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The Socio-Cultural Factors on Health and Illness - A Study

Dr. Vinay. K. U.
NO.98, Veerabhadreshwara Nilaya
3RD Cross NES Layout, Kuvempu Nagar
Savalanga Road Shivamoga-577204

Abstract: ***Our culture, not our biology, dictates which illnesses are stigmatized and which are not, which are considered disabilities and which are not, and which are deemed contestable meaning some medical professionals may find the existence of this ailment questionable as opposed to definitive illnesses that are unquestionably recognized in the medical profession in the medical field. The stigmatization of illness often has the greatest effect on the patient and the kind of care they receive. Many contend that our society and even our healthcare institutions discriminate against certain diseases like mental disorders, AIDS, venereal diseases, and skin disorders. All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. In Vietnamese culture, mystical beliefs explain physical and mental illness. Health is viewed as the result of a harmonious balance between the poles of hot and cold that govern bodily functions.***
Keywords: Life Style, Health, Education, Income, Occupation, Tradition, Beliefs. Illeness.

I. INTRODUCTION

Many medical sociologists contend that illnesses have both a biological and an experiential component, and that these components exist independently of and external to each other.

Our culture, not our biology, dictates which illnesses are stigmatized and which are not, which are considered disabilities and which are not, and which are deemed contestable meaning some medical professionals may find the existence of this ailment questionable as opposed to definitive illnesses that are unquestionably recognized in the medical profession in the medical field.

For instance, sociologist Erving Goffman (1963) described how social stigmas hinder individuals from fully integrating into society. In essence, Goffman (1963) suggests we might view illness as a stigma that can push others to view the ill individual in an undesirable manner. The stigmatization of illness often has the greatest effect on the patient and the kind of care they receive. Many contend that our society and even our healthcare institutions discriminate against certain diseases like mental disorders, AIDS, venereal diseases, and skin disorders.

Facilities for these diseases may be sub-par relative to facilities aimed at addressing and alleviating other conditions; they may be segregated from other healthcare areas or relegated to a poorer environment. The stigma attached to a specific condition may keep people from seeking help for such conditions, consequently being detrimental to the individual's and society's well-being.

Contested illnesses are those that are questioned or questionable by a fraction of medical professionals. Disorders like fibromyalgia or chronic fatigue syndrome may be either true, objective, and tangible illnesses or, as argued by some medical professionals, may exist only in patients' heads. This dynamic can affect how a patient seeks treatment and what kind of treatment they receive.

II. HOW CULTURE INFLUENCES HEALTH BELIEFS

All cultures have systems of health beliefs to explain what causes illness, how it can be cured or treated, and who should be involved in the process. The extent to which patients perceive patient education as having cultural relevance for them can have a profound effect on their reception to information provided and their willingness to use it. Western industrialized societies such as the United States, which see disease as a result of natural scientific phenomena, advocate medical treatments that combat microorganisms or use sophisticated technology to diagnose and treat disease.

Other societies believe that illness is the result of supernatural phenomena and promote prayer or other spiritual interventions that counter the presumed disfavor of powerful forces.

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Cultural issues play a major role in patient compliance. One study showed that a group of Cambodian adults with minimal formal education made considerable efforts to comply with therapy but did so in a manner consistent with their underlying understanding of how medicines and the body work.

Asians/Pacific Islanders are a large ethnic group in the United States. There are several important cultural beliefs among Asians and Pacific Islanders that nurses should be aware of. The extended family has significant influence, and the oldest male in the family is often the decision maker and spokesperson.

The interests and honor of the family are more important than those of individual family members. Older family members are respected, and their authority is often unquestioned. Among Asian cultures, maintaining harmony is an important value; therefore, there is a strong emphasis on avoiding conflict and direct confrontation.

Due to respect for authority, disagreement with the recommendations of health care professionals is avoided. However, lack of disagreement does not indicate that the patient and family agree with or will follow treatment recommendations.

Among Chinese patients, because the behavior of the individual reflects on the family, mental illness or any behavior that indicates lack of self-control may produce shame and guilt. As a result, Chinese patients may be reluctant to discuss symptoms of mental illness or depression.

Some sub-populations of cultures, such as those from India and Pakistan, are reluctant to accept a diagnosis of severe emotional illness or mental retardation because it severely reduces the chances of other members of the family getting married.

In Vietnamese culture, mystical beliefs explain physical and mental illness. Health is viewed as the result of a harmonious balance between the poles of hot and cold that govern bodily functions. Vietnamese don't readily accept Western mental health counseling and interventions, particularly when self-disclosure is expected. However, it is possible to accept assistance if trust has been gained.

