Concept of health in indigenous religion pdf

Health concepts by Aboriginal, Torres Strait Islander and Papua New Guinean health students Gillian Bolton-Lewis, Heatendra Pillay, Lynn Wiles of the University of Technology David Lewis of the University of NSW, presented at the Close Up Conference 2, Lancaster University, 16-18 July 2001, is considered a fundamental human right. At the same time, health care is considered to be a global social goal (Bloom, 1987), but many third world countries and some sub-populations in developed countries do not have a healthy existence. The study, as reported in this paper, looked at health concepts, disease concepts and health practices of Aboriginal, Torres Strait Islander and Papua New Guinean health science groups. The results found three health concepts and three disease concepts that showed that these students held traditional/cultural and Western beliefs about health and health practices. These findings may contribute to the development of health courses that are more specific to how these students understand health. It can also help improve the educational status of Aboriginal and Torres Strait Islander peoples and potentially improve health in these communities. The definition of health in modern society is defined by different ways, which are partly determined by context and culture. There is no single correct or universal concept of health, as Daynes and Cribb (1993) argue that health can be a concept that can be defined in a variety of ways - all of which have equal strength (p. 8). However, the notion that health is not easy to avoid disease is common to current views. For example, the World Health Organization conceptualizes health as a resource of everyday life and as a positive conceptual, focusing on social and personal resources as well as physical opportunities (Raphael, 1998). More broadly, Raphael believes that health includes community development that focuses on housing, education, food, income, sustainable resources, social justice and equality. Lawson (1992) put forward a perspective on a health that he believes remained dominant throughout the 20th century. That is, health is divided into physical, spiritual and emotional, as well as social and intellectual dimensions. The subsequent hypothesis was that one could, for example, be in good physical shape, while at the same time lacking in other areas. However, Lawson believes that there is a limitation of this concept of health and offers a more socially oriented where there is a relationship between personal health and the social and environmental attributes of health. This includes a holistic concept of health that recognizes cultural influences, lifestyles, and Context. While there seem to be many perspectives on health and getting the concept in universal terms seems challenging, it is possible to attract common elements that can be cross-cultural. Levin and Sorenson (1984) believe that there is a consensus among different cultural groups that health means no symptoms or signs of illness, it includes a sense of well-being, and the ability to perform. In other words, biomedical, personal and sociocultural components for health are appropriately. Personal and sociocultural components are the focus of Fabreg's attention (1997), when he conceptualizes health in accordance with modern Western societies compared to primitive or non-Western societies. For Western society, health is portrayed as the opposite of disease and as caring for people who pursue health through concrete and directed actions. However, health in non-Western societies is governed by the cholism and integration of the body and mind. Individuals influence the group and social practices in relation to health reflect spiritual, moral and political concern. This is particularly evident in village-level societies (Fabrega, p. 31), where there is a perception that victimization by another group can cause disease. In such cases, there is a dependence on protohia to relieve symptoms or resolve conditions associated with the disease. For example, there are areas in Papua New Guinea where traditional healers currently exist (Williams, 1998). While it is obvious that common elements regarding the value of health exist between different cultures there are also differences. As Fabreg points out, health, disease and healing parameters vary from society to society (p. 24). The following section presents health factors, especially for Indigenous Australians. Health and Indigenous Australians in Australia Indigenous people remain the least healthy sub-population. The mortality rate among non-indigenous men and women is higher among all age groups, and hospitalization rates are higher in each age group than in the non-indigenous population (National Aboriginal and Torres Strait Islander Health Coordination Centre, 1999). The following is a summary of the most common diseases faced by Indigenous Australians compared to non-indigenous Australians: cardiovascular disease, mortality twice as high and respiratory disease, mortality seven times more likely to be hospitalized more than three times higher; diabetes, about four times higher and kidney disease approximately 295 per 100,000 for indigenous peoples and 69 per 100,000 for non-indigenous populations per year; Infectious diseases such as tuberculosis and HIV are more significant; and death from injury three and a half times more often and includes interpersonal violence and trauma from fire and falls. Other Others diseases faced by Indigenous Australians include diarrhoea, pneumonia, bronchitis, middle ear infection, skin ulcers and trachoma (Mathews, 1998). In the Torres Strait Islands, many people face health problems associated with increased consumption of Western food and a decrease in the amount of exercise previously experienced in their traditional lifestyle (Mills, Pensio, and Sailor, 1997). In recent years, this has led to an increase in heart disease, obesity, cancer and complications during pregnancy. Indigenous peoples recognize that poor health is caused by a number of factors, including physical, social and spiritual, and that treatment covers all three aspects. In particular, Aboriginal etiology includes four main explanations for ill