

Social Determinants of Health: Blatant to Subtle Modes

*Baby Shari, P.A**

Abstract

Health is no longer considered as absence of disease, rather it is studied from a biopsychosocial perspective. However, it is imperative to acknowledge and implement its study and practise into the social awareness. Health professionals from different arenas, at times, attempt to ignore the biological cause of ill health and attribute causalities only to psychosocial causes. On the other hand, often during the determination of policies and development of research designs, the socio-cultural aspects are ignored. There is a need of direct and purposive inclusion of scientific temper in many medical interventions and primary prevention programmes. While analysing variety of social causes and determinants of health, it can be seen that those factors make a direct and indirect contribution towards health explicitly explained in terms of blatant and subtle ways determining health. It points out the need for more elaborate research and health intervention programmes considering the various social determinants of health. The author has taken a personal view, perspective and observations with the help of scientific arguments.

Keywords: health, biopsychosocial perspective, health determinants

*Department of Psychology, University of Calicut, Kerala.

✉ : sharipadiyath@gmail.com

If there is no sign of ill health, it is a general belief that people are healthy. This was especially highlighted during the pandemic of COVID 19 where health-based surveys that were conducted focused on the health status which were documented through questions like “how is your health”, or in the form of rating of their health status. The causes of health or ill health can be attributed to biological, psychological and social arena of individuals. World Health Organization has defined health as “a positive state of complete physical, mental and social wellbeing and not merely absence of disease or infirmity”. In other words, health is explained like a continuum shifting from health to illness. The continuous efforts towards better physiological health awareness have slightly enhanced sensibility towards the silent symptoms of hypertension and diabetes. Despite the persistence of health professionals advocating for regular health check-ups, individuals are able to induce lifestyle checks only when the patients face major and severe symptoms. Objective signs of malfunctioning of the body or subjective symptoms like pain usually drag attention towards health-related irregularities. The present work is trying to pave light into the factors from a social context that influence the health of a person, through a discussion considering the students who study Health Psychology. It is done because we either overestimate some of the factors or nullify certain other factors. The paradoxical feature is that certain factors that we admire as health contributory will never be making any difference, if scientifically searched on. The author is utilising her own views, perspectives, and observations to support and justify her arguments.

Biopsychosocial perspective: Blatant mode

Biopsychosocial model of health explains the interaction between genetic factors, mental or behavioural factors, environmental or cultural factors that determines health or illness. It not only focuses on broad classifications but considers intricate variables like lifestyle habits, experiences, customs and beliefs, social or familial support a person receives, and culture in a deep sense. Viewing from the biological perspective microorganisms

(bacteria, viruses, fungi and microscopic parasites), cell cultures, human endoparasites and components from microorganisms can cause ill health in humans, and were identified during the 16th century with the help of the microscope. Further, this encouraged medical science to identify the biological causes behind diseases. Along with, we also have to consider the belief in soul, considering that there is a soul in the human body and the soul will go back to God after death. This concept was also promoted using post mortem studies, which proved that only the body doesn't contain soul. This also led to developments in Human Anatomy which improved our understanding of health and bodily functions. To elaborate further there can be individual and behaviour related factors (psychological characteristics) that determine health, like the habit of smoking, eating habits, regular exercise etc. Social or economic factors also play role in developing these habits, and subsequently affect general health. These factors include feelings of alienation, social changes, death of loved ones, climate and culture of working environment, marital status, social status etc are also included in such factors. However, it is important to note that social support may be negatively implemented in terms of family background and peer influences who may play a pivotal role in forcefully leading a person to follow unhealthy practices like addiction. It also happens that while addressing one causal factor, the other causal factors lose its subtle significance.

