

SOCIAL AND CULTURAL INFLUENCES ON WOMEN AND CHILDREN HEALTH IN ASIA AND AFRICA

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Abstract

This research article intends to analyze the role of social and cultural beliefs in the life of people and evaluate the effects of such beliefs on the health of people in society. Social and cultural beliefs are prevailing in the societies since a long time and have played a crucial role in establishing some practices which are followed by a larger portion of the population. Asian and African societies are largely affected by these beliefs and this effect is very visible in the health. There are very strong roots of these beliefs in these societies. As for as the health perspective of human life is concerned each culture contains certain beliefs about health. Every society has developed some sorts of typical beliefs for the diseases and their treatment. In order to analyze this effect of social and cultural beliefs on the health of people in a society we have searched for different social and cultural practices among the populations and tried to explore the link between these practices and established social and cultural beliefs in the society. The research was made on the hypothesis that there is a significant relationship of social and cultural beliefs with the attitude and behavior of the people towards the health in the society. This paper has identified different beliefs & practices existing in the Asian and African societies and examined their role on the women and children health. Some practices are playing a major role in developing poor health indicators like high infant mortality rate (IMR) and maternal mortality rate (MMR) in the study population. Research shows that indicators of women and children health in Asian and African countries are very worst in comparison with other developed countries of the world. This paper recommend for preparing different awareness programs for community in the context of social and cultural behavior of people towards health and urge policy makers and public health professional to make appropriate legislation to stop harmful practices and take effective measures for the improvement of women and children health.

Keywords: Social influence, culture, women health, Asia

Introduction

Beliefs and practices among the population are linked to culture and environment of society and play a significant role in the shaping of overall attitude and behavior of the people. Human history is full of such beliefs and practices which

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have been remained dominant part of the social life of the people. Traditional cultural practices can be seen in all societies and these are the reflection of those values and beliefs which were established in the community since the time of early evolution in the history of mankind. There is a great diversity found within cultural groups, beliefs, values, and practices all over the world. Health in ancient societies is affected by different social and cultural factors related with their belief system. Due to these factors variety of effects are observed on the life of the people living in those societies. For example these beliefs had played a significant role in the making of behavior which was more risky for the spread of diseases in certain conditions. Those beliefs increased the vulnerability for many health care problems and diseases especially for women and children population in Asian and African societies. We can understand the different indicators of health like morbidity and mortality rates with the help of these factors (NIH, 2000). Social structures are complex in nature and possess different mechanism. Health is affected by various mechanisms working within social structures existing at different levels. Some structures affect people at large like the government. Economic systems also affect broadly in continuation with social efforts made by people in making their livelihood (Bachrach and Abeles, 2004). Those countries where societies are more inclined to their traditional back grounds, social and cultural beliefs play crucial role in the shaping of behaviors and decision of people in the health and other areas of their life. In order to understand the social and cultural ties with behavior of people it is essential to understand the different dimensions especially in the perspective of health. Those societies where social and cultural beliefs have strong roots are prone to disease and health care threats at broader level and the process of understanding socio-cultural dynamics can be a way forward in dealing health related problems and issues. There can be a greater possibility of identifying various opportunities to improve the health of people. Desired health outcomes can be achieved through the awareness and behavioral change in society by understanding these belief systems. The social psychology depends upon the established cultural norms in society and it may have a link with the abolishing those dogmas and improvement of health in society. It has been observed that such aspect of social and cultural norms on the majority of the population has been ignored previously and deliberately avoided in the discussions and studies.

Research Hypothesis and Objectives

The main objective of this review is to explore those ideas in society which have developed some social and cultural practices in relation to the behavior towards health of people. This study will explore those practices and attitudes in the Asian and African societies which have significant influences on the health of women and children. In this way this study analyses the reasons of deteriorated health outcomes for women and children in society. The research was made through the literature review from the secondary sources of data published in various research journals, newspapers, magazines and books on the subject including the internet. Those beliefs and practices were included in the research which were prevailing in the Asian and African societies. The focus has been given to existing social and cultural beliefs prevailing in the societies of Asia and Africa.

