6

Understanding cultural influences on back pain and back pain research

Nicholas Henschke [a], [*], Eva Lorenz [b], Roman Pokora [b],
Zoe A. Michaleff [c], Jonathan N.A. Quartey [d],
Vinicius Cunha Oliveira [e]

[a] *Musculoskeletal Division, The George Institute for Global Health, Sydney, Australia*
[b] *Institute of Medical Biostatistics, Epidemiology and Informatics, University Medical Center of the Johannes Gutenberg University Mainz, Mainz, Germany*
[c] *Arthritis Research UK Primary Care Centre, Research Institute for Primary Care & Health Sciences, Keele University, United Kingdom*
[d] *Department of Physiotherapy, School of Allied Health Sciences, College of Health Sciences, University of Ghana, Ghana*
[e] *Pós-Graduação em Reabilitação e Desempenho Funcional, Universidade Federal dos Vales do Jequitinhonha e Mucuri, Diamantina, Brazil*

ABSTRACT

Low back pain is highly prevalent and places a considerable burden on individuals, their families and communities. This back pain burden is unequally distributed around the world and within populations. Clinicians and researchers addressing back pain should be aware of the cultural, social and political context of back pain patients and how this context can influence pain perception, disability and health care use. Culture, which influences the beliefs and behaviour of individuals within a social group, could be considered an important contributor to the unequal distribution of back pain. However, there is paucity of high-quality research exploring the influence of culture on the experience and management of back pain. Further development and testing of specific tools, assessment methods and communication strategies are needed to improve our understanding of how cultural practices, values and identifications affect those dealing with back pain.

© 2017 Elsevier Ltd. All rights reserved.

* Corresponding author.
E-mail addresses: nhenschke@gmail.com (N. Henschke), Eva.lorenz@uni-mainz.de (E. Lorenz), pokora@uni-mainz.de (R. Pokora), z.michaleff@keele.ac.uk (Z.A. Michaleff), jquartey@chs.edu.gh (J.N.A. Quartey), viniciuscunhaoliveira@yahoo.com.br (V.C. Oliveira).

Introduction

Low back pain is highly prevalent and places a considerable burden on patients, their families and society. It is estimated that up to 85% of the general population will suffer from low back pain at one point in their life, and over 10% will suffer from long-lasting chronic pain [1]. In the majority of patients, low back pain negatively affects overall perceptions of general health, interferes considerably with everyday activities, is associated with depressive symptoms, and dramatically and negatively affect relationships and interactions with others [2]. The World Health Organization (WHO)-sponsored Global Burden of Disease study reports that of all health conditions, low back pain was the greatest contributor of years lived with disability (YLD), accounting for 10.7% of all YLD [3] and responsible for 83 million disability-adjusted life years.

While low back pain has traditionally been characterised as a symptom of underlying pathology, developments in the understanding of its pathological processes [4] coupled with recognition of the enormous burden on individuals, communities and health care systems [3] have led to it being studied as a disease in its own right [5]. The high prevalence of low back pain in the general population is coupled with a lack of effective primary care treatments [6] and little agreement on suitable targets for prevention [7]. The effect of low back pain-related disability on quality of life and its economic impact worldwide has resulted in calls for it to be viewed as a public health problem [1,8,9]. Other major public health problems such as obesity, heart disease and cancer are often the focus of large-scale epidemiological studies to understand their underlying determinants, or 'distal' risk factors, which can in turn guide prevention strategies. Work of this nature has, to date, been lacking for low back pain. Considering health problems from a population perspective has shown that they tend to be unequally distributed, with those members of society who are the least advantaged having the highest proportion of suffering [10]. Strategies for the prevention of non-communicable diseases have therefore developed to include comprehensive approaches that consist of interventions directed not just at individuals but the whole population.

From a social determinants of health perspective [10], many of the key determinants of low back pain are likely to be the social and economic conditions in which people work and live. The emphasis should therefore move to research directed at the structural, social and cultural factors that shape the experience of pain. The prevailing biopsychosocial model of pain implicitly supports the notion that societal, lifestyle and biological explanations of pain are interconnected and mutually reinforcing [11]. However, most research efforts to date are directed toward the biological and psychological aspects of pain, with the social aspect largely overlooked. In particular, the cultural influences of societies are often under-estimated determinants of their population health and well-being [12,13]. This is as true for modern Western culture as it is of other cultures. Emerging evidence from a range of disciplines has suggested that cultural influences can affect health and well-being through their impacts on psychosocial factors, beliefs, and attitudes. In this article, we review the evidence linking culture and back pain and propose a number of clinical and research implications.

Culture and acculturation

Culture refers to an integrated pattern of beliefs and behaviour within a social group that coexists with the individuality of each member. At any point in time, individuals are able to identify themselves with particular social groups, for example, based on ethnicity, gender, nationality, common interests or sexual orientation [20]. The ability to identify with more than one group makes the culture of an individual dynamic and constantly evolving and particularly challenging to assess when performing research. Race, ethnicity, migration background and culture are often used synonymously in published health research but represent distinct concepts [14]. Race is based on specific genes that identify major groups of people by ancestry and heritable physical characteristics [15,16]. Ethnicity refers to people within a society who share a common language, religion, culture and experience [15,17], whereas culture is defined by the United Nations Educational, Scientific and Cultural Organization (UNESCO) as *'the set of distinctive spiritual, material, intellectual and emotional features of society or a social group, and that it encompasses, in addition to art and literature, lifestyles, ways of living together, value systems, traditions and beliefs'* [18]. Culture is sometimes, but not always, synonymous with nations and national