

EURASIAN EXPERIMENT JOURNAL OF SCIENTIFIC AND APPLIED RESEARCH (EEJSAR)	ISSN: 2992-4146
©EEJSAR Publications	Volume 6 Issue 1 2024

# The Influence of Cultural Heritage on Health Practices

Andrew Nyakundi

Department of Business Administration Kampala International University Uganda

## ABSTRACT

Cultural heritage profoundly impacts health practices, shaping behaviors, beliefs, and approaches to well-being across different societies. This paper examines the dynamic interplay between cultural traditions and health-related behaviors, with a focus on how customs and beliefs inform practices around diet, exercise, and healthcare seeking. Drawing on case studies from various global contexts, including traditional healing systems such as Ayurveda and Traditional Chinese Medicine, the paper demonstrates how cultural values contribute to both health-promoting and health-compromising behaviors. The review emphasizes the need for culturally sensitive healthcare interventions that respect local traditions while promoting better health outcomes. Furthermore, the role of acculturation and its dual effects on health is examined, with attention to how both new and old cultural practices can influence community health in positive and negative ways.

**Keywords:** Cultural heritage, Health practices, Traditional medicine, Acculturation, Health behaviors.

## INTRODUCTION

Cultural heritage, broadly defined, encompasses all inherited resources of a community that are valued for their economic, social, and symbolic importance in daily life. The influence of such resources is, however, broader still. Culture may shape the minds and practices of those who belong to a particular community. Even today, a shared cultural heritage often sets the stage for the values and norms of human behavior. As a case in point, walking around some of the historic cities in East and South Asia, one often finds the local inhabitants practicing their morning exercises in parks, alongside ancient temples or public squares. These forms of physical exercise are often part of long-standing traditions, which are believed to serve socio-cultural as well as health functions. In a very literal sense then, such practices might be thought of as those perpetuated through time and space, constitutive of cultural heritage [1, 2]. The objective of this review is to examine this interrelation between culture and health across a variety of case studies. By examining different forms of health practices, it is hoped that a more textured understanding might be achieved of the ways and means by which cultures shape what people believe and, in turn, do when it comes to matters of health. To this end, health practices are taken, expansively speaking, as including behavioral norms and choices around food and exercise, as well as healthcare-seeking behaviors and rituals. Behavioral norms have been defined as social prescriptions that encourage behaviors either appropriate or inappropriate to the group. Grasping cultural dimensions of such practices may help in understanding and modifying such health behaviors in ways that are sensitive to local meanings and values that are important for ensuring the success of interventions [3, 4].

### Understanding Cultural Heritage and Health Practices

Cultural heritage is made up of the traditions, customs, values, language, historical experiences, and social functions of communities past and present that inform the cultures, identities, and ways of life that we as people and communities practice and experience. Humans are socialized into cultural norms, beliefs, traditions, and attitudes that are shaped by and have grown from cultural heritage. In our everyday lives, these influences on our values and identities serve to teach us how to behave, how to interact with others, and how to meet our physiological, psychological, sociological, and transcendent needs. Because cultural heritage informs our identities and how we meet the full range of our needs, from basic physical and safety needs to belonging needs and self-actualization needs, cultural heritage influences our health-

related decisions, policies, and community standards [5, 6]. The health-related behaviors of every community and individual are driven by deeply rooted cultural traditions. The model illustrates how cultural influences inform the entire conceptualization of well-being, the assessment of physical, mental, and social functioning, and the treatment of health problems when they occur. To accurately accommodate and provide for individuals, communities, and societies, healthcare professionals, family scientists, and healthcare policymakers need to take cultural influences into consideration. Cultural identity might influence beliefs about the origins of illness, traditional approaches to treatment, the value or non-value of preventive practices, or which illnesses pose the greatest threat. Healthcare professionals must be familiar with and capable of accommodating numerous cultural reactions to and behaviors around health and well-being. Culturally sensitive health promotion and disease prevention programming must be informed by an understanding of cultural practices and beliefs. Homogenizing a community will not promote understanding and the adoption of helpful and healthier lifestyle choices [7, 8].

