



1. Different conceptions of health – based on culture/religion/gender

Introduction

The distinction between the physical and the social / cultural being is an analytical abstraction that in some contexts may be fruitful, in other misleading.

For sure: when it comes to health, illness and treatment, people do not step out of their culture. On the contrary, the cultural aspect becomes even more clear and prominent.

Challenges

In the western world, there is the perception that, if only people get the right information in the right dosage, they will do what the health authorities recommend them to do. However, it is sometimes challenging or even impossible to reach migrants with information on health issues because of a language barrier. Furthermore, there are cultural, religious and educational barriers that we have finally realized that we cannot overcome just by translating health messages to the native language of our migrants. It is much more complicated than that.

Explanation/Background

Culture, and also sometimes religion and gender, defines the position from which human beings consider the world – and a person does not step out of his/her culture when he/she goes to the doctor or to the hospital in a new country. On the contrary, the culturally specific features are particularly clear in terms of disease, health, life and death – the situations where you are most vulnerable.

Consequences

It is obvious that a different concept of health, of what is healthy and unhealthy, of the significance of doctors and of the use of medicine, can have serious consequences on the wellbeing of migrants in a new country. The consequences might be that they do not make use of the existing health offers, e.g. they do not contact the doctor – or they do contact him/her but are not able to explain to him/her what their problem is. They might ignore invitations for vaccination and they are not aware of their responsibility for own and for others' health and wellbeing.

Overview of topics

- Conceptions of what is healthy/unhealthy
 - Activity 1.1: Culture expert for a day
- The role of the doctor
 - Activity 1.2: What can I expect from the doctor?
- Medicine. Antibiotics, vaccinations, injections, self-medication, compliance
 - Activity 1.3: Why should I use medicine?
- Taboos
 - Activity 1.4: Facing Taboos



- Special Needs
 - Activity 1.5: Get to know a person with special needs
- Women's and men's health
 - Activity 1.6: My body and my pains
- Blood and blood transfusions
 - Activity 1.7: Is blood thicker than water?

What can you expect

Here you will find a number of selected activities that you can embed in your training course in order to establish a platform and a framework for discussing the different conceptions of health – based on culture and religion. It is indeed a delicate topic but we hope that the activities can help to create openness for and raise awareness of this important issue and at the end, make life easier for the target group of your training. Some activities are based on discussion and brainstorming, whereas other activities use other approaches to encourage your learners to work together in teams.



Activity 1: Culture expert for a day

Rationale

The idea that everyone can become healthy and have his and her diseases successfully treated by the same stereotyped model is gradually being replaced by attention to the importance of the life story, gender, age, religious conviction and cultural background of the *individual*. Everything that people do is rooted in their cultural background, and culture defines the position from which you view the world. Culture is the contextual and time-specific ways people are acting and behaving: norms, values, languages, habits, knowledge, clothes, food, climate, skills, etc. human beings as pure nature, pure biology, do not exist.

Migrants must adapt to a new environment that provides them with many new opportunities, but also confronts them with new rules and expectations from the receiving society. They may know some of these aspects; some of them may be new.

If migrants' concept of what is healthy and unhealthy, that differs from the dominant concept in the host country, the consequences might be:

- Failure to use health and prevention offers in the host country - among other things, how to communicate with the doctor about e.g. pain.
- Lack of responsibility for the health of others, e.g. related to infection with infectious diseases brought from the home country.
- Lack of motivation for taking responsibility for one's own illness due to e.g. a different body perception.
- Communication problems and misunderstandings.

Learning outcomes

Learners are able to:

- Identify the opportunities related to illness and health in the host country and able to make good and appropriate choices
- Show and express insight and interest in health issues in general

Training methods

- Presentation by the educator
- Field work with participatory observation and interviews
- Active listening
- Discussion

Equipment

- PC with internet connection
- Tape recorder/iPhone
- Posters

Number of learners

Min. 3, max. 15



Duration of activity

1½ - 2 hours

Description of activity

The learners are playing culture experts for a day. You start with a presentation on how to ask open questions. Then the learners make "field work and observation" in each other's life stories. A specific health theme, which is the focus of the activity, will be agreed in advance. For example: "Responsibility for your own health", "Body conception", "How to express pain"? It is crucial for the success of the exercise that the interviews are at the same time investigative, open, and concrete. The learners work together in groups of three. One is an interviewer, one is the interviewee and one is an observer. They change roles during the exercise. Each interview lasts between five and ten minutes. The observer writes down the answers and gives comments on nonverbal observations.

