

# Cultural beliefs



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Cultural Beliefs Your School This paper was prepared for the

\_\_\_\_\_, taught by \_\_\_\_\_. Abstract Behavior is largely dependent on culture, since culture dictates the people how to behave correctly using its norms, mores and laws. AIDS is a disease caused by one's behavior especially towards the community and sexuality, and because of that it can determine the level of health, may it be on the individual level or on the societal level. The PEN-3 model is developed to use culture as the method of promoting health in Africa. This paper describes the perceptions in the PEN and how affects the sub-African Saharans behavior regarding their health problems. Cultural Beliefs Culture is a set of rules and beliefs, traditions among other things like art and religion, that is shared by a society. It is where values and behavior is rooted and it is therefore enough to influence perception, judgment, and of course, behavior. AIDS is one of the prevalent diseases in the Sub-Saharan Africa with the rate of 6. 1%. It is in fact, one of the worst diseases in the continent, affecting 22. 5 million people (HIV positive). AIDS is caused sexually, and sexual practices are behavioral. Since behavior is cultural, it is therefore logical to conclude that one can actually control certain behaviors through culture. In this case, the PEN-3 model, which was created to address and integrate culture in the development, implementation and evaluation of health programs. The PEN-3 model is composed of three domains. These three domains are also composed of another 3 sections each. The three domains are: cultural identity, relationships and expectations and culture and empowerment. Culture and empowerment is a domain that is composed of three more factors which are positive, existential and negative perceptions. They represent all the good and bad facets of culture, hence the positive and

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negative perceptions. It also postulates that culture is not a barrier to progress, as is implied by mainstream thinking. It postulates that culture is a continuum, not something linear. The goal of this dimension, culture and empowerment, is to ensure that the intervention to be made using the PEN-3 model is to be developed with the whole package of culture as a whole: the good aspects, the indifferent aspects and the bad aspects included.

However, it should be noted that this model promotes the good aspects as the first priority. The positive perceptions are given the first priority in this model. This perception promotes the good health behavior of a certain society. An example of which is traditional healing. This is good since there will be no stigma attached to the patient of AIDS when this perception is being used. It is also useful in terms of prevention. For example, they put a premium in practicing non-penetrative sex. This action prevents the spread of AIDS, and it does not stigmatize anyone. Behavior like not having sex before marriage is also encouraged. This is supposedly enough to change the behavior of the people. Existential perceptions are facets of culture that do not really have impact when it comes to health practices and these perceptions are usually blamed when health interventions fail. Examples of these perceptions are racism, and the culture of face-saving. Although they are indeed facets of culture too, they are often the weaknesses of the human mind. Like the culture of face-saving for example, fueled by fear and shame, some people in a specific society would not undertake an action, supposedly with a positive perception, because it would make him an odd person in his society even if he is inflicted with the disease. So instead of taking a positive action, he saves his face by not participating in an intervention which causes the failure of a said health campaign. Negative perceptions are the values

that do not really put premium on health but rather on social standings, wealth, and gender. These things often deal with inequality, such as the caste systems for social standings and sexism when it comes to gender. These are often found in social arrangements, making intervention difficult since it is deeply rooted in their society and behavior as well. Because of this, reaching out to people who need help, especially in the field of health, is difficult because of unequal rights. Some people, because of their inadequate social standing, cannot reach certain services for their health. This needs to be changed since disease does not recognize any social class, sex, race or even age. Works Cited: Airhihenbuwa, C. O., & Webster, J. D. (2004). Culture and African contexts of HIV/AIDS prevention, care and support. *Journal of Social Aspects of HIV/AIDS Research Alliance*, 1(1), 4-13. Retrieved 25 April 2011 from [http://www.sahara.org.za/dmdocuments/SAHARAJMay04\\_1-1\\_pp004-013\\_OA\\_Culture\\_Africa\\_HIV\\_AIDS\\_prevention\\_care\\_support.pdf](http://www.sahara.org.za/dmdocuments/SAHARAJMay04_1-1_pp004-013_OA_Culture_Africa_HIV_AIDS_prevention_care_support.pdf) Illife, John. (2006). *The African Aids Epidemic: A History*. Athens: Ohio University Press. Van Dyk, Alta. (2008). *HIVAIDS Care and Counseling*. Cape Town: Pearson Education South Africa.