### **Cultural Beliefs and Health Behaviors**

Every health behavior that an individual undertakes results from some belief. These beliefs may be based upon tradition or personal experience. But any explanation of why an individual, family, or community does what it does must explicitly or implicitly reference these cultural beliefs. To illustrate this, we can examine a variety of cultural beliefs in order to understand how they dictate certain health practices. In the West, we are told from birth that people who are ill should confine themselves to bed. We advocate that individuals stay home until they are well, especially if they are ill with an infectious disease [9, 10]. The beliefs among many other cultural groups differ dramatically from this Western health behavior. Such beliefs on health and illness may, on the one hand, promote health, while, on the other hand, lead to health-compromising behaviors. Concerning the latter, the literature is full of studies that attest to poor health behaviors of specific people, citing the culture of such people as the root of the problem. Groups identified as not practicing good health behaviors are often found in lower socioeconomic strata. People of lower socioeconomic status will also unknowingly transmit their culture of health attitudes to their children. Stories, or material culture, transmitted from generation to generation encode our cultural health attitudes. Specifically, our health attitudes reflect a complex tapestry of sacred/practical reasons as to why a culture deems a particular practice as a good health behavior. Some clear examples of these sacred vs. practical health behaviors and/or beliefs will be reviewed and documented. A culturally competent physician had to be aware of these cultural beliefs so as to adopt accordingly. A fairly straightforward example of one such belief process is provided by a group of American Indians in the central USA who had a very strong reluctance to receiving preventive care. Their belief was based on a training session at one time wherein an invasive procedure was used as an example of a preventive health practice. Throughout the training session, the male participant experienced bitter anguish, which was augmented with a significant amount of anxiety. Because the males enacted this procedure and were so cooperative, they began to associate this anguish and anxiety with the action the presenter was trying to demonstrate. Ultimately, the physician had to address the latter pain as an outcome of the described invasive procedure and sought a less invasive way to perform the procedure to prevent such anguish and pain. This patient showed a clear resistance to the preventive approach. It implies generational resistance to providing preventive screening for the current elderly from this region. The belief is therefore indicative of an individual, family, and community pattern that can be used to determine social, environmental, epidemiological, and even genetic linkages for those data [11, 12].

### **Traditional Healing Practices**

One of the defining aspects of cultural heritage is the variety of traditional medicines and practices that have been developed by different world cultures across thousands of years. In some parts of the world, such as Sudan and Papua New Guinea, the practice of herbal medicine is thought to date back 60,000 years or more. Other traditional medicine systems, such as Ayurveda and Traditional Chinese Medicine, boast written histories that date back over 3,000 years. Other forms of traditional medicine commonly practiced around the world include acupuncture, Kampo, Koryo hand therapy, Qi Gong therapy, shiatsu, and traditional European medicine. Despite having these long histories, traditional practices continue to hold relevance to people all around the world, frequently making meaningful contributions to health care in a modern health context [13, 14]. While the practices used differ between cultures and societies, traditional health systems worldwide consequently also encompass an array of traditional healers. Medicine women, diviners, midwives, bone setters, spiritual healers, doctors, and many others exist in different cultures all over the world, often with unique and specifically defined roles. Traditional healers

are primarily responsible for the health of their communities, with their specific training allowing them to fill roles from delivering babies to spiritual healing and treating minor cuts and broken bones. In some cases, they are also relied upon to treat illnesses, as traditional healers are often trusted more than their biomedical counterparts. As a result, a large percentage of a given population's health care concerns are generally met through traditional medical practices. Ideally, traditional healers should interface with other health practitioners to reach the widest client base with the most effective health care possible. With their incredible longevity and success, traditional practices are clearly a vital aspect of human cultural heritage and are likely to remain important into the future. Thus, the ideal scenario for the future of global health care would see the strengths and limitations of both paradigms recognized alongside a coming together of collaborative minds: informal care, holistic, and biomedical practitioners working alongside each other in order to provide the most comprehensive health care. Special consideration should be given to policies put in place if neurologists or other formal care practitioners do not accept or refuse integration. With increasing globalization and significant cultural change, the preservation of these invaluable practices in the future is currently a major issue [15, 16].