Subsequently, the summaries of the interviews are read aloud and similarities and differences in the answers are discussed in the small group and written on a poster.

The posters are put on the wall and presented to the whole group. It is possible to walk around and see each other's poster and ask questions.

Tips for the educator

The learners must be introduced to the importance of *how* to ask a question/make an interview and to use different types of questions. For instance: If you want to know something about people's eating habits, do not ask: "What do you eat"? But instead: "What did you eat yesterday"? You should be aware that the learners show a curious and investigative approach and dare to ask openly and "stupidly"

Do not ask according to a comprehensive interview guide but follow people's mind-set and sense what is important.

During the interviews you should walk around in the class room, make observations and support groups in applying the method if needed.

Summary of the activity

In this exercise, there are elements of the anthropological method. The learners get experience with this method when interviewing each other and they get an awareness of the importance of *different ways* of asking questions and *different types* of questions.

An anthropological approach can provide you with an understanding of the different values and logic of human beings, and enhance understanding of the many complex issues that may be in the field. One of the most basic anthropological tools is to look for people's reasons for doing what they do. You should put condemnation on hold and insist that there is a good reason why people act as they do.



Activity 2: What can I expect from the doctor?

Rationale

Patients do not always do as the doctor says.

This insight has brought increased attention to the importance of the individual as a patient with his/her life story, culture, gender, age and cultural background.

Culture defines the position from which human beings consider the world - and people do not step out of their culture when they go to the doctor. On the contrary, the culturally specific features are particularly clear in terms of disease, health, life and death.

It is not, in itself, only the quality of medical care that is important, but also the perceptions found in a given society about what is healthy, what is sick, what is feminine and what is masculine.

Therefore, a focus on culture in health care, will reveal great differences among health services of different countries and thus differences in the perception of doctors and treatment. The health system of the host country thus can be challenged by the many value systems. For instance:

- Patients believe more in alternative therapies than in the established medicine.
- The ideas of different ethnic groups about illness and death are clashing with the rationality of the host country.
- Refugees / migrants come from countries where medical rationality is completely different (natural medicines, wise women, medicine men etc.).

If the patient has a different view on diseases, treatment and cure and/or has no knowledge of the doctor's role in the host country, the consequences might be:

- Different perceptions about when there is a reason or even a need to contact a doctor.
- Discrepancy between the expectations of the patient and the doctor as to how the patient can be involved in decisions about the treatment process. This can lead to confusion about the role of the doctor and the role of the patient. Who is responsible for healing the patient?
- Lack of confidence in the doctor and thus improper use of the doctor - and/or the migrants begin to turn to doctors in their home country.
- Incompliance.

Learning outcomes

Learners are able to:

- Demonstrate knowledge of the role of the doctor in the host country
- Demonstrate knowledge of the thinking behind medical care in the host country, the possibilities for access to medical care and knowledge about the doctor's role
- Show and express insight and interest on health issues in general

Training method applied



- Present a power point or provide the learners with a handout with bullet points related to the role of the doctor in the new country: What is the doctor responsible for? Which are the tasks of the doctors? What are not tasks of the doctor?
- Group work on differences and similarities in the role of the doctor in the host country and in the home country: When do you go to see a doctor in your home country? Which kind of doctors do you see? Difference between experts and general practitioners: when do you go to the hospital, when to the doctors?
- Presentations by the groups.
- Discussion

Equipment

- PC, projector,
- Official papers, information on medical care options, your rights as a patient and the role of the doctor
- Flip chart

Number of learners

Min. 5 max. 15

Duration of activity

- 2-4 hours, depending of the number of learners

Description of activity

You present a power point or provide the learners with a handout with bullet points related to the role of the doctor in the new country: What is the doctor responsible for? What are the tasks of the doctors? What are NO tasks of the doctor?

