

Scholarly article journal summary



Ahmad, Waqar and Bradby, Hannah. “Ethnicity and Health: Key Themes in a Developing Field”. *Current Sociology* 56 2008 47-56. Summary: A major consideration in sociology is the study of inequalities that exist in society. Such inequalities arise from social class, gender, age and the increasing differences in ethnicities in modern society. One of the areas in which the effect of inequalities impacts on is in health status and access to health services. It is an accepted concept that the experience of illness is varied across different cultures, and further that access to health service is based on ethnic status.

The variables of race and ethnicity are common features in developed nations like the U. S. A and U. K. Though there are differences between the variables of ethnicity and race, the variable of ethnicity suffers from the same problems that are attributed to race. Furthermore, in modern developed societies ethnicity has taken on racist tones with the argument that cultural racism is replacing the traditional notions of racism based on biology or color of individuals. This increased divisions in society based on ethnic lines enhances the significance of the ethnicity variable.

Ethnic divisions in society are not any different from the other divisions of society and do not exist in isolation in a society. Exclusion of minority ethnic groupings is a regular feature and the exclusion stems from innate features of the ethnic groups than on any other factors and the disadvantage that these minority groups face is looked upon as an essential problem with the culture of the group. Examples of this lie in the position of African Americans in the U. S. A. and the Aboriginal people in Australia. An understanding of the key factors involved on the issue of sociology of ethnicity and health is by looking at them from four perspectives.

Chronic Illness, Impairment, and Ethnicity:

The increase in life span experienced in the developed world has brought with it issues of chronic illness and impairment to society. Providing care for the chronically ill or those with impairments has caught the attention of society, through the assessment of how best their needs like daily physical labor involved in their care needs to be addressed. Emerging information from studies conducted indicate that while the needs of the white community are taken care of, there is less importance given to the needs of the minority ethnic communities that exists in these developed societies. The Bangladeshis in British society provide a clear example of this lack of stress on minority communities. Bangladesh was a part of the British colonial world and economic conditions in the country led to migration to Britain, but they came much after the migration from the Caribbean and their South Asian neighbors of India and Pakistan. The health experiences of the Bangladeshi are no different from the other South Asian communities. Essential features include isolation, limited information, problems of access to services, and the care of the ill falling on a few members of the family. Many of the ethnic minorities in the developed world suffer from genetically inherited disorders like thalassemia and sickle cell disease that may not be a major issue for the white community leading to less dissemination of the information of the disorders and development of health plans for tackling these disorders on the ethnic communities. Another major issue that needs to be taken into consideration is the impact of religion on treatment decisions. In many of these ethnic groupings religious imperatives carry as much weight as personal ethics in treatment decision making.

Identity and Health:

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Health and illness have long been associated with the concepts of identity and morality. Many illnesses carry a social, genetic or moral stigma based on the origins of the disease, which has a significant impact on the availability and quality of services that the inflicted and the family have to contend with. Sexually transmitted diseases (STD) carry a moral stigma of sexual promiscuity and social waywardness. HIV and AIDS are accepted as a current scourge of modern society, but very few nations recognize and accept HIV and AIDS as a reflection of the current state of societies. The onus of STD is shifted to ethnic minority groupings because of the lack of morality in their culture. A clear example of this is in the experience of the African American community in U. S. A. The elders of the African American community are part of the health plans that target their community in terms of diseases like hypertension and cancers, but not part of the STD health care plans. The result is a mistrust of the public services associated with these health plans, persistence of inadequate services in deprived areas, enhanced suffering of the African Americans as a result of STD, which emanates from the poor screening, identification, and treatment of STD in this ethnic grouping.

Planning for Diversity:

Given that the ethnic diversity of societies is only going to increase, the implications of ethnic diversity have great import on public health research and policy. Linguistic diversity, which is a part of ethnic diversity, is major challenge for public health research and policy. In the English speaking countries it is more or less taken for granted that immigrants would gradually adopt the way of life in these countries, which includes the English language. The lack of reality in such an assumption and the poor understanding of the processes involved in working across language barriers

have now caused the National Health Service (NHS) to offer services of interpreters. This is a crude solution for in a multi-ethnic society providing an English translator hardly solves the problem of language barriers between the health service provider and the health care seeker, when languages other than English are involved. More effective means of tackling language divide issues in health care can emerge only from research into the suitable policies to address the language divide.

Divided by a Common Language:

A problem that needs rectification is the application of different meanings the terms ethnicity, race and culture across the English speaking countries. In England the term race is a socially constructed nature of categorization, whereas in the U. S. A the term race has a wider import of a range of population that in England would be considered a class or socio-economic position. The rise of the African American middle class has significance for this difference in understanding of terms used for social divisions based on race, ethnicity, and culture. Tracing of inequalities in health may be better addresses though evaluation of socio-economic status, discrimination and the cultural components of ethnicity as a whole. Targeting wider social changes implies that divisions of ethnicity are given as much importance to other social diversity factors of class, age and gender. Such a consideration would enable the establishment of a health service that offers cultural competency and which is also humane and socially just. (1).

Works Cited

1. Ahmad, Waqar and Bradby, Hannah. “ Ethnicity and Health: Key Themes in a Developing Field”. *Current Sociology* 56. 1 (2008): 47-56.