PART II- PSYCHOSOCIAL AND SOCIO-CULTURAL ISSUES IN HEALTH CARE DELIVERY

Topic one: Social determinants of health and health inequalities

-Determinants of health include not just an individual's particular characteristics and behaviors but also their economic, physical and social environment.

-Social Determinants of Health (SDH) include economic, social, political and environmental factors across the life course of individuals (IFSW, 2008). Behavioral factors are also part of this.

-Different determinants have a differential influence on different groups of people and this can contribute to health inequalities.

-As described below, knowing the social determinants of health provides a comprehensive perspective. The Ottawa Charter for Health Promotion (WHO, 1984) set out nine prerequisites for good health

1-Peace	4-Food	7-Sustainable resources
2-Shelter	5-Income	8-Social justice
3-Education	6-A stable ecosystem	9-Equity

-Unfortunately, most investment in health still reflects and reinforces the biomedical worldview. However important individual genetic susceptibilities to disease may be, population health has been influenced much more by the rapidly changing social conditions in which people live (WHO, 2003)

-Scholars called Dahlgren and Whitehead (1991) designed a model that shows determinants of health. The model has a form of rainbow. The following list shows the hierarchy of the issues from inside out

1-Age, sex and constitutional factors (physical condition)

2-Individual lifestyles factors

3-Social and community networks

4- Living and working Conditions: and in a clockwise manner from below:

-Agriculture and food production	-Water and Sanitation
-Education	-Health Care Service
-Work environment	-Housing

-Unemployment

5-General socio-economic, cultural and environmental conditions

-This model is a resemblance of the system's theory.

-System theory states that a system is composed of interdependent and interrelated parts, with change in one part producing changes in others (Von Bertalanffy, 1968)

Social and Behavioral factors in Illness

-The following discussion presents the major social and behavioral factors in illness.

-The social factors include: Socio-economic Status (SES), Sex and gender, Race, Social Support and Life Style

Socio-economic Status (SES)

-It is evident that the lower the SES, the higher will be the disease and death rates

-There would be higher susceptibility to infections

-Communities with low SES experience higher Maternal Mortality Rate (MMR), Infant Mortality Rate (IMR), Low Birth Weight (LBW) babies

-Medical care accessed by low SES groups is more likely to be of poorer quality (e.g. issues of affordability, etc)

Sex and Gender (i.e. one is biological and the other one is social)

-Women are biologically stronger that men; males have higher death rates than females at every stage of life including unborn fetuses

-Men traditionally have less healthy habits, like smoking, drinking, 'chewing tchat'. We can explore how gender affects the condition of men and women in Ethiopia.

-There are risky work conditions both for men and women that would affect their health condition e.g. war, mining and other similar activities for men. If you compare Cobble Stone production for men and women, it would be harder in terms of health for the women.

Race (or culture)

-Some tribes in India and African Americans have considerably higher death rates and more threatening disease conditions. One major reason is their low SES. Research shows that even when SES is controlled, some racial differences persist. This could be because of genetic factors and hence require more biological explanation.

-We can compare the different ethnic groups in Ethiopia in association with their cultural practices or what we call Harmful Traditional Practices (HTP)

Social support

- Social support mediates/ moderates impact of stressful life events on negative health outcomes. It relives the stress that leads to health problems

-African Americans have a suicide rate half that of white Americans. This is associated with going to church and connecting to people. How this can be contextualized to our situation, Ethiopia.

-The presence and absence of social security programs is also an important factor in health promotion

-In short, social support adds on to our own resources and makes us feel stronger

Life style

-Our life style determines our health conditions in many ways.

-Use and abuse of alcohol, tobacco, drugs, tchat etc affects the health condition badly

-Unemployment and occupational stress are linked to hypertension and heart disease

-Change over to more comfortable life style is detrimental (damaging) too. For example, in a modern life especially in highly urbanized settings we walk less, use elevators, household gadgets (tools), aerated drinks (such as soda drinks which have more gas and more sugar), carcinogenic (causing cancer) harmful fertilizers in fruits, vegetables, dairy, sea food and meat products

-Use of junk food which provides only 'empty calories' and no nutrition; hence, it is useless or has only little value

Behavioral causes of illness

The following points indicate some of the health concerns associated to behaviors

-Superstition and socio-cultural beliefs with respect to health

-Poor environmental and personal hygiene

-Faulty dietary habits, lack of knowledge with respect to 'balanced diet'

-Gender and age biases in intra family food distribution

-Indifference (lack of attention) to health as a worthy personal goal; slow health seeking behavior

Environment and Health

Definition of Environment in the Health context

-"All that which is external to the human host, it can be divided into physical, biological, social, cultural; any or all of which can influence health status in populations."

