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Social studies in health: A must for today

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Abstract

This debate article highlights the major issues that should be considered in social studies in health, which could guide the policymakers to target the root causes of diseases and to better evaluate the impact of previous health interventions at community level. This is a prerequisite for a prosperous health system, and there is an urgent need for reliable and timely evidence for intervention on all social issues that could affect health.

Keywords: Social studies, Social determinants of health, Health, Policymaking

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Introduction

Health improvement depends on the improvement of conditions in which people live.

In this regard, health is considered both a biological matter and a social subject; thus, conducting studies on social aspects of health could be an important method to improve health both in developing and developed countries.

There is an urgent need for reliable and timely evidence for intervention on social roots of health and diseases. However, unfortunately, health professionals are not prepared for these social interventions, and not much research has been done in this field. Even when there is evidence, there is still a gap between our knowledge and policy formulation, and thus the importance of knowledge translation could not be emphasized more in this regard.

In this study, we focused on social factors that can affect health, health equity, and mental health, upstream view to social determinants of health, early childhood development, necessity for community involvement, and modeling and systemic approach for socialization of health.

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1. Social factors that can affect health

1.1. Social inequalities in health

Social gradient in health is a well-known phenomenon for centuries. Unfortunately, despite common understanding of its existence, the process of monitoring this gradient and finding the vulnerable groups is still in its infancy. Prioritizing policies for groups with the highest risk of social inequalities in health with special attention to pregnant women, young families and their children who live in poor social conditions, adolescents and the young who have a tendency toward undesirable health behaviors, employees exposed to unsafe and stressful working conditions, and the elderly is needed to reduce the social gradients in health. Investing in education and focusing on developing interventions in social and employment policies can improve people's abilities to live a healthy life (1, 2).

1.2. Gender differences in health

Gender inequality in society can affect both men and women through various pathways, including exposure to risk factors, access and utilization of information about

↑What is "already known" in this topic:
There is an urgent need for reliable and timely evidence for intervention on all social issues that could affect health.

→What this article adds:
This debate article emphasized that social studies in health can guide the policymakers to target the root cause of diseases and to better evaluate the impact of previous health interventions at community level.

disease management, prevention and control, subjective experience of the disease, and its social meaningfulness.

Some of the risk factors, especially exposure to toxic substances, are more apparent in men, while the burden of mental disorders is more prominent in women (3). Reduction in gender inequality in health could be achieved by providing gender oriented health care, social empowerment, health promotion program, and improving social welfare system (4).

1.3. Culture and health

The concept of cultural safety, which emphasizes the importance of service provision in concordance with what people desire and not in a way that appears to be right, is a growing concern in multicultural societies (5). Medical and paramedical trainings do not consider culture, anthropology, ethnography, and ethnology, while they all provide cultural competence. Understanding the culture leads to more efficient services and can decrease disparities. To decrease errors in medical services, individual characteristics of the clients should be considered and the students should be provided by appropriate training (6). Cultural competence can increase respect and creativity; decrease unwanted surprises; increase cooperation in cultural groups; increase faith and coordination between cultures; reduce the fear of failure, conflict and overmedicalization; and promote participation and equality in health (6). Medical system should be in harmony with cultural structures to be able to create a cultural construction of health.

1.4. The role of spiritual health in social health

Excitement is the drive of life in human, but having no control on ambitions may lead to moral vices. Through social intelligence, people can control their emotions. Even intelligent people in an unequal society may face social problems, and thus they should learn how to balance their emotions and excitements. Physical health depends on a healthy mind and emotional balance, and spirituality and religiousness can support this balance and promote health.

1.5. Gene and environmental interactions and the role of epigenetics

Adverse effects of environmental exposures can be sustained in generations through epigenetics and other heritable non-genetic factors. Epigenetics can control gene expression without changing the gene sequences, and this can be due to the environmental factors, such as food, aging, drugs, environmental pollution, and stress. Epigenetics could be transmitted from one generation to another. For example, epigenetic changes will occur in the offspring of mothers who smoke during pregnancy and could be transmitted to the next generation (7); these are sustainable changes.

1.6. The effect of poverty on health

The effect of poverty on health can be investigated from 3 points of view: access, environment, and social stress. Cortisol escape occurs in chronic stress, which may lead to diabetes, hypertension, metabolic syndrome, inflammation, or alternatively to long-term suppression of the immune system, aberrant mutations, oxidative stress, and premature aging. People who experience poverty in childhood may develop biologic changes (8). Targeting poverty, especially in childhood, should be a priority of governments to avoid these biologic derangements and to decrease health inequalities of impoverished people (9).

