeric is an effective remedy for cough, throat irritation, bronchial asthma, bronchitis, and treatment of vomiting during pregnancy (Husain et al., 2019:912). Black pepper is an effective home remedy utilised for digestive problems, cough, and throat irritation (Husain et al., 2019:911). Based on the HBM, this will assist healthcare professionals to acknowledge and accept spiritual beliefs that influence the health behaviours of Indian Hindus and the popular utilisation of herbal remedies to treat illnesses within family system (Concha et al., 2015:8). The Ayurveda practice states that when a person fasts, their digestive organs get cleansed and fasting helps controls emotional imbalances of the body (Rajendran, 2010:31).

Sub theme 8: Pain and suffering

One participant expressed that Hinduism encourages the acceptance of pain and suffering as part of the consequences of Karma and use the pain and suffering as an opportunity to progress spiritually. The response is captured below.

"And Hinduism also encourages the acceptance of, this might be a shock to you, but we encourage acceptance of pain and suffering as part of consequences of Karma and the opportunity to progress spiritually. So we don't see that when a person is suffering with pain, you don't just go and take the pain medication and things. You allow for it to go on for 2-3 days then we can, if it's very severe and you can't handle it." **Participant 3**

"We didn't take you to the hospital or seek pain meds. So, we let you to handle that pain." **Participant 3**

"And with Hinduism, it's part of your Karma, it part of maybe beliefs, like it's part of your past sins that you have committed, sins that you are committing now."
Participant 3

Whitman's (2007:607) research highlights that spiritual practices are resources utilised by patients to cope with chronic pain and demonstrates how pain and suffering are viewed within the Hindu culture and religion. Healthcare practitioners need to be culturally sensitive to patients especially with patients who have unique beliefs towards pain specifically in the healthcare system. Patients with chronic pain may depend on spiritual practices to help them cope and deal with other significant medical illnesses (Whitman, 2007:607). The HBM states that spiritual beliefs and practices may often negatively influence the health-seeking behaviours of the patient (Concha et al, 2014:8). As reflected in the study Hindus may wish not to take pain medication for illness or disease due to their spiritual beliefs of believing that the pain they experience is the consequences of the action in their lives. Therefore, healthcare professionals and patients, together with the families, must consider the negative consequences of refusing pain medication and the implications it has on the patient's recovery rate.

Hindus believe that as they are in human form on earth, bounded by the laws of the world and should experience physical pain, furthermore, Hindus believe that pain is felt in physical bodies and is not felt in the soul, therefore, the soul is not harmed (Queensland, 2011:16; Whitman, 2007:609). The HBM may expect for healthcare professionals to expect and acknowledge these forms of beliefs, especially when Hindu patients who are terminally ill may choose not take medication when they are closer to death and are in severe pain. Patients may gain comfort by viewing the pain as a temporary condition and that the pain does not affect the inner self or soul (Whitman, 2007:609). Furthermore, some Hindu patients may experience suffering to progress on a spiritual path, to be tested and to learn from difficult experiences (Queensland, 2011:16; Whitman, 2007:609).

3.8.3 THEME 3: Health-seeking behaviour and the family

The participants expressed that they seek guidance and advice from the family elders, Gurus and Priests in relation to health-seeking behaviours and health-related issues.

The following sub-themes emerged from the theme: temples, guru, priest, and the role players within the family system.

Sub-theme 1: Temples

The participants expressed that the temples are utilised to for cultural and religious purposes and to seek guidance, protection, and hope for daily life situations and for rituals and ceremonies. The responses are captured below.

"Yes because we, we start the day with prayers and then we do something called Havien, it's like where we sit around the fire and we you know offer to God like there is something that we mix and offer to God, the mixture of looks like grass and you like all those kinds of things, but you buy that mix." **Participant 9**

"Right for nine days you go the temple and you pray, and we celebrate the strength of women. In every different form as our mother, as our nurturer, even to fight for rights. Fight for education, you know, even education for women that play a role in the education. Laksim is money, as the provider of money. So we, we provide, you know for the nine forms of women, every day we go to the temple and we dance. We actually call it Ghashia (Hindu Women Dance)." **Participant 1**

"My spiritual group as in like the group that we, I don't have a special group that I go to. Right I go to a temple on religious organisations and religious functions. I just go there, but I am not belonging to any particular group as such. For example, if I want to pray I go to my temple, Rameshwaram Temple around the corner. If I want to practice yoga I got a different group since yoga is part of my religion." **Participant 1**

The Hindu temples in Lenasia are as follows: Luxmi Narayan Temple, Sri Vishnu Temple, Siva Gnana Sabay Sivan Temple, Lenasia Shree Siva Soobramaniar Temple, Rameshwaram Temple, Shri Shirdi Sai Temple, and the Saiva Sithanda Temple and temples in Lenasia South are Easwara Temple and Meenakshi Temple (GDE/ GIED Commemoration Days- August 2002, 2002:126). The HBM refers to identifying factors that are responsible for decision-making to adopting specific health behaviours (Albery & Munafò, 2008:48). The temple is a place of worship and a place for Indian Hindus to seek faith, guidance and direction on rituals, prayers, and scriptures of Hinduism.

The Guru and Priest are essential role players in Hindu temples and are responsible for providing spiritual guidance to Hindu believers and ensuring the temples are purified and prepared for Hindu ceremonies and festival (Ramjettan, 2019:234).

Sub theme 2: Guru

Few of the participants mentioned that the Guru plays an essential role in guiding them towards cultural and spiritual prayers and activities. Furthermore, the Guru provides guidance and wisdom to the family for medical conditions and major surgical procedures that the family and patient are feeling sceptical about or are unsure about the outcome. Their responses are mentioned below:

"Yea, because that uhm that lamp we light is Lakshmi the Goddess Guru." **Participant 11**

"Yes, some people don't believe in medicine and I am actually following somebody his name is Sait Guru paused… Says you must have hot water, honey, turmeric powder to even avoid Covid I don't know how old is he but he does not believe in it." **Participant 6**

"Well, the practices that I we know of is daily prayer then we know of the, the prayers that our Guru does with Kungo, he does also does healing, he does spiritual readings so those are the practices." **Participant 10**

"Well, our Guru, we have a Guru right he encourages medical treatment first before you can do anything else." **Participant 10**

The Guru within the temple plays a wide variety of roles and functions towards the community and believers of Hinduism. The variety of roles played by the Guru are as follows: teacher, tutor, counsellor, mentor, sage, and spiritual mentor (Ramjettan, 2019:184). The Guru plays the role of an external force according to the HBM as the Guru plays the essential role to provide guidance and advice on how to engage in health-seeking behaviours in accordance to Hinduism. Ramjettan (2019) explains the purpose of the Guru within the Hindu practice and how the Guru plays an essential role in preserving and ensuring Hindu believers' practice according to Hinduism and

understanding the teachings of the scriptures. The Guru provides guidance and understanding on how to perform certain rituals and prayers and emphasizes the significance of the rituals and practices (Ramjettan, 2019:234). Furthermore, the Guru, in relation to the HBM, may provide guidance and advice to Hindu believers for decision-making issues specifically within the health system (Taylor et al., 2006:3) and family system.

Sub-theme 3: Priest

The majority of the participants consulted with the priest on a daily basis and seek guidance, wisdom and advise from the priests. The participants expressed that the priest helps them to read scriptures and helps them to understand the health issues an individual may face. Most of the participants expressed that the priests provide counselling services and psychosocial support. The responses are captured below:

"Yes, yes and then also when we do certain prayers we call in a priest you know to conduct those. There are certain things we can do on our own but there is certain prayers only a priest can conduct." **Participant 11**

"Hey my mother, my mother, well over time the mother of the house will be responsible for the spiritual, you know, like how to do things, and whatever. Normally before we had like an extended system where, you know, the extended family members will be together and even. Uhm… but overall and that because the mother will enforce that you must go to the temple, and that, obviously at the temple, there will be the priest." **Participant 1**

"Just like any other religion has a priest, you have a priest for a certain prayer to tell, well, God this is what's happening with me, or my children are sick. I would go and call the priest and do a prayer. They are different types of prayer you can do for health, for well you have to start off with a prayer for each thing." **Participant 6**

"We work with our Priest, our spiritual master." ***Participant 3***

"So, then we all do it, but if you are not sure you could consult the priest and they will guide you." **Participant 5**

"Okay we have priests in the temples, our elders as well and also varied Scriptures which is excellent and shows us, like how you read the Bible in Christianity." **Participant 3**

Priests within Hinduism are considered and regarded to be a significant role player as they can interpret the scriptures for better understanding and convey the correct meaning and significance of rituals. (Ramjettan, 2019:231). Priests provide moral direction and spiritual guidance (Gopal et al., 2014:34; Ramjettan, 2019:231). Based on the HBM, healthcare professionals should acknowledge the importance of the priest within the healthcare system, as priests may provide valuable knowledge on understanding the health-seeking behaviours influenced by a belief-based psychology and socio-demographic characteristics of the patient (Abraham & Sheeran, 2015:30; Albery & Munafò, 2008:48; Rew, 2005:254). The *Havan* is sacrificial ceremony the priest performs a purification ceremony which generates power in a temple by spiritually burning the negativity and cleansing the soul (GDE/ GIED Commemoration Days- August 2002, 2002:126). Ramjettan (2019:187) identified in his study that the participants preferred worshipping at home and the temple served the purpose of observing the Hindu festivals and ritual prayers that may require a temple-based priest.