Russian immigrants frequently view U.S. medical care with a degree of mistrust. The Russian experience with medical practitioners has been an authoritarian relationship in which free exchange of information and open discussion was not usual.

As a result, many Russian patients find it difficult to question a physician and to talk openly about medical concerns. Patients expect a paternalistic approach-the competent health care professional does not ask patients what they want to do, but tells them what to do. This reliance on physician expertise undermines a patient's motivation to learn more about self-care and preventive health behaviors.

Although Hispanics share a strong heritage that includes family and religion, each subgroup of the Hispanic population has distinct cultural beliefs and customs. Older family members and other relatives are respected and are often consulted on important matters involving health and illness. Fatalistic views are shared by many

Hispanic patients who view illness as God's will or divine punishment brought about by previous or current sinful behavior. Hispanic patients may prefer to use home remedies and may consult a folk healer, known as a coriander.

Many African-Americans participate in a culture that centers on the importance of family and church. There are extended kinship bonds with grandparents, aunts, uncles, cousins, or individuals who are not biologically related but who play an important role in the family system.

Usually, a key family member is consulted for important health-related decisions. The church is an important support system for many African-Americans.

Cultural aspects common to Native Americans usually include being oriented in the present and valuing cooperation. Native Americans also place great value on family and spiritual beliefs.

They believe that a state of health exists when a person lives in total harmony with nature. Illness is viewed not as an alteration in a person's physiological state, but as an imbalance between the ill person and natural or supernatural forces. Native Americans may use a medicine man or woman, known as a shaman.

As can be seen, each ethnic group brings its own perspectives and values to the health care system, and many health care beliefs and health practices differ from those of the traditional American health care culture. Unfortunately, the expectation of many health care professionals has been that patients will conform to mainstream values. Such expectations have frequently created barriers to care that have been compounded by differences in language and education between patients and providers from different backgrounds.

Cultural differences affect patients' attitudes about medical care and their ability to understand, manage, and cope with the course of an illness, the meaning of a diagnosis, and the consequences of medical treatment. Patients and their families bring culture specific ideas and values related to concepts of health and illness, reporting of symptoms, expectations for how health care will be delivered, and beliefs concerning medication and treatments.

In addition, culture specific values influence patient roles and expectations, how much information about illness and treatment is desired, how death and dying will be managed, bereavement patterns, gender and family roles, and processes for decision making

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A. Cultural Factors That Influence Health Care

In order to improve health care delivery and outcomes, providers must develop the cultural competence to serve patients from diverse cultures.

Western culture takes a biomedical approach to health care. However, many cultures take a more holistic approach that includes the body, mind, and spirit. Providers who work *with* the patient's belief system, rather than against it or ignoring it, will have greater success in delivery and outcomes. Providers must also be aware of their own cultural filters in the health care delivery process.

To improve health care delivery and outcomes, providers should know the patient's cultural views on:

1) Role of family (roles of members, hierarchy, key decision-maker)
2) Role of community
3) Religion (impact on diet, beliefs about illness, treatment)
4) Views on health and wellness
5) Views on death and dying
6) Eastern/western/alternative/traditional medicine.
7) Beliefs about causes and treatments of illness, disease (physical and mental)
8) Gender roles and relationships
9) Sexuality, fertility, childbirth
10) Food beliefs and diet

III. HOW CAN SOCIAL AND CULTURAL FACTORS INFLUENCE YOUR HEALTH?

When we think of what determines our health, we often consider hereditary and lifestyle factors as the two sole factors that determine our well-being. Of course, these are important issues that everyone should take into consideration as they may determine the likelihood of developing diseases like cancer or dementia with regards to the hereditary factors, or type II diabetes or smoking-induced lung cancer with regards to the lifestyle choice factors.

However, there is a third and equally important criterion we also need to take into consideration, and this is the social and cultural determinants of health. Social and cultural determinants of health include factors such as education level, living conditions, income and social status, and they are often a set of criteria that are overlooked but are now being touted as integral to understanding well-being.

Here at Main Line Adult Day Care, we're going to give you low-down on how social and cultural determinants of health affect people, and what you can do to help better your chances of a healthy, prolonged life!

IV. EDUCATION

Statistical analysis shows that people with a higher level of education are much less likely to suffer from health issues than those with a lower standard of education. This pattern is seen all over the world, not just here in the US.

