

# [How health promotion contributes to the enhancement of health of an ethnic minori...](https://assignbuster.com/how-health-promotion-contributes-to-the-enhancement-of-health-of-an-ethnic-minority-group-of-your-choice/)

### Introduction:

This essay will examine how health promotion contributes to the improvement of health of my chosen ethnic minority which is South Asians. It will explore how health education leads to positive wellbeing. It will go on to rationalize the importance of health promotion and why it is an imperative component of nursing and other healthcare professionals in both clinical and community settings. It then moves on to examine the diverse factors affecting health and explore the links between ethnicity and health, as well analyses how social inequalities may possibly exist and could be the reasons for health differences. This essay will select three diseases that affect South Asians. A rationale will be given for this choice. Relevant literature will be used to support my discussion

In order to present my essay, the understating of health is crucial. It is thought that health is an extended perception which can represent a variety of meanings and can be defined from diverse perceptions. It means different things to different people, and the perceptive of health is said to be influenced by cultural, socioeconomic and individual contexts. Seedhouse (2001). It cannot be defined purely in terms of anatomical, physiological or mental attributes hence the accurate definition depends on the individual. Davey, Gray and Seale (1995). The view on health can consequently be derived from where the person expressing the view is located in terms of social class, gender, ethnic origin, culture and occupation. Whitehead and Lrvine (2010) agree with statement that the definitions of health are varied and embody several altered conceptualization of health.

There are three models that are used to try and reach a profound view of health. These are the Biomedical, Bio physiological and social models. The biomedical model focuses on the direct underlying causes of diseases and treating them. The bio physiological focuses on the attitude and behaviour of individuals, lastly the social model focuses on social influences of health in terms of inequalities such as access to adequate housing and health care.

The western scientific medical model has a negative view on health and describes health as the absence of diseases. Whilst medical model is the most dominant philosophy in the west it is not all embracing. It relies on a theory of normality that is not broadly been acknowledged, it also ignores peoples` views on their own health and moreover it focuses on pathology and malfunction which leads practitioners reacting to ill health rather than being proactive and promoting health. Naidoo and Wills (2009, p6-7 & p15)

The positive view is described by the Worlds Health Organisation (WHO) (1946) as a state of complete physical, mental and social well-being, and not purely the lack of disease or infirmity. WHO view health as a fundamental human right. This view takes a more holistic view of health. These particular views on health have been openly confirmed by the Jarkata Declaration which linked health to social and economic development (WHO 1997). Naidoo and Wills (2009, p15). Naidoo and Wills (2009) cited that the WHO stirred the meaning of health promotion away from deterrence of specific diseases towards health and well-being of the whole population. The aim was to stop experts and professionals entirely defining health issues and let the public define it according to how the public view health not only in terms of anatomy but include social factors as well. Nightingale, 1969 and Ewles, Simnett (2003) also view health holistically. Nightingale defines it as a state of being well and using all powers the individual holds to the fullest extent. Kozier, Erb, Berman, Snyder, Lake and Harvey (2008 p51). Ewles, Simnett (2003) views state that health is seen as resources for everyday life not the objective of living.

With that in mind this essay will try to define health promotion. Different authors have uttered their view on health promotion. According to Whitehead and Irvine (2010), health promotion practice highlights on societal deeds, tackling the causes of health. Kemm and Close (1995) states that health promotion is any activity that intends to prevent disease or promote and improve health and wellbeing. Health promotion is a process that educates individuals and enables people to take control of their lives and alter life styles to attain positive health. Maville and Huerta (2002) agree and say that health promotion is any attempt directed at enhancing the quality of life lead by different individuals and their well-being. World Health Organisation (2005) define health promotion as the process by which people advance knowledge and understanding of  health associated issues  that affect  their everyday lives.

Health promotion is a significant feature as it raises awareness of wellbeing issues for the general public. This enables them to be in command and be responsible for their lives in terms of positive health and illness (Tones and Green, 2006). Health education aims are to motivate and persuade people to make wiser choices and make changes to their life styles, and essentially equip people with the skills, understanding and self-confidence to make those choices and changes, in order to achieve or maintain positive health. This will seek to educated public  about risks and benefits associated with unhealthy lifestyles, enabling people to adopt healthy lifestyles, make informed choices and motivate them to become better self-managers of their health, this is affirmed by Young and Hayes (2002).  Young and Hayes state that the purpose of health promotion practice is to advance and safeguard health. Health promotion can consequently be seen as movement towards the achievement of health as a basic human right for all.

The ethnic minority I will look at will be South Asians. Ethnicity is a complex belief that is used to cite those with a mutual culture, social back ground, land and religion. Race is a mere biological marker of difference. This is extensively used to describe populations; however there is minor deviation in the genetic composition of the different groups. Naidoo and Wills (2009)

According to Fernando (1991), race is categorised by physical appearance, determined by inherited ancestry and perceived as a permanent aspect that cannot be changed. He also states that culture is characterised by behaviour attitudes, determined by family views and perceived as a changeable effect.  Lastly he describes ethnicity like its characterised by sense of belonging and group identity, determined by social pressures and psychological need and perceived as partially changeable

This essay will look into the health needs for this minority.  It will look at Coronary heart disease (CHD) and a few related issues including smoking and Diabetes.

