Black Families' Lay Views on Health and the Implications for Health Promotion: A Community-Based Study in the UK

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Abstract

Many studies focusing on beliefs about health and health promotion have paid little attention to the life experiences of Black and other visible minority ethnic families in western societies. This paper is a report of a study exploring Black families' beliefs about health and the implications of such beliefs for health promotion. Ten Black families of African Caribbean descent, comprising 23 adolescents and 18 adults from the north of England, participated in the study through in-depth interviews conducted in their homes. Families' perceptions of health revealed several areas linked to their life experiences, including social exclusion, and their values and belief systems. There was evidence that the health belief patterns of Black adolescents may be different from those of their parents. While the parents were more likely to describe health in a broad, sophisticated way, including psychological and societal factors, the adolescents emphasized the behavioral aspects of health such as exercise and having a healthy diet, and appeared to be more concerned about individuals' responsibility to maintain their health. The findings suggest that health promotion practitioners in designing appropriate health promotion interventions for Black families should take into account their lived experiences, values, beliefs and the intergenerational differences in designing appropriate health promotion interventions.

Keywords: Black families, health promotion, life experience, health beliefs, health perceptions

Introduction

There are some fundamental differences in beliefs about health,[1-5] for instance an earlier study[6] reported on health status being conceived, measured and addressed according to a biomedical model, which was in contrast to an earlier review[7] that described the influence of culture on health and wellbeing in a Pacific-based population. Unfortunately, to date there is still a dearth of research on Black and other visible minority ethnic communities' views on health. Understanding what people think about health is important for those promoting public health initiatives. If individuals have different views of health from health practitioners, for example, if they do not believe that the use of condoms are effective in preventing sexually transmitted infections, or that changing to a healthy diet will reduce the risk of cardiovascular illness, they would be less likely to be persuaded to adopt professional guidelines for strategies to manage their health or prevent illness.

Previous studies[2, 8-10] provided evidence that the quality of a person's health may have some cultural and socio-economic determinants. Arab Americans[2] perceive health to be an entrusted gift and cultural and religious beliefs encourage humbleness against boasting when asked about one's health. A common response to the question "How is your health?" is "Thanks to God, it is fine" (p. 2102). Further evidence of cultural association with the concept of health is found in the studies of African American women[9, 10]: body image and body size is culturally defined and not equally stigmatized by all cultures. African American women involved in the studies were reported as being the least concerned with their body weight; yet western health promotion initiatives are directed at addressing obesity and physical activity. These studies suggested that individual personal beliefs about health and illness are central to the process of change. Such belief systems also reflect social, economic and environmental factors.[11] Consequently, health promotion initiatives may in some cases fail abjectly where they take inadequate account of individuals' views about health including their life experiences, cultural and social issues. Understanding what influences a community's definition of health is the first important step for health promotion practitioners to develop cultural sensitive health education and health promotion programmes.

Unfortunately, there is little information describing Black and visible minority ethnic communities'

experiences of health and healthy lifestyles from their perspectives in the United Kingdom (UK). In this paper the author presents qualitative data on the perceptions and beliefs about health of a group of Black families, including adolescents, of African Caribbean descent. Findings indicated that the intricate connections between values, beliefs and prevailing African Caribbean life situations such as experiences of social exclusion in the UK has played a significant role in influencing their beliefs and perceptions of health. The paper then examines the implications of such beliefs on the practice of health promotion.

Methods

The material is drawn from a larger community-based qualitative study examining the healthy lifestyle attitudes and experiences of African Caribbean families and adolescents in West Yorkshire, a county in the north of England, UK. The author used in-depth interviews to collect data. The ethics panel of the local National Health Service approved the study. The author sent participants a written and oral explanation of the study and asked them for their consent to participate, which they all provided. The principles of purposive sampling[12] were applied to identify 10 African Caribbean families (see table 1) comprising 23 adolescents (age range 12–17) and 18 adults (age range 22–60) who participated in the study. There were 16 female and 7 male adolescents, and 10 women and 8 men.

