

Examining Culture and Lifestyle in Public Health

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Abstract

Fundamental to the implication and understanding of the concept of culture and lifestyle in relation to public health is the fact that the context in which people live is of great importance for their health status and quality of life. Public health emphasizes the science and art of disease prevention, prolonging of life as well as promoting the health and well-being of the people. It targets to ensure conditions that promote the health and well-being of the people. However, the realization of the above objectives which is directed at the maintenance and improvement of health standard of the people is not only a function of the advancement and application of health science but as well a function of the people's conscientious and determined efforts to maintain positive health practices and lifestyle. Construed from the foregoing perspective, it is easy to realize the fact that the concept of culture and lifestyle with regards to public health has sociological implication. Hence, though there are other variables that can also determine the health condition of a people, or even an individual, the focus of this chapter will centre on the sociological milieu or context. It is this sociological platform which actually defines people's relationship within the structure, that also conditions their predisposition to healthy conditions of life or otherwise. From this sociological focal lens, emphasis will be on gender issues with regards to aspects of gender-based practices that exist as product of cultural construct as well as peer group influence as also generating from the lifestyle people choose to live, to critically examine the extent to which these determine or condition people's health status and quality of life.

Keywords

Cultural Construct, Gender Issue, Health Practices, Lifestyle, Peer Group Influence, Public Health

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1. Introduction

Two key concepts stand out in this discourse; they are culture and lifestyle, which invariably have sociological signification. How then do these concepts relate to public health? The unbroken link between these concepts and public health lies in their bearing with the society we live in. Culture and lifestyle are societal configurations which invariably impact back on the society as well, either positively or negatively. The paper is, however, focusing on the health implication of these configurations on the society; not only to highlight the degree of threat they pose to public health, but to also proffer appropriate recommendations as measures of control. These recommendations have been consciously

structured in line with the peculiarities of the issues they are projected to address as they are discussed. It would therefore be instructive to first proffer a proper understanding of these key concepts involved, as to afford the reader the requisite platform to fully appreciate the implications of the issues involved.

In the above regard, Tylor (1), while writing from the perspective of social anthropology, described culture as that complex whole which includes knowledge, belief, art, morals, law, custom, and any other capabilities and habits acquired by man as a member of society. However, a more recent definition of culture by the United Nations Educational, Scientific and Cultural Organization [UNESCO] (2) puts it as the set of distinctive spiritual, material,

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intellectual and emotional features of society or a social group which comprises its ways of living, value systems, traditions and beliefs. Culture is what embodies the totality of the ways of life of people in a given society. It is, therefore, the society's guiding principles of human behaviour and existence as transmitted by same society. Lifestyle on the other hand refers to the way a person or a group lives. It emphasizes personal choices people make about how to live their life, either as individuals or group. Undoubtedly, lifestyle is a behavioural factor which has a lot to do with health. Contoyannis and Jones (3) have defined lifestyle as a set of behaviours which are considered to influence health and are generally considered to involve a considerable amount of free choice. The implication, therefore, is that there are as many choices as possible a person or an individual or even a group of people will make about how they live their lives that will invariably affect their health.

2. Culture and Public Health: Perspective on Gender Issues

There is a prevailing misconception that has often beclouded the meaning of the term gender whenever it is mentioned, as an issue that relates only to women. To the contrary, the term gender refers to the economic, social, political, and cultural attributes and opportunities associated with being male or female. It is an aggregation of the different characteristics of men and women that are socially determined. Gender issues is generally about all that concerns the relationship between men and women in the society; their roles, access to and control over resources, division of labour, interests, needs, et cetera. Obviously, gender defines culturally acceptable attitudes and behaviour of men and women, including their responsibilities, advantages, disadvantages, opportunities and constraints. Gender issues therefore affect both men's and women's lives respectively. However, since gender inequality most often impacts women negatively than otherwise, gender issues tend to highlight women's issues. That is why focusing on gender often means focusing on inequality, power differences and the generally disadvantaged positions women have as compared to men.

Therefore, in considering culture and public health, the focus here is on gender, with emphases on those aspects of gender-based practices that really pose threat to people's health in the society; and because as already stated, the negative impact of gender inequity oscillates more towards women, attention shall likewise focus on them. It is pertinent to note that in many cultures, widowhood practices and female genital mutilation are among the cultural practices that have consistently exposed women to untold health hazards besides

impinging on their dignity and rights. These two cultural practices, which the influence of western civilization and Christianity perhaps seem to be rapidly eroding, but which still holds sway in most places, shall therefore be critically examined.