Even while studying variety of factors the attribution of ill health may be quite specific but carry the chances of being erroneous. Let us analyse the following case. A student in 9th standard is inattentive in class. The teacher had attempted in several ways to capture the attention of the student without any success. The boy seemed lethargic and occasionally would request for permissions to go to the washroom in between the classes. Similar behaviour of frequent visits during the night was also reported by the mother. Additionally, the mother of the boy reported that although he ate his meal well, he did not show any interest in his studies. He would distance himself by closing the bedroom door

upon confrontation with the mother. Anger was another symptom portrayed by him during encounters with the mother. The mother also confided with the teacher that father does not live at home. Upon deliberation, a group of teachers tried to find the supposed cause. Several causes were guessed as predominant factors such as – adolescence, body image issues, probability of a love affair, love failure, drug addiction, bullying or peer pressure, drug abuse, sexual curiosity, sexual abuse, lack of father figure in the crucial age, parenting issues, lack of academic motivation, preference of teaching style, lack of interest in the subject, etc. Upon thorough investigation, it was found that the boy was facing symptoms of juvenile diabetes. It highlights a grave attributional error of psychosocial causes instead of suspecting a biological cause. Variations in hormonal secretions often are the root cause of behavioural changes. For example, some people are interpreted as hyperactive, lazy or sluggish, but the root cause may lie in hyper or hypo levels of thyroid secretions.

While it is possible that biological factors are ignored, on the other hand, we also tend to ignore social factors that affect health. Such causalities are belief system, exposure to hazardous materials or situations which directly seem to be individual in nature, but may be result of familial and social situations compelling them to act in a certain way. Other social determinants also include economic status, number of children, availability of job situations, locality etc. At one extreme malnourishment due to poverty and on the other end, over eating and sedentary life style of the privileged class can be equally seen as contributory social influences. While talking about the social determinants of health, some extreme factors like war, lack of accessibility to health services, lack of resources are directly visible whereas lack of education or health awareness, prevailing stereotypes or stigma etc are not directly visible but work intricately in carving behaviour responsible for health and social inequality. A person's mind and body is not considered as two entities, similarly social aspects are also as powerful in influencing the person's health. Throwing light upon social work places,

organizational background, culture and climate is highly linked with a person's health. Starting from the infrastructure, interpersonal or organizational relations, it extends to work schedules, conflicts and work life balance. It is observed popularly that women complain about knee pain and ankle pain after continuous work. However, it almost never occurs to consider ergonomic factors such as the height or seat length of the chair they use, or even body type of the woman sitting on it. It may be understood as an organizational issue related to infrastructural requirements or as lack of gender sensitivity, a subtle social factor that influence health. Similarly lack of or increased physical activity may be the cause of ill health, but the determinants such as physical activity, continuous rigid posture and sedentary life style are rarely taken into account as social, working, economic and environmental factors.

In communities certain taboo attached to certain unhealthy behaviour usually lead to protective health behaviour, like ban of alcohol use or certain risky ways of festival celebration, etc. From a social perspective, culture of the individual extends integration, intermixing, secularism and pluralism considered to be more acceptable. Apart from religious practices imparting positive health behaviour, education system also takes dominant role by including health sciences and life style correction since a young age. Negative influences of these practices may have the reverse effect. In many local practices, adolescent girls who experience painful menstruation are not allowed to use painkillers, rather they are threatened about the harmful effects on fertility. Often to attend religious ceremonies, women are advised to take medicines to delay menstruation. In actuality doctors opine that the pain killer really does not have such health damaging effects, whereas medicines having severe hormonal effect should be administered only after medical consultation without frequent usage.

Parenting is never addressed as a causal factor in development of attitude toward medical care. The blame received for a fallen or wounded child is explained in such a way that he or she was naughty and the treatment from hospital is a punishment. The fear created towards a nurse or doctor is strengthened by means of classically conditioning which develops into a reluctance to seek medical support even during older years of life. A scholar in alternative medicine exclaimed that because of the scare of hospital procedures, coping mechanism even motivated him to take alternative career of the person, but neglect of scientific interventions at a needy time has to be noted here. The impression created on certain local treatment system, natural products and herbs, folk medicines and traditional about treatment procedures are transferred among generations and health beliefs and behaviours are highly influenced by certain practises followed in families.