The author developed a detailed interview schedule based on the literature review and discussed it with experts in the field before implementing it.[13] The schedule consisted of sections on demography, health perceptions and beliefs, health behaviors including those that compromise or prevent individuals from leading healthy lifestyles, barriers to health and healthy lifestyles, factors facilitating and inhibiting good health and healthy lifestyles, and a number of open-ended and closed trigger questions for each section. This paper will report on the section of health perceptions and beliefs. The trigger questions used to examine participants' beliefs on health included requesting them to describe their state of health, illness attribution and to indentify factors that facilitated and undermined good health.

The author (who herself is of African descent) visited each family unit (see table 1) in their homes to

conduct the interviews. She gathered data through relatively informal "unstructured" interviewing techniques that did not involve any specific order of questions and the interviews progressed much as a conversation does, following the turns of the participant's or the author's interests. The long hours she spent interviewing the participants enabled her to develop familiarity and interpersonal relationships with those she interviewed. The authors reflexive account in relation to the challenges and dilemmas of being a researcher of African descent interviewing African descent families, have been reported in an earlier work.[14] The study also found that there were a number of opposing views between the young people, their parents and other adult members of the family. While in this study such opposing views enriched the data and did not appear to limit the data collection process, there is a need for researchers to consider how to deal with family disagreements when conducting interviews with multiple family members.

The data were analyzed by coding transcribed material and identifying categories; this was facilitated by entering all the interviewing data into the qualitative data analysis (QDA) software package NVivo.[15] The author had already generated some categories through her theoretical reflections during the interviewing process and used them for initial coding purposes. She then analyzed and scrutinized further sections in each category to identify any similarities, overlaps and sub-categories.[16] She then presented her initial findings to families and at community events at different stages of the research process. This allowed her to continue to develop the categories and sub-categories without influence from her interpretations. Findings from the 10 different families are presented as part of a whole instead of as individual families.

Results

Families' Concepts of Health

Four main categories and a number of sub-categories (Table 2) were used to depict families' definitions of health:

- health as exclusive

- functional definition of health

- multi-dimensional definition of health

- health as an outcome.

(i) The definition of health as exclusive

> "To be healthy is to feel good about yourself... I suppose it [health] differs from one person to another…" (14-year-old male)

> "I mean the things which make me feel good and healthy are different from, for example, dad, but it doesn't matter so long as we all feel good about ourselves... Dad likes to relax by staying at home, that makes him feel healthy, but I relax by going out with my friends, being with my friends and that makes me feel healthy... It is different from person to person..." (17-year-old female)

Participants acknowledged that health is "something personal and individualized" and differs from one individual to another, so even in a single household, where family members share genes and other familial characteristics, those individuals were still likely to have different views on health.

African Caribbean adolescents frequently referred to "characteristics of an individual" when they spoke about health. They identified various characteristics of a person who is healthy, such as:

- maintaining a healthy diet

- taking regular exercise

- practising healthy sexual behavior

- not smoking cigarettes

- drinking alcohol in moderation

- not taking illegal drugs

- getting enough rest and sleep

- having mental and physical strength.

The adolescents were able to describe the links between behavioral traits and health status; for example, a healthy diet will lead to a healthy cardiovascular system and an overall improvement in health, in essence signifying the relationship between an individual's behavior and health status. The adolescents and some adults viewed such characteristics not only as contributors to good health but also as evidence of good health itself. For example, a good diet not only results in good health – a good diet "is" good health.

When asked to describe a healthy diet, the adolescents' definition was in keeping with the advice of the UK's Department of Health[17] on what constitutes a healthy diet, including eating at least five portions of fruit with plenty of vegetables a day, and lean meat, and drinking plenty of water. Though a key feature of the data was the clear link that all respondents made between food, diet and health, the adult participants emphasized the importance of eating a traditional African Caribbean diet, such as yam and okra.

Another area where adolescents and adults differed was in their views on what constitutes healthy sexual behavior. All the adolescents considered healthy sexual behavior to involve the use of sexual protection devices such as condoms and pills to prevent sexually transmitted infections and pregnancy. Parents believed that it was healthy for young people to practise sexual abstinence until they become adults, married or in "an established" relationship. Parents saw their role as communicating the potential dire consequences of sexual activity to their children to balance what they believed to be the glamorization of sexual promiscuity in the media.