This is likely caused by the fact that people who are more highly educated make lifestyle choices that are more likely to prolong their life, for example, choosing not to smoke or to eat healthier foods due to their knowledge of nutrition.

However, the stark contrast in this area is slowly diminishing as the internet and the popularity of nutrition awareness has led to fewer people smoking and more people being diet conscious in modern times.

V. INCOME

Obviously, education level and income are very closely related, with people of a higher education generally earning more. Having a higher income means the ability to afford better healthcare services and insurance, leading people with higher income to be able to get high quality healthcare with easier access and therefore vital medical attention much quicker than those who live in relative poverty.

VI. LIVING CONDITIONS

Where you live has a huge impact on your health. This ranges from the conditions of the building you live in, to the local crime rate. Living in a building that is dilapidated and affected by problems such a mold, pest infestations and utility issues such as poor-quality heating, all take their toll on your health and wellbeing and have been proven to shorten the average life expectancy of those living in these conditions.

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Outside of the home, neighborhood-related issues such as a high crime rate increases anxiety that over the course of years, will have negative effects on your health by creating a sustained high level of stress.

While most people consider hereditary and lifestyle choice factors the main influencers of health problems, there's also the much overlooked social and cultural determinants of health that should also be considered.

The problem for many people is that a cycle of low income, poor education, and a lack of access to good quality housing make it difficult to control these factors. By understanding that these factors affect your health, you can start making any necessary changes to get yourself on the right track and improve your chances of a healthy and full life!

VII. THE SOCIAL CONSTRUCTION OF THE ILLNESS EXPERIENCE

The idea of the social construction of the illness experience is based on the concept of reality as a social construction. In other words, there is no objective reality; there are only individual perceptions of it, which are always relative and involve a process of construction.

The social construction of the illness experience addresses the way some patients control the manner in which they reveal their diseases, and the lifestyle adaptations patients develop to cope with their illnesses.

In terms of constructing the illness experience, culture and individual personality both play a significant role. For some people, a long-term illness can have the effect of making their world smaller, leading to a life that is more defined by the illness than by anything else. Their illness becomes their marker, or their focal status.

For others, illness can be a chance for discovery, for re-imagining a new self Culture plays a substantial role in how an individual experiences illness. Widespread diseases like AIDS or breast cancer have specific cultural markers that have changed over the years and that govern how individuals and society view both the condition and the individual directly affected by the condition.

Today, many institutions of wellness acknowledge the degree to which individual perceptions shape the nature of health and illness. Regarding physical activity, for instance, the Centers for Disease Control (CDC) recommends that individuals use a standard level of exertion to assess their physical activity.

This Rating of Perceived Exertion (RPE) gives a more complete view of an individual's actual exertion level, since heart rate or pulse measurements may be affected by medication or other factors-

Similarly, many medical professionals use a comparable, somewhat universal scale for perceived pain to help determine pain management strategies.

VIII. FACTORS THAT INFLUENCE INDIVIDUAL ILLNESS AND DISEASES

Even though we as humans share similarities in genetic makeup, there are factors that make our genetics different. There are many factors that influence our vulnerability to certain diseases. There are also many factors that play a role in how healthy you are in general. Genes play a definite role in these factors but there are also other factors outside of biology that make a difference.

A. Heredity

This is obviously first on the list because we all know that our genetics play a big role in our health and predisposition to develop certain diseases. Genetics are being studied to see how scientists can possibly manipulate or change certain genes that cause disease. However, these manipulations are not possible yet and the original genetic makeup of a person cannot be changed. Several diseases are hereditary and not much can be done to prevent them from developing.

B. Lifestyle

Many diseases like cancer, diabetes, and heart disease are related to lifestyle. This refers to the way people live, the things they do, the things they eat and drink, habits, etc. Things that are often linked with these diseases include smoking drug abuse, alcohol, and sleep-deprivation.

C. Environment

The environment in which we grow up and live can have very strong effects on our health. Factors like air quality, water quality, and climate are physical environmental factors. Psychological factors like abuse, depression, etc. also play a role. The environment in which we grow up has a direct effect on emotional, physical and mental development.

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D. Socio-Economic

Socio-economic factors have to do with income and education and other related factors. People with more money can seek better healthcare and they tend to have a higher quality of life. However, people with money also often tend to be inactive and live sedentary lifestyles. People from lower socio-economic backgrounds may suffer from poor nutrition and water and air related diseases. Other factors like education and employment also influence health because it gives a person purpose and also teaches them what healthy practices are.