health, including the loss of a vital substance from the body (loss of the soul) and the introduction of an alien and harmful substance (invasion of spirit or possession) (Saggers and Gray, 1991). In remote areas of Australia, these beliefs now exist and have an impact on the continuation of traditional medicine diseases. For example, on Groot Island, traditional knowledge explains the cause of certain types of diseases as singing or sticking (Saggers and Gray, 1991, p. 52). There are cases of coexistence between traditional and Western medicine in Australia, and Aboriginal patients seek help from both sources. Mobbs (1991) describes Aboriginal community health facilities in a small, remote mining town as including non-Aboriginal health services, as well as elderly Aboriginal practitioners of traditional healing. Recognition of ill health depends to some extent on the definition of health. According to Anderson (1999), the main elements that define Aboriginal health include the physical, social, emotional, cultural and spiritual well-being of not only the individual but also of society as a whole (p. 65). This view is a holistic concept of health, the connection between people, life and death, and attitudes to the earth. Indigenous health workers in Australia are an integral part of the health work faced by Aboriginal and Torres Strait Islander health workers. In particular, they play an important role in providing primary health care to indigenous communities (Clapham, Digregorio, Dawson, and Hughes, 1997). Their role ranges from the planning, implementation and management of indigenous community health programmes to cultural interpreter programmes (Clapham et al., 1997). The Groutians (1997) explain that indigenous health workers are involved in primary health care and that their work includes core activities: basic clinical practice, health promotion and community development. While the training of indigenous health workers is important, it can also be challenging and somewhat challenging. This is partly due to the previous educational experience of many indigenous peoples. They are the most disadvantaged education group in Australia (Ministry of Education, Employment and Training, 1989). Aboriginal and Torres Strait Islander university students make up only 1 per cent of the total number of university students, compared with a national average of 4.8 per cent. They are under-represented in a number of areas, including health (Higher Education, Department of Education, Training and Youth Affairs, 1999), and 42 per cent of indigenous students are enrolled in unsed sub-level courses, compared with 11 per cent of other students (Hester, 1994, p. 96). The success and retention rate of Aboriginal and Torres Strait Islander (Bin-Sallick, 1999) at the university is also lower than for non-Aboriginal students. Clapham et al. (1997) considers that the challenge for higher education is to make higher education accessible to indigenous peoples while at the same time enabling graduates who are qualified and knowledgeable in the cultural needs of their people. This requires the development of culturally relevant programs that recognize learning styles, cultural perspectives, previous educational experiences and informal learning experiences of indigenous students. Some universities recognize and actively cater for diversity among their students. For example, support services that have been put into operation for indigenous students include assistance with teaching aids, access to academic support, personal counselling and educational enclaves of indigenous peoples (Anderson, 1998). Once trained, indigenous health workers may find it difficult to use health care methods. They can be challenged by the discrepancy between indigenous and Western models of health and disease (Clapham, et al, 1997). As noted earlier in Western models, health confronts disease as a primary focus for people who pursue health through concrete and targeted action. However, health in non-Western societies is governed by the cholism and integration of the body and mind. In particular, health in traditional Aboriginal terms includes the relationship between body, land and spirit (Golds, et al., 1997). Difficulties may also arise, as non-indigenous and indigenous peoples sometimes have different perceptions of the role of indigenous health workers (Senior and Daniels, 2000). Seniors and Daniels conducted a study of health services in a remote Aboriginal community and found that non-Aboriginal people believe that Indigenous workers were Aboriginal-only and that their qualifications were limited. Other findings were that Aboriginal people are often shy about going to a clinic, they don't like being treated by a doctor or nurse of the opposite sex to them, and they are worried about taking pills, a concern that sees some turning to bush medicine as an alternative. Alternatives. people can also turn to witchcraft and sorcerers for treatment (Senior and Daniels, 2000). Other mixed factors may include difficulties in maintaining confidentiality in Aboriginal communities, ill-informed governance committees and remoteness. The rationale for studying phenomenographic methodology was used to define the health concepts of Indigenous University students. The focus of the phenomenon study is on the study of qualitatively different ways in which people experience phenomena (Marton, 1988) and the delineation of subsequent ways of understanding or concepts as categories of description. Morgan and Beatie (1997) explain that experience has structural and reference aspects. Structural aspects relate to components of experience and their relationship with each other, as well as contextual factors. Integrated with structural are reference, or in other words, meaning, aspects. Concepts were said to derive from experience and understanding of phenomena, so other health-related aspects were also identified. These include students' understanding of disease, their awareness of the cultural aspects of health and health practices. The assumption was that these students could adhere to health concepts that were different from those held in Western society, and those concepts could not be considered in health courses. It is also