

CULTURAL DIVERSITY IN THE HEALTH SECTOR & IMPLICATIONS

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Some countries due to their special cultural and social context have more cultural, ethnic, and religious diversity than other parts. Societies like India, Iran, and other neighboring countries may have such variations or differences more than other countries. Of course, it cannot be said that other countries are exempted from this, while today most countries are facing the phenomenon of immigration.

Firstly, I would like to emphasize that in the last few years, the phenomenon of migration among societies has been hard of attention far more than before. As a matter of fact, the phenomenon has caused people with different cultural backgrounds or attitudes to migrate from different lands due to some reasons such as war, natural disasters, in search of a job, further education, etc. Therefore, we cannot easily ignore these diversities and don't benefit from them in the design and implementation of health programs. In fact, when we need a guideline to control and reduce many diseases, cultural and attitudinal differences should be considered to achieve health-oriented goals.

In further explanation, we can refer to the discussion of tobacco control as a contributing factor in developing various non-communicable diseases. In addition, according to World Health Organization, more than 8 million of people die from tobacco use every year, and more than 7 million of those deaths are the result of direct tobacco use.

Besides, when it comes to controlling or reducing smoking, paying the same attention to some social, cultural, and behavioral science would be practical and useful for some reasons. One of the main reasons is the effective role of culture and communication together. For instance,

implementing educational programs to control or reduce smoking among students in schools is the main tobacco control program in each country. In this regard, we first try to design an educational program to be implemented in schools across the country. This program aims to achieve our main goals, which are to control smoking and create a stable condition for the long-term implementation of the program. Therefore, in this example, students are the target audience from different family backgrounds and views, who have entered a bigger environment called school and society after the family. An environment in which students are in touch with their peer groups is of high importance for them to create a social and independent identity. Therefore, to design a guide, all these main factors should be considered in all steps of the implementation.

Moreover, the educational system is faced with a large number of students with cultural diversity, which should be able to reduce some social problems and anomalies such as smoking or drug use with the support of stakeholders and other relevant organizations by creating a suitable environment. As a result, the first step to pay attention to is creating a two-way relationship between students and the educational system through a top-down and bottom-up communication model. That is, students are placed in a mutual communication process with the educational system in the process of education, informing, demanding, health ambassadors, and so on. The first importance of this mode of communication is that the role of youth is considered in all decision-making processes. By assigning social responsibility to them, in addition to creating a sense of responsibility, we grant them an independent identity as well. Secondly, before receiving the opinions of experts first try to see the issue from the point of view of the target community, so that you can understand all aspects of it. Then it is possible to identify the problems, find their roots, and finally, find a solution to get through them. Thus, a flexible guide can be designed so that every school in any geographical location can flexibly implement the desired program without any conflicts, considering the cultural and viewpoint diversity, and the socioeconomic situation of that region. In the end, the implementation of prevention, control, and educational programs in the field of health through designing flexible guidelines based on practical models seems to be useful in the long term. Because of this, the target audience not only has voluntarily demanded the implementation of many health-oriented protocols but also will consider themselves a part of the implementation and decision-making process.

About the Author:

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