

PERSPECTIVE

The Need to Address Social Adversities in Community Health

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Abstract

The paper is a perspective on the need to address social adversities in community health. Community Health today is restricted generally to clinical epidemiological studies and it is very important to research beyond 'individual-level' risk factors and 'black-box' epidemiology to a "multi-level eco-epidemiology. The material and social world around us plays a very important role in susceptibility or resistance to disease agents or risk factors. The focus here is on social phenomenon rather than on clinical manifestations of specific diseases or risk factors. The various social phenomenon discussed here include socio-economic status, education, income, poverty, employment, working conditions, job-strain, work-family conflict, social networks, social integration, social isolation, suicides, social security etc. It is recommended to intervene both at individual level as well as at larger structural level to influence government policies and society.

Keywords

Social Medicine; Social Change; Social Policy; Public Policy; Community Health

Introduction

The states of health of people do not exist in isolation. Individuals organize themselves to form societies and the social forces manifest themselves in various forms, structures and processes which affect health of communities. Nancy Krieger in her eco-social theory; emphasized on population patterns of health, disease and well-being. (1) There are situations that place people at "risk of risks". If our interventions address only individual level factors by focusing on individual behaviour, then even if we are completely successful in this intervention, new individuals will continue to add to the at-risk population because we have not done anything to influence those social forces in the community that altered the individual behaviour in

the first place. The disease outcomes across populations are associated with similar circumstances which are socially and economically patterned and often clustered. Also there is a life-course perspective in development of diseases where risk factors or "risk of risks" accumulate all throughout life right from womb till old age and manifest in several diseases.

Aims & Objectives

1. To emphasize the need to address social adversities in community health.
2. To explore the present scenario that link social conditions and health.
3. To give recommendations for addressing social adversities while working in the discipline of community health.

Material & Methods

The paper is a perspective on the need to address social adversities in community health. The methodology adopted was rigorous literature review, building an argument and concluding the results. Ethical issues have been addressed as there is no direct involvement of human subjects in this study. The referred articles and studies have been properly cited in the reference section.

Results

The socio-economic conditions of people have been identified as major determinants of health, for centuries. (2) The three dimensions of socio-economic status can be education, employment and money. The one dimension influences other and it turns out to be a vicious cycle. Poor are generally uneducated and unemployed and unemployment further increases their poverty and the cycle continues for generations. The poor in every society tend to die first. (3) The poor in every society also have worst health indicators. (3) Discrimination and social inequities also affect health. (4) The encounters between individuals where one person discriminates another person; on the basis of race/ethnicity, caste, gender, sexuality, disability, age or socioeconomic status; act as psychosocial stressors and the body face its biological consequences. The income inequality is the worst psychosocial stressor. The poor simply cannot afford to lead a healthy life. They cannot provide adequate nutrition to their children or cannot give proper shelter to their children to protect them from extreme temperatures and weather conditions. There are people who are uneducated and solely rely on their physical labour to earn their daily bread. Then slightly above the ladder comes the problem of unemployment and under-employment. Even employment does not guarantee good health as working conditions also affect health. The physical hazards in the working environment have been recognized as a direct threat to health and are studied normally under occupational health as a discipline. But the job strain is also associated with health of workers. Sufficient evidence, in the form of cohort studies and meta-analysis is available to show that high job strain is associated with increased incidence of coronary heart diseases, cancers and substance abuse disorders. (5,6,7,8) The extensions of job-strain are lack of social support at work, effort-reward imbalance and work-family conflict. Work-

family conflict can directly affect the health of pregnant mothers and their children. Other structural level factors like labour laws, employment policies, labour markets, economic cycles and periods of recession also determine health of populations. (9) Several cultural factors, societal norms and values also play a very critical role in determining health of populations.

Social networks of people are also detrimental towards their health as they lead to either social support or social isolation. These social integrations have a life-course approach and have been found to be associated with psychosocial environment of individuals and thus their health. (10, 11) A French sociologist Emile Durkheim has contributed a lot in understanding of how social cohesion and social integration influence health of people. In one of his books, "Suicide" Durkheim has explained the power of a social phenomenon to determine what is perceived to be an individual act. (12) According to Durkheim, suicides cannot be seen as an isolated tragedy in the life of an individual but it is a reflection of society as a whole. (12) Individual's risk of death is a result of his social experience and there is a social patterning of suicide. (12) Societal characteristics act as precipitating factors which influence who among many might commit suicide. (12) Social resources and support play a protective role against stress whereas alienation and anomie leads to increased stress and altered cognition. Social participation and social engagement in a meaningful social context also provide opportunities for companionship and sociability and provide individuals with coherent sense of identity and thus influence their health status. (13)

Discussion

Our interventions to address social adversities could be psychosocial interventions or much broader eco-social interventions at structural level. The various psychosocial interventions could be behavior change interventions, social support interventions, disease management interventions, distress mitigation interventions, collective efficacy in communities and organizational change interventions. (14) We could also choose to intervene at policy level. Medical policy is only a small component of larger health policy. In fact, each and every government rule and regulation affect health of communities either directly or indirectly. Social policies related to education, employment, working conditions,

taxation and public health are fundamental in determining health of populations and have a life-course impact on them. Other social security policies such as pension policies, insurance policies also directly impact health of people. Policies related to food security, environmental pollution, women and children, risky health behaviors also affect health of populations. The law and order situation in a society also matters along with the state of political stability and economic well-being. Thus as a discipline of community health, we cannot remain restricted to preventive medicine which include health promotion, specific protection, early diagnosis and treatment and rehabilitation. Without undermining the importance of preventive medicine, there is a need to recognize social medicine as a better half of preventive medicine and the part social here is very important.

There are biological pathways that link social conditions and health. Social adversity exposes populations to stressful physical and social environment which induces stress and alters cognitive processes in an individual leading to unhealthy behaviors. All these factors at multiple levels lead to altered physiological processes (autonomic function, immune function, inflammatory processes, apoptotic regulation); altered organ level functions (cardiovascular dysregulation, metabolic dysregulation, tissue damage) and thus impaired health of populations. There is a cascading effect of psychosocial stress and behavior where a large number of factors play their role simultaneously.

Conclusion

To conclude, the social world influences or rather defines the state of health of people and it is very important to address social adversities while working in the discipline of community health. Every child has a right for the best start in life, good education, fair employment in young age, healthy standard of living all throughout his/her life, social security for his/her family, peaceful retirement and social security at old age.

Recommendation

There is a need to discuss debate and offer solutions to reduce health inequalities in order to ensure health and well-being for all at all ages. There is a need to create an enabling society that maximizes individual and community potential and ensures social justice. It is recommended to intervene both

at individual level as well as at larger structural level to influence government policies and society.

Relevance of the study

The study could bring a paradigmatic change in the discipline of Community Health or Community medicine or preventive medicine by incorporating the “Social” element in these disciplines. It could help in bridging the epistemological, social and cultural divide between the disciplines of “Community medicine” and “Social medicine”. It could help improving the vision of public health professionals by helping them address public health problems with structural level approach towards them.

Authors Contribution

RR: conceptualized the study, did systematic review of various available studies, compiled the article, wrote the article and finalized the article.

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