2.1. Widowhood Practices

Widowhood practices are embedded in the rites performed for a woman after the death of her husband; and therefore defined as sets of expectations as to actions and behaviour of the widow, action by others towards the widow, and rituals performed by, or on behalf of the widow from the time of the death of her husband (4). This ablution ritual or process by which the widow is believed to be cleansed and reintegrated into the society from which she had been virtually ostracized after her husband's death is a widowhood rite that depersonalizes, dehumanizes, and utterly violates the right to dignity of the woman besides exposing her to numerous health hazards.

In most cultures, as is still experienced in some parts of Nigeria, the death of a husband usually heralds a period of imprisonment and hostility for the surviving widow. Her movement does not only become restricted throughout her mourning period, culture also forbids her to eat except with tattered and old eating bowls made from gourds (5). She is not expected to be happy or laugh, chat or play with people at this period as she is supposed to be unclean and abominable and to be treated indifferently by others too. She is also mandated to continually cry and wail for her deceased husband; and subjected to wear mourning cloths throughout her mourning period thus making her readily identifiable as a widow and therefore stigmatized. She also faces the further humiliation of her hairs shaven off from different parts of her body not minding the weather condition; and is also often made to sleep on the bare floor on a tattered mat and without taking her bath within this mourning period. By all that the widow is subjected to in this period, she only turns to an outcast in the normal society of men as a creature at war with the world beyond until she frees herself by fulfilling all widowhood rites as prescribed by culture. This ablution process by which the widow is believed to be cleansed and reintegrated into the society from which she had been virtually ostracized since her husband's death, is no doubt a widowhood rite that lays so much pressure on the woman, physically, and emotionally/psychologically besides danger to her health. In some places in Anambra State, Nigeria, as in most practicing regions, such ablution ritual is associated with sexual intercourse as the widow is introduced to a ritual cleanser who will have sexual intercourse with her in order to lift, as is believed, the taboo placed over her (6). This is always at the strict enforcement and supervision of the

daughters of the land – the *Umuada*. Widowhood practice, therefore, is one cultural practice that has portrayed the Igbo of the south Eastern Nigeria in a very bad light. Among the Edo people of South-western Nigeria also, widowhood practice has continued to prove a very dreadful experience, as widows are subjected to serious health hazards besides other dehumanizing conditions as Labeodan (7) pointed out.

Also, another awful nightmare that may confront a woman at the death of her husband in various cultures in Africa is the oftentimes scandalous accusation from the deceased husband's relations of having a hand in the man's death, especially when the woman had not been in good terms with them. Even when they appear sympathetic, deep down in their hearts, she stands judged and pronounced guilty. When this happens, such a widow is often made to swear on a juju, lie on the same bed with the corpse of her late husband the night before interment, or be subjected to drink the water that is washed out of the husband's corpse as a proof of her innocence.

2.2. Health Implications

To consider a situation where a widow is made to continually cry or wail for days for her late husband, forced to drink the birth water of her deceased husband's corpse, engage in forced sexual intercourse, or hairs being shaven off from parts of her body, and forced to lie on a bare floor on tattered mat for days irrespective of the weather condition, besides other sundry assaults, all in the name of tradition, is of tremendous health implication for the widow. With the present day realities of health hazards posed by infectious and contagious deadly disease (like STDs and HIV/AIDS among others), it is only imaginable how physically and psychologically susceptible this dehumanizing act may condition the widow.

2.3. Recommendations

Culture ideally should bear on the auspicious wellbeing and progressive development of the society and its people. There is need for transformation on the part of women who are victims of the negative elements of culture, and also in the lives of women who are still tools in the hands of such culture to oppress fellow women. Government should embark on massive enlightenment campaign to sensitize the generality of the populace against the dangers of such obnoxious cultural practices, as well as educate women on their human and legal rights, especially in the rural communities.

3. Female Genital Mutilation (FGM)

Female genital mutilation sometimes referred to as female

circumcision is another cultural practice in most cultures the world over that also poses as much threat to health of women as some widowhood practices. This refers to several types of traditional surgical operations performed on women and young girls, which involve the removal of parts or all of the most sensitive female genital organs. These operations, as Labeodan (7) states, range from clitoridectomy (partial or total removal of the clitoris) to infibulations (which involves removal of the clitoris), partial or total cutting of the labia minora, and incision in the labia majora followed by stitching the wound or binding the girl's leg together to facilitate healing. Among the Yoruba, according to her, the form of operation carried out by the circumciser (usually known as *Oloola*) is clitoridectomy (partial removal of the clitoris).

