Student Resource 7.3

Reading: Culture as a Health Determinant

Introduction

What do you eat when you feel sick? When do you know it’s time to call a doctor? What are your ideas about what made you sick? The answer to these questions is in large part determined by your culture.

But what exactly is culture? Culture is a difficult thing to pin down. In general, it is the behavior and beliefs that are shared and learned. Culture includes:

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| * Customs, rituals, and traditions
* Communication and language
* Religion and spirituality
 | * Art and music
* Relationships
* Food
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Defining or understanding culture is difficult. What makes up American culture? A firm handshake? Hamburgers? Jazz?

America is a large country spanning several distinct geographical areas and inhabited by millions of people from all over the world. As is the case with most countries, defining American culture involves recognizing and understanding subcultures. There is the culture of the West Coast and the culture of the Deep South. There are religious cultures, such as Jewish American culture, which is very different from, say, the Jewish French culture. There are ethnic and racial cultures, such as African American culture. Of course, there are subcultures within that group, too; the difference between rural and urban African American culture is vast. There is American office culture. There is American sports culture. When you begin to compare colleges, campus culture is one thing you’ll consider.

Most of us are part of more than one cultural group. For example, if you are a Mexican American teen, you may identify with American culture, the culture of your high school, and Latino or Hispanic culture.

All of the cultural groups and values that you identify with act as health determinants in different ways. Some cultural values enhance health. For example, cultures that prioritize community often provide individuals with strong support networks. On the other hand, cultural values may not enhance health, such as a cultural practice of giving sugar water to newborns.

Health Behaviors

There is a relationship between culture and health behaviors. One way to understand this relationship is to look at cultural attitudes about food and weight. In many Pacific Island cultures, larger women are perceived to have an ideal body weight. An excess of weight is seen as a sign of increased fertility. Some of these island nations have a high prevalence of obesity.

In other cultures, women who are underweight are seen as the ideal. Being underweight, like many Western celebrities and models, is seen as a sign of status and wealth. Young women in these cultures are at risk for eating disorders.

In these examples, culture affects health behaviors. In a culture that encourages over- or under-eating, individuals’ behavior will be affected by these values.

Perception of Illness

Culture affects people’s perception of illness. Different cultural groups have different ideas about what is normal and abnormal health. For example, a rare occurrence of malaria in North America would be considered alarming. However, in sub-Saharan Africa, malaria is so common that it is considered normal, even though it claims lives.

Culture also affects people’s ideas about what causes disease. In India, many people believe that illness occurs when the body is out of balance, when the “hot” and “cold” elements of the body are off kilter.

Some cultures believe that illness can be caused by an emotion, like envy or fear, or by something supernatural, like offending their deity or being possessed by spirits. In Canada, the First Nations people believe that illness is a sign from the creator that the sick person needs to reevaluate his or her life.

Health Services

When people choose to use health services is linked to culture. In many cultures, people first turn to home remedies when faced with illness or injury. For example, if you feel a headache and chills, you may first take an aspirin, drink water, and then eat some chicken soup. If your symptoms don’t go away in a day or two, you might call the doctor.

In non-Western cultures, home remedies are often used extensively first. This might be due to lack of access to care or because of distrust of medical professionals. Next, a visit with a local healer might take place. A visit with a Western doctor won’t happen until the symptoms are severe or even life threatening. It is also common for a combination of modern and traditional medicine to be used at the same time.

Treatment

Culture affects the choices people make when seeking treatment. People generally seek medical treatment from a provider who belongs to their culture. People want to be treated by someone who speaks their language and respects their customs and beliefs because it is easier to trust someone who understands your way of thinking and handling of health issues. In some cultures, people may avoid seeking treatment from a doctor whom they may need to pay with money. Instead, they may seek treatment from a provider they can barter with or give gifts.

The type of health services providers that people go to for diagnosis and treatment varies among cultures. Here are some examples:

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| Indigenous Health Service Providers | Western Health Service Providers | Chinese Medical System Health Service Providers |
| Midwives | Physicians | Acupuncturists |
| Shamans | Nurse-midwives | Herbalists |
| Priests | Dentists | Chemists |
| Herbalists | Pharmacists |  |

A Case Study: Childbirth Mortalities in Ayacucho, Peru

A case study is a written document that describes an individual or a situation (the “case”) as an example of a broader topic or issue. They are very useful in global health as well as in all of the health sciences.

One significant challenge for global health workers is to find ways to respect people’s culture while implementing solutions that improve health outcomes. They work to resolve health issues without disrupting cultural norms. Below is a case study about childbirth and neonatal mortality in an impoverished region of Peru. In this case, an NGO worked with the local population to improve outcomes in childbirth. This case study illustrates an example of workers who respected the local culture while resolving a major health issue.In this region of Peru called Ayacucho, the maternal mortality rate was 300 per 100,000 live births, compared with a rate of 50 per 100,000 live births in other parts of the country closer to the capital of Lima. In Ayacucho, poverty is extreme, educational levels are low, and illiteracy is widespread, especially among women. This region was populated mostly by indigenous peoples who generally did not trust Western health professionals. One NGO was determined to find a way to reduce the maternal mortality rate while still respecting local customs.

NGO workers invited tribal leaders, pregnant women, and traditional birth attendants to meet with health professionals. The challenge was to design a delivery room that would provide up-to-date medical care while also honoring Ayacucho tradition.

In the process of designing the delivery room, the health professionals and the traditional birth attendants trained each other. The health professionals taught the traditional attendants about newborn care and signs of danger during delivery, while the attendants taught the health professionals about their cultural birth practices and medications. The health professionals also studied the local dialect so that women giving birth could be addressed in their native language.

As a result of this work in Ayacucho, more women began to use the new delivery room. In 1999, only 3% of births took place in the health center. But by 2007, 83% of births took place there. Women who used the center reported that they felt more comfortable in the environment and would choose to use the center again for future births. The NGO had succeeded in respecting the local culture while achieving an improved health outcome for the women and their children.

Data retrieved March 2014 from: http://www.who.int/bulletin/volumes/87/9/08-057794/en/