Some Social Sciences Perspectives in Public Health

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Abstract

Generally, health and illness are considered to be subject matters of health sciences and medical sciences. This review paper is an attempt to put forth some social sciences perspectives in public health. It starts with different sociological theories put forth by functionalists, Marxists, and feminists to give social explanations for health and illness. Then it talks about the role of placebos in the process of curing and healing which goes beyond medicalisation. Then the paper talks about structural determinants of health where it discusses Marxists’ view point as well as liberal school of thought. The paper then discusses how public health professionals have objectified the measurements of severity of disease. The paper then relates health transitions to frailty thesis and to undernutrition in South-African and South-Asian populations. Increased medicalisation of mental health has also been discussed in the paper. At the end of paper, role of healthcare system has been emphasized to put in place structural determinants of health like food security, safe water supply, sewage, sanitation, good working conditions, education and robust health services system.

Key words: Medical Sociology, Public Health, Social Medicine, Perspectives in Health
Introduction

Health and illness cannot be understood by biological studies alone as social relationships, social structure and culture play a very important role. There is a transdisciplinary perspective towards health and illness, and there are social patterns in the distribution of disease. In social sciences, diseases are, ‘biological expressions of social inequality’ where some people are always at greater risk (Krieger 2001). When we look at individual cases of illness, social trends remain hidden and the disease is viewed as an individual’s situation. But if we analyse the individuals collectively, patterns are emerged. For example, mental illness is more frequent in women and has psychosocial explanations in the form of discrimination, economic deprivation, abuse and violence. Social relationships could also have a significant impact on recovery processes. The state and the market try to regulate the profession of medicine. Most of the nation states today have a mixed arrangement for the provision of health services except for a few socialist countries like Cuba (Baru 1998). Medical services are vulnerable to corporate manipulations unless protected by a powerful state regulation and public investment.

The social sciences view ill health in a larger context beyond mere its objectification into some indices such as DALYs (Disability-adjusted-life-years). The discipline of social sciences is sensitive to biographies, local histories and large scale social forces leading to suffering and ill health (Kleinman and Kleinman 1997). Dr V. Sujatha has written about the role of social sciences in public health. She has rightly stated that,

“Twentieth century biomedicine focused on biological factors inside the body and reduced matters of disease and health to organ systems, tissues and cellular mechanisms. While such a reductionism facilitated brilliant and precise studies in to the internal mechanism of the body and led to the development of technologies to see the interior of the body, it did not recognise any condition that did show a lesion in the organ system. Factors that are non-visible to available technology, those that pertain to general co-ordination of physiological functions and connected to the mind were out of its purview. Mind and body come to be treated by different set of specialities in an exclusive way. Neurologists looked at the brain anatomy and psychiatrists studied the biochemistry of mental illness while the psychologists looked at non-physiological symptoms of mental illness. Different parts of body were taken up by different specialisations of biomedicine……., the social context of health had to be taken up by the social sciences.” (Sujatha 2014:42-43)

Different paradigms of social sciences have given different theories regarding the relationship of society, culture, health and ill health.

Functionalist approach towards health and medicine

Talcott Parsons examined how the individuals’ social relations play a role in the genesis of their illness. He argued that as the environmental factors (bacteria, virus, disease agents etc.) alter the biology/physiology of the body, similarly disturbed social relationships disturb the psychological well-being of an individual pushing him towards sickness. He stated that sickness is a social role where a person realises his illness and decides to report it to others and on recovery returns to normal life either voluntarily or compelled by others. He pointed out
that during sickness, there is a tendency for non-performance of social roles and the person either withdraws or deviates from his responsibilities.

Parson reflected on deviant behaviour as some kind of deprivation in early childhood resulted in conflicts between ego (psychological impulses) and alter ego (cultural values of the society). Thus harmful stress leading to deviant behaviour originates from both, disturbed social relations and cultural values. This subjects the person to an internal conflict leading to either compulsive conformity or compulsive alienation. In case of compulsive alienation, person behaves aggressively and becomes a rebel. Sickness, as described by Parson, is also a form of passive alienation in which the actor is exempt from carrying out his social role for some time. The theory is more relevant for psychological and psycho-somatic ailments. Parson tried to show that health and illness are partially biological and partially social. According to functionalism, medicine could be viewed as a ‘mechanism’ of restoring the people’s capacity to play their social role (Parson 1951, 1999).

