

Pen-3 model



This paper was prepared for the _____ taught by _____. This paper looks at the aspect of culture that is used for controlling health practices, especially in determining the levels of health in Africa where AIDS is rampant. Since AIDS is a disease that is spread by means of behavior, it is right to use culture to understand and to control the disease. There are three categories in the PEN 3 model and these categories have also three subcategories. This paper focuses on the cultural empowerment category as a vital tool in modifying behavior of the people as well as their health practices. PEN 3 Model Culture is defined as a set of beliefs, behaviors, objects and others that are common to a group of people (Schaefer, 2009). Cultural aspects also include religion, language, values, laws, norms and the like. It is learned by the people by imitating the elders and/or enforcement by means of stigma and praises inside the society. Because of this, it is logical to say that culture can also affect health, as the health of an individual is also affected by culture and in turn also affects the health of the society. The health of the society is vital and it should be assessed regularly to monitor the needs of the people. A healthy population is a healthy civilization. Some diseases, like AIDS, are spread because of behavior. AIDS is transmitted by having unprotected sex or by using soiled needles contaminated by the HIV in medical procedures. These are all controllable and the spread can actually be contained when the people can just adjust their behavior. Behavior, like promiscuity, is an aspect of culture. Therefore, a disease that is spread by culture can also be corrected by culture. The sub-Saharan territory in Africa has the largest population of people with AIDS. The adult prevalence of AIDS in the 2005 was at 5. 0% and it continues to grow (UNAIDS). To curb this growth, a PEN-3 model was introduced by <https://assignbuster.com/pen-3-model/>

Airihenbuwa to control and assess the health status of a community, and in this case, the sub-Saharan community. The PEN-3 model is divided into three categories with three components each. These are: cultural identity, relationships and expectations, and cultural empowerment. Cultural identity is divided into three subcategories: the person, extended family and neighborhood. Relationships and expectations, the second category, is also divided into three subcategories. The first subcategory is perception, enablers and nurturers. The last category in the PEN 3 model is the cultural empowerment category. This is further subdivided into three: positive enablers, existential enablers and negative enablers. This is so because this category refers to culture and culture is not all good. The positive category is centered on the fact that some aspects of culture are generally positive, especially when it is about preventing AIDS from spreading like the practice of non-penetrable sex and/or premarital sex. This affects the behavior of the people in also a positive manner and it is also supportive in modifying behavior, especially in terms of health because it's for the good. The existential enablers category refers to those values that do not matter in the aspect of health. As in literally, they just exist. Like for example the language and racism. It is part of culture but it does not really pose a threat to health, however, it does pose a threat to intervention plans because and the interventionists usually blame existential values for the failure of their health campaigns. Racism is a hindrance, for example, because they give the colored people (the natives) in that territory, low self-esteem because of the colonialism the whites gave them in the past. Subconsciously, they might think that they are inferior and this affects their behavior especially when their doctors and health practitioners are whites. However, racism naturally

exists in their culture as a result of colonialism. The negative enablers are those values that really hinder progress like the women's being inferior to men, inequity in education and caste systems in their culture. These values are negative in all aspects, as in they could not contribute to progress at all. The interventionists all want to modify these negative enablers and make them at list existential or, positive at most. These type of enablers promotes inequality and at some point, illiteracy, because education is only for the privileged. Ignorance is a major hindrance in this setting because the people would depend on wrong beliefs and resist change if they do not know better. This spreads the wrong health behavior/practices and contributes to the severity of the disease in the area. The significance of the cultural empowerment is important in the success of using the PEN 3 model in terms of modifying health behavior. This means that the interventionist should look for more positive values that can enable the people to act more positively especially with regards to their health. As an interventionist, they should find these values in people more to promote it, like promoting the practice of not having sex before marriage to prevent promiscuity. This would also empower more people and would not be scared to face the challenges that the disease would present. Then the negative enablers, when they are pointed out, should be censured. They do not contribute to the health practices in their country and they do not support values. They are also contributing to the stigma that the disease is presenting and it should not be because the diseased should be taken care of and should not be dismissed or declined. The same with existential values, they do not contribute anything positive to this movement (like negative values) but they could be modified so that their existence could be positive. Language, for example, is an existential value.

Language can also be a positive tool too, one just has to use language in such a way that it does not offend sexes and social classes. These values form a complex web of behavior that affects the people of the Sub-Saharan region in Africa. These are all interconnected and therefore, as an interventionist, one should study the values first and point out the positive, negative and existentialist values so that they can manipulate and modify its effects to the behavior of the people in there. Bibliography 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 from http://www.sahara.org.za/dmdocuments/SAHARAJMay04_1-1_pp004-013_OA_Culture_Africa_HIV_AIDS_prevention_care_support.pdf Joint United Nations Programme on HIV and AIDS (2009). 2009 AIDS Epidemic Outbreak [data file]. Retrieved from <http://www.unaids.org/en/dataanalysis/epidemiology/2009aidsepidemicupdate/> HIV InSite University of California San Francisco (2009). Sub Saharan Africa. Retrieved from: [http://hivinsite.ucsf.edu/global?page=cr09-00-00%20\(HIV%20In%20Site\)%20Comprehensive,%20up-to-date%20information%20on%20HIV/AIDS%20treatment,%20prevention,%20and%20policy%20from%20the%20University%20of%20California%20San%20Francisco](http://hivinsite.ucsf.edu/global?page=cr09-00-00%20(HIV%20In%20Site)%20Comprehensive,%20up-to-date%20information%20on%20HIV/AIDS%20treatment,%20prevention,%20and%20policy%20from%20the%20University%20of%20California%20San%20Francisco) Schaefer, Richard (2009). *Sociology*. New York: McGraw Hill.