

EDITORIAL

IMPORTANCE OF SOCIAL FACTORS IN HEALTH: CAUSES OF THE CAUSES

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The industrial revolution in 1830 led to the urbanization resulting in creation of urban slums. More complex health problems ultimately steered the concept of public health. The social revolution during the Second World War emphasized that health could only be achieved through socioeconomic improvement. Progress in the field of social sciences rediscovered that man is a social being, not only a biological animal. Social services for the improvement of life conditions have been the major factors in reducing mortality, morbidity and improving the standard of life of an individual, family and society.^{1,2}

The attention of the public health community, during the past two decades, has changed to the social determinants of health to shape health through public policies. According to the WHO Commission, social determinants of health determine the conditions and their causes in which people are born, live, work and age. Exercise, healthy foods & behaviors, socioeconomic factors and education decisively influence health.^{3,4}

Illiteracy coincides with poverty, disease and malnutrition in the world map. Female literacy is an important cause of high infant and child mortality rates as evident from Kerala province of India. Unemployed usually show a higher incidence of ill health and death through psychological and social damage, smoking, alcohol, drug addiction and disturbed sleep.⁵

Social factors are very much pertinent in health and disease. The cause of disease besides physical may be psych-socio-cultural such as a problematic boss,

colleague or subordinate. Despite the technological advancement, we still do not know much about the behavior of the people. With massive food and medicines availability at the global level, yet people are dying of hunger and lack of drugs. Indiscriminate & insanitary defecation, food & water pollution, drug abuse, dowry system, early marriage, quackery, myths against immunization and family planning etc. are all examples of unhealthy habits and customs in communities. These cannot be eradicated merely by passing laws, but effective health education, implementation of laws and provision of amenities like safe water, waste disposal and other elements of PHC are required. Management of a disease with drugs should logically be supplemented with social therapy in the form of health education e.g. drugs in hookworm infestation are only effective if sanitary latrines are used along with avoiding going barefooted in the fields.⁶

The 'time is money' attitude results in choosing the shortcuts to save the time resulting in higher accident rate. Similarly, higher incidence of accidents in factory workers, malaria in farmers, yellow fever in contact with forests, tetanus in agriculturists, leptospirosis in butchers. Coal miners are more probable to get silicosis. Affluence is associated with coronary heart disease, diabetes, breast cancer and obesity.^{7,8}

The epidemic of HIV-AIDS has shown slower progress in countries having good socio-cultural practices i.e. monogamy and sexual sacredness. Higher prevalence of these have been observed in the commercial sex workers, surgeons, dentists, obstetricians, blood bank and laboratory workers.^{9,10}

KEY WORDS: Social Determinants; Social Medicine; Public Health; Social Sciences; Public Policies.

Cite as: Ahmad I. Importance of social factors in health: causes of the causes. Gomal J Med Sci 2020 Jul-Sep; 18 (3):81-2. <http://doi.org/10.46903/gjms/18.03.877>

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Date Submitted: 30-01-2020

Date Revised: 15-03-2020

Date Accepted: 27-04-2020

Homeless people suffering from substance abuse, poor nutrition and lack of personal hygiene are the potential reservoirs of infectious diseases like tuberculosis, sexually transmitted diseases and crimes.⁹ Marriage is associated with longer survival rates as married people are generally more sober.¹¹⁻¹³

Surgery, trauma, and stress may precipitate the disease. Studies show significantly higher nor-adrenaline levels & ischemic heart disease in type A personality types.¹⁴

The increasing health needs and expectations of the developing society, from the health sector have been reflected in the various names given to the subject across time; Hygiene, Preventive medicine, Public Health, Social medicine and Community medicine.¹⁵

To conclude, the undergraduate medical training must give its due share to social factors of health & disease so that bio-psycho-social model of health could be implemented in its true sense. Without giving careful attention to social factors and not adopting societal interventions strategies we are bound to miss opportunities to health profits for our populations.

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CONFLICT OF INTEREST
Authors declare no conflict of interest.
GRANT SUPPORT AND FINANCIAL DISCLOSURE
None declared.



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