important to know more about the health concepts of these groups, as the number of Indigenous students enrolling in primary health care courses is increasing. As far as we can tell, there are no other studies that have established concepts of the health of indigenous students. The Sampling Methodology consisted of 21 students doing medical research at two universities in Australia. The three students studying at the University of Technology in NSW were from Papua New Guinea; the rest were studying Indigenous primary health care at the University of NSW. Three of these students were also from Papua New Guinea, 6 were Aboriginal and 9 were Torres Strait Islander. Eight students lived in the Torres Strait and studied part-time on the campus of the University of NSW on Thursday. All other students studied full-time. The age ranged from 20 to 47 years with an average age of about 33.8 years. Seven students completed the 12th year of study, the rest completed the 10th year, and most then took courses in technical and further education; four of them had previously been involved in university teaching or nursing. The students came from diverse work experiences and diverse backgrounds, living conditions and cultural experiences. Interview Individual, Audio recordings of the interview, each lasting about an hour, were conducted by a Torres Strait Islander researcher (our thanks go to Muriel Bean Nel assisted in the interview) and a third author. It happened in Brisbane and the Torres Strait Islands. The predetermined issues used to stimulate dialogue cover the following topics: cultural experience, including health issues and practices, the importance of health, the importance of disease, experience in health and disease, and the health problems faced by indigenous peoples. In accordance with the phenomenographic methodology (Svensson, 1997), the interviews were framed in such a way that the questions concerned each other and were contextualized. For example, students were asked about their overall health and how they stay healthy or if they are sick, what actions they will take. They were then asked what health meant, followed by what disease meant. Interviewers investigated health-related responses as they emerged. Consultation with indigenous peoples is important in research involving their communities (AIATSIS, 2000). It is also important to obtain ethical authorization for research involving Aboriginal and Torres Strait Islander peoples. This was requested and received from the Committee on the Ethics of Human Research by KUTS after the Principal Investigator (first author) consulted with a senior member of the Indigenous Group at THE COTs. The objectives and procedures of the study were discussed and assurances were given that indigenous participants were not dependent on those conducting the study. Other members of the research team met with a representative of papua New Guinea's graduate students to discuss the project prior to interviews with Papua New Guinea students, and permission to interview students on the island Thursday was obtained after the Chairman of the Torres Strait Islander Health Board was informed of the study's objectives and procedures. In addition, a newsletter explaining these details was provided to each student before the interview. The interviewer discussed this with them and asked if they understood it or whether they had any questions. To ensure a common understanding of the information, the Indigenous interviewer, together with the third author, conducted each interview. Participants were also told that they could leave at any time if they wanted to. Each participant recognized their understanding of the process and willingness to participate by signing a consent form. After the interview, they were paid a fee for their time and contribution to the study. After each interview was transcribed, it was sent to the participant so that they could check it for accuracy. Analysis Analysis was conducted to determine students' perceptions of health, their disease concepts and their health practices. Concepts are explained as relational, because the intentions and context in which the (Johansson, Marton, and Svensson, 1985) affect people's experiences. First-line were transcribed from audio recordings. Then, in a departure from previous phenomenograph studies, interview transcripts were summarized as a series of case studies that focused on culture and health, health practices, health problems, health sense and disease, and previous generations and health. The resumes provided rigor and reduced the memory load for researchers as there were about 150 separate pages of interview transcripts to be reviewed. They also served as brief indicators of important points and proved to be a useful tool by which all data can be viewed and managed at the same time. The data were combined, and the researchers took an iterative approach to establishing relationships, similarities, and differences in student responses. This was done by moving between full transcripts and resumes. The original set of health description categories was developed by all researchers. The categories were then discussed further to determine the logical structure of the categories and the relationship between them (Bruce and Gerber, 1995, p. 446). These categories were then refined to form a final set reflecting the different experiences within the group and the illustrated concept of health. This procedure has been repeated to determine the concept of the disease. The health practice, which students said was also classified. The results of the Health Concept Analysis showed that there are three main health concepts. They are shown in Table 1 along with excerpts from interviews of students who are delineate each concept. Conceptions were that health 1. Means well-being; 2. defined by a person in terms of (a) their way of life and (b) their relationships with others and the community; and 3. a balance on holistic aspects. Explaining the phenomenographic research, Marton (1994) argues that categories of descriptions that become apparent form a hierarchical system. We believe that health concepts are hierarchical in the sense that each of them is based on and adds greater depth to the