This is followed by group work on differences and similarities in the **role of the doctor** in the home country compared to the role in the “new” country. The learners tell about how they used the doctors and hospitals where they come from: Questions answered and discussed: When do you go to see a doctor in your home country? Which kind of doctors do you see? Difference between experts and general practitioners: when do you go to hospital, when to the doctors? Finally, presentations by the groups and discussion.

This session could be followed by another session where you give a presentation of the health system to the learners.

Tips for the educator

Be visible and accessible throughout the process. Help and support the learners during group work in case of uncertainty about the task, communication / language problems, conflicts, etc.

Summary of the activity

The meeting between doctors and patients of other ethnic backgrounds is often characterized by insecurity for both parties. During this activity, concrete information on the health care system is provided and the activity also gives the learners the opportunity to discuss and reflect on their expectations.



Activity 3: Why should I use medicine?

Rationale

WHO (World Health Organization) distinguishes between "traditional medicine" and "alternative treatment":

Traditional medicine has a long history. It is the sum of the knowledge, skill, and practices based on the theories, beliefs, and experiences indigenous to different cultures, whether explicable or not, used in the maintenance of health as well as in the prevention, diagnosis, improvement or treatment of physical and mental illness.

According to the WHO definition, traditional Chinese medicine, Ayurveda and various shamanistic traditions are examples of traditional medical systems.

According to WHO, the terms **complementary medicine** or **alternative medicine** refer to a broad set of health care practices that are not part of that country's own tradition or conventional medicine and are not fully integrated into the dominant health-care system. They are used interchangeably with traditional medicine in some countries.

In the western world – based on a science-based understanding – medicine is regarded as suitable for:

- treating or preventing diseases
- restoring, changing or affecting physiological functions in the body
- making a medical diagnosis (e.g. contrast remedies).

The cultural background influences attitudes towards medicine and medical treatment - including vaccinations and injections. The challenges include that some migrants do not redeem prescriptions. There is less compliance with medical treatment and a higher level of self-medication.

Medicine contains substances that prevent or have a beneficial effect on diseases or symptoms. Generally, these substances form a chemical compound with the body, meaning that all drugs affect the body in one way or another. The purpose of taking medicine is to get well, get better or prevent disease. But for the medicine to work for the purpose, it is important that it is taken according to the regulations. In medical and pharma language, one speaks of compliance and non-compliance and for the latter it distinguishes between conscious and unconscious non-compliance. The consequences of non-compliance can be that you do not get the intended effect, hospitalization or in worst case death.

Learning outcomes

Learners are able to:

- Demonstrate increased knowledge of medicine and vaccinations in general
- Show understanding of the importance of following the instructions related to the medicine.
- Understand the importance of prevention of inappropriate use of medicine

Training methods

- Group work
- Group presentations



- Presentation

Equipment

- PC with Internet connection and projector/slide projector
- Flip chart or whiteboard
- Posters

Number of learners

Min. 10 Max. 20

Duration of activity

First Part: 10 minutes, second part 20 minutes, third part 30 minutes per group

Description of activities

Part 1: (10 min.) You should start this activity with the presentation of some relevant websites, where the learners can find information about different medications.

Part 2: (20 minutes)

Group work: Each group chooses a drug. The task is to investigate

- Effect
- Adverse Reaction
- Consequences of non-compliance
- What can be the results of self-medication with another drug?

Part 3: (30 minutes)

The groups subsequently present to the whole group what they have found out about the drug they have studied and what they learned from it.

Tips for the educator

Be visible and accessible throughout the course. Be ready to help the learners during group work in case of uncertainty about the task, communication/language problems or conflicts.

Summary of the activity

Focus in this activity is information and increased insight. During the activity, this insight will increase awareness of preventing the consequences of inappropriate use of medicine and neglect of vaccination programs.

Additional activities

We recommended to invite a doctor or a nurse to give a presentation on the following topics:

- Guidelines for medicine administration / medicine management in the host country.
- The importance of taking the medicine as prescribed.
- Different medicines. For example, about antibiotics and vaccines



Tips for the educator

- Be visible and accessible throughout the course, also during the visit of a doctor or nurse.
- Be ready to help students during group work in case of uncertainty about the task, communication/language problems or conflicts.