The research was made on the hypothesis that there is a significant relationship of social and cultural beliefs with the attitude and behavior of the people towards the women and children health in the in Asian and African society.

Important findings and discussion

This review has been provided valuable insight in the subject of enquiry and revealed important findings in the relation of research objectives of this study. There are great challenges exist in the field of maternal and child health in Africa and Asia. Vast poverty and ignorance of health issues in both continents have threatened the lives of pregnant women and their children (Vermund et al.).

Provision of health care may be related with the cultural issues in older societies. We can find variety of cultures in all over the world. Every culture has its sub-culture and there were also many differences found at geographical areas like rural and urban divide in society with distinct features. Some individuals also maintain their different image despite of being a part of these population groups. The differences at individual level may be linked with their education, experiences and personal understanding. We can also find different classes of the people on the basis of their economic and social status in the society (Manderson, 2003). Traditional beliefs are unique characteristics of societies and also depict their bondage with the social history in that particular area. People make interaction with the support of those beliefs in society and social psychology developed on the basis of those beliefs help in their endeavor to do so. But the negative impact of these beliefs has been observed on the vulnerable groups of populations like poor, women, minorities and children in comparison to other members of society. The cultural values and beliefs within different societies provide real examples of how and to what extent those values and beliefs affect health. We have identified some common traditional believes & practices in the Asian and African societies affecting women and children health and discussed in detail.

Female genital mutilation (FGM)

Custom of female genital mutilation has been developed in different traditions after a long time of thought evolution. Basis of this custom may be traced to social and religious factors dominant in those cultures but there may be other economic and psychological reason of this phenomenon. For example the notion of sexual desire of women in ancient tribes may have played a role in establishing this custom. But this is a fact that this custom was followed in some cultures and it affected the women of that society from different angles and perspectives. It became the cause of serious health implications among women and girl child of those cultures where this custom was common. There were many psychological problems were observed in women population of those countries where FGM observed frequently. As it was performed under the umbrella of cultural rituals so there was no proper attention given in performing the operations of women. The usage of non-sterilized equipment and unhygienic environment always became the cause of drastic women health challenges. Even such practices increased the death cases in women along with other risks of disease transmission in population in Africa and Middle East. FGM is assumed to be practiced frequently in many societies of Africa, Asia, Australia and Latin America (Dorkenoo, 1994).

Son preference on girl child

Son preference is a common desire of the people in the Asian and African societies. In Pakistan and India people usually prefer to get male child in the comparison of female child. This phenomenon is deep rooted in the mind set of people and there are many social and cultural reasons behind it. This preference attitude of people can be seen in variety of practices and rituals in the society. The interesting thing is that this preference attitude is not confined only to developing or poor societies but it can also found frequently in developed countries as well. In developed societies the reasons of son preference may be economically and socially different from the societies of developing world. Son preference is manifested in people behavior as they manifest it on daily life occasions. The son is preferred on daughter because it is to be considered as the only source of family name continuation and property sustenance. This preference sometimes become the cause of neglected girl child health and appeared in the shape of increasing population of malnutrition and poor health female children in the family. This preference attitude also lead to discrimination among children population which create psychological disorders. These attitudes of son child preference actually denies the right of girl child and in future it may hinder in the getting social and economic opportunities for women in the society. This preference also became the reason of early abortions in some societies like India and Bangladesh which have posed the serious repercussions for women health (UN, 1979).

Early marriage and dowry

Practice of early age marriages has been observed in some ethnic populations across the Asia and Africa. Child marriages cases are reported from different countries for different age groups of children. The girl virginity is assumed to be main cause behind such marriages in some societies but the price of bride is also linked with this practice in some cases. There is also a perception of less sexual contact of younger age girls as compared to older age females has been established in such societies. Dowry is another important factor contributes in establishing this notion of virginity and early age marriages. In some communities of South Asia especially India, there is a practice of getting huge amount for dowry from low status girls which is given by the girl parents to make sure the contract of marriage and age is always of little concern. Due to system of dowry the poor girl parents suffer more and victim girls also face serious mental and physical problems. There are many factors which are linked with the women health and child marriage especially in the societies where health care facilities are not provided in an adequate manner. Early marriages may be the cause of abnormal deliveries, abortions, malnutrition and other health problems in younger girls (UN, 2006).