-The definition is based on the notion that a person's health is basically determined by genetics and environment.

-From parents come the 'genes'. Genes generally do not change. In case the gene changes it is called 'mutation' and is dangerous for health, could lead to cancer.

Food for thought: health environment in Ethiopia

-What are the major causes of death in our country?

-Which of the causes of death are related to environment or which are not genetic?

-What trends do you see over the next 30 to 40 years?

-What are the basic requirements for a healthy environment?

We need the following basic requirements to be fulfilled in order to have a healthy life: clean air, safe & sufficient water, adequate & safe food, safe, peaceful environment.

Clean air

-Air pollution is caused by household energy sources, industrial effluents (liquid wastes), gaseous emissions, tobacco smoking, heating and cooling systems

-Air pollution causes respiratory infections, lung diseases, eye problems, an increased risk to cancer

-Dust from construction sites has been also a problem for the respiratory organs and the eye.

Safe & sufficient water

-As per WHO, 80 % of all sickness in some developing countries is attributed to lack of safe water and inappropriate disposal of excreta, garbage etc

-Contaminated water causes cholera, typhoid, skin diseases etc

-Insect vectors breeding in water cause malaria, filarial, dengue

-We need to get adequate water daily for drinking and for sanitation. How much liters of water?

Adequate & safe food

-Humans need 1, 000 to 1, 500 calories per day to stay alive (not to stay healthy)

-Without adequate food humans can develop deficiency diseases (Kwashakoor, Marasmus), suffer premature death

-Food production not keeping pace with population growth in Africa and former Soviet Union countries. This issue has been a concern for long worldwide.

-Poor food distribution and utilization are other important issues at many places. We can observe that people get starved while food is available because there is distribution problem.

Safe, peaceful environment

-Low income, uncertain employment, inadequate housing, lack of sanitation, shelters made of combustible (burning easily) materials

-Overcrowding and poor hygiene spreads TB, respiratory diseases, meningitis, intestinal parasites

- Garbage disposal problems are common in many places. The WHO estimated that 30-50 % of the wastes are left unattended

-Drug abuse, family break-up, war, civil disturbances/violence are other health hazards

- There is also inappropriate disposal of excreta

Environmental health

-As social workers we need to bring about or work for environmental health.

-Environmental health comprises those human aspects of health, including quality of life, that are determined by physical, biological, socioeconomic and psychosocial factors in the environment

-It also refers to the theory and practice of assessing, correcting, controlling and preventing those factors/ health hazards. We as social workers should involve in these activities.

Environmental health hazards

-There are several types of environmental health hazards. The following points capture some of them.

-*Physical and chemical agents*- these agents can exist in the environment in to two ways. First, as independent of any human activity, like naturally occurring ultra violet rays; and second are

added to the environment by humans like industrial wastes, fossil fuel combustion, biomedical wastes, radio-active wastes

-*Biological pathogens* like female anopheles causing malaria, and other vectors of filarial, dengue fever. Reservoirs that host these vectors represent the physical environment e.g. swampy areas

-*Socioeconomic factors* control how resources are used. There are issues of social injustice and inequality. We can take for instance poverty as the greatest risk factor to health. How much trust, co-operation and social cohesion exists in a community to promote health? There are also vulnerable groups in society in the health context; e.g. people in the street, older adults etc.

-*Agricultural practices*- this is about whether safe, adequate and affordable food is available? How much investment is made to improve health of populations? Some chemicals used for agricultural production is harmful; e.g. chemicals in floriculture and horticulture.

Household environment and diseases

-We see the following at households in relation to health status: crowding, poor sanitation, poor water supply, poor hygiene and sanitation, indoor air pollution, unclean toilet/rest rooms

-The following are the most common diseases that we seen in unhealthy households: Tuberculosis, diarrhea, cholera, dysentery (infection of the bowel), cataract, Trachoma, Intestinal worms, Respiratory infections including chronic lung disease and respiratory cancers.

