

The Social Context of Health: Culture and Health

Within orthodox medical education the biological determinants of health, such as infectious organisms, toxins, physical trauma and genetic makeup, are routinely studied and dominate the medical curriculum. But public health specialists need to take into account the social and environmental determinants of health. In this paper I will focus on the social context of health and, in particular, cultural factors that influence on health and illness.

Social Determinants of Health

Social structure is one of the key determinants of the health within a society. The way that a society is organised; its class, racial and gender divisions, distribution of resources and the mechanisms for allocation of social power and status all influence health status. Within social epidemiology measures of social class, ethnicity or gender are matched to health indicators such as life expectancy, and morbidity. International research reinforces the clear relationship between social conditions and health status with wealthier countries usually managing to achieve more rapid improvements in public health. In Western European countries, between 1970 and 1998, there was an average gain of 6.4 years in life expectancy at birth.¹ Although life expectancy has improved greatly there is a widening gap in the health status of different social groups. In the UK the gap between rich and poor has worsened over the last 50 years.² In an attempt to reduce the gap the UK government has broadened the scope of public health policy to include initiatives in health promotion, community development, regeneration and social welfare.³

In Kyrgyzstan public health issues are also closely linked to economic conditions. In recent years the incidence of communicable disease has increased dramatically with TB rising from 52.9 per 100,000 in 1990 to 114 per 100,000 in 1997.⁴ The 1997 Kyrgyz Demographic and Household Survey found that infant mortality was 1.8 times higher in the poorest 20% of households than in the

wealthiest 20%, and child mortality was almost twice as high for the poorest group.⁵ European and Kyrgyz health indicators such as these show a strong link between social conditions and ill health.

Social epidemiological studies such as these give us a broad impression of **what** is happening, but we also need to understand **how** these factors influence health. There is a tendency to treat structural factors as if they were individual risk factors,⁶ but this is too simplistic and does not help us to understand health inequalities.⁷ We all belong to more than one social group and it is difficult to identify whether the factors that influence our health behaviour are the result of class, gender, cultural or familial experiences.

Culture and Health

Culture refers to values, customs, traditions and norms of behaviour shared by a community. Cultural values shape the way we think about and interpret the world; they provide us with a worldview and are the basis for communication.⁸ Training for health professionals in the UK emphasises the need for a participatory relationship between professionals and their clients reflecting an emphasis on cultural values such as individuality, choice and autonomy. Over the last twenty years medical practice in diagnostic disclosure has slowly shifted from non-disclosure to full disclosure at the patient's request. However in other cultures diagnostic disclosure to patients, especially where there is a poor prognosis, is considered to be undesirable. In Singapore, Chinese patients may hold a strong preference for non-disclosure of a cancer diagnosis. Families often request that the patient is not informed and some patients will actively avoid discussion about their diagnosis if they suspect cancer. Discussion of treatment options and involvement in decision-making is considered to be the responsibility of family members rather than patients.⁹ For Chinese patients cancer may be "attributed to bad luck, punishment for sins committed in this life or a previous one, an unbalanced 'yin-yang' or the will of a supreme being"¹⁰ The use of the term

cancer by clinicians could bring about a family crisis due to the social stigma associated with cancer.

Cultural Change

Culture informs the way we live our lives, it contributes to the health choices we make and is affected by changing social conditions. Factors such as increased disposable income can change social expectations and influence cultural values. Life expectancy has increased and economic circumstances have improved in developed countries but health problems resulting from obesity, alcohol consumption, and smoking have become major concerns. In the USA 80% of the adult population over 25 are overweight while in the UK more than 60% of all adults over 45 are obese.¹¹

Acculturation

Cultural values are constantly changing; over time, according to age, gender and according to a process of acculturation. Acculturation refers to the cultural transitions that occur when cultural groups meet, for example, when people from migrant and minority cultures take on values held by the dominant culture. However the minority culture will also influence the dominant culture so that acculturation takes place in both cultures.¹²

Cross-cultural studies have shown how acculturation influences health decision-making. One comparative study of Japanese American and Japanese patients found a strong preference for group decision making (families rather than patients) among Japanese patients; a preference that was mirrored in the Japanese American group. However Japanese Americans who had assimilated western values preferred disclosure and individual participation.¹³

Cultural Identity

Membership of an ethnic group does not define all of our lifestyle choices and the influence that culture exerts on our lives depends, to some extent, on the degree

to which we adopt a cultural identity.¹⁴ Lipton and Marbach's¹⁵ early research, into cultural perceptions of facial pain amongst ethnic minorities in New York, found that although patients did not differ in the degree to which they experienced pain there were some differences between cultural groups. For Irish Americans strong cultural identification was linked to reduced emotional expression of pain, while for Puerto Ricans strong cultural identification was linked to an emotionally expressive pain response.

Behaviours can also be shaped by historical and contemporary events as well as personal experiences. Recently health research has begun to focus on individual histories and their relationship to health. Researchers work closely with ordinary people, listening to what they have to say and encouraging participation in the research process in order to explore the context as well as the reasons for different health choices. These studies have helped to illustrate the importance of personal accounts of health decision-making.¹⁶

Research Methods

There are many ways that health researchers can explore cultural and social contexts. Case descriptions might be used, in simplified form, to promote discussion within focus groups or during interviews. An example of this approach is presented here based on a study of attitudes to health amongst Chinese people in the UK.¹⁷ Examples of some the case summaries are given below.

Source: Prior, Chuin and Huat¹⁸

Case Number	Summary Description
1	Woman aged 25. Waking unusually early in the morning. Crying without any apparent reason. Loss of appetite.
2	Three month old baby. Vomiting, diarrhoea, high temperature
3	Woman aged 65. Runny nose, slight temperature.
4	Man aged 45. Dizziness. Headaches. Blurred vision
5	Female 50. Lumps evident in breast. Otherwise well
6.	Male 50 Lumps evident in upper chest. Otherwise well.

The study found that age was important in determining cultural responses to health problems with Older Chinese people more likely to advocate use of Traditional Chinese remedies than younger people.¹⁹ Cultural perceptions of illness and symptoms of illness also varied according to gender. Male participants often could not understand the symptoms in case 1.

"I have never seen this situation before. I have no comment on this....but....if she cries in front of her husband then she is a whinger. I think that this is a family problem..."
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They could not understand how these symptoms could arise. The women, however could relate to the experiences immediately.

"The first time I came to England I felt I had gone to the moon. I knew nothing. I had rented a tiny room, and when I got up I just stared at the four walls... I didn't know why I would cry. I had no appetite and would feel tired. I didn't eat for days. This [pointing to the card that described Case One] was my experience."
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Conclusion

Health professionals need to have a broad understanding of biological, environmental and social determinants of health. For public health specialists seeking to improve the health of society, knowledge of the social determinants of health is critical. Social and cultural factors shape our worldview, inform our health behaviours and have a clear and well-established impact on health. Epidemiological studies provide us with an overview of the impact of biological, environmental and social factors on public health but recent biographical and participant studies have demonstrated the relationship between cultural influences and responses to health and illness. An effective public health curriculum acknowledges this and aims to provide students with a basis for practice founded on an appreciation the transitional nature of cultural and social determinants of health.

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¹⁸ Prior, L. Chuin, P.L. and Huat, S B (2000) Beliefs and Accounts of illness, Views from two Cantonese-speaking communities in England *Sociology of Health and Illness* Vol. 22 No.6 pp.815-839

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