Beliefs and practices during pregnancy

In the world, Asia and Africa bears the highest share of all forms of malnutrition. According to the one report of World Health Organization (WHO) more than half of all the stunted children under five belonged to Asia and more than one third to Africa in 2015. About 33.9 million children suffering from wasting and severe wasting have been reported to live in Asia (WHO, 2016). Malnutrition is the significant factor affecting the health of pregnant women in the societies of poor and developing nations. It has been observed and reported in the previous studies that there was strong

relationship in the malnutrition and social and cultural behavior of people towards food consumption. Intentionally reduced dietary intake during pregnancy has been reported in some parts of India, and it is also observed that less food intake was due to the fear of a big fetus, causing obstruction and pain during pregnancy (Bishnoi et al., 1994). Some beliefs are often associated with the concepts of “hot” and “cold” foods. Hot foods are assumed as meat, egg, fish, onions, garlic, and mango etc. The general concept of avoiding these food items was that they caused premature delivery, miscarriage, or abortion. On the contrary cold food items like coriander, coconut water, peas, radish, and yoghurt were believed to be cause of cold and cough to the mother and child. Such established concepts lead to deteriorated women and children health in Asian and African societies. It has been reported that these dietary restrictions lead to anemia, malnutrition, low birth weight and intra uterine growth retardation, which consequently worsen the pregnancy outcome (Mahmood, et al. 1997).

Breastfeeding practices

Breast-feeding is considered to be good for the health of new born babies and has been encouraged in most of the societies. The duration period of breast feeding varies in different societies. It may be up to six months for minimum time period and last till three years. In India and Pakistan the practice of breast feeding is followed by all communities but in some ethnic populations it has been observed that the first five days after delivery are not assumed favorable for breast feeding due to some established notions and believes. For such practice it was thought that before the discard of colostrum the milk of mother is not pure and mothers should not feed their babies in this period of five days. In such scenario the goat milk was assumed as better milk or some in areas the cow milk was given to new born for five days. It has been also observed that in some areas the sweet water has been mixed with milk of cow and goat. Most of the communities also added other light food products like honey in the milk. In some African countries like Ghana, babies are fed with tea in addition to breast feeding. These practices have some sort of traditional and cultural thinking behind it and it has played a role in the health of new born babies. Some practices may have developed malnutrition and vitamin deficiencies in children population of these countries including high infant mortality in developing countries (UNICEF, 2003).

Vegetarianism

The roots of vegetarianism can be found in the ancient religions of south Asia and many societies belonging to these religions are following this practice. It has been reported that people from East Asia also take vegetarian food due to their beliefs and also in the western world some people prefer vegetarianism for some cultural and social reasons. Some Hindu communities in India and Pakistan even have enforced severe restrictions on food taking on the basis of their religious faith and narrowed down their scope of food intake for protein rich diets. Especially the women population in these societies follow the concept of vegetarianisms more in comparison with male members of the society. This restriction of food intake resulted in the several vitamin and protein deficiencies in the women and children. The vegetarian women and children have been found to be affected from protein malnutrition and thiamine

deficiency. In some areas this practice is also the cause of pellagra or niacin deficiency, iron-deficient anemia, and Lathyrism (Knipe, 1991).