Human beings, as a specific species, have the support of a developed brain. Habit of eating fatty diet has its own contribution to neural development. Study of the body structure, led to observations that human beings lack claw, horns, or sharp teeth to attack natural enemies, neither are they equipped with hairy bodies to escape extreme climates, or have padded feet or have any designated organ prepared to do hard work or fast movement. In an automobile accident, due to the impact a human body will cause for movement in the internal organs. Unlike that of a tiger or buffalo the body of human beings are not prepared enough to sustain fast movements and hit. All these indicate that a human baby which is born with a potential for cerebral development which would grow and need to be nurtured and need to be taken care of continuously in order to maintain a healthy body. This support is received from the social surrounding. It is much more than the parental care or maternal instinct. The baby needs heat and its body has to be covered with some clothes. The cloth was one day cotton or wool, something readily available in the nature, but it had to go through the hands of many people to become thread and the cloth itself. In an advanced society it is not formed from the

nearby environment, but needs to get marketed and transported, enabling social networks such road, fuel and vehicle also. Altogether it indicates that, the raw material once there in the nature is undergoing a complex process using human intelligence and togetherness of works of a lot of people so as to become a useful product for human beings. It also means that to remain healthy we need to intelligently adapt science, technology and culture. While talking about the contribution of science and technology on health, people easily point out the use of vaccines and medical equipment. Each branch of knowledge is utilising the support of other branches of Science, so medical science is supported by Engineering and Pharmacology. The role of vaccines is important, as the nature does not produce a fully equipped creature in human beings (something against the religious beliefs), whereas health also is in need of some more basic elements like good water, air and environment to sustain balance. Much above that we need to understand the contribution of science to life.

Is it possible for a human being to nurture a new born baby with out the help of anyone else? Soon after labour, a sharp instrument like a knife is needed to cut the umbilical cord. Iron is made out of raw materials from earth. How can we get a sharp steel knife in hand without the support of other people? What all other things we need? Cloth, shelter, fire, food, utensils... the list will be never ending. Analysing the issue, we can understand that without science, we can't lead a healthy life. Technology makes it easy and supportive, but above all only human beings, their cooperation and togetherness can only make it true. Harmonious workings of so many people, those we don't know at all, contribute to the roots of every society and culture. They make the things out of the raw materials in the nature, using human intelligence. So, while discussing health, these factors are core to it, but are not usually considered and discussed. Even while talking about the morality of a person, there are chances to limit it to his/her sexual behaviour in colloquial usage. It includes the values a person carries and his thinking about right and wrong from any sphere of life. So, how a

person or a community treat the waste material, preserve water, nature, earth and atmosphere determine the health of not simply that community, but also of the global community in one way or the other.

Subtle nuances of health

Education directly may not always open a lot of health-related information, but it works like a primary preventive intervention. An educated person can have the skill to acquire more scientific steps related to one's health. Their attitude toward seeking medical support whenever necessary is moulded towards the positive. This is contrarily observed in people who live in remote areas and tribal communities. Paradoxically, it can be seen that in certain level the religious beliefs can be against such education or in other way round, religious teaching happens so early and strong that the education in general collides with it in the formation of the belief system causing dissonance. This can be seen in taboos against vaccinations, for example. Usually, religious education starts in young age when children have not developed the capacity for critical thinking. They always accept whatever is taught. However later on, during youth or middle age, although scientific education is extended; people cannot break out of the system only because they are conditioned to believe that it is associated with sin and guilt. So even when a scientific education denies or contradicts the belief, people rigidly keep up their belief. This is strengthened everyday through ritual practice in daily life. Some of the beliefs or practises of religious group is over estimated by another. For example, a group of people or a community may be doing dry fast for a month and they or others proclaim its benefits. However, if we are consuming food more than needed or following a sedentary life style fasting may be advisable. Fasting without water may not be advised by medical experts rather in diet control it is necessary to combat over nourishment or fat deposition. Assuming that fasting is a good practice there are women who follow them ignoring the alarms of the body. All these indirectly affect health. The role of

rituals, belief system and religious practises may have a role in general health, but the moderating factors can be some other social or individual agent like education, concern over health, health locus of control, accessibility to medical service, etc.

