

Cultural and structural theories



Defining health has always been relative; sometimes it is defined in terms of good health (feeling fit), bad health (free from pain and discomfort), and in terms of range of tasks an individual is able to perform (functional). However, WHO (1948) “ Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity. A resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities.” The medical dictionary defines illness as “ disease of body or mind; poor health; sickness.

Culture is the way of life of a group of people, society or community, it consists of beliefs, behavior, values, norms, customs, language, institutions etc common to the members of the group, society or community.

Culture can influence the definition of health and illness. Cultural approach explains that health differences can best be understood in terms of our way of life as society and as an individual and on the social class in which we find ourselves, the lower the social class the worse the health issues.

Cultural approach is of the opinion that poor health is due to our diet, habits & life style. In some non western culture, a big person is seen as healthy and the slim person is seen as ill, and is encouraged to eat more, whereas in the western world, being fat is seen as a death warrant.

Some cultures do not believe in going to the doctors when they are ill, they rather use a local remedy. Cultural approach completely blames the individual for his /her health problems because they do not follow a healthy life style, the Black Report (1980) also accepted this explanation, but acknowledged

the fact that even those that lead a healthy life, still suffer from same ill health as those that do the opposite e. g. non smokers at the risk of lung cancer. The report suggested that differences in social class factors only account for 25% of social class inequities in health and illness.

More so, the structural approach, accepts the behavioral explanation to health differences, but claims that the behavioral approach fail to look at the broader context of inequality. Thus, poor health is as a result of the working condition to which some people have no choice but to be subjected to given the present income distribution and access to opportunity.

In explaining the structural approach, the Marxist perspective of health and illness will be analyzed. The key assertion of Marxist is the relation of production (structure of the society) which brought about division of labor, which in turn reflect in the derivation of social classes. Marxist believes that health outcomes for any society are influenced by the economy system in two ways;

Level of production: industrial diseases and injuries, stress- related illness, environment pollution, processed food, chemical additives.

Income distribution: standard of living is measured by wealth and income- living condition, access to health care, diet, educational opportunities, and recreational opportunities.

The black report (1980) also agrees with this view, as finding continues to show that adverse social condition is significant to the social patterning of health and illness in the society.

Task 2

EVALUATION OF THE EVIDENCE OF REGIONAL VARIATIONS AND INEQUALITIES IN HEALTH AND ILLNESS

This essay will be outlining and evaluating the evidence of variation in health and illness. To evaluate these issues two material evidences from the Guardian News paper will be analysed. The first is LOCAL INEQUALITIES MARK MAP OF WELLBEING (24/09/2008) will be referred as APPENDIX A. This essay will also evaluate sociological explanations for health inequalities such as cultural, structural, functional perspectives. Reports produced by the government and independent research will be applied in evaluating these regional variations.

Appendix A covered the disparities in the health and behaviour of people in different parts of England. The findings made by the report regarding health disparities are:

Women in Blackpool are 8 times more likely to smokes during pregnancy than women from Richmond upon Thames.

Average 5year old in Blackburn suffers 7 times more tooth decay than 5year olds in Lichfield and Staffordshire.

Teenage pregnancy rate in Lambeth south London is more than 6 times that of Rutland.

Obesity rate among children starting school in Hackney, east London is 3 time the rate in Teedale.

The research was done using 30 key indicators, of which none was mentioned in the report. The report agreed that despite government effort to eradicate health inequalities, the gap in health between the social classes in society keep increasing. The report agrees with the structural perspective, which blames health inequalities on the economy system (capitalist state) of the society, as captured in paragraph 5 lines 4-6, addressing the issue of child poverty the tax system. This can be backed by the finding of the Black report (1980) which opined that health standard is directly linked to social class and social economics factors such as poor housing, education, income and environment.

The findings in Appendix A, was published and distributed to every local councils in the UK, so health worker in every region can devise solution to curbing their respective health issues.

Finding made by the report (APPENDIX A) regarding behaviour cannot be explained entirely by relative poverty. The findings on behaviour are:

Lambeth despite having the worst teenage pregnancy problem in England, it also has the best figure for breastfeeding. More than 90% of mothers' breastfeed in Lambeth compared to 33% in Knowsley, Merseyside.

Malvern Hills, west Devon and south Shropshire, almost all children of school age engage with at least two hours of high quality PE /school sport a week compared to only 2/3 of children in Newcastle-under Lyme and Surrey Heath.

Kensington and Chelsea has the highest life expectancy, for both man and women compared to Manchester and Liverpool, they eat the highest

proportion of fruit and vegetables and the lowest rate of premature death rate caused by cancer. But was in the bottom 10 in England for problems relating to substance abuse among people aged 15 to 64.

The above findings can be related to the cultural approach, which lay emphasis on the cultural choices of the individual / group such as; life style, diet, cigarette smoking and alcohol consumption. And partly in relation to the structural approach, for Lambeth, there was increase of awareness on the importance of breastfeeding, for Malvern Hills, there is also the increase of awareness of the importance of exercise as for Kensington and Chelsea abuse of substance might be due to life style and mostly because they are wealthy.

Task 3

MOST SIGNIFICANT FACTORS INFLUENCING THE HEALTH AND ILLNESS IN A COMMUNITY

Many factors influence health and general well being of a community. These range from individual factors, such as genetic make up, age, gender and lifestyle, socio-economic, cultural and environment factors.

Despite the above factors, the ones that are most significant influence on a community health and well being are referred to as “ the wider determinant of health”. These are educational attainment, employment status, housing and the environment. Because these wider determinants interact with other factors it is difficult to evaluate the respective contribution of each determinant to eventual health outcomes.

Educational Attainment: From various perspective of sociology and the finding of the Black report (1980), it is evidence that educational attainment plays an important part in the overall well being of the society. According to the Black report (1980), while, the general health of the nation had improved, theses improvements have not been equal across all the various social classes. And the gap between the lower and higher social levels continue to widen. The report on Appendix A also highlighted this difference, when Knowsley borough found it difficult to educate mothers to on the importance of breastfeeding (paragraph 17). The situation in Knowsley can also be interpreted as a cultural trend within the women.

Employment Status: Cultural approach opined that those in social class four and five eat less nutritious diet than those in social class one and two, structural argues however, that, due to income inequality, those in lower classes cannot enjoy the lifestyle of the rich in society and suffer more illness as a result of their job. Appendix B indicates that unemployment brings about poverty and social exclusion. It also shows that Barnet borough unemployment rate increased from 68. 7% in 2006 to 71. 2% in 2007, but remained below England average.

Task 4

BALANCING HEALTH AND ILLNESS IN A COMMUNITY

Keeping the community well: Prevention they say is better than cure.

Unhealthy habits are passed on from generation as indicated in Appendix A,

paragraph 7, lines 4-5. Barnet council plans to support their community to live a healthy lifestyle, to stop them from getting avoidable

Health workers in the various county/ boroughs should work in preventing the particular health problems of their local population as indicated in Appendix A paragraph 3.

Government should embark, on health plans that are long term.