Local scenario in Pakistan

Pakistani society is made of the cultures of different geographical areas from the mountain areas of northern Pakistan and Kashmir to vast plains of Punjab and Indus civilization. Pakistan has four provinces and each province has its unique culture. In different parts of Pakistan there are some practices which play an important role in the making of behavior towards health of people. In remote areas of Pakistan, there are some rituals which have made adverse effects on the health of women and men. Honor killing (Karo-kari) is such a practice which has made serious life threats for poor women and men in those areas where lack of awareness and poor law and order situation is common. In the declared cases of Karo-Kari, the killer enjoys the support of family because of saving the so-called honor of family. Figures of honor killing in Pakistan in one of the studies show that 1957 honor killing cases were occurred during the period between 2004-07 with average honor killing rate of 15.0 per million. Majority of these adult women of 15-64 year age were killed by their family partner (Nasrullah, et al. 2009). The exchange marriages (Wata Satta) and dowry is also frequently observed in many areas of Pakistan. Such an arrangement often leads to a complicated situation, since a woman ends up becoming a mere object of revenge in the instance that her brother mistreats or physically abuses his wife. Another practice of taking price of bride is also reported which is locally called Walwar. All these practices have some sort of linkages with social and cultural background in history. Forced marriages have been reported from many areas and these type of marriages are likely to convert in family clash and deportation. The divorcee and widow women are not given priority in the society and spend miserable lives. Due to such practices there are increased events of suicide and acid burn cases reported from country in recent days (Nasrullah, et al 2014). The experience of abuse erodes women's self-esteem and put them at a greater risk for a number of disorders like depression, post-traumatic stress disorder, suicide, and drug abuse. Pakistani society is a patriarchal society where deeply held beliefs & practices are reflected in the form of poor health indicators (Niaz, 2004). Population growth is high due to high total fertility rate that directly causes poverty which in turn leads to poor health of the women. This entire complex is an important cause of underdevelopment of the country (Sultana, 2004). Pakistan is among one of those three countries where polio eradication is still a big challenge and each year polio cases are surfaced at different areas of Pakistan. The main obstacles in getting free polio society in Pakistan are social and cultural determinants along with other factors which affect badly the targets of full coverage of polio vaccination (Hussain, et al. 2016). According to recent figures there are 18 polio cases are reported from the 13 districts of Pakistan in 2016 (End Polio, 2016). In some areas people are hesitant for polio immunization and this situation has resulted in the increase of significant number of refusal cases during the various polio campaigns in Pakistan.

The members of society practice those things which are generally acceptable in the environment and even compelled to do whatever required from their culture and tradition. People generally feel some extent of pressure to do the accepted practices because of dominant cultural norms. This is now well understood that the ill health of people in most of the Asian and African societies is linked with deep rooted cultural practices. These cultural practices play

decisive role in the health of people. Some common practices are FGM, preference of male child over girl child, dowry, early marriages etc. There are also other issues found in the Asian and African countries due to some social and cultural norms. These issues include the increasing number of children without proper spacing, malnutrition in women and children, lack of family planning and violence against women.

Conclusion and recommendations

Healthy life can be enjoyed through the accepting healthy beliefs and practices but globally people do experience many harmful beliefs & practices which result in disease & deaths. Hence we correlated the health indices especially for women of developing countries to the beliefs & practices prevalent in the society of those countries. It has been observed that the health of the population in the Asian and African societies is linked with the existing social and cultural norms and this linkage has made significant influences on the health of vulnerable portion of the population like children and women. Pakistan seems to be relatively better off than their counterparts in other developing countries of Africa and Asia. However, fundamental changes are required to improve quality of life in Pakistan. It is the need of time that constructive steps be taken to implement laws against harmful practices and opportunity to be provided for the cross-cultural learning in the society. Strategies should be devised to enhance the status of women in the society which is the most vulnerable population in such societies. Those programs should be designed which can bring positive change in the society and can also help in the understanding that what are the cultural and social aspects of their behavior which affects badly their quality of life. A good way can be to encourage people to develop new standards of healthy life by using media techniques such as TV drama and theatre. The NGOs and the private sector can be engaged in the awareness programs and welfare activities including family planning. Female education and empowerment of women are essential part of social justice and development. Involvement of all stakeholders like scholars, opinion leaders, elected representatives should be ensured to point out the adverse consequences of population growth at micro and macro level. Success outcomes and practices of other countries on the basis of scientific knowledge and research need to be replicated as appropriate within our social-cultural beliefs and framework.

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