Topic Two: Health related psychosocial problems of clients (excerpted from Cowles, 2003)

The following are common problems for social workers when working with patients and families coming to medical services or treatments.

1-Barriers to admission to the service or facility

-This could be psychological barriers e.g. fear

-Financial barrier e.g. lack of health insurance or pocket money

-Informational barrier e.g. lack of information; misinformation

2-Problems of adjustment to the service or facility

-Patients or family may not be comfortable and satisfied with the health service or the setting

-These things have several implications. Think of possible examples to understand this problem?

3-Problems of adjustment to the diagnosis, prognosis or health care (treatment) plan

-There are many issues involved here

-major life changes in the patient and the family members; e.g. change of work as a result of the health problem

-Emotional reactions (self-image, sexual relationships, dependency, fear)

-For example, think of paralysis or a patient with permanent and severe kidney damage

4-Lack of information to make informed decisions and to feel in control (take control)

-The social workers can play an important role by providing appropriate information to patients and their families to assist them I making informed decision about matters that concern them.

5-Lack of resources to meet needs

-There are resources vital for patients' health care needs and social workers can provide or facilitate their obtainment. These fall in the following categories

a) Medical aid and appliances- these include several tools and equipments e.g. glasses

b) Support services- e.g. housekeeping, transportation, day care etc

c) Income supports- related to money generations

d) Environmental adaptations- e.g. ramps, elevators, low-level sound

e) Interpersonal support- human relationship; social interaction

6) Barriers to discharge from the service or facility

-They are similar to admission barriers; psychological, financial, informational, related to family care, transportation or other resource needs

-Patients may develop dependency on the services of the hospital

Topic three: Health Inequalities

*sociological viewpoints on health inequalities

*Impacts of inequalities

*Gender and health: Gender and age disparities on health services

*Inequalities among geographical disparities

Question- What do you observe regarding health and health inequalities? (Reflect in pair)

Sociological viewpoints on health inequalities

-Poor health is the consequence of wider health and social inequalities. For instance, the relationship between poor health and poverty is well known.

-The primary determinants of health are economic, physical and social environments within which individuals live. These determinants bring inequalities in health among different groups.

-The roots of ill health are income, education, employment, material environment and life style.

-Economically or socially disadvantaged groups consistently experience relatively poorer health status. They are always in vicious circles in which they get trapped.

-The WHO established the Commission on the Social Determinants of Health which boldly asserted that social justice is a matter of life and death (CSDH, 2008: Preface) and that global health inequalities were immoral as well as economically inefficient. As a result of such inequalities, new area of tourism such as health tourism emerged.

-There are different issues or factors that affect health. These include class, gender, ethnicity etc. According to the social model of health, poor health is socially patterned by class, gender and ethnicity. Other than these, health is also directly and indirectly conditioned and affected by power, economics and status.

-People with poor health can face several social protection including stigma due to their physical illness or mental distress. This will further the unequal treatment. Social workers involve in health matters in a variety of ways either by providing very practical support or tackling prejudice and discrimination.

-There are different health inequality outcomes. E.g. differences in life expectancy, mortality rates of males and females (boys and girls)

-Healthcare services may not be uniformly available to all sections of the population.

-there are geographical variations in the availability of services according to local priorities

-the priority normally given to acute care cases may mean cutbacks in services for people with chronic conditions, particularly older people and those with long-term mental illness.

-personal responsibility for health is emphasized in prevention strategies covering issues such as smoking, obesity and sexual health. This would imply that there would be no or less services at public health institutions.

-There are causes of distressing inequalities in health (CSDH, 2008, p. 1)

1-Unequal distribution of power, income, goods, and services, globally and nationally

2-The unfairness among people in terms of access to services

3-Unequal distribution of health is the result of a combination of poor social policies and programs, unfair economic arrangements, and bad politics

Class and health inequality

-WHO reports show the impact of class on health. It is clear that one's class position has a considerable bearing on one's length and quality of life.

-The differences in morbidity and early mortality between social classes are highly significant

-There are also differences between men and women within the same class. This is true in a global scale.