Summary of the activity

Focus in this activity is on information: During the activity, information on medicine will be provided with the desire to prevent the consequences of an inappropriate use of medicine and neglect of vaccination programs.

References

<https://www.who.int/traditional-complementary-integrative-medicine/en/>





Activity 4: Facing Taboos

Rationale

A taboo can be defined as a social or religious custom prohibiting or restricting a particular practice, or forbidding association with a particular person, place, or thing. It is something that is viewed as forbidden by society's standards and therefore is rarely talked about openly. According to "Urban Dictionary", most taboos "have to do with sex, some taboos have to do with food, and others with beliefs. All of them will bring a conversation to a dead stop if you bring them up because these are all things most people do not want to talk about."

Being subjected to some taboos might have consequences for your health. These could be for instance taboos related to menstruation, AIDS, cancer and last but not least depression. Also, not being able to share with other people your feelings and worries about for instance divorce, adultery, suicide, sex and homosexuality, can influence negatively on your wellbeing and your quality of life.

Learning outcomes

Learners are able to:

- Demonstrate knowledge about taboos and the cultural differences of taboos, the rationale behind them and the aim they serve in society
- Show an understanding of why we have taboos/where they come from/what purpose they serve in the society/why they can be different from society to society
- Demonstrate openness on taboos.
- Accept that taboos can be reconsidered by each individual
- Talk about difficult and delicate things
- Break down prejudices about taboos in the "new" country and among different migrant groups

Training methods

- Individual work
- Presentation of the learners' lists – eventually by the educator
- Group discussion

Equipment

- Flip chart or whiteboard



Number of learners

Min. 2, max. 12

Duration of activity

40 - 60 minutes

Description of activity

Variant 1:

- On two pieces of paper, each person makes lists: On the first piece of paper, the learners list things they would never talk to any other people about. The things they mention should be related to these four topics: health, diseases, body and sex. On the second piece of paper, they list things they will only talk about if they are in a company of people of the same gender as themselves.
- After having done that, the learners are asked to make a list of things they think are taboos for the inhabitants in their new country.

Variant 2:

- You should present a list of words/concepts, phenomena that are considered taboos and the learners put them into one of the two categories: 1) things you would never talk to any other people about and 2) things you will only talk about if you are in a company of people of the same gender as yourself.
- Now the learners are asked to select from the list the things they think are taboos for inhabitants in their new country.

Variant 3:

- The following question can be asked to groups that have a high level of language knowledge: Do you have in your mother tongue, expressions/sayings/jokes that tell about the attitude of society towards specific taboos - or make it easier for people to talk about tabooed topics?

Tips for the educator

- It will really depend on the group and the relation between you and your group of learners, if this topic can be discussed openly.
- Taboos are deeply rooted in human consciousness and mind and no one can expect to change view on taboos overnight.
- The activities mentioned above should only be applied in classes/groups where there is already established a friendly, confident and open atmosphere and positive relations among group members.
- As taboos per definition are things that you do not talk about, it might also be difficult to make people talk about them and some might react aggressively if feeling forced to do it. Therefore, it could be an idea that the learners give the papers to you and you are the one who reads them aloud or write them on the board without



mentioning who wrote what. Another idea could be that you start telling what taboos are for you.

- If it is too difficult for the learners to talk about the taboos, you could just let them think about these issues on their own in single work. And then you can do a short presentation about “what is ok and accepted in the new country”
- What is common to talk about e.g. with your doctor?
- Things you don’t have to be afraid to talk about? For example: Legal status of homosexuality
- You could give information on supporting services such as “Women’s helpline – for domestic abuse or support services in case of child abuse etc.

Summary of the activity

In this activity the learners try to start talking about taboos. One could say that taboos should be respected and nobody should be encouraged to talk about things that are embarrassing. However, not talking about them and being subjected to them can affect your health and wellbeing seriously, because you do not address other people with your symptoms and worries.

