

How does culture influence the adherence to and practice of pharmacology?

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Introduction

Modern medication is generally viewed by those of a Western cultural background in a positive manner, leading to more consistent usage and adherence. However, individuals of other cultural backgrounds have been shown to demonstrate different pharmacotherapy practices than what would be seen as standard for the majority in more Western societies. This can mean difficulties adhering to physician's recommendations regarding medication, avoiding medication altogether, or turning to alternative therapies. Historically, prior to modern pharmacotherapies, various cultures and peoples have used other options to treat diseases. This is likely for good reason due to their perceived positive results, or beliefs regarding human health and death. Modern cultures are traditionally driven, and many of these historical behaviours still remain and impact individuals today. Here we introduce some of those influences from different cultures globally, to demonstrate how people make choices regarding their health, and why.

Prescription perceptions amongst Asians and Europeans

Taking medication is something that is normalised within European society. But where does this trust in medicine come from?

In 2004, a cross-sectional study was performed to investigate the influence of cultural background on beliefs about modern medicine among university students in the UK. 500 students self-identifying as being of either European or Asian background were interviewed. With the help of a questionnaire their beliefs about modern pharmaceuticals and personal sensitivity to their effects was analysed. (1)

It was found that having a different cultural background did indeed influence the way the students perceived modern medicine. Students with an Asian cultural background were inclined to more negative views, perceiving medicine as harmful and addictive. They were also less likely to recognize the advantages of medications compared to the European students. This scepticism could be facilitated from an early age by family and friends. Asian persons often rely more on natural remedies and traditional practices. (1)

These findings support the thought that culture does play an important role in creating opinions towards safety and efficacy of modern pharmaceuticals. Despite these differences in general beliefs about medicines, the study found no significant variation between the two groups regarding personal views on sensitivity to the effects of medication. Although they generally have different beliefs on modern medicine, their own susceptibility to adverse effects doesn't appear to be influenced by their cultural backgrounds. The study also investigated the students' experiences with medications. It was found that European students reported greater usage of prescribed medications. This is associated with their more positive beliefs about the benefits of medicine. Other factors that were taken into account were: degree

course, age, gender and prior medical experience. We could therefore conclude that cultural background can indeed have an important influence on perceptions of medicine and its usage.

Treatment as a bodily feeling, illness as symptomatology

Jamaica is a culturally diverse country, but with a particular ethnomedical landscape that is relatively all encompassing. Here, illness is perceived by many to be a state of bodily feeling, and revolves around the symptomatology of a disease, particularly for non-communicable diseases (NCDs) (2).

Non-communicable diseases - diseases which are not transmittable - are manageable with lifelong pharmacotherapy. Adherence to pharmacotherapy is low among Jamaicans, sometimes as low as 50% for management of diabetes and hypertension (2). It is perceived that an effective therapy should cure the body by ameliorating symptoms. They believe the elimination of symptoms is equivalent to the elimination of the disease (2). This leads many Jamaicans to avoid taking medication, and/or turning to alternative treatments. One can then understand why herbal preparations are often used in the treatment of illnesses, as their properties can lead to an instantaneous bodily feeling such as warmth or tingling sensations (2). Alternative medicines are also preferred for their natural derivations.

Jamaica has a historical traditional knowledge system, leading Jamaicans of diverse backgrounds and locations to behave relatively uniformly in regards to medicine. A study of Western Jamaican patients found they often used alternative therapies concurrently to prescribed pharmaceuticals (2). Another study found that 80% of oncology patients in Jamaica used herbal remedies, often without the knowledge of the oncologist (2).

Combining both homoeopathic therapies and medications runs the risk of adverse drug events occurring. In addition to issues adhering to medicinal use, there are concerns over how the Jamaican cultural beliefs can increase morbidity rates of NCDs, and that physicians be aware of these influences.

Spirituality and Medication: A Cultural Dilemma

As mentioned before, the lack of pharmacotherapy adherence is a critical issue in the management of diseases, potentially leading to poor health outcomes. Social determinants such as spirituality and religiosity are increasingly recognized because of their possible perceived health benefits and impact on behaviours towards health. A study among hypertensive patients in Ghana examined the relationship between these factors and medication adherence, and showed an interesting link to spiritual beliefs in Ghana (3).

In this study, 400 hypertensive patients were included from 2 hospitals in Ghana. Researchers measured spiritual activity, religious activity, and pharmacotherapy adherence. A significant 93.25% of participants exhibited poor adherence to their medication. Spirituality was significantly associated with non-adherence to medication. Patients with strong spiritual beliefs were 2.68 times more likely to be non-adherent compared to those with weaker spiritual emphasis. In contrast, organised and non-organized religious activities did not show a significant correlation with adherence.

This suggests that strong beliefs towards spirituality may lead patients to rely more on spiritual-based traditional or divine healing rather than adhering to prescribed medications. These findings underscore the complex role of spirituality and the need for open-minded approaches in managing diseases and conditions like hypertension. Integrating spiritual considerations into patient care may help improve adherence and overall health outcomes. This once again shows how culture and beliefs are an important factor in any form of lifestyle, and therefore in any form of treatment.

Immigrant Cultures in US Healthcare

The United States is a country with a rich variety of immigrant cultures. Immigrants bring a diverse array of cultural beliefs and practices that significantly impact their adherence to and practice of pharmacology. These cultural dimensions shape how individuals perceive illness, treatment, and healthcare providers, ultimately influencing their interactions with pharmacological therapies (4).

Perceptions on health can vary greatly across cultures. Some immigrants might view illnesses as a combination of spiritual, emotional, and social factors, rather than purely biomedical explanations. This perspective can lead to a preference for traditional remedies or alternative medicine over Western pharmacological treatments, resulting in underutilization or misuse of prescribed medications and impacting overall treatment efficacy (4).

Cultural norms also influence healthcare practices and provider-patient interactions. Immigrants in the US may face challenges in accessing healthcare services due to language barriers and cultural differences. Additionally, immigrants might have specific expectations regarding the patient-provider relationship, affecting their trust in and compliance with medical advice. Healthcare providers may lack cultural competence, and some families might be unaware of available healthcare services or perceive them as culturally inappropriate or insensitive (4). These factors impact interactions with and adherence to pharmacological therapies.

Immigrant cultural beliefs and practices significantly shape pharmacological adherence and practice in the US. Understanding and integrating these cultural dimensions into healthcare practice is crucial for ensuring effective pharmacological treatments.

Resources.

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