### Bolivia

1) How is the Guarani culture contributing to the spread of Chagas disease?

The Guarani culture is an interesting culture and have been in existence for many centuries. They are non-nomadic people who live in a region of Bolivia. They could be classified as poor people, without the financial resources to build or live with basic modern facilities and perhaps difficult for them to adopt or change from their native way of life. Basically Guarani people live on subsistence farming, raise live stocks and live in village communities. The Guarani people build their houses with muds which are infested with bugs that nest inside the muds and cracks of the walls of the house. These bugs also are known as triatomine bug and carry the Chagas disease and when they bite people and animals, they infect them with a parasite known as Trypanosoma cruzi (TDR, 2018).

2) As a public health professional, what key steps would need to be taken to address barriers for preventing Chagas disease while still preserving important practices of their culture?

Understanding a people and their culture are first steps in addressing any issue facing them including addressing barriers and creating preventive methods of disease control. Communication and open mindedness with unbiased nonjudgmental approach would create trust. Second, utilizing translators who understand their cultural, religious and societal taboo can convince them of the benefit of adhering to health guidelines and ways to prevent the spread of Chagas disease. Develop education formula by using their system which includes their leader and volunteers to inform them on how to recognize and prevent the spread of the bug that causes the Chagas disease. Encourage Guarani people to alter how they build their houses, inspect and clean hiding places for bugs and patch straw in the cracks of their mud homes. (TDR, 2018). Separating human™s houses from animal housing would minimize the spread of Chagas disease.

3) What challenges could a public health professional confront when working on public health projects with indigenous populations like the Guarani?

The most difficult change a public health professional could face is convincing people to change or alter their way of life and easily accept a foreign idea outside their comfort zone. Resistance to change is tantamount to surrendering their cherished culture, where perhaps ethnocentrism had been their pride and hallmark. Even if the indigenous people like Guarani people accept to change, the most daunting challenge would be how to adequately educate them at a level they can functionally understand to apply recommended steps. Getting the proper resources to the affected people can be very challenging, difficult, and problematic given both regional terrain, facilities and manpower of the public health services in Bolivia. Also social communication is definitely a bottleneck. According to Price-Robertson and McDonald (2011), “Social problems are often deeply entrenched, and need to be approached with consideration of historical, social, community, family and individual factor.”

### China

1) What are some key components of TCM that are different than westernized medicine?

Traditional Chinese medicine (TCM) originated in ancient China and has evolved over thousands of years (NIH, 2013), based on five elements such as wood, fire, earth, metal, and water. Few different components that are noticeable are in application of herbs, acupuncture, and tai chi for illness and healing. The Chinese belief that the body has two different forces namely yin and yang, hence balance is the goal for achieving good health, and in absence or when there is imbalance, illness may occurs.

2) Why would it be difficult to collect scientific evidence to show the effectiveness of TCM?

Western medicine is science based where there are set standards for testing and verification. This system is lacking with TCM and attempts to collect scientific evidences are insufficient to support any theory due to different approach, sample size, participant™s report of experience when compared to western medicine. (NIH, 2013). TCM may reflect cultural practices, faith and values though...
there are now combination of both western practice and Chinese ancient methods of solving health issues.

3) How may traditional Chinese views of the body and illness clash with modern medicine?

Traditional Chinese Medicine is a holistic treatment that aims to maintain and restore harmony in the body by balancing two types of energy called yin (passive) and yang (active). TCM believes that poor health arises when there is disharmony between the forces. Evidence has shown the efficacy of western medicine, substantiated with data and verifications which are not proven with TCM. Over reliance on TCM may have adverse side effects and could deny a person opportunity for proven practical health care and could pose serious risk if treatment is not carefully administered or regulated by medical professional authority such as FDA. Western or modern medicine is designed and focused on treating illness caused by bacteria or persistent viruses, on the other hand, TCM emphases is on the flow of energy being restored (Ritter & Graham, 2010).

### India

1) How are the three primary forces, also known as the doshas, connected to health and illness?

Ayurveda is traditional Hindu science of medicine and often referred to science of life which focuses on forces of doshas or knowledge of medicine responsible for health and sickness. There are three main forces in doshas namely prana, agni, and soma. Hindu religion and faith regards soma as the breath of life, spirit of light or fire, and expression of harmony (Ritter & Graham, 2010). The three forces work together in unison forming the complete structure of an individual in harmony of life within the body responding to reactions and responses. Any imbalance in each of these forces can result in illness, therefore the belief in doshas are intertwined with faith and person’s health and wellbeing.