The surgical instruments used in this operation include blades, knives, and pieces of glasses or even sharp fingernails, among others; and the wound thereafter treated by applying mixtures of local herbs, earth, cow-dung, ash or butter, depending on the skills of the excisor or circumciser.

The age at which female genital mutilation is carried out also varies according to the peculiarity of the area or culture involved. Infants as young as a few days old, children from 7 to 10 years old, or adolescents can be subjected to mutilation. Adult women also undergo this operation at the time of marriage in some places.

Among the various reasons that account for the persistence of the practice include its necessity as a rite of passage which marks the coming of age of the female child; as well as the belief that any woman who did not undergo the process is unclean, and that she will become promiscuous. Therefore, a circumcised woman is considered to be clean. There is also the belief that by mutilating the female's genital organs, her sexuality will be controlled. For some, the clitoris is seen as the male characteristic of the woman; in order to enhance her femininity, therefore, this *male* part of her has to be removed. The practice for some also essentially ensures a woman's virginity before marriage and chastity thereafter. It is also believed to be a sort of fertility ritual. Like widowhood rites, FGM is administered by women, with a few exceptions in some areas; in Egypt for instance, men are known to perform the operation. Generally, however, those who preserve this practice are largely women who live in traditional societies in rural areas as they follow tradition passively.

3.1. Health Implications

The health hazards associated with this cultural practice are numerous. The conditions under which these operations take place are often unhygienic and the instruments used are crude and unsterilized. Incidents of infections are only common when operations are carried out in unhygienic surroundings

and with unsterilized instruments. Instruments are used repeatedly on numerous persons/patients, thus increasing the risk of blood-transmitted diseases, including HIV/AIDS. The operation takes between 10 and 20 minutes, depending on its nature; and in most cases, no form of anaesthetic is administered. Most physical complications result from infibulations, although cataclysmic haemorrhage (serious loss of blood) can occur during circumcision with the removal of the clitoris; accidental cuts to other organs can also lead to heavy loss of blood. It is also possible for complications resulting from deep cuts, especially from ill-trained attendants and infected instruments to cause the death of a victim. Chronic infection can also lead to infertility and anaemia.

There is also the possibility of circumcision reducing women's birth canal. Obstetric complications are the most frequent health problem, resulting from vicious scars in the clitoral zone after excision. These scars open during childbirth and cause tears that can lead to loss of blood that is often difficult to stop. This is an affirmation of Obermeyer's (8) report of the evidence of increased risk of some complications of labour and delivery, as well as abdominal pain and discharge associated with this operation. Some have been known to lose their wombs as a result of infections contacted in the process of circumcision/mutilation. Some even die as result of excessive bleeding, while, survivors only manage to live with haunting traumatic experiences. Female circumcision has also led in many cases to Vesicovaginal fistula (VVF). It is a very harmful practice which is detrimental to the health of women and girls.

3.2. Recommendations

There is need to step up enlightenment campaigns by both government and non-governmental groups/institutions to reinforce the efforts being made to educate the masses on the danger associated with FGM, especially those who perpetuate and preserve these practices in various traditional societies, who still follow such harmful traditions so passively despite the dangers involved. Such cultural practice and its likes should be totally abolished and the people oriented on the paths of acceptable practices that promote healthy living.

4. Lifestyle and Public Health: Perspective on Peer Group Influence

Lifestyle emphasizes the way a person or a group lives, which includes but not limited to patterns of social relations, consumption, entertainment, as well as dressing. It is a behavioural factor which to a large extent has to do with the

individual's or group's health. Contoyannis and Jones (3) have laid credence to the above assertion by defining lifestyle as a set of behaviours which are considered to influence health and are generally considered to involve a considerable amount of free choice. The salient point underlying the foregoing statement, therefore, is that the choices people make either as individuals or a group about how to live their lives goes a long way to condition or determine the status of their health. Among such choices include the type of associations in which one gets involved, the lifestyle of which such a person also gets acculturated, and confronted as well with its accompanying health implications. This is where the idea of the peer group comes in. Peer group, therefore, can simply be defined as a constellation of associates of similar age and interest. Peer group is an influential agency of enculturation and learning. It no doubt can be of tremendous influence for the way one lives.