A number of the adult participants described health as "[having] mental and physical strength". Some adult and predominantly male participants indicated that although their forefathers, grandparents and parents had suffered socio-economic disadvantages and been oppressed and socially excluded in comparison with the majority UK White community, and this continues for their own generation, they believed that their continual existence and contributions to society despite such negative experiences is largely attributed to their mental and physical strength. Some of the women expressed concern by stating that men are putting themselves at risk by believing that they have unique mental and physical strength, which can withstand substantial mental trauma and therefore fail to seek appropriate medical intervention until it is too late:

> "I think the other thing is that we generally think of ourselves as Black people, especially the men... There is this belief that we survive a lot of things therefore we are strong... We think we are fit and strong, until something happens... "(48-year-old woman)

It was not uncommon to listen to women stating that "[name] had suddenly taken ill"; this then became the basis for their concern for "health as physical and mental strength".

(ii) The functional definition of health

The families also defined health as the ability to function effectively in a societal economic system through:

- the ability to perform certain roles

- functional family and social ties

- the absence of illness.

Adolescents and adults described health as the "ability to perform certain roles" and "getting on with your life"; this included going to work or school, and making a positive contribution to family, social and community life. Therefore it is taken for granted that people are healthy when they work successfully within their environments and communities, and are able to function effectively and progress well with relative freedom, despite experiences of socio-economic disadvantages and social exclusion.

Health as "functional family and social ties" was also an important variable:

> "I am seen as a single parent, but the children see their grandparents, aunts, uncles; we have an extended family which is very healthy to have." (39-year-old woman)

A number of participants described health as the "absence of illness"; however, not being ill was not in itself a sign of health. This is highlighted in the response of a 14-year-old female adolescent:

> "Health does not depend on whether you are ill or not, I mean you could be having a cold but you feel well and healthy and want to go to school: it's that complex really..."

There was a general acceptance by all family members (adolescents and adults) that even if you are ill (as defined by the medical profession) you could still be able to carry out daily activities such as go to school, college or work.

(iii) The multi-dimensional definition of health

The view of health as a multi-dimensional phenomenon suggests that it is complex and difficult to define. Health has been described as being "virtually indefinable" and as relative rather than absolute[18]; a view taken by one of the participants in this study:

"I know that the word "health" doesn't just mean eating properly, cutting down on your cholesterol, cutting down on your fat level, things that can cause heart illness, high blood pressure, diabetes; but it's really hard to explain, because you can do all those things and still not be healthy." (56-year-old woman)

The quotation above suggests that health involves more than simply incorporating behavioral attitudes known to contribute to good health. Thus, one can practise a healthy lifestyle but still not be healthy. This was an interesting finding, suggesting that some African Caribbean families did not fully appreciate that living a healthy lifestyle was sufficient to enhance their health status. Most gave examples of people they knew whose behavior appeared to be healthy, but who were not healthy.

A significant number of the adolescents and some adults in this study portrayed health as a concept that is an ever-changing dynamic rather than a static process, suggesting that health has a multi-dimensional nature. On further probing, it appeared that participants determined whether or not they were healthy by the different actions carried out "yesterday" and "today". They would state that they were healthy yesterday because, for instance, they had salad as part of their diet or participated in physical activity, but not healthy today because they had eaten beef burgers or pizzas, or did not engage in any form of physical activity. Once again, these factors suggest there is a close relationship between health and an individual's behavior:

"Because she [referring to her sister] has this cold, she might think she is not   healthy, but some people might say that she is healthy; I mean she went to school yesterday and today, so, I do not think that illness is the opposite of health; you can be ill but still healthy as well… It is a bit complex you know; healthy means a lot of things; healthy is there whether you are ill or not. I think health means a lot of things." (13-year-old female)

When families were asked if they were healthy, adolescents were more likely to describe themselves as healthy than adults. All the adults from all 10 families described themselves as either partially healthy or unhealthy. In most instances, the feelings of being unhealthy were attributed to not only their state of physical and mental wellbeing but also factors such as their socio-economic disadvantages and wider experiences of social discrimination and exclusion.

