

Social Determinants of Health in Rural and Urban Communities

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Abstract

The purpose of this study is to better understand the social factors that influence the health of community members. Both a descriptive and a narrative study design were used to create this article. The social determinants of health (SDH), which are non-medical factors that can be changed by social policies and have a major impact on health, have attracted the attention of the public health community during the past two decades. SDH are non-medical factors that can be changed by social policies and substantially impact health. It is clear that there is widespread support for an SDH approach around the world, ranging from national action to global political commitment. The purpose of this study is to explore the social factors that influence the health of community members. However, differences in the conditions in which people are born, raised, employed, and aged result from differences in power, wealth, and resources. Political, economic, and resource allocation decisions made outside the health sector must consider health as a result throughout the social distribution in order to prevent a concentration primarily on increasing production. Health can be considered in any plan, which can help to some extent to ensure that it is considered. By tracking the development of SDH on a global basis and concentrating on how successful policies and implementation plans may be enhanced going forward, standard procedures will be discovered and exchanged. The WHO's attempts to align measures with the SDGs will boost the assessment of progress.

Keywords: *Health, Public health, Social Environment, Social support, Health behavior, social interaction Local community*

Introduction

The World Health Organization's definition of health appears to be counterproductive to the organization's ability to function effectively. The World Health Organization's constitution, written nearly 50 years ago, defined health as "a condition of comprehensive physical, mental, and social well-being, rather than merely the absence of disease or infirmity" (Healthy People, 2020). In the years following World War II, when

peace and health were considered mutually exclusive concepts, this now-classic definition of health was created. Inseparable (World Health Organization, Commission on Social Determinants of Health, 2020). (World Health Organization, Commission on Social Determinants of Health, 2020). It had one advantage that endured beyond the conditions of its conception: it demonstrated that sickness and infirmity, when divorced from subjective experience, are insufficient to define health. The objective was to include health in the psychological and social worlds.

According to Lowry Nelson, "community refers to a collection of individuals occupying a confined area who have a sense of belonging together and who, through their organised relationships, cooperate and carry on activities in pursuit of their common interests" (Giri 2066). An accepted definition of a community is a group of people with different characteristics who are linked by social ties, share similar viewpoints, and participate in cooperative activities in specific settings or environments. There were variances in the weight that each participant assigned to different elements of the criteria. Despite having distinct experiences with the organization, people from different backgrounds defined it in a similar way. These results concur with pertinent social science studies and support a widely accepted definition of participatory public health.

These findings support a widely accepted notion of public health that places a strong emphasis on participation and relevant social science. The state of a population's health as well as the governmental and non-governmental measures taken to promote, protect, and maintain that population's health is referred to as community health (Maclver, R.M., & Page, C.H., 1974). The primary goals of the major field of research known as community health, which falls under the umbrella of the medical and clinical sciences, are to maintain, protect, and improve the health status of population groups and communities. It is a distinct field of study that might be taught in a public health or environmental health school. According to the World Health Organization, community health is the use of environmental, social, and economic resources to maintain people's emotional and physical well-being in ways that support their needs and advance their aspirations in their specific environments (Promotion, Office, Promotion, At, & Health, 1986).

Our health is built on the foundations of our communities, neighbourhoods, workplaces, and homes. We understand that taking care of ourselves through a healthy diet and regular exercise, quitting smoking, getting the necessary vaccines and screening tests, and visiting the doctor when we are sick all have an impact on our health. Our ability to access social and economic opportunities, the resources and supports in our homes, neighbourhoods, and communities, the quality of our education, the safety of our workplaces, the cleanliness of our water, food, and air, and the nature of our social interactions and relationships all have an impact on our health.

Methodology

Research methodology refers to the particular steps or methods used to find, pick, organize, and evaluate data on a subject. This study combines narrative and descriptive elements. A medical staff member at Tansen's Palpa District Hospital, provided the original data and I was successful in obtaining her permission to record audio for the study. There were many different types of socioeconomic determinants of health literacy among the secondary sources of data. After getting all the information she needed, she decided to participate in the study. A full interview in Nepali was conducted by amending the leading question. I developed the codes, classifications, regional themes, universal themes, and transcripts of the data once it had been collected.

Results and Discussion

Finding ways to create social and physical environments that promote everyone's health is the aim of the Healthy People 2020 topic area on social determinants of health. Every citizen of the United States has a right to an equal opportunity to choose actions that will enhance their health. To ensure that all Americans have access to this opportunity, improvements are also needed in sectors like education, childcare, housing, business, law, media, community planning, transportation, and agriculture. Collaboration is required to achieve these advancements;

- Examine how these regions' efforts, policies, and practices affect the health of people in general, families in particular, and communities as a whole.
- Create long-lasting, fruitful collaborations between the health sector and these areas, with roles and objectives that benefit both parties.
- Maximize chances for partnership addressing social determinants of health at the federal, state, and local levels.