Additionally, the other participants expressed the role of priests providing counselling services and advice on decision-making matters. Furthermore, the participants expressed that their priest provides the necessary emotional and psychosocial support. The assertions of the participants are presented below.

"For a very long period times, in fact we are not so positive on going that route and Hinduism cannot do abortion, its sin. In the Hindu temple the priest also will conduct prayers and ceremonies, ceremonies for the well-being of the individual and also address other issues that might affect an individual also right." **Participant 3**

"Hey my mother, my mother, well over time the mother of the house will be responsible for the spiritual, you know, like how to do things, and whatever. Normally before we had like an extended system where, you know, the extended family members will be together and even. Uhm… but overall and that because the mother will enforce that

you must go to the temple, and that, obviously at the temple, there will be the priest." **Participant 1**

"So, then we all do it, but if you not sure you could consult the priest and they will guide you." **Participant 5**

"But we didn't just take this decision based on the doctor, we consulted our priest and took their advice because they can predict whether the operation will be a success or failure. So, am seeking my health spiritually by doing various prayers now and then I do go to the doctors, yes." **Participant 3**

"Just like any other religion has a priest, you have a priest for a certain prayer to tell, well, God this is what's happening with me, or my children are sick. I would go and call the priest and do a prayer. They are different types of prayer you can do for health, for well you have to start off with a prayer for each thing." **Participant 6**

Priests may provide psychosocial support to a patient by visiting their respective homes and hospital visits (Stone, 2002:181), the participants believe in power of prayers and having the presence of priest in the patient's room gives the patient and family hope and faith for the better health outcomes. Internal forces such as psychological distress and deteriorating health status may hinder the ability and willingness of patient to seek further treatment (Albery & Munafò, 2008:49; Taylor et al., 2006:3). Psychological distress and physical changes been identified as perceived barriers to seeking healthcare services, as highlighted by Stone (2002:181). Therefore, the presence of the priest during the duration of the illness and hospitalisation may play a significant role to encourage and motivate the patient to continue with medical treatment and work towards a positive recovery and positive health outcomes.

There are priests in Hindu community who have a specific function like religious healers, domestic matters, funeral priests, and pilgrimage priests (Ross, 2007:643). The HBM refers to an external force such as receiving advice and guidance from people (Taylor et al., 2006:3). In relation to the study, Indian Hindus consult with the priests to receive psychosocial support, counselling services and guidance on different

aspects of the family system and assist with the necessary rituals and ceremonies in accordance to Hinduism. As supported by Stone (2001:181), people require guidance through life difficulties and crises they commonly contact and seek advice from talking to their pastor, priest, or rabbi (Stone, 2001:181). Furthermore, priests may provide personal and emotional support to followers (Ramjettan, 2019:231).

Sub-theme 4: Role players within the family system

The participants shared that the family is essential towards the health of each family member and their health-seeking behaviours. A male participant expressed that he and his wife sit down and discuss the health conditions of family members and decide whether to take the medical route by approaching general practitioner or consult elders for traditionally methods and remedies. As reflected in the present research study, the female participants expressed that their husbands are supportive and do their best to help them when their children refuse to seek healthcare services. The female participants expressed the type of relationships they have with their mothers. Most of the participants reflected on the importance and role their elderly family members play in their respective households. Their responses are captured below.

"Oh, both I am and my wife so we would basically sit and talk about it and firstly if we, we realise it's something very urgent we would definitely consult family medical people and if not we would also consult people who have knowledge on other traditional routes then we would, we would sit and together decide on the way forward." **Participant 7**

"Uh well it depends on me or my husband, we both make the decisions." **Participant 10**

"Okay my children are all married and living on their own, so it's only me and my husband at the moment. But the remedies that we maybe, home remedies that we use will be honey, ginger, turmeric ahh… yea and…" **Participant 8**

Grewal et al. (2005:247) expressed the importance of the relationships that Hindu women with their immediate family members and the influence and role they have on their health. The decision-making of married couples and parents in relation to health-

seeking behaviours may assist the family member who is the patient consider the health implications and assist with the emotional well-being associated with the illness and disease (Taylor et al., 2006:3). The influence of husbands was evident in the study of Grewal et al. (2005:247) as the women expressed the role of their husbands towards decision-making in relation to health. Moreover, in relation to the research study, the male participants have expressed that they engage in decision-making with their wives with regards to healthcare related issues.

A few of the participants expressed the significant role their mothers and mother-in-law played towards health-related matters and helping them to raise their children. Their responses are captured below.

"You know like in Deli where people have to attend the service and like church but then that priest or the person that is conducting it will also speak and help the old and the young because we feel that they sometimes may not know certain things so, even me, like I am always telling my mum or my mother-in-law like, you know, how and what because of my knowledge of these things but I don't expect everyone to know it but."
Participant 11

"Well, we had my mum and my mother-in-law and a lot of the elderly folk who guided us along different things. And I think that it created a different outlook on health."
Participant 7

"Depends on some of us because I live with my mum and then she knows rituals."
Participant 5

Grewal et al. (2005:247) illustrates that the women in the study emphasised the importance of mother-daughter relationships in relation to decisions to health-related matters as they discuss decisions and issues pertaining to the health issue (Grewal et al., 2005:248). As reflected in the study, the female participants mentioned the relationship they have with their mothers and mother-in-law. Mothers provide guidance about family issues, pregnancy-related concerns, and health issues (Grewal et al., 2005:249). Hence, the HBM mentioned that the advice received from people such as family members and healthcare professionals may positively influence the health

outcomes and health behaviours of the family system. Larioa and Sharma (2006:96) support the above statement as in their research study, they highlighted that Indian women were provided with a social support network during pregnancy and after childbirth to prevent health complications for mother and infant.

Additionally, majority of the participants mentioned their elderly family members have played essential roles of assisting with decision-making within family system. The female participants have been utilising herbal remedies that have been passed on from generation to generation within their family system. The female participants expressed that their mothers, aunts, grandmothers, and great-grandmothers passed on knowledge and expertise on how to worship the female Goddesses and seek health, protection, and prosperity for their families. One participant expressed her father and grandfather created an herbal remedy that is utilised to treat piles and they have community members in Lenasia who buy the remedy from them. They cited the following information.

"Yea, that's what am saying, it was something that my grandfather found in India, some saint told him he must mix. He brought it, he started doing it, it carried on from my father to my mother, to all of us now." **Participant 1**

"So, they would try with many, many children in one family they would try home remedies in order to get you better. Especially with colds and flus and minor ailments and the bruises or if you fall and so on, but if there is major like breaking an arm or so on then they would tell you to go to hospital." **Participant 12**

"That you know our folks in all different groups and you must also learn that they treated themselves with home remedies and they were managed, you know, to overcome some of the aliments, and for some of the basic aliments we at times use our own home remedies etc. And learnt from my mum and my mother-in-law etc. So about for, you know, when you know the body is telling you that there is something serious." **Participant 7**

"If my child is sick and I think that the child is sick because of an outside influence I would do something at home and I would do something at home like we pray with a

light, I take the light in a tray and I light it and the turn it around the child and leave the light outside so, whatever evil is in the child or outside leabes. They are many home remedies like that, and I practice them, I do." **Participant 6**

"Usually, right uhm… this is something that is dating back from when there the grandmothers' remedies for all everything. For example, for a cold, they use the ginger, for this thing you must have lemon, for your toothache you must put a clove in it, there is always being those remedies. So, the minute you have a stomach this thing, you have to take a certain, you know like something found in the house, and that has been dating from a long time. So we always do that. Small little needles, but the minute you find that small little thing is not getting sorted out the old-fashioned way, then we go and consult our physician." **Participant 1**

Family members provide emotional support and encourage the women to consult healthcare services, furthermore, provide hope and encouragement on how to cope with health problems (Grewal et al., 2005:249). The HBM states that the emotional and social support provided by family members and healthcare professionals may promote preventive health behaviours (Albery & Munafò, 2008:49). The elder family members provide guidance on health matters as the family values the wisdom and life experiences of elder family members (Grewal et al., 2005:250). Furthermore, elder family members may have a strong influence on decision-making related health issues within the family system and decisions pertaining to informed consent procedures (Queensland, 2011:9). The traditional practices are passed on to younger women by providing special preparations and home remedies to enhance health and well-being within the family system (Gopal et al., 2014:29; Grewal et al., 2005:250). To support the two studies, Hindus practice the utilisation of home remedies based on Ayurveda medicine and readily and easily available ingredients accessible to them in Indian grocery stores (Queensland, 2011:10).