meaning inherent in the previous concept. It also means that each conception is subject to the subsequent higher conception. The concepts are described below in accordance with reference or semantic aspects and structural aspects that distinguish the concept from context or background, as well as its constituent parts and the relationship between them (Marton et al., 1993). In defining the reference aspects of each concept, we found that they came from three different perspectives. They varied depending on whether the student held predominantly traditional/cultural beliefs, traditional and Western beliefs, or predominantly Western beliefs. They are also detailed in Table 1. Health means well-being. It's a simple and general concept this is characterized by short and limited descriptions. One student described well-being in terms of absence from the disease, however some simply described the concept without reference to other aspects of health. We believe that the students who adhered to this concept spoke from a Western point of view because there were no indicators to define it from a traditional point of view. 2. Health is determined by a person in terms of:a) lifestyle factors. The focus has been on the individual in this concept with descriptions meaning lifestyle factors that can be considered for health. Some students talked about health, comparing how they live, or their lifestyle, from a traditional and Western perspective. From a traditional standpoint students talked about how people live and have the foundations for survival, which was in contrast to the biomedical model of the disease and going to the hospital as it happens in Western culture. Those who spoke from a completely Western perspective said that health means doing things like eating the right foods, exercising, and keeping the weight down. The basic tone is that health or well-being will be maintained by the person eating and exercising carefully or seeking treatment in the hospital when needed. Therefore the first health conception is subsumed and built on. However, the person did not speak in terms of their relationship with others, as seen in the following concept. (b) Relationships with other people. This concept has been described in terms of traditional/cultural influences and traditional and Western influences. In the first, good relationships are reported to be important to their health because if they have not been preserved, then someone can make puri puri that will lead to the disease. Specific steps that could restore a relationship if they broke down, such as providing food and pigs were described. Responses from a traditional and Western point of view highlighted relationships as a person living in harmony with people in the village (traditional) or in the house (Western). They also talked about other relationships, such as living within economic and social means, as well as about the connection with land and culture. Students who expressed this concept stated that as long as these factors were maintained, then well-being or health would follow. Thus, the concept is based on the first concept, developing how well-being can be established. It also expands part of a) lifestyle factors in that the focus, while still human, has been on relationships that need to be established, as well as healthy lifestyle factors. While this concept offers a complex view of health, it does not include a global health perspective, as seen in the following concept. Health includes holistic measurements. This concept was evident in each of the three three The common thread is that health is a physical, mental, spiritual and, in some cases, social and environmental aspect. In traditional/cultural responses, a measurement of evil spirits that can affect health has been added. This was different from traditional and Western responses, in which health included clearing the head in the spiritual and traditional sense. The responses that have influenced the West have included the importance of balancing these aspects so that health can follow. Students spoke in terms that depicted a person in a balanced relationship, which represented not only physical, mental and spiritual aspects, but also relationships with the environment and economy. Thus, this concept refers to a more global view of health, which is based on every previous concept. Table 1. Health concepts and student statements that illustrate traditional/cultural, traditional and Western, and Western Perspectives Concept Traditional/Cultural Influences Traditional and Western Influences of Western Health Influences mean well-being absence from disease. Just well-being basically. yes, that's what I'd say, it's just well-being. Health is defined by a person in terms of a) lifestyle factors Health in the traditional way means how people live . . . Look at all the basics that are needed to survive. Western culture is like a biomedical model of the disease, if someone is sick, then go to the hospital and medical services created by the government. All good things like exercise and eating the right food to fight disease are good foods to help your immune system. Keep your weight down otherwise you will be getting hypertension. b) Relationships with other homes people can be jealous and they can do puri puri . . . it will affect you to be sick, so you have to live on good terms with other people. It could start with a fight or someone stealing a clan girl. They have to go and decide how to go and pay the right price. How to give food and pigs. If you don't decide, you'll get sick. It has to do with relationships. Health means a healthy lifestyle economically, socially, being involved in people's lives, getting along with people, collaborating between different people in the village and mentally. Health should have a good education, live in good condition, a good home that they can afford. If you have food, then they can keep well-being going . . . connectivity in relation to your land, to your people, the relationships that you build with people, your family, your land, your culture, you must support it. The end result is health. Health includes balanced holistic measurements, free from disease physically, mentally, Spiritual dimensions are important in