Parsons mentioned four kinds of normative expectations of the sick person. First, the sick person is exempted from his normal responsibilities but for this severity of his illness has to be legitimised by other family members and the doctor. In some cases, the society legitimises the rest and impress upon the sick person that he should take rest. In some other cases, especially in cases of females, society taunts the sick person that she is trying to escape her responsibilities on pretext of her illness. Second role expectation is that sick person is not held responsible for the process of getting well. Third role is that sick person loses appeal to others and is therefore isolated. Fourth role is that sick person is obliged to seek technically competent help. Hence the relationship of sick person with physician/doctor is complementary to his sick role in which he is completely dependent on doctor for his recovery and cannot hold his own medical opinion. Parson has defined roles for physicians also. A physician should not discriminate patients based on their social background. The role of a physician is functionally specific i.e. to treat people and the physician may not be able to solve problems other than medical ones.

The physician should be affectively neutral’ which means his treatment should not be affected by his like or dislike for a particular patient. The physician should not get emotionally disturbed by the condition of the patient and should treat the patient in a way which is scientifically justified. Lastly, the physician should put the patients’ welfare above personal interests and thus his role is ‘collectivity oriented’. Parsons’ functionalist approach towards health and illness led to critical debates and responses from Marxists and feminists.

**Marxist approach towards health and capitalism**

Marxist perspective on health and capitalism was first set out by Engels in 1845, where he gave an account of living and working conditions of factory workers during early nineteenth century. He attributed these conditions of working class to the industrial policy of high productivity in lesser time (Engels 1974). Black report in the UK also showed that death rates and sickness rates were higher among lower classes based on occupation. Suicides and accidents were also high among most disadvantaged of occupational groups (Doyal and Pennell 1979).

Marxists also analysed chronic or lifestyle diseases such as cancers, heart diseases, diabetes and attribute these diseases to biological maladjustment resulting from ecological contradictions produced by industrial capitalism. For example, these diseases are high among black population in the US but very low among the native black population in Africa. This is
because migration resulted in changes in diet, lack of social support, tough work life, devalued working conditions and minimal wage labour (Schnall and Kern 1981). The Marxists also argue that population explosion is a myth that diverts attention from true causes of poor health status in the third world. According to Marxists, the capitalist system is the main culprit which uses hard physical labour of the workers and earns profits by selling the commodities produced by this labour while giving just the minimal to the labourers. In this way the system keeps all the wealth in just few hands.

Medicine under capitalism, look for causes of diseases at individual level and the interventions are also focused on behaviour change. Medicine as a discipline is oblivious of the social causes that put individuals at risk of risks. Sujatha has rightly stated in his book that, “Through tranquilisers, painkillers and counselling, doctors make patients accommodate and adjust to problems like unemployment, domestic violence and abuse……” (Sujatha 2014:73).

Marxists criticize capitalist system which reduces medical profession to biological level with the purpose of getting sick individuals back to work as soon as possible for maximum profit generation and this profit too does not pass on to those individuals and remain restricted to few elite hands. Some Marxist scholars like Doyal and Pennell (1979) think that rational and uncontaminated medical knowledge purged off the capitalist motive, could be harnessed to social needs under socialist set-up. One of the important points under Marxist’s framework of health is that it is the responsibility of state to provide accessible medical care to the disprivileged. Several recent developments like biotechnology industry have been explained in terms of Marx’s analysis of capitalism. Sunder Rajan in his book Biocapital has written that biotechnology industry will experiment on poor Indian workers and the drugs, if found safe, will be marketed in US (Rajan 2006).

Feminist Approach towards Health

In India women’s health problems include female foeticide, female infanticide, high maternal mortality, discriminatory and differential access to nutrition and medical care especially during reproductive phase. Mental illness is also higher among women as compared to men. Gender discrimination as measured by sex ratio is also obvious in India and is driven by structural factors. Women’s workforce participation has a positive effect on sex ratios but it is adversely related to their nutritional status (Basu 1995). Similarly, migrant women in US have greater labour force participation but lack of opportunities in employment.

