

Influence of culture and demographics on health



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Almost every characteristic of society or a community affects the health and well-being of its citizens. It be construed that the place in the social hierarchy that individuals and groups occupy combined with other environmental factors can directly or indirectly determine exposure and vulnerability to health wellness or health damaging conditions in everyday living. It is also a common perception that people do not regularly seek regular or preventive health care and that a sense of well-being manifests itself only in the absence of any illness. These and other determinants may have to do with why a group of people may not voluntarily participate in health programs. The following are identified as important determinants in the planning, implementation and evaluation of health interventions.

Demographic distribution of populations

Understanding demography is an important pre-requisite in the planning process. It has a direct impact in the planning, implementation and evaluation of health intervention. Demography is defined as the statistical study pertaining to the size, territorial distribution in the human population and the changes that occur over a period of time. These changes evolve around births, mortality, illnesses, marriages, migration, ethnicity, geographic location and distribution of population and the cost of healthcare services.

Demography has a direct impact in healthcare interventions because different demographic populations require different if not complex health needs. For Maori and non-Maori citizens, stark disparities have been noted

when it comes to addressing their health care needs. Surveys have shown that Maori people have a significantly lower socioeconomic and health profile compared to non-Maori. This is probably due to the fact that certain health policies or programs did not have the Maori people in mind during its conceptualization and implementation. For example, mortality rate in newborn have significantly declined over the years because of initiatives such as direct access to health care services within Maori communities, still this condition has never been at par with non-Maori population. Studies have also shown that poorer population and geographic locations have limited or no access to healthcare services. These constraints will bear significantly on the planning, implementation and evaluation of any healthcare program.

Political values

A state of well-being should never be political in nature. In the same manner that to access health benefits and services for Maori and non-Maori it must not be influenced by political values. A “ standard of living” adequate for health and well-being should be a basic human right and the government should make sure that it is available to everyone. However, healthcare policies can be dependent or influenced by political interventions, affiliations and biases thereby dependent on political action or more usually, inaction. Ultimately, health is political because power is exercised over it as part of a wider economic, social and political system in which some are in the majority, while the rest of the spectrum are the ethnic minority. Changing this system requires political awareness and political struggle.

Given the above and in the community level, political values can further shape how people perceive and react to information. The conceptualization, implementation and evaluation of a health intervention may face challenges in a Maori culture, which may view the intervention according to its beliefs, tradition, political values and culture. For instance in advancing certain health practices, it has been observed that any information is better received if it is being proposed by highly placed government leaders or institutions or if it runs parallel to a commonly accepted view or political belief.

Religious beliefs

Miller & Thorensen, 2003, reported that religion is now prominent in scientific studies that investigate its influence on health. Previously, religion or religious beliefs is considered a taboo issue in day to day conversations and must be challenged with reservation. It is considered a personal belief and must be treated with respect.

Assessing the direct or indirect impact of religious beliefs in health intervention is difficult. However, a patient's spiritual beliefs should be assessed and considered as part of routine medical care. It is because religious activities often constitute a significant part of an individual identity and influence coping mechanisms as well as help in making informed decisions about medical treatments. For healthcare professionals, the extent to which a person's religious beliefs influence the healthcare intervention is by gauging its benefits or the intended outcome. How? For instance, in some religion, alcohol or smoking is strictly abhorred or prohibited. The positive support they get from other members and promoting a healthy lifestyle is

readily accepted without question. Whereas certain religions discourage any form of surgery or blood transfusion. To a medical practitioner, this treatment constraint may have a grave impact on the outcome of an intended health intervention.

Human values

Human values are passed by parents to their offspring soon after childbirth and are instilled throughout the children's upbringing. As they grow, children learn more values from their peers, religious leaders, teachers, friends and society at large. It is often said that a person's human values defines the kind of individual that he is. Some of these human values include honesty, discipline, fairness, love, peace, trustworthiness. Values like putting others before oneself is a very desirable human trait and is very much encouraged in the society. People with excellent or high human values are usually held in high respect, are being emulated and set as examples and are rewarded.

Positive human values are greatly encouraged in society and in certain professions because they are considered influential. Doctors, for one have better effect on people if they practice good human values, on top of their sworn mission to save and preserve lives. In health intervention, proponents of healthcare policies that aim to promote well-being are perceived to have the best intentions and will likely get the support of the majority, if all.

