

# Health and culture



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Health and Culture Introduction The PEN-3 model has been developed as the framework for health promotion interventions, based on the culture of target groups. This model can be used effectively in the prevention, care and support for HIV/ AIDs in Africa. The three main domains of the PEN-3 model incorporate: relationships and expectations, cultural empowerment, and cultural identity. The first two domains are used for assessment and appraisal, while community identity is the application/ transformation domain which helps in identifying the point of entry of the intervention (Airhihenbuwa & Webster, 2010). Thesis Statement: The purpose of this paper is to develop a health education program on HIV/ AIDs for the Africans, based on an understanding of their health behavior as rooted in the cultural experience particular to the target group. A Culturally Appropriate Health Education Program on HIV/ AIDS for Africa Relationships and Expectations One of the most important features in an AIDs prevention campaign would be “ the cultural, social and economic constraints on most African women’s ability to comply with advice to limit partners and use condoms” (Peltzer, 2001, p. 171). Poverty and subordination of women are the root causes of women acquiring HIV/ AIDS. Males play the dominant role in sexual relations; hence health promotion campaigns to eliminate HIV/ AIDs should focus on addressing culturally related sexual beliefs and behaviors leading to the disease. In the prevailing traditional family groups, the empowerment of women is crucial to strengthen their position in decision making on life choices. Cultural Empowerment of the Target Group It is important to leverage culture to empower the target group. Interventions should strengthen the currently isolated traditional family systems by informally connecting them to the larger national community. Using a range of

strategies based on dialogue, change should be promoted at the inter-personal, organizational and policy levels of the community (Airhihenbuwa & Webster, 2010). This should be done through schooling and further education, through vocational training towards economic independence, and educating women on their legal rights and privileges. Additionally, teaching both men and women about the health hazards of risky engagement with more than a single partner, should form a vital part of the educational program. Multifaceted intervention activities were found to be effective in Africans' AIDs education. This is in accordance with Learning Theory that presenting messages through multiple formats using different communication strategies promotes learning. The most beneficial outcomes were achieved through interventions that caused changes in knowledge, attitude and behavior (Peltzer, 2001). Cultural Identity Among Africans and its Role in Health Education Cultural identity plays an important part, and should form an important factor in determining the most appropriate intervention “ point of entry”. A social-networking approach to address HIV/ AIDs in Zimbabwe is suggested by Kawewe (1996). Moreover, in South Africa, it was found that the most effective health messages are those that involve the target group. For example, since identification with the comic was higher among African youth as compared to their white counterparts, Toroyan and Reddy (1998) successfully accomplished a photocomic AIDs intervention among African youth. Similarly, among communities in Ghana, AIDs messages put forth through drama was found to be more effective than through songs. Another important factor that impacts behavior is attitude which differs among different groups. It was found by MacLachlan (1997) that Malawian secondary school students developed and enjoyed playing the

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educational AIDs challenge board game. Among African Americans, directly funded community-based organizations employed CDC protocols and procedures for “targeted outreach, health education and risk reduction, voluntary counseling and testing services, partner counseling and referral services”. Information and social support are provided to groups at risk for HIV such as peer outreach for gay men, street outreach for drug users, and education programs and faith-based initiative (CDC, 2010). Conclusion The high incidence and prevalence of HIV/ AIDs in Africa has to be tackled urgently. The most effective initiative is a health education program based on their cultural environment and social context which are dynamically inter-related with Africans’ health behaviors. Thus, the PEN-3 model has been found to be effective as an empowerment model of health education. It enables community and individual choices through non-traditional interventions related to relationships and expectations, cultural empowerment, and cultural identity of Africans. The health education program based on participation incorporates the key elements of meaning, value, and knowledge. Thus, value clarification, decision-making practice and community organizing skills supplement knowledge acquisition. Interventions that centralize and affirm the culture of the target group, legitimate and empower cultural identity in health promotion. References 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: pp. 4-14. ulture and African contexts of Culture an CDC (Centers for Disease Control and Prevention). (2010). National HIV Testing Resources. Retrieved on 31st January, 2011 from: <http://www.hivtest.org/subindex.cfm?fuseaction=faq> Kawewe, S. M. (1996). Social networking Zimbabwean <https://assignbuster.com/health-and-culture/>

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