### **Impact of Acculturation on Health Practices**

The process by which cultural practices are learned or transmitted is important and affects how individuals make observations about the world, form natural understandings, and generate scientific ideas. This chapter examines how cultural heritage can influence undergraduates' open choice in settling upon health-related topics for individual reflective reviews in university units of study. It then shows both how an understanding of cultural health practices contributes to the framing of illness and how communities share strategies to maintain health. People also draw on these cultural experiences and scientific knowledge to engage in open inquiry-based activities and reflect on social and ethical responsibilities regarding science in personal and family health decisions [17, 18]. Health is a general word and does not always imply the absence of disease. Possible cultural differences in, and consequences of, a person's definitions of and beliefs about illness are not addressed. American heritage focuses more on curing than preventing illness, whereas wholism focuses on creating a healthy environment within which healing can naturally occur. In addition, patient safety and guidelines use Western disease and prevention concepts and may not always be appropriate for managing chronic illness. All these health concepts are based on the values that people learn from their families and communities. Acculturation is the process by which people adopt new cultural beliefs, values, and practices as they move from one culture into a new culture. Acculturation can also involve behavioral changes, including adopting new diets and changing other health practices such as personal hygiene and water purification. Changes associated with acculturation can have both good and bad health outcomes. For example, immigrants may face new barriers to accessing health care but may also have assistance in learning about healthy pregnancies. What health interventions and medicines are likely to work with a community are often a combination of the old and new. Acculturation is a two-way process, and members of the 'new' culture are also affected. It is important to remember that acculturation is happening to people, and they cope successfully by drawing on existing support networks. Not all people undergoing acculturation reach this level of success in meeting other cultural challenges, such as maintaining a proper diet and exercise, particularly when the traditional practices are discouraged in the new environment. Acculturation is long-term, and more research is needed to determine long-term effects on health [19, 20].

### **CONCLUSION**

Cultural heritage plays an important role in shaping health practices and behaviors. Understanding these cultural influences is essential for developing effective health interventions that respect local traditions and values. While some cultural practices promote well-being, others may lead to health-compromising behaviors. Therefore, healthcare systems and professionals must embrace cultural competence, integrating traditional practices with modern healthcare to improve overall health outcomes. Additionally, acculturation introduces complexities that require further research to address the long-term impacts on community health. Moving forward, a collaborative approach that honors both traditional and modern medical systems may offer the best path for promoting global health.

### **REFERENCES**

1. Uckelmann M. New Book Chronicle. *Antiquity*. 2024 Jun;98(399):858-71.
2. Atkinson CL, Alibašić H. Prospects for governance and climate change resilience in peatland management in Indonesia. *Sustainability*. 2023 Jan 18;15(3):1839.