Especially in the last two decades, a substantial and convincing body of research has grown that demonstrates the significant influence that social factors—rather than medical care—have on shaping health across a wide range of health indicators, locations, and populations. This study does not rule out the possibility that medical care has an effect on health; rather, it suggests that it isn't the only factor at work and that its effects may be less widespread than previously thought, particularly when it comes to preventing illness or injury in the first place.

A powerful and massive body. Reducing health inequities requires action on the social determinants of health (SDH). From international political commitment to national action, it is evident that there is broad support for an SDH approach throughout the world. But power, financial, and resource disparities are what lead to disparities in the circumstances in which people are born, live, work, and age. Decisions regarding the political, economic, and resource distribution that are made outside the health sector need

to take into account health as a result across the social distribution rather than focusing only on boosting productivity. We provide evidence that some nations are adopting a health-in-all-policies approach, which can help assure this consideration.

However, given the ingrained inequities, there is still work to be done. In order to build successful policies and implementation strategies in the future and to identify and share best practises, it will be essential to measure progress on the SDH on a global scale. The effort being made by WHO to match metrics with the SDGs will increase progress measurement (Donkin, Goldblatt, Allen, Nathanson, & Marmot, 2018).

Among low- and middle-income nations, Nepal has one of the worst rates of maternal and newborn mortality. The prenatal and postpartum periods are when life-saving interventions are prioritised in Nepal's health system. The unequal use of maternity services, however, is a serious concern. A structured narrative evaluation of papers published from 1994 to 2016 was carried out by Khatri and Karki (2018). Five databases were looked up: PubMed, CINAHL, EMBASE, ProQuest, and Global. Access and use, equity determinants, common maternity services, and Nepal were four domains that were covered by the terms used to search Index Medicus.

The results of the research were summarized using the framework for social determinants of health developed by the World Health Organization. There were 59 studies in total in the reviews. Numerous sociostructural and intermediary-level variables have been demonstrated to have an effect on the usage of maternity care, either as enablers or inhibitors. These determinants included a higher financial level, education, privileged ethnicities such as Brahmins and Chhetri, Hinduism adherents, accessible geography, transportation access, family support, women's autonomy and empowerment, and a birth plan. The findings highlight the importance of initiatives in the health and non-health sectors, such as education linked to employment prospects, mainstreaming of economically disadvantaged populations, and the availability of qualified practitioners, equipment, and medications. To evaluate maternal health interventions, a comprehensive "social determinants of health framework" should be used.

The core idea behind social determinants is that injustice is not defined by how people in different groups fare with their health. Instead, equity is measured by the mechanism by which health outcomes are produced, which includes the link between people's socioeconomic status and unhealthy behavior and chronic disease. This process's understanding is growing. Social, economic, and political influences shape the landscape of available, inexpensive, simple, and widely accepted behavioral options, the landscape on which people with varying resources, limitations, talents, and attitudes conduct their daily lives.

Morbidity and mortality gradients are produced by these structured odds across socially constructed categories such as gender, socioeconomic status, and race/ethnicity.

However, the path from identifying disparities to achieving equitable health outcomes is less obvious. Rebalancing tactics are required as progress is made in locating efficient leverage points. The decision of whether to focus on health behaviours or the social conditions that lead to them as downstream effects are critical. It might seem more practical to concentrate on altering health behaviours given the challenges involved in implementing policies that alleviate socioeconomic inequality. Even when the effects of hazardous habits like smoking, inactivity, and alcohol consumption are taken into account, the SES influences on health remain significant and pervasive. Additionally, findings from long-term worldwide comparisons show a correlation between rising social protection spending and rising life expectancy (Ferrer, 2018).

Understanding Social Determinants of Health

Conditions in the surroundings in which individuals are born, live, learn, work, play, worship, and age that have an impact on a variety of health, functional, and quality-of-life outcomes and hazards are known as social determinants of health. The term "place" refers to the social, economic, and physical conditions found in these numerous situations and settings, such as a school, church, workplace, and neighbourhood (IOM, 2002). In addition to the more tangible characteristics of "location," where people live has an impact on their sense of social participation, safety, and well-being. Resources that improve quality of life can have a significant impact on population health outcomes. These resources may include affordable and safe housing, access to education, public safety, the availability of wholesome foods, nearby emergency/health services, and environments free of potentially fatal contaminants.

The social determinants of health, which include both social and physical determinants, must be understood in relation to how different population groups experience "place" and how "place" affects health. We can enhance the health of a lot of people in ways that can be sustained over time by working to build policies that favourably influence social and economic conditions and those that encourage changes in individual behaviour. A healthy populace, society, and workforce will result from enhancing our connections and the environments in which we live, learn, work, and play.

