



Learning the value of Africa's collectivism for an individualistic Europe

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The interaction between social factors and human health is a relevant research issue for the design of new strategies aimed at preserving or maintaining an adequate level of good health and wellbeing at the population level. The significant role played by the socio-economic state is now well recognized and the European Community (EU) has included the reduction of social inequalities among its priorities. A greater possibility of getting ill and living less among the more disadvantaged is now well documented also in Countries offering universal healthcare, as recently shown in the analysis conducted in Italy by ISTAT (Istituto Nazionale di Statistica), and INMP (Istituto Nazionale per la promozione della salute delle popolazioni Migranti ed il contrasto delle malattie della Povertà) [1]. This problem can, however, become more complex when dealing with ethnic minorities. In this context, the development of an extended family network, linked to the original cultural background of some world areas, could have important implications for prevention strategies and should probably be considered.

If the motto of Europe is individualism, the collectivistic perspective of family is central to life in Africa. In the African context, the family concept is often extended either lineally (e.g., containing grandparents or grandchildren), collaterally (e.g., aunts or uncles, nephews, and nieces), or affinally (e.g., marriage or cohabitation). Such households are extremely common also in India. Evidence provided by Nyaaba et al. [2] now supports the role of extended cohabitation in cardiovascular prevention. More precisely, of the four proxies for social support (number of cohabitants, relationship status, social economic status, religious attendance),

only the number of cohabitants was associated with hypertension control among men. However, none of the social support proxies was associated with hypertension control among females.

Among the Ghana persons, social support to face health problems was provided regardless their marital status. Conversely, the individualistic way of thinking of Western Countries lead to focus the attention in the dichotomic view of single vs not-single, or married vs not-married (latter groups including separated, divorced, or widowed). Most studies were indeed based on these categories showing better outcomes for married persons, men who were single generally showing the poorest results. A recent meta-analysis including 34 studies with more than two million participants, showed that being unmarried (never married, divorced or widowed), compared with married participants, was associated with increased odds of cardiovascular disease (OR 1.42), coronary heart disease (OR 1.16), coronary heart disease death (OR 1.43) and stroke death (OR 1.55) [3]. Unmarried individuals were also twice more likely to be non-adherent to their prescribed medications than married [4]. Findings from the Monica/Kora myocardial infarction registry indicate that the replacement of marital status with cohabitation yielded the same protective effect although slightly less pronounced [5]. Fournier et al. suggested that having information of 'living alone' versus 'living with someone' instead of married versus not-married would have been more useful [6]. However, in all these studies reference was the single, unmarried person.

Following a different perspective Nyaaba et al. [2] show for the first time the weight in terms of health of extended vs limited cohabitation, independently from any specific between cohabitants relationship. The willingness of community members, out of the family, to look out for each other and intervene when health problems arise was previously observed [7]. Nyaaba et al. [2] now gives insights on the key role played by someone (or more than one) who is taking care of a person with high blood pressure and who is living with him. The increasing number of people living together with a person suffering hypertension problems augments

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the odds that this one follows a life style coherent with his/her health problem. This seems particularly significant for Ghana people who are living in a collectivistic context of solidarity based on a wider family seems to be more advantageous, both in Ghana and in Europe, than the Western model based on small family units. The Ghana persons analyzed are so provided with a social support to face their health problems regardless their marital status whereby divorced and widow Western people suffering the same disease could probably do not find a similar social support. Conclusions reached by the authors are statistically significant for Ghanaian males while the results for females of the same origin do not find the same key factor to explain the hypertension control in terms of social support. In this regard, according to the analysis based on gender, Ghanaian females show a higher level of hypertension control than males, regardless of being living with others or not. This probably because women are more accustomed to take care of themselves than men, even if the gender variable would need, as authors say, more accurate and following researches.

Compliance with ethical standards

Conflict of interest The authors declare that they have no conflict of interest.

Statement of human and animal rights This article does not contain any studies with human participants or animals performed by any of the authors.

Informed consent None.

References

1. Petrelli A, Di Napoli A, Sebastiani G, Rossi A, Giorgi PR, Demuru E, Costa G, Zengarini N, Alicandro G, Marchetti S, Marmot M, Frova L (2019) Italian Atlas of mortality inequalities by education level. *Epidemiol Prev* 43(1S1):1–120. <https://doi.org/10.19191/ep19.1.s1.002>
2. Nyaaba GN, Stronks K, Meeks K, Beune E, Owusu-Dabo E, Addo J, de-Graft Aikins A, Mockenhaupt F, Bahendeka S, Klipstein-Grobusch K, Smeeth L, Agyemang C (2019) Is social support associated with hypertension control among Ghanaian migrants in Europe and non-migrants in Ghana? The RODAM study. *Intern Emerg Med*. <https://doi.org/10.1007/s11739-019-02075-7>
3. Wong CW, Kwok CS, Narain A, Gulati M, Mihalidou AS, Wu P, Alasnag M, Myint PK, Mamas MA (2018) Marital status and risk of cardiovascular diseases: a systematic review and meta-analysis. *Heart* 104(23):1937–1948. <https://doi.org/10.1136/heartjnl-2018-313005>
4. Wu JR, Lennie TA, Chung ML, Frazier SK, Dekker RL, Biddle MJ, Moser DK (2012) Medication adherence mediates the relationship between marital status and cardiac event-free survival in patients with heart failure. *Heart Lung* 41:107–114
5. Quinones PA, Kirchberger I, Heier M, Kuch B, Trentinaglia I, Mielck A, Peters A, von Scheidt W, Meisinger C (2014) Marital status shows a strong protective effect on long-term mortality among first acute myocardial infarction-survivors with diagnosed hyperlipidemia-findings from the MONica/KORa myocardial infarction registry. *BMC Public Health* 14:98
6. Fournier S, Muller O, Ludman AJ, Lauriers N, Eeckhout E (2013) Influence of socioeconomic factors on delays, management and outcome amongst patients with acute myocardial infarction undergoing primary percutaneous coronary intervention. *Swiss Med Wkly* 143:w13817
7. Cohen D, Finch B, Bower A, Sastry N (2006) Collective efficacy and obesity: the potential influence of social factors on health. *Soc Sci Med* 62:769–778

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