

Global Health - HSP 2210

Slide Presentation Handout

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View the first video (the second is optional). Think about the roles culture and behavior play in health and health perceptions in this video.

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Culture is a shared belief system, a shared world view (way of looking at the world). Culture provides a set of rules which direct the way we live our lives and the way we interpret the world around us. Culture defines everything big and small. Culture can be as big as appropriate public policy or appropriate ways to choose public officials. It can be as small as how we eat our food, how and when we clean our bodies, and everything in between such as child rearing practices and modes of dress.

While culture reflects shared beliefs, people will vary in the degree to which they follow cultural rules and traditions.

We all fill multiple roles, ethnic cultural identity, national, student,

professional.

Culture is not something that only exists if you are different from the mainstream population.

When thinking about culture and health, remember that culture influences behavior and perceptions about appropriate or normal behavior.

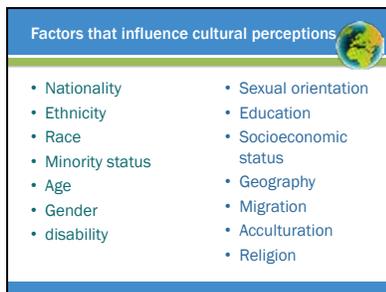
When people are taken out of their context, behaviors that are suited to one context may not be suited to another.

Think about how these factors may influence an individual's worldview (keep in mind that these are generalizations – there is much variation!).

For example: American culture can be said to be different from Japanese culture; Japanese culture is much more formal than American culture. When Japanese people discuss illnesses they are often not freely discussed outside the family. The principle of Enryo (self restraint in interacting with others) may come into play when discussing a particular medication or assistance. This may be described by an American physician as polite refusal or hesitation when a patient may refuse certain treatment if embarrassing or inconvenient for patient or health care professional.

Ethnicity: Hmong: an ethnic group from South East Asia (S. China, Laos, Vietnam, Burma & Thailand), believe that illness is caused by soul loss (as opposed to Vietnamese who believe in balance

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philosophy of ying/yang and hot & cold).

Age: because cohorts go through time together, there are cultural attributes with age. A 70 year old is likely to have a somewhat different worldview than a 20 year old. E.g. depression, many older people have strong stigma with depression; have belief that you should pull yourself up by your boot straps; don't discuss feelings freely.

Migration: immigrants (from any country) share many things in common based on their experiences of moving to a foreign country. Encounters with the healthcare system in the US can be quite a shock for recent immigrants. Encounters may be dangerous for illegal immigrants (which could lead to incomplete information being shared during history).

Religion: religion in many ways shapes cultural practices and beliefs, may affect dress, food, views of illness and medical treatment. For example, Christian scientists do not believe in using medicine (for the most part), and believe that no disease is beyond the power of God to heal. On the other hand, Jehovah's witnesses forbid faith healing but oppose blood transfusions. Catholics have no prohibitions on blood or blood products. Most surgical procedures are acceptable except for abortion. Major amputated limbs may be buried in consecrated ground.

Acculturation: As groups move in the US (or any country), as they learn more about the US culture, they begin to adapt to and adopt US customs. This is referred to as acculturation. Very often

acculturation increases with time but there are groups that stay fairly cohesive and have low levels of acculturation, E.g. some groups who live in China-Towns, or Little Japan, Little India etc. or Amish etc. Often acculturation increases over generations. So, waves of immigrants can have very different practices and different levels of integration of western medical practices.

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Cultural competence is a buzz word in healthcare. It has been defined in many ways. I prefer to think of it as willingness and ability to communicate across cultural lines. It has been described as a continuum:

- understand one's own cultural background
- acknowledging the patient's different culture, value system, beliefs and behaviors
- recognizing that cultural difference is not synonymous with cultural inferiority.
- learning about the patient's culture
- adapting optimal health care delivery to an acceptable cultural framework.

The difference between generalization and stereotypes is assumption. You can understand that in general x population has these attributes and inquire as to whether a patient fits that generalization. With a stereotype, you assume that a person fits a specific set of attributes.

Ethnocentrism is a practice of unconsciously or consciously privileging one's own cultural perspective over others. This involves judging other groups by

your own personal world view.

Relativism on the other hand suggests that cultures cannot be judged or evaluated from a single or absolute ethical or moral perspective. Evaluations are relative to the background from which they arise. No culture's values, ethics or morals as a whole may be judged as inherently superior or inferior to another's.

Sometimes it is hard to be relativistic and some would argue that for some health issues is inappropriate to do so.

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Cultural competence & different models of illness

- <http://www.youtube.com/watch?v=jT96NPUgWZ4>
- <http://www.youtube.com/watch?v=dNLTtAj0wy6I>
- Western biomedicine
- Balance
 - Yin/yang
 - Hot/cold
- Soul loss
- Spirit possession
- Breach of taboo
- Object intrusion

Kleinman: taking a culturally competent history

- What do you think caused your problem?
- Why do you think it started when it did?
- What do you think your sickness does to you?
- How severe is your sickness?
- What are the chief problems your sickness has caused you?
- What do you fear most about your sickness?
- What kind of treatment would you like to have?
- What are the most important results you hope to get from treatment?

Kleinman's 5 major explanatory model

- Question's explain the etiology or cause of problem
- What the patient considers to be the onset of symptoms
- The patient's description of the problem as a pathophysiological process
- The patient's understanding of the course of the illness in terms of severity, acuteness or chronicity

- What the patient believes is the appropriate length & type of treatment.