Ethnicity

As can be seen, each ethnic group brings its own perspectives and values to the health care system, and many health care beliefs and health practices

differ from one ethnic group to another. Ethnicity is a critical variable in how people with illness are perceived and treated by their family and how their family, in turn, is viewed by their community at large. While it has also been observed that ethnic groups tend to conform to commonly accepted values, it has also caused certain barriers to giving care that are further made difficult by the difference in language and other determinants.

Cultural differences affect patients' attitudes about medical care and their ability to understand, manage, and cope with the course of an illness, the meaning of a diagnosis, and the consequences of medical treatment. The differences in ethnicity have culture specific ideas and values related to concepts of health and illness, whether they can comfortably report signs and symptoms, and their beliefs concerning medications and treatment. They also have varying expectations about illness and death and coping with death especially if it involves decisions involving other family members.

Traditions

Traditions are inherited, established, or customary pattern of thought, action, beliefs or behavior that has been around for a long time. The handing down of tradition from one generation to another ensures that certain practices are preserved and respected. In recent times, there is a growing acceptance that for a health intervention to achieve its intended outcome it must have be culturally aligned and should be taken into context when addressing the health concerns in the community.

It influences the health intervention outcomes in the sense that it is difficult to go against any culture and resistance is always expected in the process.

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The culture and tradition that have been instilled in a person will always have a definite and profound effect on how that person relates to others and how he perceives his well-being and the healthcare system in general. It may seem to some people that the health intervention being undertaken is meaningless and impertinent to his over-all wellness. In this situation, tradition can be a barrier to care and may widen the gap between the “tradition” which is perceived at this point as a problem and the ethic patients.

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Public attitude

Public attitude in general toward health care programs are described in a way that those who have less in life have experienced more illnesses and dissatisfaction in the health care system. The poorer population in the spectrum perceives that they are disadvantaged most as far as availing of the health care services. Unless a healthcare program is subsidized or given free of charge, the public attitude toward it will move around certain issues such as the cost implications of the services, responsiveness of health care programs and the quality of the health care outcome. The positive shift in public perceptions in New Zealand may reflect the latest reforms under the New Zealand Public Health and Disability Act (2000), which brought a restructuring of the health care system and promised more local participation and public engagement in decision making.

The public concepts of what health is

Traditionally, the public concept of what health is relates to hygiene, sanitation, cleanliness. Some groups relate health to body size, hence, the belief that the bigger the person is, the healthier he is. That notion has however evolved in the advent of scientific research. Health has slowly been linked to medical interventions. Health is perceived as the prevention, nurturing back or the absence of illness. Health may also be perceived by the public as a basic human right afforded to every citizen, that it is a duty of government to provide funding support to any health care program, from inception to evaluation.

The public concepts of what illness is

The counterpart of health is illness. It is a state where the body and mind is not in its optimum form. Depending on the type of illness, the public may attach a stigma or show sympathy. Some cultures look at illness as a punishment and hence allowed to take its toll on the body. To the health-conscious, illnesses need medical intervention. For the Maori people, their culture dictates that they take care of their sick, they have high respect for their ancestors and they have their own way coping with grief.

The importance the public put on health

Collectively, health is perceived to be important and so are the interventions that are being introduced and implemented along with it. However, when a group or a community is practicing health-conscious activities such as eating a healthy diet, avoidance of alcohol and tobacco, regular exercise, participating in health programs and activities, etc. these health programs or interventions may just seem like it's a routine activity. On the other hand,

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members of the community who are ill or in lower socio-economic backgrounds may turn to these health programs as a necessity for them.

3.

Most developed countries spend more on health care programs and insurance. Because the perception is that developing health policies will lead to better population health. Parallel efforts have also been directed to programs which are non-health such as agriculture, environmental, infrastructure and others. These non-health programs just the same indirectly contributed to the health programs by producing agricultural products that improved food consumption, environmental programs directed at cleaning the air and promoting ozone-friendly activities, the roads and bridges facilitated transportation, etc. Further, subsequent researches also showed more data supporting those cultural, economic, social, psychological, behavioral and environmental factors are more likely the major determinants of population health.

The above interplay of disciplines undeniably directly and indirectly affected health care policies the same manner that health policies directly and indirectly contributed to the other non-health programs of government.

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