3.8.4 THEME 4: Healthcare services

This theme focused on the healthcare services within the community of Lenasia. The sub-themes that were identified are: healthcare services within Lenasia, specialised services in Lenasia and challenges of healthcare services in Lenasia.

Sub-theme 1: Healthcare services within Lenasia

The participants discussed the healthcare services available and accessible in the community of Lenasia. The participants referred to specialised services within Lenasia and services they access outside Lenasia. Furthermore, the participants provided the challenges experienced by the community members of Lenasia in relation to health care services. The participants in the research study expressed that they have access to healthcare services within Lenasia and surrounding communities. The participants that expressed there is a wide variety of healthcare services provided for the community members including Complementary and Alternative medicines. The majority of the participants refer to having access to General Practitioners. Their responses are captured below.

"Okay we have hospitals, clinics, counsellors, in my temple we consult for free and have priests who assist for free." **Participant 3**

"The local practitioners, there are a lots of house doctors, then you uhm… there is clinic which no one goes to. You know uhm… for me I would never go to the clinic." **Participant 1**

"There are in Lenasia there are many, many uh private general practitioners that the community and we all depend on. For, for care especially with the flu, colds and so on but if they major surgeries are required, then we do access the hospitals a lot of our people Hindu people as such, especially since diabetes is a problem especially, the Hindu community, including Indians in general." **Participant 12**

"Okay we have quite a few, we have like the (clears throat) public health services, the clinic and then we have private doctors, so it's accessible." **Participant 5**

Primary health care services are first level of entry for patients to provide comprehensive healthcare services such as preventive, promotional, curative, and rehabilitation services (Rockson, 2015:20). The research study of Plaks and Butler (2012:129) focused on exploring the concept of access to public healthcare in terms of affordability, accessibility and accommodation within the South African context, and

challenges associated with access to healthcare. Access to healthcare is a basic human right constituted by the Constitution of the Republic of South Africa and implied in the National Health Act (Plaks & Butler, 2012:129). The HBM refers to preventive related behaviours, which include health promoting, health-risk behaviours and vaccination and contraceptives (Abraham & Sheeran, 2015:32). The community members of Lenasia have accessibility and availability to public and private healthcare services.

Additionally, the participants expressed that the Lenasia clinic is a clinic that is accessible and available for the community members of Lenasia, especially the community members who do not have medical aid. The participants refer to the accessibility to local clinics available in Lenasia with the inclusion of the type of services provided in the clinics. They cited the following information.

"*Yes, it is accessible normally we can telephone them to make a normal GP appointment and we got the priest, and with the normal cases, it depends on which temple you going to. Can consult on a Friday and that's an open day and you don't have to make an appointment, but on Sunday you have to make an appointment."* **Participant 3**

"Look all the doctors are open, the hospitals are open, the clinics are there so it's cultural and look some of the old ladies, sometimes the people do something, you know, our ways of doing things." **Participant 2**

"They, I think the clinic, the local clinics they are fine and I think that those people that have medical aid, they are able to access medical clinics, as such, however, those people that cannot afford or don't have medical aid have difficulties accessing the government hospitals that are not in Lenasia and that are a little bit out of Lenasia like for example, Baragwanath hospital and so on. You know, especially maternity care they are also not very far maybe a local clinic that provide eye care and so on." **Participant 12**

"Yea, there's plenty, we have clinics in Lenasia, clinics in the Civic Centre, a clinic in Extension 5 they provide healthcare to our poor, especially our poor, they can go there

and they get all the best healthcare, the only thing is that you have to wait to be attended to. They is healthcare that you can't deny vaccination, inoculation everything is provided we have, we have clinic, and we have government clinics around."
Participant 6

Oladipupo, Bezuidenhout and Helberg (2015:343) state patients receive medical treatment first in the Primary Health Clinic and Community Health Centre as these are facilities that are readily available and accessible to community members. Moreover, primary healthcare services provide antenatal care for expectant mothers, treatment of sexually transmitted infections and the management of chronic conditions such as diabetes, hypertension, and mental health issues (Rockson, 2015:20). The HBM states that public services may be financed, but the socio-economic status of an individual may play a role towards their health-seeking behaviours (Abraham & Sheeran, 2015:30). As reflected in the study, community members in Lenasia who are from low-economic backgrounds do not have access to medical aid and are advised to access primary healthcare services in the local clinics and may be referred to Chris Hani Baragwanath Academia Hospital. This decision is further influenced by the utilisation of herbal remedies that are made from household items that are readily available. The HBM refers to the utilisation of clinics which have physicians that provide a wide variety of healthcare services (Abraham & Sheeran, 2015:34). To support the statement, primary healthcare services provide community members with access to facilities such as contraceptives, emergency contraception, post-rape care and cervical cancer screening (Rockson, 2015:20).

One participant who is a professional Nurse provides information on the type of healthcare services provided in the reproductive unit in the clinic. The participant also shared that the reproductive unit in Lenasia clinic does their best to provide reproductive healthcare services and provide alternative remedies aligned with medical treatment and is safe for expectant mothers**.** The responses are provided below.

"Yes I do, because with our services we are focusing on reproductive health."
Participant 4

"We, when it comes to our pregnant mums and with nausea and vomiting is one of the major problem that everyone has and we will promote them trying ginger and mint and just how they have they diet and such. And for the cough and colds they can just do some steam, try honey and lemon, little bit of turmeric and milk so those are for the minor things and not the major." **Participant 4**

The HBM states that preventive health behaviours should include vaccination and contraceptive services (Abraham & Sheeran, 2015:33-34). In relation to the study, reproductive services are provided by the Lenasia clinics and for further specialised pregnancy-related issues the patients are referred to Chris Hani Baragwanath Academia Hospital. Rockson (2015) study identified that reasons for referral to Chris Hani Baragwanath Academia Hospital for expectant women is lower abdominal pain and vaginal bleeding. Oladipupo et al. (2015:344) shared that Primary Healthcare clinics offer medication to community members for free and the participants in the research study share the same sentiments as the participants who are healthcare professionals. They stated that the Lenasia clinics offer free healthcare services and medication to its patients. Chris Hani Baragwanath Academic Hospital functions as a district hospital to the majority of clinics and Community Health Clinics. A referral to the hospital is an entry into the hospital system for community members (Rockson, 2015:41). In relation to the study, the hospital is utilised to refer patients from Lenasia clinics for further specialised treatment.

Sub-theme 2: Specialised services

The participants shared that for specialised services they go to Ahmed Kathrada Lenmed Private Hospital, however, they highlighted that for community members who do not have medical aid, access to healthcare services is available in Chris Hani Baragwanath Academia Hospital. Moreover, access to eye and ear healthcare services are available at St John Hospital in Soweto. One participant receives specialised services at Sandton Mediclinic for therapeutic healthcare services to treat her osteoarthritis of the spine. Their responses are recorded below.

"Yea, there is government hospitals, government the clinic, the private doctors, private clinics, private hospitals, there is psychologist, there is psychiatrists, uhh… there is

physiotherapists and that there is chiropractors so our community I would say it's well equipped when it comes to health, uhh… health-seeking options." **Participant 8**

"I don't know if am answering this correctly, am linked to sort of like a diabetic clinic who does check-ups, provides my medication uh my health-seeking behaviour is that if I feel a bit ill then I will try to sort it out myself first." **Participant 9**

"*Sandton Mediclinic yea."* **Participant 10**

"Uh you know what I wouldn't only say in my community but in general there is a shortage of healthcare services like you know like if you go to certain this thing, you know what you live in this area so you must go to area there and when you go there then they you wouldn't get the best treatment and you don't get all the nurses cause they say you know what we have a very small clinic here we don't keep all the medicines here you have to maybe go to Baragwanath." **Participant 11**

"They, I think the clinic, the local clinics uh they uh are fine I think that they uhm those people that have medical aid uh they are able to access medical clinics as such however, however those people that cannot afford or don't have medical aid uh have difficulties accessing the government hospitals that are not in Lenasia that are a little bit out of Lenasia like for example, Baragwanath hospital and so on. Uhm you know especially maternity care they are also not very far maybe a local clinic that provide eye care and so on." **Participant 12**

For specialised healthcare services and health complications, the nurses and doctors in clinics refer the patients to hospitals equipped with equipment, healthcare professionals and healthcare resources to ensure better diagnosis and management of the disease (Oladipupo et al., 2015:343). Based on the HBM, specialised services should promote preventive health behaviours (Abraham & Sheeran, 2015:32) for the community members of Lenasia.