(iv) The definition of health as an outcome

Although health is the outcome of the interaction of individuals and their surroundings, it is an individual's subjective perceptions of the outcomes of daily and monthly interactions that constitute that person's experiences of health. In this study participants believed that being involved in religious activities resulted in good health while experiences of social exclusion resulted in poor health.

Half the households described health as an "outcome of their spiritual beliefs". They stated that religion was a central core element of their lives, with health as one of its outcomes:

"That is something that is completely ignored, which is wrong; it is not right. The spiritual part of a human being is very important; you might do all those things dieting, exercise and the lot, but if you are not at peace with God you do not have spiritual growth, it's useless, you understand?" (60-year-old man)

"I see it [religion] as very central in binding the whole healthy behaviors together." (45-year-old man)

The relationship with a higher being superseded all the elements that comprised health. Good health was not possible without a relationship with God or a higher being. Health was therefore seen in light of other variables such as inner peace and contentment; these were all classified as outcomes of a person's spiritual beliefs. In discussion participants suggested that individual responsibility for health did not lie with them in particular – they "left everything to God", including their state of health and illness. This spiritual aspect of health is not frequently discussed because it is difficult to conceptualize and appears to go beyond the actual health of the individual. Participants argued that their religious and spiritual belief practices contribute towards their mental health and social wellbeing, and that to some extent their spiritual beliefs enhanced not only their coping mechanisms against the effects of such disadvantages but also their psychological and emotional wellbeing. The adolescent participants appeared to an extent to support this concept of health, although most did not share the depth of their parents' spiritual beliefs.

African Caribbean families also described good health as an outcome of "equality and egalitarianism", while social discrimination and exclusion was believed to result in poor health. During discussions, all adult participants and nearly

half the adolescents revealed that they had experienced social exclusion to varying degrees, which made them argue that equality and egalitarianism are important elements for health. The comments below from two women suggested that this narrative account of health could be unique for African Caribbean and other Black and visible minority communities, including other individuals and communities who suffer experiences of social exclusion:

"The discrimination should stop, it's the thing that really affects our health; yes the other things are important, very important, but you see if you do not feel oppressed, you are free and feel equal, you feel healthy. If I tell you that I have applied for numerous jobs and have not got any, that makes me sick, really sick; I could go crazy, mental, you know what I mean? And it's all racism." (39-year-old woman)

"I mean things like equality… these are important for Black people... these things affect our lives and should form part of health and a healthy lifestyle. I mean like the discrimination we face at work and for the children at school and so on, all these do affect our health... it's difficult to get a decent healthy lifestyle and all these really make many of our people [referring to the African Caribbean community] ill." (38-year-old woman)

Discussion

Lay Definitions of Health and Implications for Health Promotion Strategies

Defining health is not easy, as other studies have found.[8,19,20] In this study, when participants defined health as an outcome, believing that being involved in religious activities resulted in good health, while experiences of social exclusion resulted in poor health, they confirmed that their definitions of health were influenced by their ethnicity, values, beliefs and general life experiences. Generally, there were similarities and differences between adolescents' and parents' beliefs and perceptions of health, but parents were more likely to describe health in a broad, sophisticated style, including psychological and societal factors, while adolescents emphasized the behavioral aspects of health and suggested individuals had a responsibility to maintain their health.

The differences between the beliefs about healthy diets and sexual behavior of adolescents and those of their parent(s) and other adult relatives suggested there are some fundamental differences not only in age but also in values and beliefs, including life experiences and the way in which health is conceived by different generations. It is important to acknowledge that the participants' beliefs about health stemmed from many different factors, including a response to material constraints, a consequence of historical–political factors, such as experiences of discrimination and racism, active social processes linked to their culture as African-Caribbean, and the process of acculturation for some of the adolescents.

