Culture and Health

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Author Note

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# Part 1

## Indigenous Understanding of Health

I reside in the city of Melbourne. The city recognizes the importance of its Traditional Custodians’ history, knowledge and culture and acknowledges that the Woiwurrung and Boon Wurung (Wurundjeri) people of the Kulin Nation are the Traditional Custodians of the land, paying respect to present and past elders (City of Melbourne, 2019). The Wurundjeri people are concerned with a significant portion of their community suffering chronic diseases, and experiencing anxiety and depression. The community is aware of the need for interventions to enhance their health outcomes, and emotional and social wellbeing and also recognize that any initiatives in this regard should be appropriate to the cultural context within which its members experienced these problems. In addition, the Wurundjeri community also recognizes a need for more information about patient journey with respect to certain diseases in delivering a health-based initiative (Higgins, Murphy, & Jobling, 2013).

## Definitions of Health

The Aboriginal and Torres Strait Islander understanding of health includes not just an Individual’s physical wellbeing, but the emotional, cultural, and social wellbeing of the entire community. It encompasses spiritual and cultural aspects of health besides the physical and the mental aspects, which leads to a holistic understanding of wellbeing and health involving the land as well as the community throughout one’s life-course. thus, broad issues such as rights, equity, and social justice come together with traditional healing, knowledge, and a connection to one’s land and country (HealthInfo Net, 2018). Thus, any health interventions should aim at achieving a state where individuals are able to attain their full potential and bring about wellbeing for themselves as well as their communities.

# Part 2: Cultural Determinants of Health

In comparison to the non-native Australian population, the health status of Torres Strait Islander and Aboriginal people is considerably lower where a significant inequality gap exists among nearly all comparative health statistics. In this respect, a range of cultural and social determinants of health influence the wellbeing and health of the Aboriginal and Torres Strait Islander communities. In particular, income, employment, and the racism and discrimination faced by the First Nation people form a significant factor in determining health outcomes.

A key factor in health inequality experienced by the Aboriginal and Torres Strait Islander community is associated with systemic discrimination, both present and historic. Since decades, some Indigenous communities have not been given the same opportunity to stay healthy as the non-native population. The issues occur as a result of a lack of access to mainstream health care services, which includes inadequate health infrastructure and lower access to primary healthcare in some Indigenous communities (RACP, 2005). Racism is a key stressor that affects physical and mental health. In the case of the U.S., more than 50 reviewed studies in 2003 indicated that increasing racism correlates with a considerable decline in mental health, whereas 11 studies found an association between racism and high blood pressure in African-Americans (Williams, Neighbors, & Jackson, 2003). A similar impact is expected in the case of Australia’s indigenous population, with some recent studies confirming that correlation (Shepherd, Li, Cooper, Hopkins, & Farrant, 2017). The *Western Australia Aboriginal Child Health Survey* indicated that nearly 21% of the indigenous children-under-12 had experienced racism recently, which also correlated with an increase in the use of alcohol, marijuana, and smoking among them (Dick & Calma, 2007).

# Part 3: Reflection

As an individual, I’m aware of how my cultural identity impacts the way I think, feel, behave and see myself and my place within my community and in the external world. My culture identity is based primarily on my ethnicity as an African-Australian, and then reflected through my language, family, religion, alongside other secondary aspects such as food, dance and music. Family and religion plays a major role in the daily lives of my community which places a strong emphasis on prayer, song, and worship. Moreover, my family values emphasize that I see more of what I have in common with other individuals than what is different, and these lens allow me to see and gain a unique understanding of other cultures.

It is nearly a consensus within my community that racial discrimination faced by our communities is associated with distress, depression, depression, and negative mental health outcomes of our people. A strong emphasis on family structure also changes the way we care for one another. For instance, in my culture, we don’t have a concept of nursing homes. We prefer to look after the grandparents by their loved ones, because solely focusing on treating or caring for the individual with no emphasis on that Individual’s relation or place in the greater whole limits our insight of care and wellbeing. Moreover, a moderate life style is fundamental to good health, and protecting one’s body involves keeping it safe both externally and internally. Illnesses are either unnatural or natural, where natural illnesses occur from an improper diet, or due to cold, that cause changes in our blood. On the other hand, unnatural illnesses are seen to be a result of witchcraft or social conflict, and together impact the individual’s health.

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