

Social impact of Race, Ethnicity and Age on Health

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In this chapter.....

- Defining Race and Ethnicity
- Differentiate between race and ethnicity
- Race related Morbidity
- Issues of race, ethnicity and predisposition to disease
- Significance of ethnicity in the planning of health interventions
- Globalization and ethnic health issues

Race, Ethnicity and Health

- What is race?
- What is ethnicity?
- What's the relationship between race and ethnicity
- Race and ethnicity are used to categorize sections of the population. In basic terms, race describes physical traits, and ethnicity refers to cultural identification. Race may also be identified as something you inherit, where as ethnicity is something you learn

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- Race is biological, describing physical traits inherited from your parents. Ethnicity is your cultural identity, chosen or learned from your culture and family
- Ethnicity is a broader term than race. The term differentiates among groups of people according to cultural expression and identification
- Commonalities such as race, national origin, tribal heritage, religion, language, and culture can describe someone's ethnicity

Race, Ethnicity and Health

- Is there a relationship between race, ethnicity and disease predisposition
- Are these disease which are common in certain ethnic groups
- Is it important to look at family history and ethnicity
- Is genetic counselling in interracial groups important
- What behaviours are considered as un healthy in certain ethnic groups and Races

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- Some genetic disorders are more likely to occur among people who trace their ancestry to a particular geographic area
- People in an ethnic group often share certain versions of their genes, which have been passed down from common ancestors
- Examples of genetic conditions that are more common in particular ethnic groups are sickle cell disease, which is more common in people of African, African American

- or Mediterranean heritage; and Tay-Sachs disease which is more likely to occur among people of Ashkenazi (eastern and central European) Jewish or French
- A group's genetic predisposition toward a disease does not mean all group members will develop it. But if you're part of that group, your risk is higher
- Therefore it is important to note that though ethnicity can influence health outcome control and mitigation is possible with robust policy

Ethnicity and its influence on Health

Ethnical values and way of life can influence ones health seeking behaviors and expression as follow:

- The patient's expectations.
- The expression of symptoms which have cultural or linguistic influences.
- Family roles and relationship differences between cultures.
- Different attitudes to sex and marriage between cultures and religions.
- to disease or unplanned pregnancy, alcohol abuse or even depression.

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- Different attitudes to clinical examination and what is acceptable to the patient.
- Patients' preferences for doctors or nurses of particular gender.
- Different significance attached to issues such as the gender of a baby or the presence of serious abnormality detected antenatally.
- Rules around death and the timing of burial or cremation.
- Cultural and/or religious views on organ transplantation and blood transfusion.

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- Assumptions regarding lack of need for immunisation or antimalarial medication when visiting relatives in at-risk countries.
- Problems of culture and religion may make it difficult for patients to admit to such matters as homosexuality, premarital sex, infidelity leading
- Health workers need to be aware of the influence of ethnicity, culture and religion on the health of patients in the population they serve.

Ethnic norms, attitudes and Health

Most ethnic groups identify themselves with various norms which has significant bearing on their health seeking behaviours bordering on:

- Diet - Muslims and Jews restrict or forbid the eating of certain foods, Hindus and Buddhists are usually vegetarian.
- Smoking - Smoking prevalence is substantially higher amongst migrants from East European, Rates are highest in the Gypsy or Irish



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- issues of blood transfusion and organ transplant - Jehovah's Witnesses believe that it is unacceptable to receive blood products and do not accept organ transplantation
- termination of pregnancy and Contraception - Where religious belief and the patient's best interests appear to be in conflict, health professionals should be very careful not to offer their own moral view
- male circumcision -may be performed for religious, hygienic or medical reason

- Female genital mutilation - The World Health Organization (WHO) defines it as 'all procedures that involve partial or total removal of the external female genitalia, or other injury to the female genital organs for non-medical reasons'.
- Domestic Violence - This affects women from all ethnic groups, and there is no evidence to suggest that women from some communities are specifically at more risk than others. However, the form of the abuse may vary in communities

■ Globalization and Ethnic Health issues

- Globalization describes how nations, peoples, and economies are becoming increasingly interconnected and interdependent.
- Globalization has contributed to health improvements through diffusion of new health knowledge, low-cost health technologies, and human rights
- Globalization is also associated with a number of flows that have direct and indirect effects on health

- **Globalization promotes:**
- **Increased pathogen flows** - Whether it is the risk of drug-resistant tuberculosis or pandemic influenza, the movement of people means the transport of pathogens. *Covid – 19 pandemic is a good example*
- **Increased people flows** - Migration, long a defining feature of globalization and the pursuit of greater opportunity, is driven increasingly by economic and environmental necessity. *This means importing ethnic norms which can impact negatively on health seeking behaviours in host communities*

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- International regulations directed at disease mitigation and control have not kept pace with the growing challenges associated with the volume, speed, diversity, and disparity of modern patterns of human movement.
- Mobile populations can link zones of disease emergence to low prevalence or no endemic areas through rapid or high-volume international movements, or both

Globalization and Challenges of Multi ethnic related health Outcomes.

- Countries that have been highly targeted for economic migration faces challenges of related to global health problem.
- Black and minority ethnic (BME) groups generally have worse health than the overall population
- Health is shaped by many different factors, such as lifestyle, material wealth, educational attainment, job security, housing conditions, psycho-social stress, discrimination and the health services

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- there have been several recent initiatives to improve foreign policy coherence for health
- This can be done by encouraging nations to broaden the scope of national foreign policies to integrate health concerns in a sustainable way and not as a crisis driven
- Increasing disease boarder or port health initiates with the aim of reducing the importation of both pathogens and cultural practices which promotes negative health seeking behaviours.

FURTHER READING

- ❑ Bhopal RS. Ethnicity, race, and health in multicultural societies: foundations for better epidemiology, public health, and health care. Oxford: Oxford University Press; 2007.
- ❑ Bhopal RS. Migration, ethnicity, race and health in multicultural societies, 2nd edition. Oxford: Oxford University Press; 2014.
- ❑ Johnson MR. Ethnic minorities and health. J R Coll Physicians Lond 1984;18:228–30.
- ❑ Chapman A. Core obligations related to the right to health. In: Chapman A., Russell S., editors. Core Obligations: Building a Framework for Economic, Social and Cultural Rights. Intersentia; Antwerp: 2002. pp. 185–215
- ❑ Lee K. Palgrave Macmillan; London: 2002. Health Impacts of Globalization: Towards Global Governance
- ❑ Tobacco use, ethnicity and health; Action on Smoking and Health Scotland, June 2014



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