

# Understanding of sociological concepts and theories sociology essay



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This essay will demonstrate the knowledge and understanding of sociological concepts and theories related to health, illness and health care. It will also look and explain the historical and contemporary patterns of inequality in health and illness. It will also critically discuss why some people are healthier than others. It will also discuss insight of sociological methods of research discovery and evaluate the relevant data.

Sociology of health is the study between different ethnic groups and individuals in human society. The twentieth century has witnessed a rise in life expectancy for people that live in industrialized countries compared to other parts of the world the standards of health and wellbeing are quite high. Research has shown that certain groups of people tend to enjoy a much healthier life style than others. These health inequalities appear to be in the larger socioeconomic patterns. Sociologists have attempted to explain the link between health and the variation in social class, gender, race, age and location (Giddens 2001).

Research on class and health has shown a pattern between death and illness and an individual's social class. There have been two nationwide studies on health in the United Kingdom one of these being The Black Report in 1980 (Giddens 2001). The Black Report, was commissioned by the government to look at data on health inequalities and to make recommendation for policy and research, which focused largely on materialist explanation of health inequality. The report emphasised the need for an all- inclusive anti-poverty policy and for improvement in education in order to reduce health inequalities (Macintyre 1997).

Studies show that poverty can be bad for your health. Areas of the country with above average numbers of people dying young, that is before 65, are generally poor urban areas. Glasgow, London and many of the biggest cities in the North of England stand out in particular. Suicide rates amongst young men are four times higher amongst those with no known occupation compared to those in Social Class 1. People on low incomes are more likely to suffer episodes of serious depression. (BBC News 1999)

In a speech on 27 March 1977 the then Secretary of State for Social Services stated:

“..... The crude differences in mortality rates between the various social classes are worrying. To take the extreme example, in 1971 the death rate for adult men in social class V (unskilled workers) was nearly twice that of adult men in social class I (professional workers) even when account has been taken of the different age structure of the 2 classes. When you look at death rates for specific diseases the gap is even wider. For examples for tuberculosis the death rate in social class V is 10 times that for social class I; for bronchitis it was 5 times as high and for lung cancer and stomach cancer 3 times as high. Social class differences in mortality begin at birth. In 1971 neo-natal death rates – deaths within the first month of life – were twice as high for the children of fathers in social class V as they were in social class I. Death rates for the post-neo-natal period – from one month up to one year – were nearly 5 times higher in social class V than in social class I ... The first step towards remedial action is to put together what is already known about the problem ... it is a major challenge for the next 10 or more years to try to narrow the gap in health standards between different social classes.”

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Many cultures have different health and cultural beliefs such as in the Asian ethnic groups believe that the extended family have influence on individuals; the oldest male is the decision maker and spokesman.

Stacy (1988) stated that various cultural social and economic factors all of which have their own roots in the eighteenth century

Biomedical is one of the ways to understanding health and illness in the western cultures, but also being accepted not only by doctors but also by none professional. There is general agreement among contributors that there are a number of important characteristics Nettleton (1995. 5) describes some examples these being Mid -body dualism which is accepting that the mind and the body can be treated with two different things, Mechanical metaphor looks at the theory of which that the body is a machine, Biomedical is described as ' reductionist' in that there are tendency to reduce all explanations to the physical working of the body. All cultures have a known concept of physical health and illness, but most of what is recognized as medicine is a consequence of development in western society over the past three centuries. Premodern cultures, the family was the main institution coping with illness and disease. There have always been people who believe that you can be healed by different remedies such as physical and magical in the non- western cultures throughout the world (Giddens 2001).

The Bio-medical model there are three main theory's on why the bio-medical model of health is predicted. First disease is seen as a breakdown within the human body that diverts it from its ' normal' state of being The germ theory

of disease, second is the mind and body are able to be treated separately and the third being doctors who have been trained and are experts in treating illness and disease (Giddens 2001). Critics to this model say that the effectiveness of scientific medicine 'overrated'. In spite of the prestige that modern medicine has acquired, improvement in overall health can be attributed far more to social and environmental changes than to medical skill. Effective sanitation, better nutrition and improved sewerage and hygiene were more influential particularly in reducing the rates of infant deaths and young people (Mc Keown 1979). Other critics like Ivan Illich (1976) states that modern medicine has done more harm than good.