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Body Systems	Unlabeled	Unconventional	Senses
Temperature	Spirit	Evil spirits	See and feel demons
Energy	Demons	Demons	Demons
Head	Spirit	Evil spirits	Evil spirits
Unlabeled	Demons	Evil spirits	Evil spirits
Demons with organs	Evil spirits	Evil spirits	Evil spirits
Incomprehensibility of phenomena	Evil spirits	Evil spirits	Evil spirits

Source: Adapted from Scrimshaw SC. Culture, Behavior, and Health. In: Merson MK, Black RE, Mills A, eds. International Public Health: Diseases, Programs, Systems, and Policies. Sudbury, MA: Jones and Bartlett Publishers; 2003:53-76.

Table 6.1: Selected Examples of Cultural Explanations of Disease

Skolnik, 2012

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Culture influences behavior

- Everyday examples
- What is normal behavior?
- Health influencing behaviors

Social distance varies across cultures.

Rules about eye contact vary across cultures.

Ideas about what constitutes normal behavior varies. In some cultures, putting a child in a crib would be considered neglectful, where it is mainstream in the US. Breastfeeding children for up to 3-4 years is normal in many cultures – in parts of the US breastfeeding at all is seen as inappropriate. Breastfeeding in public is the norm in many places in the world. It is controversial in the US.

Different behavioral norms can also affect evaluation of psychiatric illness.

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Traditional medicine

- Also called folk remedies, alternative medicine
- Examples
 - Coin rubbing
 - Cupping
 - Faith healing
 - herbals
- Beneficial, harmful or neutral



Gua sha, image from wikipedia

Most of us utilize some form of “folk” or traditional medicine, whether it is eating chicken soup when we are sick, rubbing aloe on a burn or taking herbal supplements. There are numerous and context specific traditional medicines/treatments.

We often think of these as being if not beneficial at least not harmful. In reality, they could be very beneficial, have no effect or have very negative consequences. Certain compounds (either from pills or teas) can interact in a very serious way with medications. If asking patients about medications, it is important to also ask about any home remedies they might use. There are several websites available to evaluate if the compound interacts with prescriptions.

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Communicating across cultures

Factors that Influence	Resources
<ul style="list-style-type: none">• Language• Body language• Greetings• Eye contact• Communication style• Family• Time orientation	<ul style="list-style-type: none">• http://erc.msh.org/aapl/index.html• http://www.hrsa.gov/culturalcompetence/race.html• Commonwealth Fund: A Series on Cross-Cultural Health Care http://www.youtube.com/watch?v=K5d_iPaUrWw

It takes openness and practice to develop effective communications skills. This is particularly true when working across cultural lines. This is a list of just some of the factors which may affect communication. Body language and other behaviors are not universally interpreted.

The website links provide tips on communicating across cultures with specific examples.

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Where do people seek healthcare?

- Often try to self treat
- Local/traditional healer
- Biomedical services
- People seek different providers for different problems
- Preference for providers who are similar to themselves



The picture shows two traditional healers in Kenya showing us some herbs and potions.

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TABLE 6-2 Selected Examples of Health Service Providers

Religion	Western Biomedical	Other Medical Systems
Buddhism	Therapists	Chinese medical systems
Hinduism	Yoga instructors	• Ayurveda
Islam	Shaykh	• Traditional medicine
Judaism	Rabbi	• Acupuncture
Sikhism	Wang	• Herbal medicine
Christianity	Minister	
Other	Healer	

Source: Adapted from Gortmaker SL. Culture, behavior, and health. In: Mittleman BS, Black SE, Mittleman BS, eds. International Public Health: Issues, Programs, Systems, and Policies. Sudbury, MA: Jones and Bartlett Publishers; 2002:53-76.

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Health behaviors

- As many behaviors are culturally bound, changing them may be difficult and requires careful thought.
- One of the best examples of culturally appropriate and effective intervention:
 - Carter Center guinea worm eradication efforts

Unfortunately, many interventions have failed because the scientists/ngo's/government have failed to adequately consider culture in developing such interventions.

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Multiple models/theories of health behavior/change

- Ecological perspective
- Health Belief Model
- Stages of Change Model
- Diffusion Innovations Model

Read about these in your textbook.

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Understanding and Engendering Behavior Change

Changing Health Behaviors

- Community Mobilization
- Engage entire community in efforts to identify problems and promote healthy behaviors
- Leaders in community need to be mobilized, willing to champion change

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Understanding and Engendering Behavior Change

Changing Health Behaviors

- Mass media
- Often uses radio or educational performances to get a message across

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Understanding and Engendering Behavior Change

Changing Health Behaviors

- Social Marketing
- Application of tools of commercial marketing to promote a behavior change
- Depends on careful market research and understanding of local culture and values

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Understanding and Engendering Behavior Change

Changing Health Behaviors

- Health Education
- Comes in many forms such as classroom or mass media
- Successful programs are clear, provide accurate information, gear content to target group

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Understanding and Engendering Behavior Change

Changing Health Behaviors

- Conditional Cash Transfers
- A government agency provides an economic incentive for families who engage in a certain healthy behavior

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Culture and body size in the U.S.

- <http://www.youtube.com/watch?v=rLMBVpMSyEM&feature=related>
- <http://www.youtube.com/watch?v=N2diPZOty0>

Watch the first video and think about how the US culture also shapes perceptions of beauty and health as it relates to body size. What is similar or different from the first video?

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Summary slide 

- Culture is a multifaceted concept.
- We all look at the world according to a certain belief system.
- Culture is not static- it is ever changing.
- What is normal behavior?
- Health influencing behaviors
- Culture affects health and vice versa.