Some influences on health are direct where as some are indirect in nature. Gender comprises socioculturally constructed biased roles, behaviours and expressions, on the basis of femininity or masculinity. Gender based stereotypes are problematic, because they underestimate uniqueness and diversity. Gender discrimination and related practices are those that directly affect health of present generation and indirectly the health of the next generation. When half of the population do not contribute to development of a community, its oppressive effect naturally extends to the next generation. Usually the oppressed section across generations has been women as they were denied of the freedom, power and leadership. It has been almost blasphemous to think of women to enjoy individually away from their home locality subtly being subject to domination through power play in their home environment and also in their working place. The role of women is almost negligible or minimum in a patriarchal society where the cumulative power and related decision-making capacity predominantly goes to men. It may be argued that the current scenario presents a different picture and there is a shift towards equality. However, the nuances of gender biases seep into the ingrained consciousness and may still take multitude of effort in order to change the social status. This requires continuous and rigorous gender sensitization. The upper middle class working women easily understand how she has to share her portion of food if an unexpected guest comes and that the guest along with the male members of the family will be eating first and later the ladies share the balance. In a financially well to do family, this may not be identified as an issue. The issue would reflect glaringly when it comes to continuous scarcity of food, such as in a poor family where the one to suffer will be always be the women. In the places of drought, ladies travel long distance, to carry drinking water, but once

that it reaches home, the ownership and share of the water will be amongst everyone with least priority to the women. The usage for hygienic purposes even will be limited. This means, on abundance, many issues may not be visible. The working and earning class of women also suffer from health issues which may be presented in disturbed physiology or in psychosomatic symptoms. All these can find its expressions on health. The causal factors like a gender discrimination or social influences associated with increased prevalence of cancer and the poverty status are usually not studied in depth, rather general assumptions like, Indians thinking like, “Foreigners have a healthy life style”, or “Indians treat all illness through Yoga and Ayurveda”, give rise to stereotypes or misinterpretations only.

It is also incorrect to assume that the rich is always healthy. The social factors play its role evidently and in subtle ways. The gender bias is experienced in mobility, decision making and exercise of power in all class. The adolescent girls are not allowed to flourish in their personality through free peer interactions, movement in the neighbourhood, travel and awareness of her community around, unlike adolescent boys. Even in youth and middle age ladies are not allowed to take their own decisions, even on very private matters. Their awareness on health aspects is limited, so the only way to obtain skills of protective health behaviour is through social awareness and direct education.

Another example will indicate the subtle nature of social factor on health. Nurturing ideal beauty concepts young women and adolescent girls want to be slim, fair skinned with long hair and a flat belly. When majority think so, it is not a unique pattern but uniform aspiration. This is not natural but artificial or man-made. Studies indicate that it was at the time of second world war women came forward to be models in advertisements. Maybe because of the poverty of that time those were slim ladies. Even now it is believed that slim is beautiful. “Size Zero” is considered as ideal and it can be seen that there are a lot of young ladies and adolescent girls who skip their breakfast just for the sake of being slim. Doctors

