

# Culture Change and Health

ANTH 306/Medical Anthropology

# Culture change & health

- Changes in health that follow culture contact occur in 4 major categories:
  1. Epidemiology
  2. Demography
  3. Nutrition
  4. Health care
- These subsystems are synergistically linked – changes in one will likely trigger changes in others.

# Effects of Culture change on health

- McElroy & Townsend identify different *stages of contact*:
  - Pre-contact
  - Early contact/diffusion
  - Acculturation
  - Assimilation
  - Ethnic revitalization

# McElroy & Townsend Page 320

TABLE 8.1

Changes in Health Subsystems During States of Culture Contact

	Stage I Pre-Contact	Stage II Early Contact and Diffusion	Stage III Settlement and Acculturation	Stage IV Modernization and Assimilation
Epidemiological subsystem	Few pathogens in ecosystem; low immunities to infections	Epidemics of infectious diseases	Hyper-endemic infectious and nutritional diseases	Endemic infectious, nutritional, and stress-related diseases
Demographic subsystem	Births $\cong$ deaths, population stable	Births < deaths, population decline	Births > deaths, population growth	Births $\cong$ deaths, slow population growth
Nutritional subsystem	High protein, low carbohydrate; fluctuating supply	Carbohydrate supplements; famine interacting with epidemics	High carbohydrate, low protein; food supply steady but nutritionally poor	High carbohydrate, low protein supply; quality varies by socio-economic status
Health resources subsystem	Shamans and midwives fulfill limited medical & psychotherapeutic needs	Shamans discredited in epidemics; missions provide relief	Government & missions provide modern medical care; health needs greatly increased	Modern medicine continues; birth control increases; health care and ethnic politics interconnected

# Acculturation

- *Continuous & intense contact* between members of previously autonomous cultures.
  - 1 or both systems experience major changes.
- Health care problems can be numerous:
  - Nutritional changes
  - Stress induced by subordination
  - Diseases introduced/exacerbated by environmental modification; e.g., tropical diseases like schistosomiasis & malaria in Africa.
- Contact in New World especially deadly for Native peoples.

# Culture Contact in the Arctic

- History of health changes among Inuit illustrates interaction of variables in Table 8.1.
- Pre-contact health remarkably good considering their environment:
  - infectious diseases rare.
  - accidents caused most deaths.
  - occasional famine but chronic malnutrition rare.
- Post-contact health saw chronic, endemic diseases and famine replace accidents as primary cause of death.

TABLE 8.2

Leading Causes of Death Among Canadian Inuit and Indians, 1986–1988

	<u>Inuit</u>	<u>Indians</u>	<u>All Canada</u>
	%	%	%
injury & poisoning	28.1	31.2	7.5
cancer	18.1	11.9	26.1
circulatory	15.3	23.2	43.0
respiratory	11.9	8.0	8.1
other causes	26.6	25.7	15.3

Source: B. L. Muir, Health Status of Canadian Indians and Inuit—1990, Health and Welfare Canada, p. 18.

