Positive and Negative Influences of Religion, Culture, and Tradition in Public Health

See also Blevins et al., p. 379.

Years ago I read the sentence, "How much the people of science know about the things they don't understand."[1] It stretches our imagination to describe the interactions of genetics, epigenetics, and nurture that produce a unique human, but just as daunting is understanding the cultural and religious traditions that this unique human navigates. Tradition is the DNA of our beliefs, but then each person modifies that complex for his or her own unique environment. In essence, both the individual and his or her environment are so unique that risks exist in our generalizations. For example, within a single religious denomination is a spectrum of beliefs, and we repeatedly see individuals discard those beliefs in a moment when presented with opportunities involving money, sex, politics, or power. On the public health side, we also see great variations in what practitioners regard as "best practices." Beware the attempt to label. Nonetheless, we are forced into the role of generalizations as we attempt to make adequate decisions with inadequate information.

C. P. Snow famously said that the gap between science and the humanities could not be bridged,[2] but public health does that daily. When AIDS was recognized in the early 1980s, the Centers for Disease Control and Prevention needed social scientists and therefore sought the advice of anthropologists, sociologists, theologians, ethicists, and others. Ralph Waldo Emerson said that we learn geology the day after an earthquake.[3] Ebola and AIDS showed that we learn better public health techniques because of disasters. That is how science works.

LESSONS LEARNED

In this issue of *AJPH,* the article by Blevins et al. (p. 379) provides a thoughtful account of how religion, culture, and tradition can provide positive and negative influences on public health. Certainly, the religious prohibition on condom use resulted in many people acquiring AIDS. A significant factor in the spread of AIDS in Africa is the lack of power exercised by women; both religion and culture have contributed to that condition.

However, Blevins et al. also point to positive influences of religion and the importance of a coalition of public health, religious, and cultural interests in finding safer approaches to activities that were increasing the risk of infections. I would emphasize two items from their list of lessons learned. First, tolerance is not a great approach to other beliefs or rituals. It implies tolerating another belief because one is coming from a superior position. A better approach is respect rather than tolerance.

A second lesson learned is the primacy of coalitions. Blevins et al. discuss networks. A coalition of these networks is needed as a way to mix beliefs and experiences into solutions. The term leadership goes to the person able to bring a coalition of networks to an efficient redemptive resolution. The combination of religious, public health, and cultural networks made great progress, giving hope for useful progress in the future.

The bottom line is that there are an infinite number of health worlds and an infinite number of religious, cultural, and traditional worlds. Health worlds require leaders that are sensitive to cultures, religions, and traditions.

CONCLUSIONS

Culture, religion, and tradition changes over time. At one time, there were religious objections to women voting, holding power, or preaching. This is changing. At one time, religious groups accepted slavery. Even now, the acceptance of poverty by religious groups is in need of change.

The late Jaroslav Pelikan of Yale University said that great scholarship is dependent on how much a person knows outside his or her field.[4] Great public health is dependent on how much we know outside the usual confines of public health. Yemi Ademola of Nigeria said in 1965 that no field of human activity was beyond the interest of public health professionals.[5] The Blevins article makes the case. AJPH

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CONFLICTS OF INTEREST

The author has no conflicts of interest to disclose.

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