Social life put pressures on them and they succumb to risky habits like smoking, drinking and substance abuse (Segura and de la Torre 1999). An increasing number of women are suffering from psychiatric ailments in the capitalist societies because they are overburdened with their multiple roles; as a wife, as a mother and as an employee. Women are found to be inadequate at work because they should look after a family and they are labelled as poor mothers because they have a career. There is an urgent need for women-friendly moves by the state which is only possible by greater entry of socially conscious women in the administration.

There has been an increased medicalisation of women bodies’ right from their wombs to their skin, their wrinkles and their body hairs. Medicine has objectified a woman’s body. Thus both kind of medical problems co-exist, either too much medicalisation of women’s body or complete denial of medical care to women leading to increased mortality. The feminists have had an ambivalent attitude towards medicine because some family planning methods have
rather freed the women to pursue their careers. Many MNCs encash this opportunity by selling their contraceptives in the name of women empowerment. These pills have a reasonable risk for the women’s health and they put the entire burden of family planning on women at the same time freeing men of any responsibility. Such technologies only endorse male chauvinism and reduce woman to a sex object who cannot refuse sex and should take the whole risk of abortion on herself (Tharu and Niranjana 2004).

Role of Placebos in healing

Biomedicine has led to medicalisation of life where consumption of pills for slightest discomfort has become part of daily routine. These pills also come with their side effects which almost always lead to the creation of new health problems (Illich 1975). Moreover, most of the ailments are products of a lifestyle of drudgery with major social and political structures supporting such lifestyle (ibid). Several clinical trials have shown that significant proportion of patients got treated by using placebos alone (Moerman 2002). It shows that psychological effect of getting treatment also plays a role in curing and healing. Moreover, human body also have its own mechanisms of maintaining homeostasis and thus many diseases are self-limiting which means ‘they get cured by themselves’. It is very difficult to prove that whether the patient got better because of medicine or whether it was a combination of all other factors like his nutritional status, immune system, will power, care and support he got from his family members and the nature of disease itself.

There are also cultural perspectives towards death and what constitutes a ‘good death’. The relatives try to keep the body alive in the ICU till the last moment but in this way, the dying person gets cut off from his dear ones, all alone surrounded by machines. Brain dead is also highly controversial especially in Japan. In India and USA brain dead was started considering as death with the emergence of organ transplant surgeries (Lock 2002).

Body cannot be considered just an anatomical structure like a machine but mind plays a very important role in the process of cure than can be explained by medicine alone. In biomedicine, if the patient reports discomfort even after the treatment which normalised his/her physiological parameters; the physicians generally do not consider a patients’ psychological experience. Even if they consider the psychological pain of the patient, it leads to the increased prescription of tranquilisers, psychotropic drugs, anti-depressants and mood-modifying drugs. These are just some short-term technical solutions to social problems like stress, destitution and abuse (Illich 1975). A larger structural level intervention includes social welfare policies and social transformation. Most of the times patients must manage and cope with the situations rather than complete cure. The studies have reported situations where professional work and means of self-realisation helped patients’ in combating pain especially psychological pain (Del Vecchio Good 1994).

Kakar in 1990 has rightly stated that, “From the first birth cry to the last breath, an individual exists in his soma, his psyche and his polis; in other words, a person is simultaneously a body, a self and a social being” (Kakar 1990:4).

Determinants of Health Status

Marxist scholars argue that working conditions of the labouring classes and the compensation they get for work, determine their health status. The wages paid to them are so
low that does not even compensate for the loss of energy in hard physical labour and thus their health status deteriorates. The Marxists’ viewpoint is that state driven by capitalism, invest in health of its people only due to fear of loss of productivity (Patnaik 1996). On the other hand, liberal school of thought such as Amartya Sen argued that individuals are driven by values higher than just fulfilling their basic needs and a healthy and long life is intrinsic towards achieving their full potential and it is the responsibility of the state to provide healthcare to its people (Sen 1993). According to liberals, individual freedom is more important rather than equal arrangements and the state should provide elementary healthcare to all because it is possible to achieve equality in the provision of healthcare but not in provision of other goods and services (Beteille 2003).

There are other debates about measurement of health status. Generally, it is measured by mortality rates such as IMR, MMR etc. but measures are very objective in nature and does not take into account patients’ subjective experiences of pain and suffering (Kleinman 1994). There is another measure called DALY which takes into account years of life lost due to disability but again this measure is very objective in nature and is entirely based on the discretion of some experts rather than patients’ actual experiences (Ritu Priya 2001).