References

<https://www.urbandictionary.com/define.php?term=Taboo>



Activity5: Get to know a person with special needs

Rationale

The attitude to people with special needs vary among societies and cultures:
In most western European countries, the attitude towards people with disabilities has changed over the last 50 years, as well as the management and the treatment of them. People with physical or mental disabilities are now no longer hidden away and many efforts are done to have them integrated in society and in their local communities. Maybe even more important: it is no longer considered a shame to be disabled or to have a disabled child. In addition, there have been many advancements in medical care, aids and equipment.

However, among some migrants from non-western countries, there is another attitude to disabilities. It is considered shameful and embarrassing – or even a punishment from God to have a family member with special needs. This attitude reflects the view that persons with disabilities are unhealthy, defective and deviant, and they are objects of pity or even fear. Thus the life of the people with special needs - and their relatives - can become unnecessarily difficult and painful.

Learning outcomes

Learners are able to:

- Demonstrate knowledge about disabilities and the life of people with special needs
- Show a respectful attitude to people with special needs, for instance when they communicate with them and listen to their life story.

Training method

- Presentation by the disabled guests
- Asking questions to the guests
- Discussion.

Equipment

- None. But be sure the disabled guests can have access to the class room



Number of learners

Min. 10, max. 25

Duration of activity

Each session with a disabled person should be 30-40 minutes. It could be a good idea to have a series of sessions with guests with different disabilities.

Description of activity

- A. Inviting people with different disabilities to class to talk about their life and show that it is actually possible to have a good life in spite of special needs. The learners ask questions and discuss. After each visit, the learners discuss what they got from what they heard.
- B. Inviting a representative from one of the NGOs of people with special needs to come and tell about all the support it is possible to get from society to live a good life with disabilities.

Tips for the educator

- It is a good idea to prepare some questions together with your class before the guest arrives. Also, it could be a good idea to go to some web sites of the NGOs of disabled people and show how they describe and present their target group and the work they are doing for them - and with them.
- Find something on the internet from the latest Paralympics games and watch it together.
- It could also be an idea to organize a visit to an inclusive education centre for people with special needs.

Summary of the activity

In this activity, the learners meet people with disabilities face to face. When you have some stereotyped conceptions and ideas about certain categories or groups of people, the best way to eradicate the prejudices is to meet individual representatives from the group in question.

References

<https://www.handicap.dk/om-dh/> (In Danish language)



Activity 6: My body and my pains

Rationale

Even though men and women are alike in many ways, there are important biological and behavioural differences between the two genders, which affect manifestation, epidemiology and pathophysiology of many widespread diseases, and also the approach to health care.

According to EMBO Reports 2012, it is necessary to distinguish between sex and gender, and their respective effects on health if you want to address properly the differences in health and health care between men and women. **Sex** differences are based on biological factors, whereas **gender** is associated with culture, behaviour, lifestyle and life experience. It determines access to health care, use of the health care system and the behavioural attitudes of medical personnel.

In some migrant communities, women do not talk about diseases related to their sex in the presence of men, not even their husband. It is also hard for them to address a male doctor with their diseases, especially if they do not speak the language of the doctor and need an interpreter. Also, it is often very difficult for a migrant woman to address the health system with the injury caused by (domestic) violence.

The *differences in lifestyle* between males and females also have consequences: Men go out more and socialize more than women. This is good for their mental as well as for their physical health. It is more accepted for men to go to a fitness centre and to participate in sport activities. This might be some of the reasons that cardiovascular diseases and overweight are more prevalent among women.

However, when it comes to mental diseases, it often seems to be easier for a woman to speak openly about it and more acceptable to address the health system for help.

Learning Outcomes

Learners are able to:

- Understand that they are not alone with their problems
- Demonstrate new knowledge related to pain and different conceptions on health in different cultures
- Accept guidance, support and help from peers regarding pain and diseases
- Having become better at opening up and telling others about your symptoms/pains/diseases.

Training methods

- Presentation by the educator
- Work in pairs
- Work in groups of four



- And finally plenum session

Equipment

- Pieces of paper with a drawing of a body
- Whiteboard or board

Number of learners

min. 8, max. 16

Duration of activity

45 minutes

Description of activity

You should give to each learner a piece of paper with a drawing of a body and tell them that it is a drawing of their individual body. Each learner is asked to mark the places of the body where she (or he) have felt – or feels - pains.