3. Watson MF, Bacigalupe G, Daneshpour M, Han WJ, Parra-Cardona R. COVID-19 interconnectedness: Health inequity, the climate crisis, and collective trauma. *Family process*. 2020 Sep;59(3):832-46. [nih.gov](#)
4. Kleinman A. Concepts and a model for the comparison of medical systems as cultural systems. In *Concepts of health, illness and disease* 2020 Dec 17 (pp. 27-47). Routledge.
5. Mulumba M, Ruano AL, Pehudoff K, Ooms G. Decolonizing health governance: a Uganda case study on the influence of political history on community participation. *Health and Human Rights*. 2021 Jun;23(1):259. [nih.gov](#)
6. Gallou E. Heritage and pathways to wellbeing: From personal to social benefits, between experience identity and capability shaping. *Wellbeing, Space and Society*. 2022 Jan 1;3:100084.
7. Chevance G, Fresán U, Hekler E, Edmondson D, Lloyd SJ, Ballester J, Litt J, Cvijanovic I, Araújo-Soares V, Bernard P. Thinking health-related behaviors in a climate change context: a narrative review. *Annals of Behavioral Medicine*. 2023 Mar 1;57(3):193-204. [oup.com](#)
8. Božek A, Nowak PF, Blukacz M. The relationship between spirituality, health-related behavior, and psychological well-being. *Frontiers in Psychology*. 2020 Aug 14;11:1997.
9. Walrave M, Waeterloos C, Ponnet K. Adoption of a contact tracing app for containing COVID-19: A health belief model approach. *JMIR public health and surveillance*. 2020 Sep 1;6(3):e20572. [jmir.org](#)
10. Trifiletti E, Shamloo SE, Faccini M, Zaka A. Psychological predictors of protective behaviours during the Covid-19 pandemic: Theory of planned behaviour and risk perception. *Journal of community & applied social psychology*. 2022 May;32(3):382-97. [nih.gov](#)
11. McKinley LE, McAnally K, Moyers SA, Hagger MS. Behavioral health theories, equity, and disparities in global health: A basic process model. *Handbook of global health*. 2020:1-23.
12. Kristensen JÅ, Skilbred A, Abrahamsen FE, Ommundsen Y, Loland S. Performance-enhancing and health-compromising behaviors in youth sports: A systematic mixed-studies review. *Performance Enhancement & Health*. 2022 Oct 1;10(4):100237. [sciencedirect.com](#)
13. Wang WY, Zhou H, Wang YF, Sang BS, Liu L. Current policies and measures on the development of traditional Chinese medicine in China. *Pharmacological research*. 2021 Jan 1;163:105187.
14. Silveira D, Prieto-Garcia JM, Boylan F, Estrada O, Fonseca-Bazzo YM, Jamal CM, Magalhães PO, Pereira EO, Tomczyk M, Heinrich M. COVID-19: is there evidence for the use of herbal medicines as adjuvant symptomatic therapy?. *Frontiers in pharmacology*. 2020 Sep 23;11:581840.
15. Vishaka S, Sridevi G, Selvaraj J. An in vitro analysis on the antioxidant and anti-diabetic properties of Kaempferia galanga rhizome using different solvent systems. *Journal of Advanced Pharmaceutical Technology & Research*. 2022 Dec 1;13(Suppl 2):S505-9.
16. O'Keefe VM, Cwik MF, Haroz EE, Barlow A. Increasing culturally responsive care and mental health equity with indigenous community mental health workers. *Psychological Services*. 2021 Feb;18(1):84. [nih.gov](#)
17. Peng J, Yang X, Fu S, Huan TC. Exploring the influence of tourists' happiness on revisit intention in the context of Traditional Chinese Medicine cultural tourism. *Tourism Management*. 2023 Feb 1;94:104647.
18. Westbrook M, Harvey M. Framing health, behavior, and society: a critical content analysis of public health social and behavioral science textbooks. *Critical public health*. 2023 Mar 15;33(2):148-59.
19. Badanta B, Vega-Escañó J, Barrientos-Trigo S, Tarrío-Concejero L, Muñoz MÁ, González-Cano-Caballero M, Barbero-Radio A, de-Pedro-Jimenez D, Lucchetti G, de Diego-Cordero R. Acculturation, health behaviors, and social relations among Chinese immigrants living in Spain. *International Journal of Environmental Research and Public Health*. 2021 Jul 18;18(14):7639. [mdpi.com](#)
20. Horlyck-Romanovsky MF, Huang TT, Ahmed R, Echeverria SE, Wyka K, Leung MM, Sumner AE, Fuster M. Intergenerational differences in dietary acculturation among Ghanaian immigrants living in New York City: a qualitative study. *Journal of Nutritional Science*. 2021 Jan;10:e80. [cambridge.org](#)

**CITE AS: Andrew Nyakundi. (2024). The Influence of Cultural Heritage on Health Practices. EURASIAN EXPERIMENT JOURNAL OF SCIENTIFIC AND APPLIED RESEARCH, 6(1):38-42**