IX. CONCLUSION

As you can see, health is not a simple thing. There are many factors that influence the health of a person and they work together or against each other. It is not simply genetics and it is not simply the environment.

Instead, it is a combination of these factors and a whole list of sub-factors that influence a person's physical development and health as well as the psychological health. Psychology plays a very big part in physical health. If a person is depressed or feels like they have no worth or no purpose, they will be unhappy and unhealthy.

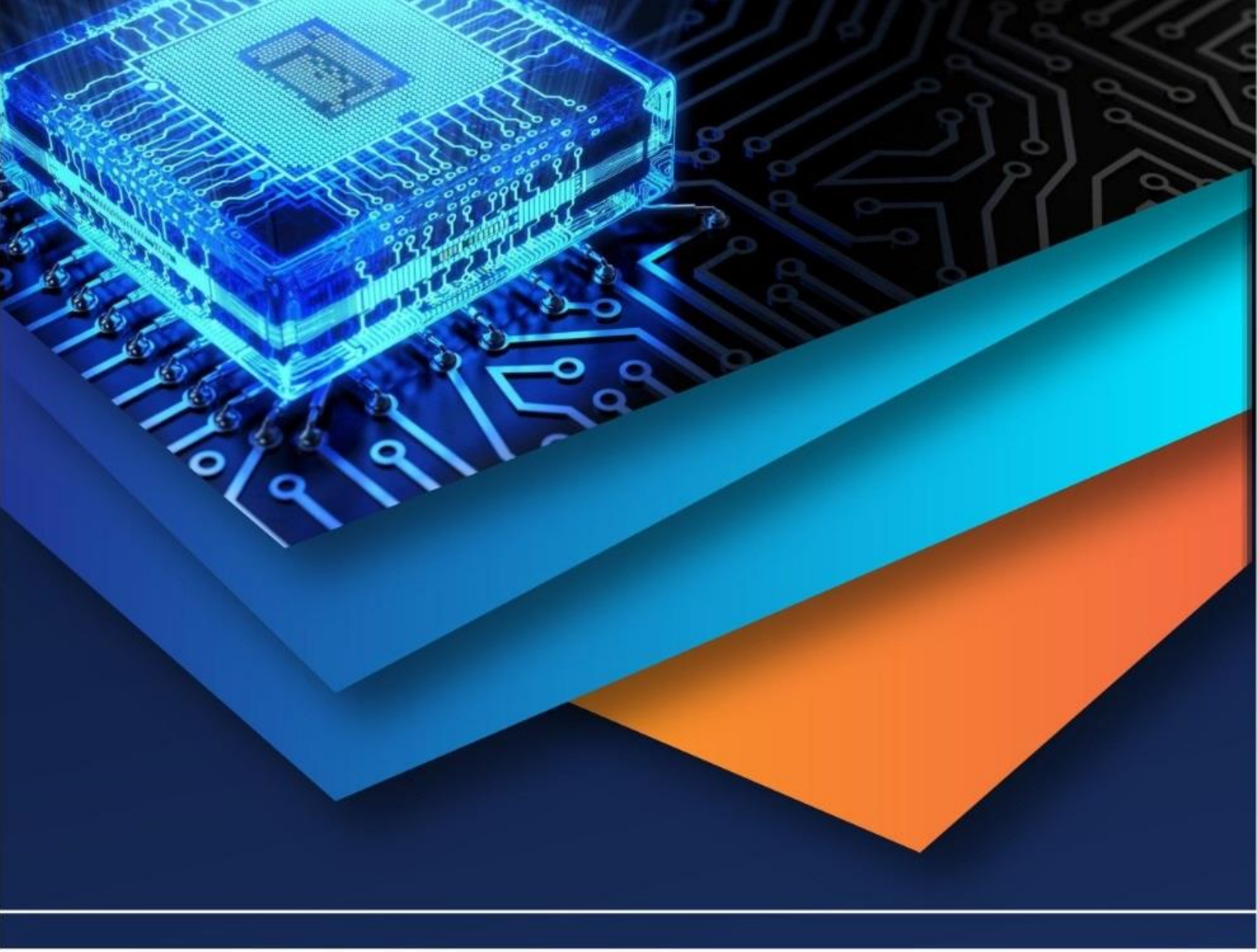
They will be less inclined to take care of themselves. Healthy habits are important and so are genetics. However, you cannot do much about your genetics, but you can decide how you handle your environment and whether you will take better care of yourself or not.

Posted in biology, genetics

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