Subsequently, the learners work together in pairs of the same gender and tell the other person about the things they have marked on the drawing. Then they are told to tell each other about what they did/are doing to get rid of the pains: with whom did they talk about it, did they go to the doctor, did they take medicine, have massages, or other treatment etc. In the next step, they join groups of four people and exchange their experiences in this group. They end their group work by making a list of questions, which they want to have an answer to /an advice to (anonymously) and give the list to the educator, who reads them aloud and together with the whole group tries to answer the questions or to give guidance.

Tips for the educator

This activity should ONLY be made with groups, where people trust each other and are feeling responsible to each other. Most likely, it can be made only with groups of the same gender.

An alternative activity, which is more general, could be an activity to show what people connect with the term sickness, illness, not feeling well. It could be carried out like a brainstorming: Questions to be asked are: What am I able to do/not able to do when I feel sick? What do I want to happen? What can I do to improve my situation? Whom can I ask? My husband/wife/child is sick – how do I support him/her? (Here can be focused on the difference when a man and a woman is sick)



Summary of the activity

When something is difficult to talk about, it is important to create an environment where people can open up. In this activity, the learners will tell each other about their health, diseases and pains. By doing this they become more aware of their own situation, realize that others are struggling with similar problems and get support.

References

EMBO Reports 2012 June. <https://onlinelibrary.wiley.com/doi/abs/10.1038/embor.2012.87>

Sex and gender differences in health. URL:

<https://www.ncbi.nlm.nih.gov/pubmed/22699937>





Activity 7: Is blood thicker than water?

Rationale

Blood has always been considered as magical and surrounded by emotional symbolism. Science has also contributed to this view of blood and considers it as an invaluable resource.

Throughout ages, people all over the world have been using sayings and idioms related to blood: "I have it in my blood", "blue blood", "warm-blooded", "blood is thicker than water" and "blood brothers" are just a few out of many examples. In many countries, the understanding of belonging to the same family means that you are related by blood.

In most Western countries it is well known and accepted among people that testing your blood can help the doctors detect and identify diseases, and that blood transfusions might contribute to your treatment or even save your life.

However, this view is not shared by all people in the world. The view of blood and blood transfusions varies and in some religions it is considered a sin to accept a blood transfusion; and it is challenging to inform about the benefits of blood donation, blood tests and blood transfusions and to discuss it when it is associated with taboo. You do not change convictions overnight.

Furthermore, the result of a blood test can be scary and frightening and can be the reason that you do not want to have it: A test can reveal your identity (who is your father), that you are married to your brother or that you have a genetic risk of cancer.

Learning outcomes

Learners are able to:

- Show understanding and knowledge of the different ways you can interpret blood in different cultures
- Show knowledge on what possibilities are available with both blood tests and blood transfusion.
- Show will and ability to talk about difficult and delicate things related to blood

Training method

- Individual work
- Presentation of the learners' lists by the educator
- Discussion/dialogue

Equipment

- Flip chart



Number of learners

Min. 4, max 12

Duration of activity

60-90 minutes

Description of activity

Variant 1:

- On two pieces of paper, each learner makes lists: On the first piece of paper, the learner lists things he/she would never accept in relation to blood. On the second piece of paper, the learner lists things he/she will accept in relation to blood.
- Each learner is asked to make a list on a new piece of paper of things related to blood they think are accepted in general in their new country.
- You will then collect the lists and collect them in categories written on the Flip Chart, and they will be the subject of a discussion.

Variant 2:

Invite a doctor or nurse to talk about, e.g.:

- Different blood samples and how they can help the doctor in his work
- When and why blood transfusion is necessary
- How to become blood donors

Variant 3:

Find examples from the languages of all the learners of expressions/sayings/idioms containing something with “blood”

Tips for the educator

- The activities mentioned above should only be applied in classes/groups where there is already established a friendly, confident and open atmosphere and positive relations among group members.
- You should carry out the activity with attention to and respect for the many different beliefs about blood

Summary of the activity

This activity offers an opportunity to talk about blood, give information and have a dialogue about it – with the desire to prevent serious illness and death.