Peer group influence, therefore, may broadly refer to the influence or pressure exerted by a peer group on individual members to change their attitudes, values, or behaviours in order to conform to group norms. This influence, either positive or negative, is also dependent upon the type of behaviours adopted by the group. Those that have higher involvement in risk behaviours also have a higher tendency of influencing their peers negatively. Hence most often, peer group influence is a common source for involvement in negative activities.

Certainly, therefore, peer group influences what one values, knows, wears, eats and learns. That is why preferences regarding:

- Dressing
- Speaking
- Using illicit substances
- Sexual behaviour (including unprotected sex)
- Adopting and accepting violence
- Adopting criminal and anti-social behaviours, including membership of cult groups (prevalent among students), among others, have become strongly determined by one's peers.

Although peer group plays significant influence throughout one's life, it is more critical during the developmental years of adolescence. Adolescents learn from peers how to cooperate and socialize according to group norms and group-sanctioned modes of behaviour. Through peer group, they are introduced to problem behaviours such as drinking (or alcoholism), smoking, and all sorts of delinquent habits/lifestyles which are highly detrimental to their health, as well as threat to the society at large. Focus in this section

shall, however, centre on alcoholism and smoking: two destructive lifestyles considered prevalent, especially among the youths (students inclusive).

There is no gainsaying the fact that peers can exert extraordinary influence over each other in the formation of certain risk behaviours, among which are alcohol consumption and smoking with their high addictive rates and serious health implications.

Alcohol consumption or use involves the drinking of,

- Beer
- Wine, and
- Hard liquor

Alcohol, or ethyl alcohol (ethanol), refers to the intoxicating ingredient found in wine, beer and hard liquor. It is one of the most widely used drug substances and classified as a psychoactive drug because of its depressant effect. Hence, it affects brain function, resulting in alterations in perception, mood, consciousness, cognition, and behaviour.

Smoking, on the other hand is a practice in which a substance, most commonly,

- Tobacco, or
- Cannabis (Indian hemp), is burned and the smoke tasted or inhaled
- Other hard narcotics like heroine are also classified under drugs for smoking

Alcohol and smoking fall among the most common forms of recreational drug use. Peer group influence, therefore, is a common source for involvement in negative activities for adolescents and friends; thus influence is a major factor in adolescence's alcohol use as well as smoking habit. This influence is enhanced of course by the drinking and smoking behaviours of the individual members in such peer groups themselves. The influence is also made possible by the fact that the adolescent spends much of his time with the members of his peer group. He also adheres to the ideals of the group as his attitude, belief and behaviours are equally conditioned by what is conceived to be right or okay by the group. He is thus consistently pressured by the necessity for acceptance and wants fully to be accepted.

4.1. Health Implications

4.1.1. Smoking

In recognition of the danger smoking poses to human health, 'Smokers are liable to die young' has now become a universal warning slogan against smoking. According to Health Canada (9), all smokers are at extra risk for:

- Coronary heart disease (e.g., heart attacks)

- Peripheral vascular disease (circulatory problems)
- Aortic aneurysm (*a stretched and bulging section in the wall of the aorta, the body's main artery*)
- High blood pressure
- High cholesterol (LDL)
- Lung cancer
- Cancer of the mouth, throat and voice box
- Cancer of the pancreas
- Cancer of the kidney, and urinary bladder
- Chronic obstructive pulmonary disease (COPD)
- Chronic bronchitis (*a lung disease that makes it hard to breathe*)
- Emphysema (*a long-term, progressive disease of the lungs that primarily causes shortness of breath*)
- Pneumonia (*lung infection*)
- Influenza (the "flu") (a viral infection that affects mainly the nose, throat, bronchi and, occasionally, lungs)
- The common cold
- Peptic ulcers
- Chronic bowel disease (*or Crohn's Disease*) (*inflammation of the digestive system*)
- Tooth decay (cavities)
- Gum disease
- Osteoporosis (*a disease in which bones become fragile and more likely to fracture*)
- Sleep problems (falling asleep inappropriately and/or frequent waking)
- Cataracts (*clouding of the lens in the eye that affects vision*)
- Thyroid disease (Grave's Disease) (*impairment of the function of the thyroid*)

[With additional emphasis)

Female smokers are at an extra risk for

- Cancer of the cervix (womb)
- Menstrual problems
- Fertility problems
- Spontaneous abortion (miscarriage)

Male smokers have an extra risk of

- Erectile dysfunction (impotence)
- Fertility problems (problems with sperm)

The above source further disclosed that there are scientific evidence that smoking may also be related to cancer of the large intestine and leukaemia (cancer of the bone marrow, blood); and that in addition to these various diseases, it also causes the skin to wrinkle and create the appearance of premature aging, besides reducing the sense of smell and taste.