-There are social, political and economic processes that create the fragmentation of society and the poor health of many people.

-Ideology is also central factor to health promotion. For example, neo-liberalism (a political ideology that promotes a highly capitalist free market) is criticized for creating small but highly wealthy social elite, while running down important resources such as housing, education and health care for the wider, but especially poorer, sections of the population. (The ideology advocates a very minimal role of governments).

Ethnicity and health inequality

-The health of people from various ethnic minority groups on a variety of measures tend to be poor.

-Ethnic minorities in the west show less good health, experience long-standing illness, and show some form of disability than others

-In the earlier days explanations have been given why there is inequality among ethnic groups from genetic and cultural point of view

-These theories of genetic or cultural causality imply that there is something 'wrong' or 'deficient' in

1-the actual biological make-up of ethnic minority groups or

2-their culture that predisposes people from ethnic groups to greater ill-health; through these explanations, there were intensions of promoting racist thinking and ethnocentric views

-In a society where there is deep-rooted racism, people experience different levels of health services. Do we have a sort of racism in Ethiopia?

-The racism is not only verbal or physical abuse, there is also institutional racism. These have negative effect on health. Sometimes institutions systematically discriminate others and favor few.

-The racism itself leads people to anxiety, stress and worry which creates another situation of ill-health.

Gender and health inequality

-There are health inequalities between men and women

-Contemporary discourses of masculinities and femininities condition and shape the healh of men and women. For example, dominant masculine discourses in the UK require men to be fit, healthy and not to admit to weakness in public and to health professionals. Hence, men may not discuss or admit health problems.

-Think of the cultural factors or media sources or other explanations that may put young men or women under pressure to conform to certain aspects of hegemonic masculinity/femininity? Which of these affects health behavior?

*Think of the following points and compare the two sexes. Do you see any inequality?

PRE BIRTH & EARLY CHILDHOOD

- Practice of infanticide in some regions within countries.Example: one child policy of China in the past, some cultures where male are given priority to survive (India), etc
- Harmful traditional practices adversely affect physical & mental health (in Ethiopia)
- Girls receiving lesser food and medical attention than boys
- Birth of boys celebrated while that of the girls not celebrated ...impacts mother's social status & mental health

ADOLESCENCE

- Boys under social pressure & their own hormones engage into unsafe sexual practices at risk of STIs, HIV
- Early marriage for girls, early child bearing – fistula, anemia, STIs, HIV, discontinuation of education leads to further disempowerment

- Social pressure forces girls to accept marriages with partners they don't like, may be also older men

AFTER MARRIAGE

- Women's low status limits their life and reproductive health choices
- No say in regulating fertility including no. of children, spacing, limiting family
- Women cannot negotiate condom use, prevent STIs, HIV. Married men can have multiple sex partners & bring diseases
- Low access to health care. Only reproductive roles of women cared for

VIOLENCE AGAINST WOMEN – A HEALTH ISSUE

- Domestic abuse is socially sanctioned (endorsed) in some places. Leads to physical, mental, sexual health consequences
- Coerced sex leads to unwanted pregnancies, gynecological problems (think of "marital rape")
- Violence in pregnancy causes abortion, still births, low birth weights;
- Murder by intimate partners or serious physical and emotional hazards

Topic four: **Alternative/complementary health care approaches and healing concepts**

Introduction: general points

- Who uses Complementary and Alternative Medicine (CAM)? It is prevalent across all ethnic groups, income levels, age ranges.

-Patients with cancer, oncology patients (patients with tumors) often choose CAM. Tumors are a mass of cell growing in the body and it could be benign (harmless) or malignant (harmful)

-Social workers have to respond with genuine respect and helpful sensitivity to individuals from many cultural backgrounds presented in the medical setting

-Social workers should understand treatments in general beyond the predominantly used biomedical model. We have to have full picture of the health care of our clients

-There is a need to conduct national survey regarding the use of alternative medicine in Ethiopia. We do not know for sure how many people in Ethiopia visit the non-conventional health providers. We need to produce the data to support our claims regarding this point.

Definitions of Terms

-Alternative, Complementary, and integrative are labels that are used loosely and interchangeably to refer to nonstandard medical practices or western medical practices (Block, 2012, p. 295).