There are debates regarding, ‘health transitions’ as a reflection of social progress. Increased provision of medical care leads to decreased mortality rates and increasing proportion of aged population which further increases the demand for medical care (Murray and Chen 1994). Thus reduced death rates are accompanied by increased morbidity rates. The frailty thesis suggests that with the reduction of death rates, genetically weak people are also able to survive longer and they are more likely to fall ill. There are also counter-arguments that medical evidence is not sufficient to believe frailty thesis.

Health transitions have also resulted in shift in diet among North American and European countries from meat-based diet to fresh fruits and vegetables which they import from tropical regions. This has resulted in contract farming for export in sub-Saharan Africa and India (Patnaik 2007). This export-oriented agricultural production has resulted in decreased calorific intake in their regions leading to chronic under-nutrition (ibid).

**Medicalisation of mental health**

The clinic-based mental health interventions have reduced behavioural diversities and social issues to mental health problems (Davar 2002). Sociologists often raise this question that whether mental diseases are a natural phenomenon or a technological label given by professional convention. Even young children of 6-7 years’ age group are being labelled as having ADH (Attention Deficit Hyperactive) Syndrome for being mildly hyperactive, slightly mischievous and unable to concentrate on studies. They are put on psychotropic drugs at such a young age just because they were reluctant to be in a system set by authoritative elders like parents and teachers. The pharma companies are munching money out of labelling children and adults as psychotic or neurotic on slightest pretext of deviation from what is expected as normal behaviour by majority of surrounding society.

There are major variations in mental health with gender. Although more men have been found to report their mental illness, community surveys have found higher prevalence of mental illness in women than men (Davar 1995). Also, the studies have shown that completed suicides
were more among married women and attempted suicides were more among men (ibid). The major causes of suicides among women were social such as domestic violence, social exclusion and migrant status (Maselko and Patel 2008). Marriage seems to play a very important role in mental health. Although it has played a protective role for men but married women were found to be more stressed than single women. Separated/ Divorced/ Widowed women also showed higher rates of mental illness. Occupation also plays a detrimental role in mental illness. The highest prevalence of mental illness has been found in housewives. Beggars, prostitutes and domestic maids have also shown high prevalence of mental illness. Mental health has been found to be improved with rise in socio-economic status and with increased levels of education especially in women (Davar 1995).

Role of healthcare system

Medical institutions generally provide curative healthcare to individual patients but public health services also aim towards reducing disease prevalence amongst populations at large. This could be done by providing populations food security, clean and hygienic environment, safe water supply, good sewage system and proper waste disposal system (Das Gupta 2005). The aim of healthcare system is to improve health of populations which could be achieved by interaction of multiple systems and thus health system is an interaction of several resources, organisations, finances and administrations operating at multiple levels towards assuring good health of populations. The arguments are generally given that despite filthy living conditions of slum populations, rarely any epidemic outbreak occurs and slum people get better by powerful antibiotics. But in spite of access to antibiotics, they are more vulnerable to next episode of infection and such repeated infections deteriorate their general health status. There was a cultural resistance theory advocated by colonial governments and is even prevalent nowadays among some bureaucratic officials who blame the people for their own conditions even when the lack of healthcare is quite evident (Laul and Mishra 2012).

Conclusion

To conclude health and diseases are not just medical phenomenon but they have many social explanations for their existence. Social and cultural factors play a very important role in determining health of individuals. Different schools of thought have given different perspectives of viewing health and illness. Functionalists view health as essential for fulfilling social responsibilities. Marxists blame capitalist society for poor living conditions and thus poor health of workers. Feminists are worried about either total denial of medical care to women or too much medicalisation of female bodies. In the process of curing and healing placebos are also very important. Along with medical care, it is very important to provide care and support to diseased individual. Medical pluralism also plays an important role in healing individuals. Mental and psychological well-being is critical in overall well-being of individuals. But labelling every atypical state of mind as a mental disease and putting even small children on psychotropic drugs is not justified. It is the responsibility of state to take care of food security, safe water supply, hygienic environment, proper sewage system and waste disposal system for its citizens. These structural determinants along with robust health services system assure good health for populations.
Competing Interests

The authors declared that there are no potential competing interests with respect to the research, authorship and/or publication of this paper.

References