One participant mentioned the community day awareness programme the local clinics in Lenasia host to provide awareness and free screening for the community members of Lenasia. The outreach programmes in Lenasia reach out to older persons by

providing home-based care to older patients and monitor their health status in the comfort of their homes. Furthermore, the programmes address the most prominent chronic conditions and ways to promote and live a healthy lifestyle. The response is captured below.

"Do access the local clinic uh for medication and general check-ups. Also what they do have in the community is special health day is popular, that has become very popular for example, you will find that the NGOs, the NGOs run a health day and that is for everybody in the community and they will have doctors, and medical people the laboratory etc. to do a diabetic test, cholesterol, blood pressure, the eye pressure and so forth. So that has become very popular and we do have it, we do have it throughout the year you will find that they it will be announced in the local newspaper, this NGO or that NGO got this health day uh where everybody, all are welcome." **Participant 4**

Outreach programmes from health care facilities ensures community members have better access to better healthcare services (Rockson, 2015:24). Health care workers should be able to help community members have access to healthcare services as access to health is the basic right of humans (Dennill, King & Swanepoel, 1999:59). Abraham and Sheeran (2015:30) express that the HBM specifies that the provision of educational programmes may lead to a change in the health-seeking behaviours of an individual. In relation to the study, the outreach programmes provided in Lenasia create awareness and the provision of educational information that may promote healthy living and modify the health-seeking behaviours that emphasize a healthy lifestyle.

Sub-theme 3: Challenges of healthcare services within Lenasia

The participants expressed that for specialised eye and ear healthcare services, they usually go to St John Hospital for medical services and treatment. The lack of financial means for the low-income households prevents them from having the financial means for medical aid cover, which leads to community members seeking healthcare services in Lenasia clinic and Chris Hani Baragwanath Academia Hospital. The participants identified the lack of dental care services, eye care services and mental health services as a concern. The participants shared they often refer they patients to non-

profit-organisations and healthcare facilities that provide mental health services. Their responses are recorded below.

"What challenges in healthcare? I think with the healthcare now looking at our government services, uhm… in our community we have a very cosmopolitan group and I think there is still where some people are given privileges and others are not and the whole system in which our government services right now its quiet sad." **Participant 4**

"And for dental care as well as eye care. I know we all have an eye problem so we definitely go to a St John and so on." **Participant 12**

"Look, I think that it's just healthcare is if you don't have a medical aid it is an added burden which can be financially extremely difficult and I know that we had my mom and dad were not on medical aid but we had to basically get them treatment that was not traditionally route but the medical we need to get them in hospital etc." **Participant 7**

"Uhm yea, they are many challenges and resources that uh could you know, that you know you could or have better access to and yea for example, eye care, the dental care yea." **Participant 12**

"I think we quiet a pretty rounded community we sort of have like I said reproductive health, we have enough of our specialists and it's an all-around balanced. The only thing I think where there is a lack in our community in our area is mental health right now." **Participant 4**

Kirst-Ashman (2010:399-400) and Moosa and Jeenah (2008:36) express that mental health issues may result in severe distress, impaired productivity and diminish the quality of life for the patient and their families. As identified by the participants in research study mental health services within the community of Lenasia is insufficient and there is a lack of healthcare professionals specialising in mental health services in Lenasia. External forces such as the lack of mental health practitioners and mental health facilities may hinder the accessibility of mental healthcare users to mental

healthcare services (Taylor et al., 2006:3). Healthcare professionals in Primary Health Care facilities cannot play an active role in the management of mental healthcare users, mental healthcare is provided by specialist psychiatrists, psychiatric registrars in training and psychiatrist nurses (Kirst-Ashman, 2010:401, Moosa & Jeenah, 2008:37). Therefore, social workers together with healthcare professionals in Lenasia healthcare facilities should work efficiently and effectively with psychiatrists to refer mental health service users for mental health services. Community psychiatric services are also intended to improve the mental health well-being of the community by promoting mental health awareness, teaching skills to develop resilience, and challenging stigmatisation (Moosa & Jeenah, 2008:41).

3.8.5 THEME 5: Social work intervention

The participants have not encountered social work services for personal issues but have some form of contact with social workers for professional reasons. The participants made recommendations for social workers to be diverse, open-minded and be willing to learn about different religions and cultures. The following sub-themes emanated from the theme which are: social work referral and the diversity of the social worker.

Sub-theme 1: Social work referral

Some participants indicate that have never consulted a social worker, however their loved ones are the ones referred to the social worker. Moreover, others were working in collaboration with social workers in their workplaces. Their responses are recorded below.

"Uh you know once my mum, not me now my mum because she is so old and she went to Lenasia South clinic and I think there the social worker picked that she heard her pressure was high like you know tried to ask her what was worrying her and my sister died and my mother was very depressed." **Participant 11**

"We try to refer older people, people who are ill in that way we can sort of help." **Participant 2**

"Not on a personal level, but with my work where we work closely with social workers because they would be referring clients to us or where our clients need assistance, we would refer them. Because we do have an abusive relationship or substance abuse where we do deal with them as well." **Participant 4**

"Uh not to my knowledge, we haven't being referred to a social worker as such uh (clears throat) but I know in the community where we do have elderly folk who you know do not have uh people around and then we do have social workers that have stepped in to get the community involved in trying to uh you know get people to assist and support." **Participant 7**

Rockson (2015:16) states that a referral system is a network between health workers and healthcare facilities within geographical region. Participants who are professional doctors and nurses within healthcare system shared they have referred patients to social workers for psychosocial services. Furthermore, they were referred for interventions that required social workers to identify and develop support systems for patients. The HBM emphasises that healthcare professionals and social workers should provide interventions that are based on the health-seeking behaviours of the patients and help modify health-seeking behaviours that may hinder the health success of the patient's health status (Albery & Munafò, 2008:49; Taylor et al., 2006:3).

One participant is a professional social worker within healthcare system. The participant stated that they do referrals in the best interest of their patients and assist with their psychosocial problems. The response is recorded below.

"Uhm…no, no, not on myself hey." **Participant 11**

"I suppose because of my social work profession like you know." **Participant 11**

Emotional distress may be perceived as a barrier that hinders the patient to continue the treatment and acceptance of their illness or disease (Albery & Munafò, 2008:49). Therefore, healthcare professionals and social workers may work with family members of patient and utilise media and medical journal articles (Taylor et al., 2006:3; Turner

et al., 2004:38) to provide information on the success rate of specific medical treatments and have family members assist with decision-making.

Sub-theme 2: Diversity of Social Workers

The participants expressed that social workers should take an interest in the different cultures and religions of their patients. They also emphasised the importance of diversity and openness of social workers. Their responses are recorded below.

"So I think it's important otherwise there is always room for learning so at that certain point interacting with the person then the social worker can also then learn somethings." **Participant 11**

"Hmmm… I think social workers should be trained when studying on the various religions and cultures." **Participant 3**

"Hindu religion that tell you how you must present yourself and how you must dress when attending to maybe." **Participant 5**

"*Look I think for, for in my I think it just that with Hinduism as such um the cultural practices are not something that is cave in stone and you have to do this or you must you know if it becomes an individual decision and as you, you grow and you learn more about it, you basically realise that, that might not be. So, a social worker can be not have full knowledge about cultural practices and still manage comfortably in supporting someone of my faith and uh you will be successful in getting through that space. So, I don't think it is essential but understanding that there are certain practices are different and then they might you know be basically uhm different from other cultures in that sense and as social worker I think just like a teacher you would understand and accept people's differences in that sense and say look we doing our job and this why I am here and the best way can help this person I would help."* **Participant 7**

As a social worker you need to be open-minded, non-judgmental, and knowledgeable with regards to the profession and skills you will be providing to the client (Kirst-Ashman, 2010: 58). In social work practice you should be able to provide an

environment that allows your clients to be diverse and not be in fear of being discriminated or oppressed for being different; to create an atmosphere that entails acceptance, respect and non-judgemental approaches. Therefore, in relation to the HBM, social workers should encourage patients and their families to develop self-efficacy based on their desired outcomes, specifically within the healthcare system (Albery & Munafò, 2008:49; Rew, 2005:254).