our culture. When you wash, the evil spirits that live there (in the creek), well, if the spirits are not happy, does Careful. I've always thought that health is all physical, mental and mostly spiritual as well. With health as physical well everyone knows when you're down you should have yourself right, but with the spiritual because I've had a lot of problems with it myself that I know how when I have my head cleared or something to turn to I feel better. For a person to be healthy, health like body, mind, place, spirituality. All these things need to be balanced in order to be healthy. It's a big health thing. I used to think of it as one thing, how not to get sick. Now I look at other things around it like environmental factors, housing and finance . . . unemployment, having an income, is enough to feed their family. Mentally it will help you think about physical, mental and social health care. You have to balance them. The Concept disease Analysis responses related to the disease have revealed three main concepts. They are shown in Table 2 along with excerpts from interviews of students that illustrate each concept. They are that disease means one. be really sick; 2. the need to take action through (a) seeking medical care and (b) taking preventive measures; and 3. imbalance, including holistic measurements, including physical, spiritual, social and environmental. The concepts are hierarchical and are described below in accordance with reference and structural aspects and traditional/cultural influences, traditional and Western influences, and Western influences. 1. Illness means to be really sick. This is the most basic concept of the disease that students have talked about from each of the three perspectives. There were two aspects to this concept. One of them involved the disease as just not very good or with the disease. Another related disease is how having debilitating affects a person. From a traditional/cultural point of view, students attributed the disease to both of these aspects. For example, one student said that the disease is when you put in, and also that means it is really sick. The traditional and Western perspective included contrasting a non-indigenous view of funeral planning with indigenous peoples not thinking about death. The disease was also caused by illness or not very well. Responses from the Western perspective of the disease have been expressed in terms of specific diseases as well as debilitating effects. Overall this concept focuses on diseases like sick, inactive or lying down, and that sometimes someone has to take care of you. This is different from the following concept, which refers to the action you can take to combat or prevent illness. 2. The perception of the disease as a necessity for action has two aspects: (a) seeking treatment. This concept was expressed by students in terms of traditional and Western influences and only from Western influences. Although the disease as a disease, as First concept, there is an additional dimension in that treatment can be requested. Students who spoke in terms of traditional and Western influences said that treatment could be requested either from modern medicine or a traditional practitioner or by home remedies. Some students traditionally believe that the disease is caused by problems at home or in the village and that they need to be resolved before treatment is effective. From a Western point of view the treatment concerns going straight to the doctor or slowing down for a while. While students who expressed this concept held a proactive concept of the disease they stopped by stating that preventive measures could be taken to avoid the disease. Prevention is the following concept of disease. Preventive measures. The disease as a preventive measure was expressed from a traditional and Western point of view and from a Western point of view. Embracing both was the basic statement that the disease can give you more awareness that you can take steps to prevent it. This concept is similar to the first conception in that both share the notion that the disease can be debilitating or that it is a disease. This is also similar to part (a) of taking action, since prevention can be seen as a higher form of treatment. Prevention from a traditional and Western point of view for one student meant, on a spiritual level, the possibility of losing one's identity. This has been contrasted with not possessing awareness of western ways that can result in illness, for example not eating the right food. Therefore, doing the right thing spiritually and physically can be seen as prevention. Prevention from a purely Western influence focuses on the possibility of getting sick, if not to take preventive measures. This concept of the disease is complex because it recognizes that the disease can be a disease and that treatment is possible. However, doing the right thing to avoid illness is recognized as a course of action to take. The next conception involves all previous concepts and sees the disease in a holistic and relational way. 3. Illness means imbalance, including holistic measurements, including physical, spiritual, social and environmental. This concept was evident in each of the three points of view and the responses in each were similar in that they explained the disease as constituents physical as well as other dimensions. There is also a relational aspect of this concept, which includes the need for measurements to be in balance to avoid disease. Table 2. Concepts of disease and student statements that illustrate traditional/cultural, traditional and Western, and Western perspectives. Conception Traditional / Cultural Influences Traditional Western Influences of Western Influences Disease Means Being Really Sick of Disease When You You very sick. Sick as you need someone to take care of you. When you're lying down. Not very good. Probably just be sick, cancer or any other disease. Most of my family we don't think about the disease. I mean I think not indigenous you're planning where you're going to have your plot for funerals and things like that, but indigenous people they don't think about death and that, they don't really think about the disease. Disease. (What kind of?). Depends as if