Indeed health beliefs and behaviors associated with this particular group of African Caribbean families may not have relevance for the next generation. Equally, a different historical context and societal structure may over time change the whole health experience. Consequently, there is a need for health practitioners to reconsider the perspectives of health, and future studies should attempt to untangle the extent to which life experiences and ethnicity overlap methodologically with the beliefs of different communities about health. This is important, since the promotion of healthy lifestyles in western societies has been one way to try and achieve long-term health gain,[17] and this type of theorizing with communities may enhance community-based health promotion activities. Critically, the inter-generational differences suggest that in designing family health promotion activities, health promotion workers should be aware that health promotion information is potentially understood differently by parents and their adolescent children. Future research could explore the prevalence and strength of life experiences, values and beliefs in successive generations of different communities, and the interplay with their beliefs about health.

The relationship between definitions of health and individuals' ethnicity, cultural values and beliefs confirms the need for culturally sensitive health promotion activities. For instance, the preference for a traditional diet, expressed by all adult participants, was similar to the findings of other studies.[9,11] This suggests that in many aspects of health promotion individuals may consciously or unconsciously make choices, which are determined by their cultural beliefs in line with their traditions and ethnic identity. However, it is also possible that the broad awareness and recognition of the need for culturally sensitive health provision[2,21] has enabled Black and other visible minority ethnic communities in western

countries to become politicized, and they are asserting their ethnic identity[22-24] by openly advocating the need for their traditional beliefs and values to be included in health promotion messages. This is an important distinction and suggests health promotion practitioners including physicians and public health professionals should develop more inclusive health promotion strategies, taking into account people's cultural beliefs and values.

The notion that equality and egalitarianism should be incorporated in health models is supported by work that demonstrates there is an association between social discrimination and general wellbeing.[24-27] Discrimination and social exclusion have also been related to a variety of health problems, including high blood pressure, stress and sleep disorders,[26-29] while in other studies[30,31] the model for positive health outcomes includes resistance to social oppression. Findings from this study suggest that practitioners developing health promotion strategies should place notions of these social structures and policy processes at the centre of their concerns so they are pivotal rather than on the periphery when considering health promotion activities with Black and other visible minority ethnic families.

In addition, the findings suggest there is a need for public health and health promotion practitioners to pay greater attention to individual life experiences and to develop strategies that take into account an individual's values and beliefs. There is evidence that health promotion practitioners who utilize programs that instruct individuals and communities to change their behavior without taking into account their values, beliefs and life experiences are likely to be insufficient and ineffective.[32] Consequently, in addition to describing what African Caribbean families perceive as health, the findings of this study has helped to identify other valid facets of health, such as the importance of equality and egalitarianism, that public health professionals and health promotion practitioners should pursue in order to improve health outcomes for all.

Limitations

A limitation of this study is that it was based on a small sample of purposively selected participants; therefore one cannot draw wide generalizations from its findings. However, the small sample enabled the author to have detailed discussions with participants, which covered their perceptions about health more fully. This strategy ensured that participants were allowed to locate their often marginal contributions

within the core knowledge and understanding of health. In an effort to address some of the potential limitations of interviewing multiple family members the researcher ensured that each participant was fully involved and had an adequate understanding of the discussions in a non-directive way.[33]

Conclusion

This paper identifies a rationale for incorporating individuals' life experiences and cultural beliefs into health promotion strategies. The findings could inform the development of culturally sensitive community health promotion programmes by health promotion practitioners and policy makers. Further work could explore ways in which visible minority ethnic communities draw on their cultural and western experiences in conceptualizing health.

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Table 1: Family Units

Family Unit	Female (age)	Male (age)	Number of adolescent Children (12-17 years of age
1	39	N/A	2
2	41	N/A	2
3	38	N/A	3
4	46	52 37 (Husband's brother)	1
5	48 40 (wife's cousin)	59	3
6	43	45	3
7	43	N/A	3
8	56 22 (adult daughter)	60	2 (teenage grandchildren)
9	N/A	42	1
10	48	52	3

Table 2: Concept of Health

Categories	Sub-categories
Health as exclusive	• Something personal and individualized • Characteristics of an individual
Functional definition of health	• The ability to perform certain roles • Functional family and social ties • Absence of illness
Multidimensional definition of health	
Health as an outcome	• Outcome of individual spiritual beliefs • Equality and egalitarianism