Ross (2007:642) states that healthcare professionals need to understand meanings attached to medical conditions by different religious and cultural communities. In relation to the research study, the participants shared that the treatment of measles is treated within the family system by following specific prescribed cultural practices. Therefore, social workers need to culturally sensitive and culturally aware of the social work services provided to patients of a different cultural and spiritual background from the social worker. The HBM specifies that perceived barriers may hinder individuals to acquire the recommended health action (Albery & Munafò, 2008:49). For instance, alternative drugs, medical dressings, and implants without animal products should be utilised, and healthcare practitioners should provide knowledge about medical products to patients (Erikson et al., 2013:4). Therefore, healthcare professionals should consider that animal-derived medical treatments may be barrier for the Indian Hindu population within the healthcare system and may have negative implications towards the cultural and spiritual beliefs of Hinduism.

Most of the participants suggested that social workers working in Lenasia should develop knowledge of Hinduism and understand the dynamics relating to Indian Hindu health-seeking behaviours within the healthcare system. Their responses are recorded below.

"I think that definitely is a major role because with different cultures there is different practices and if you do not understand that I think you not gonna be able to fulfil your role properly in assisting whoever is client." **Participant 4**

"Yea I feel they should learn a bit like certain, just educate themselves a bit more about the Hindu religion. You know sometimes it's like there is a why and learning lots of knowledge." **Participant 6**

"Yes, they can definitely, they can interact with one another and they can definitely get uh some help from both sides the culture and the medical." **Participant 10**

"You have to be careful that lot of people are vegetarian and what they dietary needs are because sometimes the social workers will say you start eating meat and having chicken soup and this and that." **Participant 2**

The social worker's communication skills may assist the patient to understand and interpret the medical terms used by the medical team. In addition, it can help the patient to understand the physical and health implications of the medical condition (Kirst-Ashman, 2013-371). The role of the social workers is to consider the cultural beliefs and customs of the service user and to ensure that the treatment is adjusted to the service user so that the medication and treatment can be maintained throughout the healing process. The HBM agrees that healthcare professionals should provide detailed information on the benefits and barriers that accompany the medical treatment and the discharge plan for the patient (Champion & Skinner, 2007:56). Furthermore, the social worker may help the family identify cultural and spiritual factors that influence positive health-seeking behaviours by Indian Hindu patients and their families. These identified health-seeking behaviours, according to the HBM, may promote preventive health behaviours that may decrease the risk of developing illnesses or diseases (Abraham & Sheeran, 2015:32).

3.8.6 THEME 6: Cultural and spiritual practices within healthcare system

The theme focused on the cultural and spiritual practices within the healthcare system. The sub-themes that originated from the theme are: cultural and religious groups, decision-making and the introduction of Complementary and Alternative medicine.

Sub-theme 1: Cultural and Religious groups

The participants stated that spiritual and religious group available and accessible in Lenasia do not disregard medical approaches, but rather ensure that group members utilise spiritual and medical approaches for positive outcomes. The participants highlight that it is the responsibility of healthcare professionals and spiritual groups to work together and not to disregard each other's importance and value in the patient's

health. The participants emphasised that the flexibility and openness of Hinduism enables them to engage in medical approaches that combine with spiritual and cultural practices. Their responses are recorded below.

"No, unfortunately in my culture in Hinduism hey they do not stop or hold anyone back from seeking medical advice or uh you know going with the religion part culture but it doesn't have anything to do with the medical part of it. If a person is sick yes they must go immediately and get attended to." **Participant 11**

Okay, look we basically have what is called Sepaseme or a Senhaih so, that's your little group uh if you have a bible study group that would be your group of people you would basically be talking to, listening to and learning from. So have a group we used to prior to Covid we meet every Thursday to discuss so you know we could select one of uh the religious books that are available and we would sit and have one person talking through that and then we have a discussion. That is one and then we will also have meditation classes and meditation is basically done at the end of the day its for your own little uhm you know self, where you would learn how, you could do guided meditation or you would fall still on your own and you basically be able to see how that serves you as such so uhm you know when you speak about spiritual practices and the, also practices that we would learn, we will basically with the Art of Living have our daily morning practices, we would basically go through our morning uhm you breathing exercises, etc." **Participant 7**

"I would do that, based on everything you understand. I would not interfere in their personal beliefs you understand. Sometimes, I may see it as a negative concept but remember in terms of healthcare there is two aspects there is emotional sometimes you can be very ill but if you emotionally fine then the illness doesn't feel that bad. The worst thing you can do is force people to take medical healthcare which would then have a negative impact on their emotional, emotional wellbeing which would make them sad, depressed or whatever. So, no I wouldn't interfere with that anyway I feel that it's very dangerous thing to do right because it does impact emotional wellbeing" **Participant 9**

Healthcare professionals may encourage patients to visit the doctor and dietitian before major feasts and fasts to discuss health goals and strategies (Kannan et al., 2016:860). Healthcare professional should consider the role of the women within the family system and family involvement in relation to healthcare decisions. Based on the HBM, the cultural and religious groups promote and encourage for believers to practice preventive health behaviours (Abraham & Sheeran, 2015:32) such as eating healthy, engage in physical activity through dance and yoga and meditation. Srivastava and Barmola (2013:94) states that religion acts as a sort of social support system. Additionally, religious beliefs assist Hindu believers to reduce the feeling of a sense of loss of control and helplessness (Srivastava & Barmola, 2013:94).

Sub-theme 2: Decision-making

The participants highlight the importance of healthcare professionals working towards the inclusion of patients and their families towards decision-making in relation to medical approaches. The participants mentioned that healthcare professionals will come across Indian Hindu believers who follow a strict vegetarian diet and may not be open to certain medications because of the animal products in the medication. Their responses are recorded below.

"Food preferences, yea because even if you like get admitted or go to hospital they do have food preferences so I think that stems from culture, tradition and so on." **Participant 1**

"In this country, but uhm I think where we find certain uh you know people who denying minors maybe uhm healthcare based on religion etc. I think that's where we need to then have a you know certain guidelines where I think you know be it a blood transfusion certain religions believe they do not uh allow that and, and it minor I would say that in that particular case uhm that's when we need to have a little discussion with people of those faith and beliefs to say it might be that person but not the child because the child you know able to decide for him/herself so it all depends on the situation. I thinks that where you would you know have maybe social workers come in to explain to the family the advantages of allowing certain procedures or certain medical support for such patients. Am sure you get what am trying to." **Participant 7**

"I think to get the holistic view you will be putting the whole thing together, you got your Western medication and then okay lets add this diet with our traditional, lets add the herbal things and the patient will decide if they helping, if they improving they will continue and if there is no improvement stop it. (Laughs)." **Participant 2**

"If there is a big difference emotional wellbeing and sometimes the child feels better because of the lollipop than even getting the physical attention itself. Yes, well done to those health workers that actually do that in terms of physical health am not talking about social services but in terms of physical health, in terms of medical practitioner well done to them, others come on board. That is my strong recommendation." **Participant 11**

The provision of emotional support can assist the patient and family to be objective towards the health condition and to understand the potential consequences of various treatment options offered to the patient (Kirst-Ashman, 2013:372). Patients and families may often make emotional decisions because of the discomfort and pain experienced by the patient (Ashcroft et al., 2018:110). The HBM states that self-efficacy may be developed through personalised experiences (Albery & Munafò, 2008:49) and, through proper guidance, be guided to make the right decisions. Therefore, it is the responsibility of social worker and healthcare professionals to help the patient make an informed decision that will lead to a positive health outcome.

Additionally, other participants mentioned that healthcare professionals should consider factors that might influence their decision-making towards health-related matters. One participant suggested that healthcare professionals and social workers take precautions towards dietary habits of vegetarians and gradually help patients who have strict vegetarian diets to include protein intake.