you have a mental illness or some physical illness. The disease means, as debilitating, you can't function. Illness means the need to take action through: a) looking for a cure (b) to prevent the disease I would like to look at in the sense of physical. If I am sick, then I need to be treated whether I go to a traditional practitioner or modern medicine, or I could use a home remedy. Illness medically a disease or virus gets into your body and makes you sick, and it's true, I believe that, but there are some other things that can make you sick. If you are sick, go to the hospital, doctors prescribe medication, but you are not very well ... they tell the doctor to let me go home. In PNG we say it's 'straitem tok'. I need to sort out my problems, go back for medicine, and for me I've seen how many patients have fun. Illness, on a spiritual level, cannot do the right thing . . . loss of identity. The disease may be because you don't know the west, in the Western world. You don't know what's in there. Like diabetes and other things people can prevent. The disease is western, you don't eat the right food. KFC food. If I'm really, really sick, I go straight to the doctor. If I feel sick I just take it slow for a while. Some diseases can be very scary if you don't understand the disease and how to prevent them, stop them happening. It's not good to get them and trying to deal with them out there, but preventing them. The disease is that if you don't prevent this from happening, it's something you may regret later in life. Illness means imbalance, including holistic measurements, including physical, spiritual, social, environmental . . . For indigenous people, you may be sick in the body or you may be sick of the spirit, and sometimes these two things can overlap. If you are sick in your spirit you may be sick in your body and if you feel happy or really well in the spirit, then that can relate in the same way to the health of your body. Health disease do you mean? Well health ailments can be described as physical illness, emotional illness, the opposite of how you get sick when you don't have these things. I think if all these (spiritual, emotional, physical) are balanced, then you are right. Otherwise you can't be healthy but if you're mentally healthy, it's you who get out of trouble. If you do not have a safe home, a safe home, then it will be your physical health, you get sickness. If you don't care about your mental health well you can't think. From a traditional/cultural point of view, the disease was considered to be sick, either in spirit or in the body or in both cases, where one of them affects the other. Similarly in the traditional and western perspective the disease was explained as part of the health when the student asked: Health disease do you mean? It has also been described as a result of a lack of physical and emotional well-being. The answers from a completely Western point of view explained that there must be a balance in every dimension to be healthy. This has been circulated by some students to include safe and safe housing and environmental factors. Thus, while the answers were specific to the beliefs held by each student, there were common elements in each perspective. This concept is more complex than previous concepts because it includes many aspects that constitute disease and, conversely, health, and it also takes into account the impact one dimension can have on another. Students who practice health care were asked what they were doing to maintain health and what they did if they fell ill. We categorized their responses in accordance with three perspectives, traditional/cultural influences, traditional and Western influences and Western influences. Health practice. The health practice, which has traditionally been influenced, is associated with vegetable consumption and community compliance. Some replies indicated that some students regularly integrated into traditional and Western health measures. For example, while one student stated that she ate traditional leaves that grow in the forest, she also stated that she exercised, ate raw vegetables, and ate a lot of greens that could be interpreted as Western behavior. Another stated that he played sports and went to the gym, at the same time he believed going west to fish and hunt to be in contact with the land and the spiritual side is equally important, which means a combination of traditional and Western behavior. Most students have reported Western effects on their health practices such as eating the right foods and exercise. However, some have talked about specific Western practices such as flu vaccination, meditation, and ensuring that stress levels are low. Others felt that people should be educated so that they could be more aware of preventive health measures such as personal hygiene, good sanitation and immunization. A practice related to the disease. While most traditional practices associated with the disease are associated with to see the village healer, the students were aware of other traditional remedies for disease. For example, one student stated: There are some plants good for the flu, a coconut drink for diarrhea. Advising a village healer is sometimes followed by initial treatments such as home remedies or sleeping. As one student said, when asked if they would go Doctor: No, I wouldn't, because I have to do what I can do first. I, if the headache I drink a lot of water, then I sleep . For some, advising a village healer was preferable to finding modern medicine, as evidenced by the statement. . . . they know that the man in the village, the village healer, can heal better than modern medicine, then they go to this man, give the pig to them, and that man heals them. Some students talked about practices related to the disease that are associated with traditional and Western influences. For example, I had a bit of asthma. I went for puffers and couldn't get rid of it. (So) no, no, no, no, I used this bush medicine . . . he got rid of it, and I wanted to go straight to the hospital. If I have a problem with family or advice, all I think is related to my illness I have to decide that too . The notion that traditional healers are important, but not the only source of