report that severe nutritional deficiency can be found even among rich class. it is not because of the poverty they experience but because of the social compulsions they carry, owing to the subtle influences of the media and advertisements they watch for witness. There were times, where people believed that being fat is beautiful. It has been documented in cinema about two decades ago. Rich class were often shown with higher body weight. Poverty as well as lack of vehicles and technological support caused people to move and work out in day today life. Availability of food also had changed later on. In my childhood, during the 1970's, the working class mainly worked for their daily food which was mainly rice or tapioca. They did not experience variety of food like chicken, milk products, or even a full meal which was deemed as a luxury. Those who are rich also were not ready to spend their money on food, which can be interpreted that the contribution to nutrition to health was badly affected by culture. In comparison, during 2020, in Kerala, the availability of food is abundant with so many restaurants even, providing food that is affordable to common man. Poultry business is enhanced and interstate travel services make availability of milk, chicken and vegetables and pulses from any place very convenient. There are people who believe that our ancestors had lived up to 100 years and we are exposed to many kinds of lifestyle induced illnesses in the current era. However, it is incorrect to say the same of Indians. The average life span of a person, at the time of independence (1947) was around 35 years. A person would experience cancer, heart disease or any other life style diseases, or childhood disorders. In general it can be said that better awareness, hygienic life style, support of health care system, medicines, vaccinations and the emergency services had taken its own role to increase the life span. Naturally when life span is increased, chances for the illnesses are also there, but in later years the awareness about its management was also higher compared to the past. The rate of maternal mortality and infantile mortality is controlled with the intervention of medical system and primary prevention activities.

In a society there can be mistaken beliefs that many of them carry about objects or groups of individuals based on how they behave or look like externally, which can be partly true or never true. That is called as stereotypes. The intermixing of people is also controlled through such biases. These kinds of biases are not simply making social influences, but affecting mental health and in turn health as such. A general denial toward inter-caste or inter-religious marriages and intermixing are controlled due to the stereotypes. The social hierarchies experienced so will be harmful socially. Moreover, it will be following of rituals of the upper class by the lower class, thinking that those are so ideal. If such practices are unhealthy, it will be blindly copied by the majority. Similarly, if the practices of a lower caste are good, it will never be followed by the upper class presuming it is bad. It is evident in the food habits or living style of people. When cereals were not affordable for the poor people, they began to eat tapioca with fish or beef. Although in terms of nutritional value there was adequate supplement of starch and protein, it is generally considered as a dish of the poor class. Only when it was served in five-star hotels, it was accepted by the upper class. The preference for vegetarian food also is considered to be something prestigious, as upper class follow that. There are people who change to vegetarian diet due to pious reasons. Unlike that in Kerala, Christians avoid non vegetarian food items when they fast. This indicates that they follow a non vegetarian diet when they are happy and in order to celebrate as compared to when they abstain during fasting.

Though not widely discussed, the increased rates of HIV and AIDS are reported from many parts of the world but in India the concentration on the sex education and awareness about sex and reproductive health is too low or nil. Kerala is the state with cent percent literacy and even here people enter into marriage are not widely receiving premarital awareness about sex and contraception. Contrarily, they are misled by religious stigma as well as teachings.

While thinking about prevention, enhancing immunity is important through natural or acquired level, but the awareness in the community is equally important. Then only the facilitatory conditions for a healthy living can be tried out. Health care system and policies have to be socially approachable to the population. The accessibility and cost are of utmost importance. Health policies from the government sector can assure quality of health services naturally enhancing the health status of a country. In a country like India, health service is a flourishing business in private sector. Policies on the control of price of medicine and services in private sector is not always related to the investment and expenses from the hospital. Researches on hospital expenses are bringing out alarming results and private sector health services are becoming unaffordable to the poor and for those who lack medical insurance. To build good health, taking a health insurance cannot protect one's health rather the food, living conditions, water and air have to be healthy.

Contribution of Health Psychology

Health Psychology aims at promoting and maintaining health. The goal is also extended to prevent and treat illnesses. Those can be implemented through health care system and policies. Research in health psychology also identifies causes and diagnostic correlates of health, illness and related dysfunction. Biological determinants are direct linked to health but psychosocial factors work within internal and external environments. Among the social factors, many are intertwined with culture and life practices so that the influence they make in health are either very open or direct or in subtle ways. At times with closer observation, complex analysis and interpretations are needed to study the same. All determinants of health need to be considered as important to designing health policies and enhancing research.