"I think they probably need to respect the patient's reason and that but at the same time if there is an alternative then yes go for the alternative but if there isn't any alternative we need to try and convince the person the benefits of what that medication would be and at the end of the day I think let them make an informed decision maybe that would be the best." **Participant 4**

"Yes. Especially when a minor is in danger or is in need of medical uhm assistance and there are issues or problems or challenges that might hinder the child from receiving the healthcare that they need because of certain beliefs or practices within the family." **Participant 7**

"Yes, yes now why I say that I will use my mum as an example. My mother now she is very anaemic and she doesn't have enough blood so then the sisters and all of them ask her what do you eat, now she is vegetarian she don't eat meat, she don't eat chicken, she don't eat fish and due to all of that uh her diet became very bad because she wasn't having enough protein." **Participant 11**

"Yea we try to motivate and we eventually try our Allopathic way and if it doesn't work then it's the patient who wants to try out new ways. It's left up to the patient eventually and the family." **Participant 2**

"Those are made up of Geraldine, most of medications is made out of Geraldine and they take it during they fasting months and the doctor should definitely consider other religions and that and know what they taking or give them an option." **Participant 3**

The HBM refers to the relationship between the health beliefs and health behaviours (Abraham & Sheeran, 2015:30). Hence, it is essential for the social worker working with healthcare professionals to help the patient and family understand the implications of the diagnosis and the health treatment and to explore their beliefs towards the illness or disease. Furthermore, social workers may work with healthcare professionals to assist patients to deal with emergencies in relation to their mental, social, emotional and psychiatric well-being that may be negatively impacted by hospitalisation or a decline in their health status (Isaac et al., 2016:1067; Ross, 2008:29). Kannan et al. (2016:861) advises that healthcare professionals be familiar and knowledgeable with the community practices and the festivals of their patients.

Sub-theme 3: Introduction of Complementary and Alternative medicine

The participants shared that healthcare professionals should be open to complementary and alternative treatments as they have become popular. The participants also recommend that healthcare professionals guide the patient and

family when they introduce Ayurveda and homeopathy remedies. Their responses are recorded below.

"Right, you have to just guide them, there are sort of practices like Ayurveda but the thing is you have to guide them. Look if it's helping the patient to try it out, leave it to them, leave it to them." **Participant 2**

"Cause now with the new treatments, there is also homeopathic treatments you know and different treatments." **Participant 5**

Mbelekani et al. (2017:210) state that traditional and Western medicine is believed to be common within the South African health sector and are often used together to provide adequate and effective treatments to service users. To provide sufficient and adequate healthcare services, it is essential for healthcare professionals to work as a team in the hospital context to provide treatment in a holistic approach that takes the health, social, mental and emotional aspects of the patient into consideration. As supported by the HBM, healthcare professionals may work with patients to identify and acknowledge their belief-based psychological factors that influence health-related decision making, and the factors responsible for changing health behaviours (Albery & Munafò, 2008:48; Rew, 2005:254). In the context of the study, the participants described the beliefs, practices, and rituals responsible for health-seeking behaviours and how they have changed over time with different healthcare situations within the family system.

Most of participants suggested that healthcare professionals and patients, together with family, work as team to include a holistic approach of the inclusion of medical approaches with psychosocial approaches while integrating cultural and spiritual practices. Two of the participants mentioned the recognition and utilisation of herbal remedies within the healthcare systems. Their responses are recorded below.

"Yes, Hindus, African, etc. have excellent spiritual and herbal ways of healing people which should be integrated with the medical stream. Sometimes they say it's not like physically but it is a spiritual problem." **Participant 3**

"Well, I think cultural practices are more and more like people are realising the benefits of yoga and the some of the herbal, am now thinking of what's the term alternative medicine." **Participant 4**

Complementary and alternative medicine is defined as group of diverse medical and healthcare systems, practices and products that are a part of the conventional medicine (Zulkipli et al., 2017:1). Complementary and alternative medicine in South Africa has ten modalities that have been registered in accordance to the new legislation called the Chiropractors, Homoeopaths and Allied Health Service Professions Second Amendment Act 50 of 2000 (Pretorius, 2004:525). The HBM emphasises that preventive health behaviours should be in the best interest of the patient and promote a healthy lifestyle (Abraham & Sheeran, 2015:32). Furthermore, the Act led to the establishment of the professional Council called the Allied Health Professions Council of South Africa, to regulate a wide range of allied and complimentary practitioners each with a professional board.

One participant mentioned the utilisation of herbal remedies within the local clinics to help expectant mothers. The response is recorded below.

"We, when it comes to our pregnant mums and with nausea and vomiting is one of the major problem that everyone has and we will promote them trying ginger and mint and just how they have they diet and such. And for the cough and colds they can just do some steam, try honey and lemon, little bit of turmeric and milk so those are for the minor things and not the major." **Participant 4**

Zulkipli et al. (2017:1) state that complementary and alternative medicine is also termed as natural medicine, non-conventional medicine, integrative medicine, and holistic medicine. Utilisation of complementary and traditional medicine has become widespread in both developing and developed countries (Anwar et al., 2012:514). Misra et al. (2019:531) state that healthcare professionals should implement culturally appropriate health-promoting community engagements and lifestyle programmes.

3.9 SUMMARY

Firstly, the chapter started with the overview of the research study by presenting the research methodology in accordance to the research approach, research design, the pilot study and the ethical considerations of researcher's proceedings. Secondly, the chapter provided the findings in accordance to the biographic information of the participants. It also provided the six themes and the sub-themes that emerged from the interviews of the research participants and provided the responses of the participants.

The next chapter will discuss the key findings, conclusions, and recommendations.

CHAPTER 4:
KEY FINDINGS, CONCLUSIONS AND RECOMMENDATIONS

4.1 Introduction

In the previous chapter, the researcher presented the empirical findings of the qualitative study. In this chapter the research study will be concluded. The research will indicate how the goal and objective of the research study were met, and then answer the research question. A discussion on the key findings of this study will be followed by conclusions and recommendations.

4.2 Goal and objectives

The goal and objectives of the research study were met and will be presented in the following paragraphs.

4.2.1 Goal

The goal for this study was to explore the cultural and spiritual factors influencing health-seeking behaviours of the Indian Hindu population in Lenasia.

4.2.2 Objectives

The sub-section will present the following research objectives and highlight how the objectives were met during the research study. The following objectives were followed in order to attain the goal of the study:

- **Objective 1:** To conceptualise and contextualise cultural and spiritual factors influencing health-seeking behaviour from a health belief perspective.

The objective was achieved in Chapter 2 where the researcher presented the literature view based on the cultural and spiritual factors influencing health-seeking behaviour from a health belief perspective. This section discussed the health-seeking behaviours of Hindu believers within the healthcare system. It also discussed, in detail, the health-seeking behaviours of Indian Hindu believers within the different healthcare facilities and units in healthcare system. The next objective focused on exploring and describing the cultural and spiritual factors that influence the health-seeking behaviours of Indian Hindu population in Lenasia.

- **Objective 2:** To explore and describe the cultural and spiritual factors influencing health-seeking behaviour of the Indian Hindu population in Lenasia.

The objective was achieved in Chapter 3 where the researcher presented the empirical findings of the data obtained from the participants. The researcher presented the health-seeking behaviours of the Indian Hindu population residing in Lenasia. Firstly, the researcher identified the health-seeking behaviours of the Indian Hindu population in Lenasia in sub section 3.3.1 which was the first theme based on the health-seeking behaviours. Subsequently, the researcher discussed the various cultural and spiritual factors that influence the health-seeking behaviours of the Indian Hindu population in Lenasia. The next objective focused on making suggestions for social work services within healthcare while keeping the cultural and spiritual factors that influence health seeking-behaviours of the Indian Hindu population in consideration.

- **Objective 3:** To make suggestions to improve social work services in health care, taking into consideration the cultural and spiritual factors that influence the health-seeking behaviours amongst the Indian Hindu population.

The objective was achieved in Chapter 3 when the researcher presented the empirical findings of the data obtained from the participants. The objective was achieved in the section that focused on providing recommendations for social workers to improve and modify their social work services when working with Indian Hindu population in healthcare system. Subsequently, the section was identified in relation to the third objective that focused on providing recommendations for both social workers and healthcare professionals when working with a Hindu population within a healthcare system.

4.3 Key findings, conclusions and recommendations of the empirical study

The section presents the key findings, conclusions, and recommendations according to each theme that emerged from the study in Chapter 3 in section 3.8.

4.3.1 Theme 1: Health seeking behaviours of Indian Hindu

This theme focused on the health-seeking behaviours of Indian Hindu population residing in Lenasia. The sub-themes that originated under the health-seeking behaviours were vegetarian diet, yoga, meditation, physical exercise, non-communicable diseases, and access to healthcare professionals.