2. Health equity

2.1. The role of health system in promoting equity

Equity in health is a controversial issue in definition. One of the most accepted definitions is achieving the optimal health for all people. No one should be neglected and all humans should have their best possible health status. Moreover, the health sector could be the initiator of equality in the field of social determinants of health and could stimulate other sectors for health promoting activities. The health sector should be active in advocacy and support-seeking and should also be a promoter of scientific and evidence-informed solutions, which could be implemented by other sectors in promoting health and reducing health inequities (2). Equality in health should be at the center of all health sector activities.

Furthermore, those who do not receive health services or receive low-quality services should be identified, and the main cause of this inequality should be investigated and relived.

Investment on the first 8 years of children is of utmost importance in empowering them for their whole life and it should be considered as one of the most important actions to reduce health inequities within a generation (9). Physicians and, more importantly, health policymakers and authorities should be trained about SDH and the way they promote the health of the population, and they should not merely focus on hospital-based care as the major point (10). Equity in health should not be considered as part of the policy but should be approached systematically.

2.2. Equity-based health policy

The interventional model of equity in health includes 3 bases: (1) community-based strategies (prevention, resiliency, and intervention); (2) policy-based strategies; and (3) sector-based strategies. To improve the health of the population, we should merge all of these 3 bases together.

Community-based strategies include strengthening social and moral capitals and community participation, stimulating health-promoting habits, and improving resiliency and working conditions. Resiliency in harmful and damaging environments is a skill and should be learned and promoted through life skills education and environmental support .

Health systems-based strategies include financial planning, providing services, and production services.

Policymaking for equity in health care should focus on equal access, availability for equal requirement, equal use of equal requirements, and equal quality of services for everybody. An optimal policymaking needs to identify all stakeholders, cross-sectored coordination and policy analysis (2).

2.3. What is the goal :Equity or equality?

Equity and equality are 2 different concepts. Equality in a diverse community may be hazardous for deprived groups, so the goal could be equity rather than equality (11). Inequity in health system could be related to consumer, provider, and structural factors (12). Consumer factors include health literacy, gender, economic status, and culture. Provider factors are related to economic vision of the system, services diversity, human resources, and system management. Structural factors are laws and regulations, infrastructure, and the social structure, and all can lead to inequity.

3. Mental health

One fifth of Iranian population is affected by mental disorder. Mental disorders are highly affected by social inequalities in health in such a way that populations with lower socioeconomic status are affected more (13). There are strong barriers in improving mental health services, and thus the government has to allocate enough health budgets for mental health care.

Policymaking at all government levels and across-sectors can improve mental health outcomes (13).

Mental disorders are also very common among the youth, which begin at an early age and continue into adulthood. As in adults, mental health in the youth is affected by socioeconomic inequalities, and preventive programs, which incorporate diverse sectors, particularly schools and primary care providers, have shown promising effects (14).

4. Upstream view to social determinants of health

4.1 Maintaining the goal of improving social determinants of health in all policies

The health system is increasingly faced with new challenges, and the health sector cannot manage these challenges by itself. These issues consist of almost all non-communicable diseases, including diabetes, cardiovascular diseases, accidents, and cancer as well as infectious diseases, such as AIDS and mental health issues. Men's health, in particular, has gained little attention these days.

In this regard, all 3 social levels (micro, middle, and macro) should be considered simultaneously and need to be transparently and directly announced in high-level documents, and all sectors should be involved (15).

4.2. Advocacy for cross-sectoral cooperation for health

The community involvement in health is a must for advancement in equity and public health. However, health officials and health sector staff have critical roles to play in social and political advocacy at all levels, as these policies can affect the conditions of daily life, which is the background for health and disease. Advocacy for health has an incredible effect on removing inequity in the health system (16).

Advocacy could be facilitated by health in all policies, which needs the systematic efforts of all the sectors involved.

Cross-sectored cooperation with common goals on vulnerable and disadvantaged groups is important, and the officials should act based on these groups' benefits.

4.3. Monitoring social indices of health and requirements for improvement

There is a great need to define what should be monitored in social health, and the main focus should be on equity. The indices for equity in health are diverse and some need very sophisticated data that are not always available.

Making improvements in health equity monitoring needs commitment of policymakers, which could be done through advocacy for cross-sectored cooperation, having a master plan, and assigning an agency for statistical analysis of the findings.

5. Early childhood development

For healthy first 1000 days of life (periconception, during pregnancy, and after delivery for the first years of life), contextual, environmental, and nurturing care as well as biological risk factors through the multigenerational life course should be considered (9).