# Consider the demographics...

**4½ X**

Rate of population growth  
compared to rest of Canada

Median Age  
difference with  
non-Aboriginal  
population

**First Nations: 14 years**  
**Inuit: 17 years**

**> 40 %**

Population under 20 years  
of age

Live outside  
of urban areas

**First Nations: 57%**  
**Inuit: 73%**

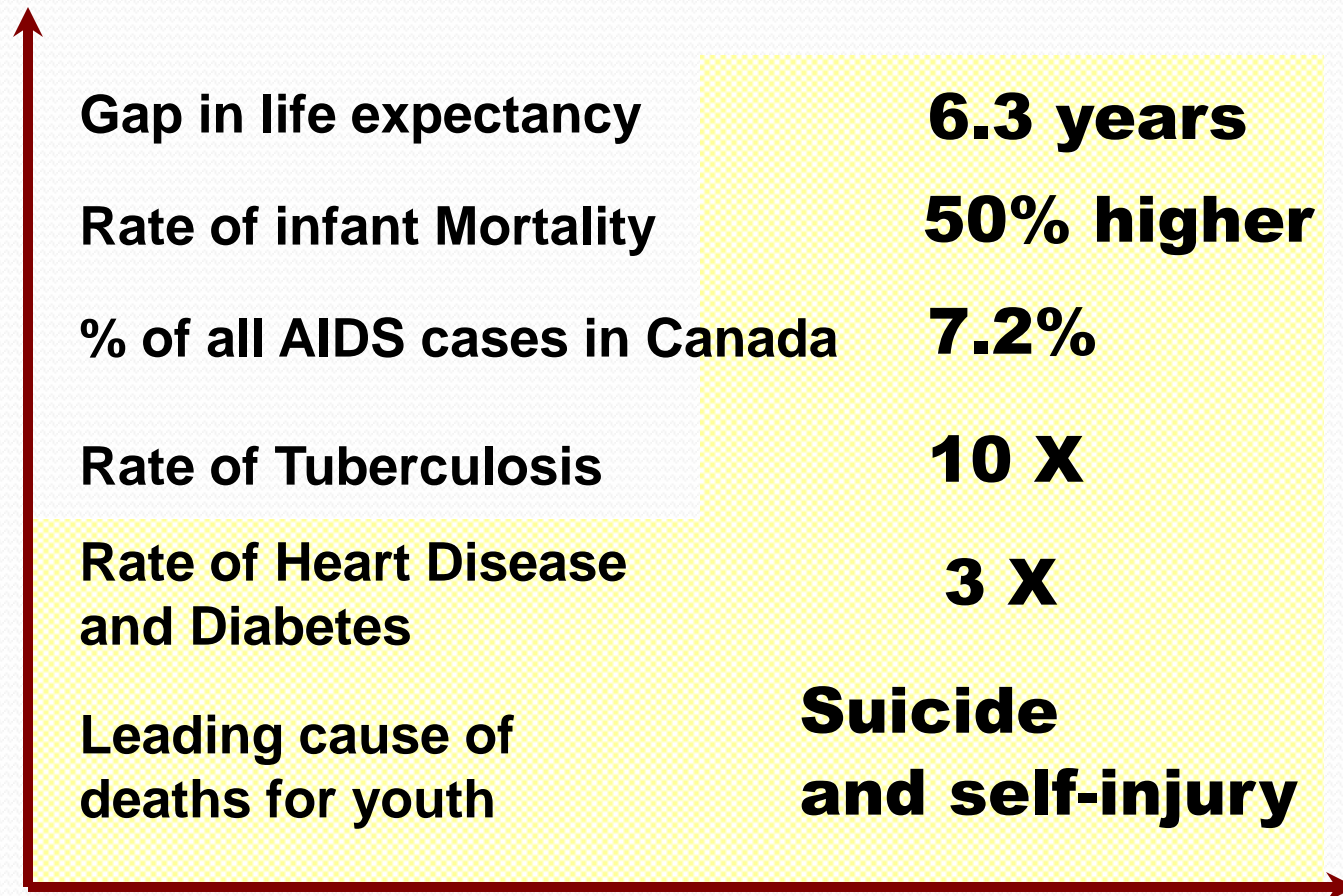
First Nations communities  
with 1000 inhabitants or less