4.1.2. Alcohol Consumption

Alcohol (a rather non-essential nutrient) consumption poses great risk factors for many communicable and non-

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| • Arthritis | Increases risk of gouty arthritis |
| • Cancer | Increases the risk of cancer in the liver, pancreas, rectum, breast, mouth, pharynx, larynx and esophagus |
| • Fetal Alcohol Syndrome | Causes physical and behavioral abnormalities in the fetus |
| • Heart Disease | Raises blood pressure, blood lipids and the risk of stroke and heart disease in heavy drinkers. Heart disease is generally lower in light to moderate drinkers. |
| • Hyperglycemia | Raises blood glucose |
| • Hypoglycemia | Lowers blood glucose, especially for people with diabetes |
| • Kidney Disease | Enlarges the kidneys, alters hormone functions, and increases the risk of kidney failure |
| • Liver Disease | Causes fatty liver, alcoholic hepatitis and cirrhosis |
| • Malnutrition | Increases the risk of protein-energy malnutrition, low intakes of protein, calcium, iron, vitamin A, vitamin C, thiamine, vitamin B6 and riboflavin, and impaired absorption of calcium, phosphorus, vitamin D and zinc. |
| • Nervous Disorders | Causes neuropathy and dementia; impairs balance and memory |
| • Obesity | Increases energy intake, but not a primary cause of obesity |
| • Psychological disturbances | Causes depression, anxiety and insomnia |

Source: Health Check Systems (10)

Alcohol also increases the risk of:

- Alcoholism or alcohol dependence
- Fall, drowning, and other accidents
- Head, neck, stomach, and breast cancers
- Motor vehicle accidents (Alcohol can cause over-confidence, poor judgement, lack of coordination and recklessness. It a major cause of road traffic crashes)
- Risky sex behaviours, unplanned or unwanted pregnancy, and Sexually Transmitted Infections (STIs)

4.2. Recommendation

With the plethora of health implications associated with these highlighted lifestyles as outlined above, it is only imperative to properly educate our teeming youths especially, majority of which are students, by all are and sundry – both governmental and non-governmental institutions alike – on the realities of these dangers on one's health condition. This is because they are the group most susceptibly inclined to these dangerous habits as a result of peer group influence; since they tend to spend much of their time with members of their peer groups, and thus cannot afford to risk being rejected. Also, the public in general has its own share of this

communicable diseases as well as for accidents, injuries, domestic and social violence. There is also increasing emphasis on different patterns of drinking influencing particular types of effect; for instance, long-term, high quantity drinking causing liver damage, while acute intoxication (or binge drinking) is linked to accidents and injuries. Thus the health implications of alcohol consumption vary in accordance with the extent and habits of usage – excessive or not, acute or chronic. Other health implications are shown in Table 1 below:

education for proper orientation, and to also facilitate a truly concerted approach towards curbing these harmful habits and or possible eradication.

5. Conclusion

The paper has critically highlighted the concept of culture and lifestyle in relation to public health. While focusing on gender issues, it has laid emphasis on aspects of gender-based cultural practices, precisely widowhood practices and female genital mutilation, which exist as products of cultural construct on one hand; and on the other hand, peer group influence also as generating from the lifestyle which people choose to live (with emphasis on alcohol consumption and smoking), to actually examine the extent to which these determine or condition people's health status and quality of life. It reinforced, therefore, the salient fact that the context in which people live is undoubtedly of great importance for their health status and quality of life. It has also provided useful recommendations that will help to facilitate the total eradication of identified harmful cultural and lifestyle practices that apparently impinge on people's health; more so, since culture ideally should bear on the auspicious wellbeing and progressive development of the society and its

people, with the individual or group also reserving the prerogative of choosing healthy lifestyles that will invariably foster their auspicious health and well-being.

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