❖ Key findings

The participants defined the terminology health-seeking behaviour to the best of their capability and understanding. The majority of the participants expressed that that vegetarian diet has physical, psychological, spiritual and cultural benefits for Hindu believers as well as for their well-being and wellness. However, a few of the participants admitted that the vegetarian diet has health implications such as iron deficiency, becoming anaemic and a deficiency in Vitamin B12 due to the insufficient intake of protein products. The participants expressed importance of yoga and meditation for the body, mind, and soul. Yoga provides health benefits that helps the body relax, cope well with stress and practice breathing exercises. Meditation helps the participants to connect to the spiritual being and helps them engage in their daily prayers.

Physical activity is an essential health-seeking behaviour that yields positive health outcomes for the participants. Furthermore, it helps control and maintain non-communicable diseases they identified within themselves. The majority of the participants have access to healthcare professionals which enables them to seek medical assistance and advice from them before reaching out to the healthcare system.

❖ Conclusions

It can be concluded that the participants engage in health-seeking behaviours that yield positive health outcomes for the participants. Moreover, the health-seeking behaviours are aligned with practices and rituals that Hindus engage in to celebrate and appease the ways of Hinduism.

❖ Recommendations

Healthcare professionals and social workers can work together with Hindu believers in relation to their vegetarian diet and the health implications it yields for Hindu believers. Furthermore, the healthcare professionals can work on ways to introduce protein consumption without hindering the cultural and spiritual beliefs of Hindu believers.

4.3.2 Theme 2: Cultural and spiritual practices of Indian Hindu

The theme focused on the cultural and spiritual practices of the Indian Hindu population in Lenasia.

❖ **Key findings**

The participants provided their cultural and spiritual practices and rituals in accordance to Hinduism. The participants provided rituals and practices that defined their identities as Indian Hindus and provided practices that enable them to be aligned with their spiritualty and connect with a spiritual being. The participants referred to practices and rituals that signify and represent Hinduism within the lives of Indian Hindus residing in Lenasia. The participants highlighted the importance of fasting amongst Hindu believers and how it is heavily practiced during observed days of Hindu festivals and ceremonies. The majority of the participants identified that the lamp plays an essential role in their lives as it helps them with their daily prayers and prepares them for life events and changes in their lives. The sacredness of the cow is one main reason Hindus practice and live a vegetarian diet, furthermore, the cow signifies a motherly role as it provides milk for families and is worshipped by Hindus.

The popular use of herbal remedies is highlighted amongst Indian Hindus as the participants expressed herbal remedies are commonly utilised to treat colds, sore throats, coughs and to help control chronic conditions such as hypertension and diabetes. One participant referred to acceptance of pain and suffering as part of the consequences of Karma and to accept the pain and suffering accompanied with health condition.

❖ **Conclusions**

It can be concluded that the participants were able to provide their cultural and spiritual practices within Hinduism that play an essential role in their lives. Furthermore, it provided insight into the practices and rituals that Hindus engage in to identify themselves as Indian Hindus.

❖ **Recommendations**

There is a need to integrate herbal remedies within the healthcare systems. Healthcare professionals and social workers need to be culturally sensitive and be

aware of Hindu believers wishing not to be treated with medical treatments that contain animal products especially during their fast days and months.

4.3.3 Theme 3: Role players significant within family system

The theme focused on the role players the participants identified which play a significant role towards their health-seeking behaviours and decision-making in relation to their health issues.

❖ **Key findings**

The majority of the participants highlighted that they seek guidance, wisdom, and advice from their priest and go to the temples when they need assistance with special prayers, need counselling services from the priests and to perform the necessary rituals. A few of the participants referred to the Guru but identified that the Guru has helped them with health-related decision-making dilemmas especially when it comes to major surgical procedures. The majority of the participants highlighted the role and importance of elderly family members who have shared old folk herbal remedies. The elderly family members provide necessary emotional and social support towards health-seeking behaviours and decision-making matters in relation to health matters.

❖ **Conclusions**

In conclusion the participants were able to provide the roles and responsibilities that the priests, Gurus, and elderly family members play towards their health-seeking behaviours. Furthermore, the utilisation and importance of temples within the Hindu communities, specifically in Lenasia, was identified.

❖ **Recommendations**

Healthcare professionals and social workers need to be aware of the significance and influence Gurus, priests and elderly family members play towards the health-seeking behaviours of Indian Hindus. Furthermore, social workers may work with the role players to provide the necessary psychosocial support when family members are admitted within the healthcare system.

4.3.4 Theme 4: Healthcare services

The theme focused on the healthcare services within the Lenasia community.

❖ **Key findings**

The majority of the participants expressed that Lenasia is a community that has a wide range of healthcare services. These services are provided through public and private healthcare facilities. The availability and accessibility of general practitioners' private practices, accessibility of specialised healthcare services and private practices of complementary and alternative treatments is regarded as being adequate. The participants mentioned that outreach programmes create awareness and provide healthcare services as well as provide home-based care to older persons. However, the participants mentioned Lenasia has lack of healthcare services such as mental health, dental care and eye care services. The participants also emphasised that without medical aid and financial means, many community members are not able to access private healthcare services and are referred to Chris Hani Baragwanath Academia Hospital. A few of the participants mentioned they access specialised services in surrounding areas, for instance, one participant mentioned she goes to Sandton Mediclinic to access specialised services for her osteoarthritis.

❖ **Conclusions**

In conclusion, Lenasia, as a community, has an availability and accessibility of a wide range of private and public healthcare services. Furthermore, specialised services of complementary and alternative treatments are available in Lenasia. However, community members who do not have medical aid are required to be referred to Chris Hani Baragwanath Academia Hospital for further healthcare treatments.

❖ **Recommendations**

There is a need to create and provide mental healthcare services to the community members of Lenasia. The availability and accessibility of healthcare services to community members who do not have medical aid, needs to be ensured, with the introduction and implementation of the National Health Insurance in healthcare facilities, both public and private.

4.3.5 Theme 5: Social work intervention

This theme focused on the social work services provided in relation to the healthcare system.

❖ **Key findings**

The majority of the participants mentioned they have not received any form of social work services from social workers, however, one participant mentioned that her mother was referred to a social worker for grief counselling services at the Lenasia South clinic. Most of the participants mentioned that they utilised social work services for professional reasons by referring their patients for social work intervention. The participants suggested that social workers should be diverse in terms of the different religions and cultures in South Africa, and develop in-depth expertise and knowledge on the health-seeking behaviours of the different cultures and religions, specifically within the healthcare perspective.

❖ **Conclusions**

In conclusion the participants acknowledge they have utilised and accessed social work services for professional reasons. They have also provided recommendations for social work services when working with patients and families of different cultures and religions.

❖ **Recommendations**

Social workers need to be diverse, open-minded, and non-judgemental towards the different religions and cultures that they come across in the healthcare system. Social workers need to be culturally sensitive and competent to work with patients and families whose culture and religion may play an influence towards their health-seeking behaviours and decision-making towards health-related issues.

4.3.6 Theme 6: Cultural and spiritual practices within healthcare system

This theme focused on cultural and spiritual practices within the healthcare system.

❖ **Key findings**

The majority of the participants mentioned the religious groups in Lenasia emphasised the importance of seeking medical treatments when group members are sick. Furthermore, the religious groups provide the necessary psychosocial support to support their members when they are hospitalised and perform the necessary rituals and practices for successful procedures and positive health outcomes. The majority of the participants suggested that the inclusion of patients and their families towards

the decision-making would be beneficial. Lastly, the participants suggested the introduction and implementation complementary and alternative treatments within the healthcare system, especially with Hindu patients, as they commonly practice and utilise herbal remedies.

❖ **Conclusions**

In conclusion the participants made recommendations that acknowledge that spiritual groups in Lenasia may assist healthcare professionals and social workers to include culture and spirituality and to provide psychosocial support. The participants emphasised the importance of including patients and their families in decision-making process. They especially emphasised the importance of including complementary and alternative treatments within healthcare system.

❖ **Recommendations**

Healthcare professionals and social workers can work with the Allied Health Professions Council of South Africa which is the Council responsible for regulating the practice and services provided by Ayurveda, Homeopathy, Allopathic, Chiropractic, and Aromatherapy. The Council can help healthcare professionals ensure that practitioners' practice according to the regulations and act in the best interest of the patient.

4.4 Future research

Future studies can explore the practice of self-medication within Hindu families, specifically the utilisation of homemade herbal remedies. Conducting a study with a larger sample size that includes more male participants to develop further understanding on male Indian Hindu perceptions will be beneficial. Conducting a study with larger sample size will assist to more accurately generalise the population in Lenasia.

4.5 Summary

The chapter firstly presented the goals and objectives of the study. Furthermore, the research objectives were discussed in-depth to understand how they were realised and met throughout the respective chapters in the study. Subsequently, the objectives helped to answer the research question. Secondly, the key findings, conclusions and

recommendations of the research study were presented by looking at the themes that emerged in Chapter 3. Lastly the chapter provided recommendations for future research studies.