help, was evident when one student stated: People still think that traditional practitioners help. We must strengthen this by integrating it with our health care system in our country. Traditional and modern medicine should complement each other. The practice under the influence of Western behavior included going to the doctor, taking aspirin, or taking care of yourself. Discussion of the Study, as reported in this paper, relates to aspects of the health of indigenous university students in Australia and Papua New Guinea studying medical science courses. Most of these students also worked in health-related areas. The results show that these students have different ideas about health and disease, and they also practice a range of health-related behaviors. This points to the notion that health is conceived as a complex and diverse phenomenon. It also adds to the credibility of the assertion put forward by Daynes and Cribb (1993) that there is no universal health concept in any single concept. It is important to know how Indigenous Australians think about health as they remain the least healthy sub-population in Australia (National Aboriginal and Torres Strait Islander Health Clearinghouse, 1999). Below are the implications for teaching in health courses. Students reported on concepts of health that ranged from a simple explanation of health and well-being to a more complex and holistic view of health as a consequence of physical, mental and spiritual balance in the context of social or community well-being. Between them was the concept of health, defined by man in terms of lifestyle factors and their relationships with other people, land and their culture. The concept of health and well-being is similar to the concept proposed by Levin and Sorenson (1984) that build on the ideas of several cultural groups, explaining health without symptoms or signs of illness, including well-being, and the ability to fulfil their responsibilities. A A The students in this study do not say that health included the ability to perform they address this notion in the first concept of the disease, when one student stated: the disease means debilitating, you can not function. Therefore, on the contrary, it can be argued that health will mean the ability to function or perform. This adds to the complexity that is inherent in the meaning of health, as these students explained. Health, defined by personality and health as incorporating holistic measurements, is similar to Fabreg's findings (1997) about health, when he compared Western and non-Western societies and the beliefs they held. Fabrega discovered that health as a concern for people is a characteristic feature of Western societies. This was evident in the findings of this study in health conception as including individual and lifestyle factors that were affected predominantly by Western ideals. Lawson (1992) put forward a more complex concept of health, which is how personality and relationships with other conceptions are found in this study. Lawson explained that there is a link between personal health and social and environmental attributes. Australian Indigenous and Papua New Guinean students spoke about health in this way from a traditional, traditional and Western perspective. Interestingly, there is no entirely Western health perspective involving a person and their relationship. Perhaps this is due to the fact that relationships with other people, land and culture are more specific to those who live in rural societies. It also confirms an individual view of health in Western societies, as reported by Fabrega. Health as incorporating balanced, holistic measurements is a complex and advanced concept. This is the only concept of health that students have talked about from every point of view, which adds to its complexity. While others argue that Aboriginal health is linked to physical, social, emotional, cultural and spiritual aspects (Anderson, 1999), we have not been able to find any reports that define Indigenous health perceptions according to different points of view. This holistic concept could be expected, especially in the traditional view, since Fabrega (1997) noted that health in non-Western societies is governed by hollism and the integration of the body and mind. Lawson (1992) explains this multidimensional view of health as dominant throughout the 20th century. We argue that while this is an advanced concept of health, the results of this study show other advanced concepts that should also be noted as valid for indigenous peoples. A holistic view of health is also reinforced by health practices, students report. Many stated that they had taken various measures to stay healthy, such as nourishing, exercising and ensuring spiritual harmony, which points to a holistic perspective with influences health practices. Similarly for the disease there were mixed conceptions. For a few, at least minor illnesses and inconveniences can be largely ignored as a disease at all while more serious illnesses and accidents can sometimes be considered retribution for the mystery of immorality, or even as revenge by magical means such as puri puri. Others believed that the disease was the result of poor socio-economic conditions, low incomes, poor housing, poor nutrition, poor hygiene or simply chance. However, many students expressed a comprehensive view and considered the disease in holistic terms as a possible consequence of immoral or antisocial behavior that can lead to guilt, stress and mental disorders, as well as as a result of unreasonable physical behavior, poor nutrition, poor hygiene, illness or accident. The first conception of the disease, being really sick, is actually the reverse of the first concept of health, that is, well-being. Students talked about it from every point of view. It is interesting to note that from a traditional/cultural point of view, the disease has been explained as lying and needing someone to take care of you while the Western perspective explains that the disease can be debilitating without mentioning the need for someone to take care of you. These are similar points of view. However, they are culturally influenced by the fact that non-Western cultures hold a more general view of health, when people