Neuroscientific evidence shows that early childhood adversities can influence the brain structure and also cognitive, academic, and behavioral performance(17). Reducing these adversities calls for intersector commitment through coordination, monitoring, and evaluation for early childhood development. Also, higher level coordination (country, global) for policy commitment and investment is required.

The latest developments in the field of neuroscience and economic analysis justify the fact that investing in early childhood period is one of the main issues in sustainable development of the country.

6. Necessity for community involvement

6.1. Structure of social health

Attention should be placed on social health in the health system. Without this focal point and dedicated group, all the efforts could be uncoordinated and wasted. Improvisation of Iran's Ministry of Health and Medical Education in establishment of social affairs (Among the countries in Eastern Mediterranean Region, Iran was the first to establish social affairs in its Ministry of Health.) indicates more tendency toward developing settings for targeted intersector participation of all organizations and institutions and also conscious participation of people in activities related to health for empowerment. In primary health care settings, Iran has a good experience of community involvement (community health workers (behvarz)).

Another innovation was establishing a network of 32 academic social determinants of health (SDH) research center across the country.

6.2. Social needs of patients

Assessing and treating social needs of the patients have greater effects on the health outcome than health care, especially in high-risk groups, and calls for organized

intersector cooperation. However, evaluating and treating social determinants of health require indigenous studies (18). An experience in New Mexico showed that addressing social needs of the patients require state-level policymaking (18).

6.3. Discourse of power in health care services

People trust the health system not only because of direct contact at the time of illness, but also due to the role of health system in overall well-being of the society. Effective patient-provider relationship is the heart of health care provision, not only leading to trust but also improving the patients' health outcomes. Identified components of effective communication could be used for curriculum development in medical education and patient education(19).

6.4. Medicalization

Medical interventions should be considered as an exception and not a rule for life inevitable events, such as pregnancy, birth, aging, and death. Modern medicine has failed to do this, resulting in many useless, expensive interventions, which have reduced the quality of care and even quantity of life. There are several examples of reduced mortality during strikes by health care providers, which highlights the potential dangers of medicalization.

6.5. Community-based participatory research (CBPR)

Besides the notion of social needs of the community at the time of care, community could act as the researcher and involve in the whole research project in CBPR. Communities usually have a more practical view of their actual health needs and threats and can guide the researchers (20). To this end, owing to the challenges to which CBPR is faced (20), it is necessary to empower the community ownership and a framework for their participation in policymaking.

6.6. Public participation in health care policymaking

In Declaration of International Conference on Primary Health Care, Alma-Ata 1978, it is stated that, "People have the right and duty to participate individually and collectively in the planning and implementation of their health care."

Community members are the final recipients of health policy (direct or indirectly), so community participation at all levels of health systems is important. Nowadays, many countries have valued public participation in policy development. This way, ideas and concerns of people will be addressed, policy implementation will be facilitated, the health system will encounter fewer problems, and people will have better outcomes. Public participation could be an indicator of democracy, public responsibility, and transparency.

To encourage community participation in the health system policy development, authorities should learn from prosperous countries.

6.7. Social capital and health

The success of community-based health interventions has a clear relationship with social capital and trust within the community. The prestige of the health system and its components and the trust they have generated or lost in their previous interactions with community would determine whether their future interventions are accepted by the community. Behavior of the health system authorities could change the view of people to health system. Their professional interactions with challenges, especially during crises, emergencies, and disasters, are of special concern.

7. Modeling and systemic approach

Reforms in the health systems and their extensions, including health insurance organizations, should be considered as socioeconomic events. This emphasizes the complexity of these systems with many inner and outer system interactions. Linear models do not have the capacity to deliberate these interactions. Amendments in the health system may have a broader effect on other sectors and vice versa. Dynamic system approach is a way for better understanding these interactions and predicts their effects within the health system and beyond (21). In this approach, sociology has a great impact.

Conclusion

Social studies in health are of extreme importance. Thus, researchers should both work on biologic and mental aspect of health and on social roots of disease, which may broaden our view on the possible interventions. These studies could guide the policymakers to target the root cause of diseases and better evaluate the impact of previous health interventions at the community level. Policymakers should envisage the social aspects while formulating health policies, and this may lead to more effective policies and less errors in prioritization and interventions. Clinicians should envision medicine as a social issue and be a media for patients' voice as well as a media for better social care as a continuum of medical care; these are prerequisites for a prosperous health system.

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Ethical consideration

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Conflict of Interests

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