**82 %**





# Health Status of First Nations & Inuit

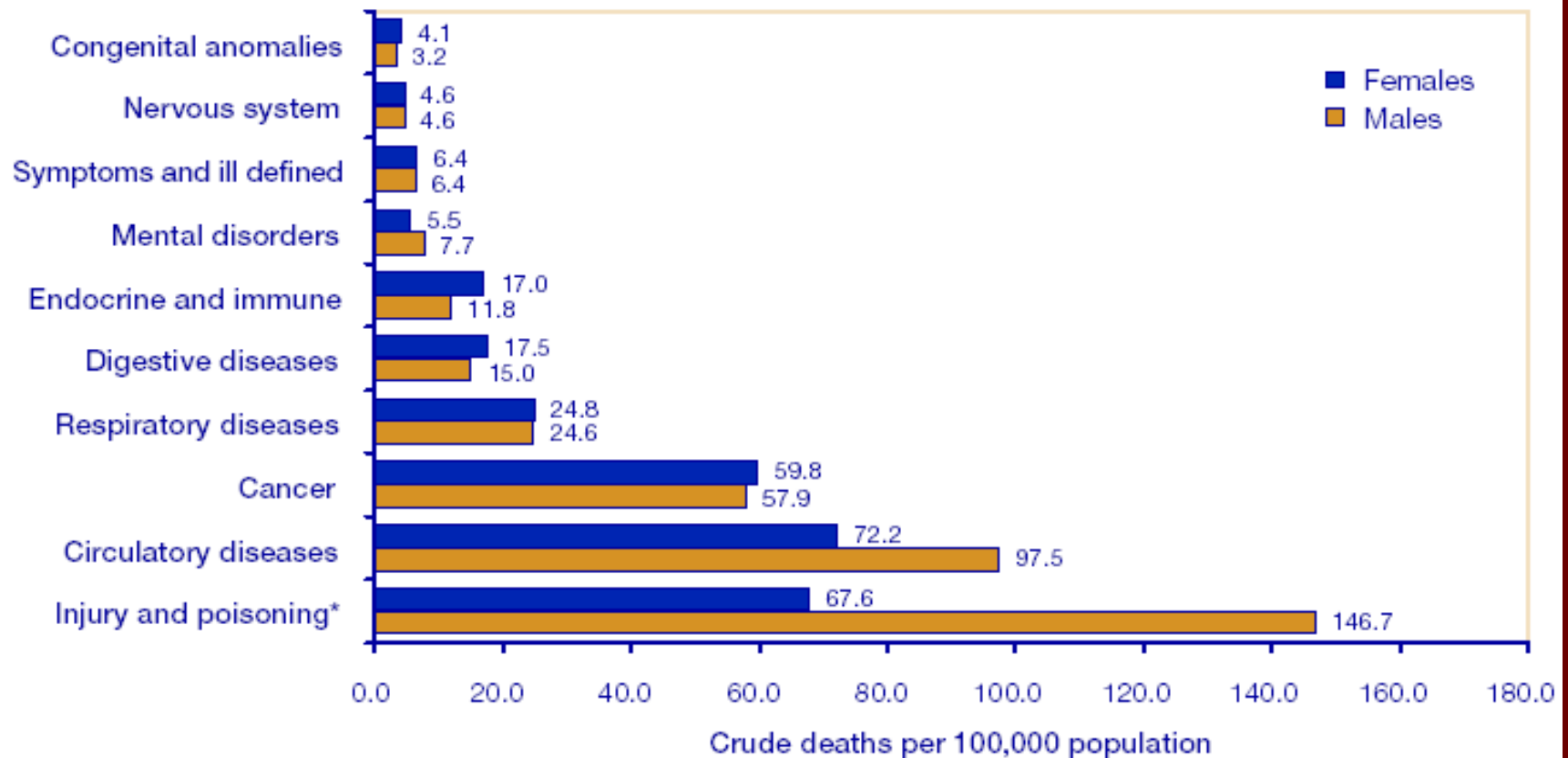


Gap in life expectancy	<b>6.3 years</b>
Rate of infant Mortality	<b>50% higher</b>
% of all AIDS cases in Canada	<b>7.2%</b>
Rate of Tuberculosis	<b>10 X</b>
Rate of Heart Disease and Diabetes	<b>3 X</b>
Leading cause of deaths for youth	<b>Suicide and self-injury</b>

**Higher incidence of health problems among Aboriginal people, compared to the general population**



# Leading Causes of Death among First Nations and Inuit (by Sex), 1999



## Notes:

\* Included in this rate are suicides with a rate of 12.4 per 100,000 for women and 43.3 per 100,000 for men.

Ranking based on mortality (deaths per 100,000 population) for First Nations in 1999.

See Appendix 2 for ICD-9 chapter definitions.

**Source:** Health Canada, First Nations Inuit Health Branch in-house statistics.

# Health Care Systems

- Health care involves organized behaviors for:
  - health maintenance.
  - prevention of physical illness or emotional distress.
  - management of illness or disability.
- Health care systems are comprised of :
  - people – patients, healers, families.
  - settings – where does diagnosis/ treatment/ recovery occur?
  - behaviors – both preventative & therapeutic.
  - beliefs – causes of illness & proper treatment.

# Medical pluralism:

a fact of life in all societies today

- Ideas & practitioners from several traditions occupy same therapeutic space in society.
- Coexistence of traditional medical systems with modern medicine.
- Most ethnomedical systems reflect some degree of pluralism, even in U.S.
- Simple 1:1 relationships between single society and single ethnomedical system no longer exist.
- Instead, today people *choose* from a variety of options.
- These pathways are called ***hierarchies of resort***.

# Culture Matters: Indigenous Perspectives on Behavioral Healthcare

- A documentary film focusing on Native American, Alaska Native, and Pacific Islander behavioral health care and how culture influences treatment decisions.
- We travel to the South Pacific Island of American Samoa, the pristine wilderness of Alaska, and around the United States to talk with indigenous people and listen to their stories.
- This film was funded through a grant from the US Department of Health and Human Services - SAMHSA, produced by WideAngle Studios in association with First Nations Behavioral Health Association (Portland, OR).