2) What are some similarities between Ayurveda and Traditional Chinese Medicine?

There are obvious similarities between Ayurveda and TCM. Fundamentally, they are built on religion, tradition and perhaps faith, in complete absence of science, evidence and verification. Both systems incorporate environmental energy and forces to play vital roles in creating balance and harmony. TCM believes in five elements such as wood, fire, earth, metal, and water while Ayurveda achieve harmony by five elements as well which are earth, air, water, fire, and space. Both approaches also focus on a balance of somewhat either with their environment or with their energy flow. Spirituality such as yoga and tai-chi and natural phenomenon are strong factors in promoting both methods.

3) How would Ayurveda shape the way Indian's think about their body in health and illness?

Ayurveda is indeed an ancient practice of self-discipline and devotion to preserving the body relative to their religion and mythology in their culture (Carteret, 2011). Ayurveda is an encompassing way of life for many Indians. Its emphasis is to live a healthier, fuller life by practicing Ayurveda, aimed at balancing the body which they believe controls illness, disease and best method for treatment and cure and recovery. Ayurveda is not just seeking medical help, it is a way of complete heuristic life with prescribed daily rituals and practices and this influences how Indians relate to their body and illness. According to Zandu (2011), Ayurveda hygiene, lifestyle and diet are crucial to good health. As modern medicine proves invaluable in solving many chronic disease and bacteria, many Indians still combine aspects of Ayurveda to promote healthy lifestyle. In furtherance of Ayurveda, Indians focus natural ways of exercise such as walking to help maintain healthy bodies and also create and maintain a daily routine and schedule for optimal health.

### Mozambique

1) How are traditional African perceptions regarding health and illness affecting the spread of HIV/AIDS in Mozambique?

In traditional African society, illness is perceived to have supernatural, natural, poverty, and societal causes (Kahissay, Fenta, & Boon, 2017). This belief may not directly contribute to the spread of HIV/AIDS in Mozambique. But other subtle customs may
directly be a factor such as widow cleansing, sexual promiscuity especially young people with multiple partners, child nurturing by breastfeeding children, all adversely contribute to spread of the disease.

2) When developing HIV/AIDS programming in Africa, why should the community always be involved? Should traditional healers also play a role?

A community is a social unit or group of people who share similar things in common, such as norms, religion, values, or identity and influences life and activities. It is critical to include community members in developing meaningful program for their use. Community involvement could mean success or failure of introducing a new program. In African societies, traditional healers serve many roles which include but not limited to custodians of the traditional African religion and customs, educators about culture, counselors, social workers and psychologists (Mokgobi, 2015), so their role is very important and needed.

3) When should public health professionals try to change traditional African cultures and beliefs and when should they not?

Changing a culture, a people’s ways of life would not be easy nor should it be a goal of any public health professional. It would be much preferred that the professionals find ways to assimilate any change or program with existing culture and gradually introduce positive reward and benefit of the new system or method than an overhaul or change of traditional cultures. Changes take time to occur, so it would be very arduous and impractical to achieve if the people do not subscribe to the program. Health professionals can attempt to influence behavior and attitude and not change tradition and culture.

Nicaraqua

1) What characteristics surrounding the Grisi Siknis illness make it a culture bound syndrome?

The Miskito are an indigenous ethnic group in Central America, of whom many are mixed race. This are especially afflicted with Grisi Siknis illness which is contagious, including includes violent outburst, and causing an infected person to lose consciousness (Feuerstein, 2014). One major characteristics of Grisi Siknis illness is that it affects predominantly Miskito people which they attribute to sexual activities with the devil. This disease is also prevalent among teenage girls and occasionally in men. Since Grisi Siknis affects mostly indigenous Miskitos, epidemiologists regard it as a culture bound syndrome disease.

2) As a public health professional, how would you address the prevention of this illness?

This disease is very common amongst the Miskitos so it would be important to design specific target program to isolate and study the illness. There should be research on homogeneity, biology, environment, food, sexual behavior and water which would help explain why this disease affects mostly the Miskitos. The health professional should introduce isolation and quarantine programs for infected individuals to minimize spreading to others.

3) What perceptions regarding health and illness are leading the Miskito Indians to be affected by Grisi Siknis?