influence a group or you may need someone to take care of you, while in Western societies people pursue health by their own means (Fabrega, 1997). Those who have not mentioned the need for someone to take care of you seem to be influenced by predominantly Western health views. The disease as needing treatment or preventive measures was evident in traditional and Western and Western terms. There were no traditional/cultural perspectives in these categories. Some students talked about health practices that included finding a traditional healer or following preventive health measures by eating traditional foods. However, it would seem that these students have also taken Western health care methods, as one would expect from students studying health courses. While some traditional beliefs were very strong, they were not the only ones that held to be these students. The higher concept of the disease complements the higher concept of health. Both include a holistic view that is complex and covers several aspects such as physical, spiritual and environmental. The Seggers and Greys (1991) argue that poor Aboriginal health is complex and also affects the continuation of medicine. The traditional/cultural impact of disease in spirit and body can also help explain the persistence of health practices in search of traditional healers, as some students explain in their health practices. Western perspective perspective need to have balanced sizes, and some students talked about the environmental and economic impact on health, which was also noted by Lawson (1992). This is interesting because it is an advanced and socially oriented concept. While the Western view of health may be characterized by individualism, it also seems to have communal features. Similarly, with regard to health practices, the prevalence of behaviours has been described. While students recognized that there are advantages in Western biomedical intervention in many diseases, there was also a perception that there was efficacy in the practice of traditional healers and the use of traditional remedies. Indeed, in some regions these treatments may be all that are ready at hand and biomedical resources can be scarce and far away. However, some students were adamant that doctors and hospitals were in favour of the services, but were not sure about the results of their treatment. The findings of this study show that these indigenous and Papua New Guinean medical students have different and in some cases complex health and disease concepts and are taking numerous steps to maintain good health. It was also obvious that while all of these students were indigenous, they had both traditional/cultural and Western health views. Others noted that indigenous health beliefs were complex (Lawson, 1992), but we were unable to find any other reports that would determine health according to the different points of view seen by Indigenous and Papua New Guinean students in this study. While many students held Western beliefs about health and disease, traditional influences were strong. This finding denotes the importance of the traditional/cultural beliefs that these students have held. This has implications for the teaching of health courses. As a rule, these students at indigenous universities have an understanding of health and disease that accommodate biomedical sciences as part of a comprehensive scheme of mental, physical and spiritual well-being, both personal and social. Further

research may determine whether the health concepts, diseases, and health practices identified in this study are as different as they may be on the look at the worldview of most non-student university students. The concept of health holistically - as more than the absence of disease - is now widespread in society as a whole. At the same time, the survival of faith in unsnically verifiable cause-and-effect totation and as yet unproven treatments - among other recognized material May also exist in many forms outside indigenous communities. Such beliefs clearly can survive scientific education or at least coexist with it. But by explicitly acknowledging the biomedical model of health as effective, some Indigenous students in one extreme expect more: that, among other concepts of health, health, Respect will also be shown the concepts of health and disease that include traditional/cultural as well as traditional and Western beliefs. University professors should be aware of these expectations and be wary of intermediaries in alternative views. Limited consideration of health and disease within the narrow medical model of health will not take into account the beliefs of these indigenous students and Papua New Guinean. We therefore believe that health science courses for indigenous students should have cultural significance and recognize the traditional/cultural beliefs of indigenous students. The sample in this study was small, and the findings could not be summarized. However, it would be useful to assume that other indigenous students studying health insurance courses at universities might also hold traditional/cultural and Western views. In order for these students to integrate their views into their health practices, they should be allowed to integrate them into their health courses. Those who teach health courses should be aware of the experience and beliefs of their indigenous students so that they can take them into account in their courses and courses. Further studies should be carried out to examine in more detail the results of the study and other areas of health, such as indigenous health problems and changing attitudes towards the health of indigenous students. Note: The inclusive term for Indigenous peoples is used in Australia to refer to Australian Aboriginal and Torres Strait Islander peoples. The people of Papua New Guinea (PNG) are mentioned separately. AIATSIS bibliography, 2000. Australian Aboriginal and Torres Strait Islander Research Institute, Indigenous Research Guidelines. Available: ANDERSON, I., 1999. Aboriginal well-being. K. GRBIC. Health in Australia: Sociological Concepts and Issues (2nd edition), 53-73. ANDERSON, L., SINGH, M., STEBENSKY, K., AND RYERSON, L. 1998. 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