According to Diabetes UK, Diabetes mellitus is a state where by the amount of glucose (sugars) in the blood is elevated since the body cannot use it appropriately. There are two main types. Type 1 diabetes progresses if the body cannot generate any insulin. Insulin is a hormone which assist’s the glucose to penetrate the cells where it is used as fuel by the body. Type 1 diabetes usually appears by the age of 40. It is the least common of the two main types and accounts for around 10 per cent of all people with diabetes. It is also known as IDDM -Insulin-Dependent Diabetes Mellitus. Andrew J Krents and Clifford J Bailey (2005).  Type 2 diabetes develops when the body can still make some insulin, but not enough, or when the insulin that is created does not work properly (known as insulin resistance). In most cases this is linked with being overweight. This type of diabetes usually appears in people over the age of 40, though in South Asian and African-Caribbean people, it often appears after the age of 25. However, recently more children are being diagnosed with the condition some as young as seven. Type 2 diabetes is the more frequent of the two main types and accounts for around 90 per cent of people with diabetes. It is also known as NIDDM Non-Insulin-Dependent Diabetes Mellitus. Andrew J Krents and Clifford J Bailey (2005)

In UK, there are 2. 6 million citizens who have been diagnosed with diabetes. (Diabetes 2009) and by 2025 the figures will increase to about four million individuals with diabetes in the UK. Type 2 diabetes is up to six times more common in those of South Asian origin and up to three times more recurrent amongst populations of African and African-Caribbean origin. DOH (2001). According to the Health Survey for England 2004, the rate of doctor-diagnosed diabetes is roughly four times as common in Bangladeshi men, and almost three times as dominant in Pakistani and Indian men associated with men in the overall population. In women, diabetes is more than five times as probable among Pakistani women, at least

three times as probable in Bangladeshi and Black Caribbean women, and two-and-a-half times as likely in Indian women, compared with women in the overall population. DOH (2001)

According, to Roglic G, Unwin N, Bennett PH et al (2005), diabetes is the fifth most common cause of death in the world. Life expectancy is reduced on average by more than 20 years in people with Type 1 diabetes and up to 10 years in people with Type 2 diabetes. DOH (2001). However good diabetes management has been shown to decrease the threat of difficulties, yet if let undiagnosed it can be linked with severe difficulties including Heart disease, stroke, impaired vision, kidney disease, nerve damage and amputations leading to incapacity and premature mortality.

Coronary Heart Disease (CHD) can be defined as a disease relating to the process that affects the coronary arterial circulation with consequences for the heart and its ability to function. D. Newby, J. Cockcroft and I. Wilkinson (2005). Dr C. Davidson a cardiologist at Brighton derived a book in order to help public understand heart related complications defined CHD as the clogging up of the arteries with fat through a process called Atheroma. When the arteries become clogged up with fat they become narrow and restrict blood flow which can lead to serious complications.

CHD is said to be one of the major causes of mortality and mobility in the western world. D. Newby, J. Cockcroft and I. Wilkinson (2005). However also state that death rates from CHD have been declining over the past decade. The government report The Boyle Report (2004) backs the writers as the reports imply that individuals are managing CHD well due to the increase in invasive procedures like coronary bypass and angioplasty as well enhanced pharmacology intervention together with cholesterol -lowering statins and improved antithrombotic agents.

Research carried out by  the South Asian Health Foundation (SAHF) cited that although Coronary Heart Disease (CHD) is accountable for about one in five men in all deaths and one in six women, South Asians are 50% more likely to die prematurely from CHD than the general population. Though CHD can impinge on every person it affects those from certain groups more than others. CHD is more predominant in South Asians. This includes people from Bangladesh, Pakistan and Indian sub-continent countries of India. It is not completely stated why South Asians suffer from heart disease more than other groups but several theories exist. It is said that South Asians may genetically be more susceptible to developing CHD, also that there are some unconfirmed risk factors including insulin resistance and central obesity.

However even though people are living longer now , Linda Ewles stated that the period between 1988-1992, in South Asians CHD death rates where 38% higher in men and 43% higher in women compared to the general population of England and Wales. However the relatively disadvantaged socio-economic has been argued to be the under lying cause of heart disease.

Researchers have found that there is a link between CHD with lifestyle. The major determinants of CHD cited by Linda Ewels (2005) are high levels of a particular fat (LDL- Low Density Lipoprotein) in the blood stream, high blood pressure, smoking, lack of exercise and obesity. In terms of smoking, the principal constituents of cigarette smoke are tar carbon monoxide and nicotine. The tar is a complex mixture of substances that is produced as tobacco burns. The carbon monoxide that is released is also harmful to the body system. The impact of smoking goes much further than the direct effects on the individual smoker, it also extends beyond personal health factors, to economic, environmental and social effects. Linda Ewels (2005).