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APPENDIX A: Ethical clearance

UNIVERSITEIT VAN PRETORIA
UNIVERSITY OF PRETORIA
YUNIBESITHI YA PRETORIA

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

2 June 2020

Dear Miss BI Rikhotso

Project Title: The cultural and spiritual factors influencing the health-seeking behaviours of the
Indian Hindu in Lenasia.
Researcher: Miss BI Rikhotso
Supervisor: Dr NJ Bila
Department: Social Work and Criminology
Reference number: 14256666 (HUM005/0320)
Degree: Masters

I have pleasure in informing you that the above application was **approved** by the Research Ethics Committee on 2 June 2020. Data collection may therefore commence.

Please note that this approval is based on the assumption that the research will be carried out along the lines laid out in the proposal. Should the actual research depart significantly from the proposed research, it will be necessary to apply for a new research approval and ethical clearance.

We wish you success with the project.

Sincerely,

Prof Innocent Pikirayi
Deputy Dean: Postgraduate Studies and Research Ethics
Faculty of Humanities
UNIVERSITY OF PRETORIA
e-mail: PGHumanities@up.ac.za

Fakulteit Geesteswetenskappe
Lefapha la Bomotho

Research Ethics Committee Members: Prof I Pikirayi (Deputy Dean); Prof KL Harris; Mr A Bizos; Dr A-M de Beer; Dr A dos Santos; Ms KT Govinder Andrew; Dr P Gutura; Dr E Johnson; Prof D Maree; Mr A Mohamed; Dr I Noomè; Dr C Puttergill; Prof D Reyburn; Prof M Soer; Prof E Taljard; Prof V Thebe; Ms B Tsebe; Ms D Mokalapa

APPENDIX B: Interview schedule

Interview schedule

1. **Biographic information**

Age	:
Gender	:
Marital status	:
Number of children	:
Religion	:
Home language	:
Highest qualification	:

2. **Knowledge of health care seeking behaviour**
   - What does the word health-seeking behaviour mean to you?
   - What actions do you take to maintain a good health?
   - How long do you take before consulting a health care provider?
   - Who would you consult first?
   - How does your culture/religion influence your decision to seek/receive medical help when needed?

3. **Understanding of cultural and spiritual practices within your cultural/ ethnic/ spiritual group**
   - What does culture mean to you?
   - What does spirituality mean to you?
   - What are the cultural practices you are familiar with in your ethnic group?
   - What are the spiritual practices you are familiar with in your spiritual group?
   - Were you or a family member ever faced with an illness and need to seek medical intervention which you could not allow due to your beliefs/culture? Please elaborate.

4. **Spiritual and cultural factors**
   - What spiritual factors contribute to your health-seeking behaviour?
   - What cultural factors contribute to your health-seeking behaviour?
   - Who guides you regarding spiritual or cultural health care related issues?

5. **Health-seeking behaviour and the family**
   - Can you tell me about your experiences within the family home, being influenced spiritually or culturally in seeking health care?
   - Who determines when to go for consultations when a family member is sick?

- Do you depend on your cultural /spiritual guidance when you/family members are sick?

6. Services

- What resources are there in your community for health care?
- What challenges regarding healthcare resources are there in your community?
- Are these services accessible? Please explain how you have to access these services?
- Who guides you regarding health care related issues?

7. Social work intervention

- Have you had any interaction with/referral to a social worker regarding health care issues?
- Is there anything you think a social worker should know about your culture or religion that would help them to understand you and do their job more effectively?
- Do you think asking about patients' religions and cultures can help health practitioners devise treatment plans that are consistent with their patients' values?

8. Recommendations

- Do you have any recommendations for cultural or religious groups in your community that disregard accessing medical health services as a result of their beliefs? Please motivate
- Do you have any recommendations about integrating cultural and spiritual practices into medical health streams? Please motivate.

APPENDIX C: Informed consent

Faculty of Humanities
Fakulteit Geesteswetenskappe
Lefapha la Bomotho

03 March 2020

Researcher: B. I Rikhotso
Department of Social Work and Criminology
University of Pretoria
Pretoria
0002

Informed Consent

1. Title of the study

The cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu in Lenasia.

2. Aim of study

Explore and understand the cultural and spiritual factors that influence the health seeking behaviours of the South African Indian Hindu population within the healthcare setting.

3. Procedures

The research participant of a South African Indian Hindu who resides in Lenasia will be required to participate in the interview with regards to the aim of the study and will approximately be for the duration of 30-45 minutes.

4. Risks and discomforts

No risks and discomfort especially emotional harm is foreseen. However, should the participant experience any form of discomfort caused by the questions pertaining to their cultural and spiritual factors that influence their health seeking behaviours within the healthcare setting. The research participant should be informed of a counsellor who will be provided to discuss the discomfort caused from the research. The

researcher will provide a letter that contains the contact details of the counsellor appointed for the research study at the end of interview session. The counselling services provided by the counsellor will be free of charge for the research participant.

5. Benefits of study

The research participant may not experience immediate benefit from the research study, however, the findings provided of the study will make a meaningful contribution towards social work within the healthcare setting that focuses on the cultural and spiritual aspects of South African Indian Hindu population and influences towards health-seeking behaviours in health-care setting.

6. Voluntary participation

Your participation as the research participant will be voluntary, and as the participant you can refuse to participate in the research study and may withdraw your participation at any time without providing a reason. The incomplete questionnaire will be destroyed and not utilised for research study.

7. Financial compensation

You will not receive any form of financial compensation for your participation in the research study.

8. Confidentiality

The information obtained will be treated confidentially, and the findings of the research study will be utilised to complete the research report for the Masters in Social Healthcare specifically for reporting articles in scientific journals, conference papers and dissertations.

9. Culturally sensitive

As the research study will be based on the findings of the Indian Hindu population, it is essential as the researcher to be culturally sensitive throughout the research study especially when conducting the interview and presenting the findings in the research report.

10. Contacts details of researcher

Basani Rikhotso can be contacted at 078 990 2210 during office hours if they are any questions or concerns relating to the research study or you welcome to send an e-mail to innocentbasani17@gmail.com.

I, the undersigned participant, understand my rights as a participant and I voluntarily consent to participate in this research study. I understand what the study is about and how and why it is being done.

To be completed by the research and the participant

Participant's name: ……

Participant's signature: ……

Date: ……

Place: ……

Researcher's name: ……

Researcher's signature: ……

Date: ……

APPENDIX D: Letter of counselling services

GAUTENG PROVINCE
SOCIAL DEVELOPMENT
REPUBLIC OF SOUTH AFRICA

No. 102 Annan Road
Carletonville, 2499
Republic of South Africa

Tel: 018 786 6000
Fax: 018 786 1763

Dear Sir/ Madam

The letter serves to inform you that the social worker Ms L.S. Modise will provide counselling services should you have experienced emotional trauma or any form of trauma from the interview session you had with Miss Innocent Rikhotso the researcher. The counselling services provided to you will be free of charge and you are welcome to contact the social worker with the following contact details 066 290 7581.

Kind Regards

Social worker
Lebogang Modise

APPENDIX E: Confirmation letter from editor

CERTIFICATE OF ENGLISH EDITING

This certificate confirms that the manuscript listed below was edited by an experienced and accredited English editor.

The following issues were corrected: grammar, punctuation, sentence structure and phrasing.

MANUSCRIPT TITLE

The cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu in Lenasia

AUTHOR

BASANI INNOCENT RIKHOTSO

EDITOR

S PRETORIUS

DATE ISSUED

10 DECEMBER 2020

CERTIFICATE NUMBER

AC2002354

APPENDIX F: Letter of intent

10 December 2020
Pretoria
Gauteng
South Africa

To Whom It May Concern

LETTER OF INTENT REGARDING EDITING OF TRANSCRIBED CONTENT

In the process of editing the manuscript thesis: The cultural and spiritual factors influencing the health-seeking behaviours of the Indian Hindu in Lenasia; as authored by Basani Innocent Rikhotso; the editor found it necessary to edit the interview transcriptions for the sake of clarity.

This letter is to certify that under no circumstances were the transcripts modified, edited or manipulated to create bias or to affect the outcomes of the research undertaken.

In the editing of the transcriptions, care was take to keep as much of the original wording of the transcription intact while enhancing the clarity of and understanding of the transcribed content.

All ethical considerations were kept in mind during the process, and the original, unedited transcriptions are available should they be required.

Regards

Stefan Pretorius