Healthy People 2020 Approach to Social Determinants of Health

Healthy People 2020 defines social determinants of health as "conditions in the environments in which people are born, live, learn, work, play, worship, and age that affect a wide range of health, functioning, and quality-of-life outcomes and risks. Social, economic and environmental factors that influence health are referred to as social determinants of health (SDOH) and recently there has been increased recognition of the importance of these factors on overall health and well-being. They include conditions in which children, youth and families are born, grow up, live and work, as well as the quality and accessibility of health care (Shern et al. 2011).



This organizing structure has been used to both discover existing Healthy People objectives (i.e., in other topic areas) that are highly related to social determinants and to develop an initial set of objectives for the topic area. Throughout the decade, it is projected that more objectives would be created. A preliminary set of evidence-based resources and other instances of how a social determinants approach is being used or might be used at the state and local levels have also been identified using the organizing framework.

Emerging Strategies to Address Social Determinants of Health

There are a variety of new methods and approaches being developed to address the social determinants of health, such as the social determinants of health are being addressed using a range of novel tools and approaches, such as: Using health impact assessments to review necessary, proposed, and present social policies for their likely impact on health (Health Impact Assessment, 2007).

Implementing a "Health in All Policies" policy that establishes better health for all and decreases health gaps as shared goals across all spheres of government. The primary data, which was provided by a medical staff member who worked at Tansen's Palpa District Hospital in Palpa, was missed by the participant interviewed. Regarding the socioeconomic determinants of health, the researcher posed some queries. She also paid attention to social factors that affect health, such as political and economic factors, as well as factors like education, food culture, and environmental conditions. Access to foods that support healthy eating patterns; crime and violence; neighbourhood and built environment.

Conclusion

One of the key social determinant concepts is that disparities in health outcomes between special agencies are not defined. Instead, how health outcomes are produced – for example, the relationship between an individual's socioeconomic status (SES), unhealthy

behaviour, and chronic disease—is how equity is measured. Social, economic, and political factors influence how people with varying resources, limitations, talents, and attitudes interpret behavioural options that are readily available, affordable, convenient, and widely welcomed in their daily lives. The gradients in morbidity and mortality across socially created classifications, such as gender, socioeconomic status, and race and ethnicity, are provided by these structured probabilities. However, it is much less obvious how to get from recognizing inequities to reaching equal fitness results. When research into high-quality leverage factors progresses, rebalancing strategies are required. Making the choice to address either the social factors that cause fitness-related behaviours or both is critical. Given the subject of enacting legislation to reduce social injustices, it is possible to demonstrate the greater possibility of concentrating attention on altering fitness behaviours. The SES consequences on fitness remain significant and pervasive even after accounting for the detrimental impacts of risky behaviours like smoking, inactivity, and alcohol intake. Additionally, data from long-term international comparisons show a correlation between rising social protection spending and a rise in lifestyle expectancy.

References

- Donkin, A., Goldblatt, P., Allen, J., Nathanson, V., & Marmot, M. (2018). Global action on the social determinants of health. *BMJ Global Health*, 3, 1–7. <https://doi.org/10.1136/bmjgh-2017-000603>
- Ferrer, R. L. (2018). Social determinants of health. *Chronic Illness Care: Principles and Practice*, 435–449. https://doi.org/10.1007/978-3-319-71812-5_36
- Health Impact Assessment: A Tool to Help Policy Makers Understand Health Beyond Health Care. *Annual Review of Public Health* 2007; 28: 393–412. Retrieved October 26, 2010. Available from: *Health Reports*, 129 (SUPPL. 2), 19–31. <https://doi.org/10.1177/00333549141291s206>
- Braveman, P., & Gottlieb, L. (2014). The social determinants of health: It's time to consider the causes of the causes. *Public Healthpeople.gov*. from <https://www.healthypeople.gov/2020/topics-objectives/topic/social-determinants-of-health>
- MacIver, R. M. & Page, C.H. (1974). *Society: An introductory analysis* (Reprinted 1990). Madras, India: Macmillan India Press.
- National Partnership for Action: HHS Action Plan to Reduce Racial and Ethnic Health Disparities, 2011; and the National Stakeholder Strategy for Achieving Health Equity, 2011. Available from: <http://minorityhealth.hhs.gov/npa>
- Promotion, H., Office, W. H. O. R., Promotion, H., At, I., & Health, P. (1986). A discussion document on the concept and principles of health promotion. *Health Promotion International*, 1(1), 73–76. <https://doi.org/10.1093/heapro/1.1.73>
- Secretary's Advisory Committee on Health Promotion and Disease Prevention Objectives for 2020. *Healthy People 2020: An Opportunity to Address the Societal Determinants of Health in the United States*. July 26, 2010. Available from: <http://www.healthypeople.gov/2010/hp2020/advisory/SocietalDeterminantsHealth.htm>