Evidence from the National Diet and Nutrition Survey showed that children take in twice the recommended level of sodium, their diet is still too high in saturated fat and sugars, very few young people eat enough fruit and vegetables and a few do no not eat any at all. This could account for the CHD rates in adults. Young people put them self at risk as these ultimately leads to hypertension, which is strongly related to CHD and stroke. Overall I the UK, death rates of people aged 65 and under from CHD and stroke have been declining. British Heart Foundation.  This could be the result of effective health promotion and health education. To ensure that death rates from CHD continue to decline, long term effects rather than immediate effects.

According to (Macodowall, et al 2002), healthiness and illness are impacted by different types of actions such as eating a composed diet or taking medications to reduce the risk of some diseases. The main reason for this is that, most people think of health as absence of disease instead of the overall well-being. The need for health promotion for South Asians is imperative. From a financial perspective it is costing the government around seven billion a year. D. Newby, J. Cockcroft and I. Wilkinson (2005). Diabetes also has a significant impact on health and social services, people with diabetes are twice as likely to be admitted to hospital and least one in ten people in hospital has diabetes at any moment in time. Sampson MJ, Doxio N, Ferguson B et al (2007). They also cited that people with diabetes experience prolonged stays in hospital. This results in about 80, 000 bed days per year.

When looking at life style Insufficient money can have a major impact on ethnic minority. Helman (2007) cites that they might not be able to afford a healthy life style. Healthy food choice are cost more to buy than cheap fast food , cheaper food tends to be high in sugar and fat content. This diet is unhealthy as cheap food is usually processed and consuming a large amount can lead to obesity. People who live on a low- income might find it complicated to attain and maintain a balanced healthy diet. Helman (2007) affirm that economic factors remain the key causes of ill health, since poverty at times results in deprived nutrition. Helman (2007) states that poor health  is usually related  with a income and poverty  as  this will  influences the sort of  food, water , clothing, sanitation, housing and medical care

With prevention in mind health promotion is aimed at targeting high risk groups who have a higher rate of likelihood of developing a specific diseases. It is normally categorised in as primary, secondary and tertiary prevention. Naidoo and Wills (2009). Primary deterrence seeks to avoid the onset of ill health by the discovery of high risk groups and the provision of information and counselling,  examples of this is the screening provided to check for diabetes and the advice and information clinics publicly opened to give advice on the disease.

Secondary prevention seeks to alter health destructive actions to curtail episodes of poor health and prevent the succession of ill health. The diabetes website has a vast section on diabetes from screening to living with the disease. The NHS website as well has a section on South Asians, they have healthy eating plan aimed to help with their diet. In is argued that South Asians have a high fat diet and due to stigma they have a mentality that they have been having this food for generations and they will be fine. South Asians with diabetes have charity organisations seeking to promote their health even if already diagnosed with diabetes and the effects of its medication and all about insulin

Tertiary prevention is aimed at trying to limit disability or complications arising from chronic or irreversible condition and enhance quality of life. Obese patients, for example or the patients affected by strokes can get help in terms of rehabilitation therapy and disability that may arise due the stroke.

There are health models that exist and are used to I health promotion. These approaches have different objectives but all have mutual goals to protect and secure the public. The medical approach is intended to focus on the deterrence of ill health and premature death through medical intervention. The fundamental principles of this approach entail a top-down method of working where the health care proficient is viewed as the expert. Whitehead and Irvine (2010). This approach is popular because of its high status because it uses scientific methods such as focusing on epidemiology; this is affirmed by Naidoo and Wills (2009). They also state that is broadly used as it is expert led and they thought that this way will support the medical and health care professionals who have the expert knowledge needed.

Whitehead and Irvine (2010 verify that education approach’s purpose is to give information so increase awareness so good and better choices can be made. This approach is based on the assumptions that knowledge and equipping people with skills will help them make better decisions. This empowers the individual to take control of their own life and health status. This also works side by side with the behaviour approach which seeks to encourage individuals to adopt healthier life styles and behaviours. This is also popular as health is in the hands on the individual and the can make those changes and attain better health. Naidoo and Wills (2009). Whitehead and Irvine (2010) state that this is also a top-down, expert led way of functioning. So experts that have sufficient knowledge can persuade individual’s to make those changes.

In summation health promotion is imperative to any minority. It ultimate aim is to prevent diseases occurring and educate people about different health issues. This will enable individuals to take control. In terms of South Asians, health promotion methods are in place to health this minority are seen to have a stigma that because they have been using this diet for generation it it’s acceptable to continue eating the high fat diet. The rational for my choice is because out on practice there were a high number of patients at different times that suffered from type 2 diabetes. I learned about their diets from adults down to children. Some of my research was shocking and made me aware and understand how genetic affects our health.

Researching South Asians, was interesting and I gained valuable insight about their culture it has also stimulated me to learn more about other cultures and how and look at their needs and the statistical data available and see what health promotion methods being implemented in other ethnic minorities.

As a novice I have learnt substantial understanding about health promotions and its importance. I will use this knowledge to advance my studies and help promote heath where I can even when I am on a hospital setting or community setting.