-There is no consistent definition given to these terms

1-Alternative Medicine

-Not a single practice or tradition but divergent systems and practices of health care that emerge from widely disparate medical philosophies

-All see human organism as "ecological whole"; mind, body, and spirit are interconnected

-All believe that the body has the potential to be self-healing

-All have the optimal goal of total healing, rather than the elimination of symptoms

-All share the patients active participation in healing is essential

-All believe that spirituality is inseparable from physical and psychological health

2-Complementary Approaches

-These therapies are used in conjunction with, rather than in lieu of (instead of) conventional treatments and are often implemented to relieve discomfort or secondary consequences of modern medical interventions. Example, specific herbal therapy with prescription drugs, acupuncture, meditation, chiropractic massages, etc

- Commonly used to treat chronic back pain, insomnia (sleeplessness), headaches, musculoskeletal difficulties, and psychological distress

3-Integrative Medicine

-Designates an approach to health care combines careful treatment, programming mainstream medical treatments and certain complimentary therapies that have demonstrated safety and potential efficacy

-Exists in providers who are formally trained in allopathic therapies (*mainstream medical use of pharmacology*) and equally proficient in or knowledgeable about relevant alternative modalities

Alternative and Complementary Practices in the US

-National surveys suggest that by 2002, 74.6% of US adults had used at least one form of CAM . What about in Ethiopia?

-Clients usually look to unconventional methods for unrelieved chronic disorders such as back problems, allergies, fatigue, headaches, neck problems, depression, anxiety etc. Part of the unconventional techniques in the USA includes the following (they are more of relaxation techniques for chronic illnesses): herbal treatments, massage therapies, chiropractic practices, spiritual healing, megavitamins, self-help groups. Imagery, dietary plans and other lifestyle programs, folk remedies, energy healing, homeopathy, hypnosis, biofeedback, acupuncture

-Many patients do not reveal use of CAM to their primarily physicians (doctors) for various reasons including feeling embarrassed. The reasons for not disclosure include not important for doctor to know, doctor never asked, none of doctor's business, doctor wouldn't understand, doctor would disapprove or discourage use of alternatives (Block, 2012, p. 293)

-Categories of practice under CAM umbrella: the use of CMA differs across various racial groups. The following category is based on the pattern observed in the US. Is there data that show which ethnic group in Ethiopia is following what type of treatment mechanisms predominantly?

1-Herbal Medicine- mostly by Asian Americans and Latino-Americans

2-Acupuncture- mostly by Asian Americans

3-Traditional Healers- across the ethnic groups

4-Home Remedy- largely by African Americans

Alternative HealthCare Systems

The following are major systems and practices

1-***Traditional Chinese Medicine***

-Health is understood as the unimpeded flow of vital energy (Qi or chee) traveling through a network of bioelectrical pathways

-Health implies a balance of opposed universal forces of yin and yang within all systems (body, mind, and spirit)

-To reestablish balance and optimize health, TCM doctors prescribe a complex regimen of dietary adjustments, meditative physical exercises, specific massage treatments, and herbal formulations, and acupuncture

2-Acupuncture

-Disrupted energy flow is understood as the basis of disease

-Treatment involves the insertion of very thin needles at blockage junctures or specific meridian points (more than 2000 points) to release or restore flow of energy

-Most commonly used medical practice worldwide

3-Ayurvedic Medicine (Ayurveda)

--Explains illness as disruption of harmony and balance in vital life force, or prana

-Restoration of health depends on individualized dietary, herbal, massage, and meditative therapies to correspond to the individual's metabolic body type, or dosha

4- Alternative Healthcare Systems (Homeopathy)

-"Treats health disorders by administering tiny, dilute doses of natural substances (mineral, plant extracts, metals, even disease- producing germs diluted in pure water or alcohol)" (Block, 2012, p. 301)

-Basic assumptions is that these precisely formulated micro-dosages target the root causes of disease by initiating the body's inherent healing mechanisms

5-Naturopathic Medicine

-It applies the treatments from various traditional healing modalities in composition and also some conventional treatment approaches

-Treatments plans are designed to enhance the body's natural healing capacity and are based on therapeutic diets, herbal medicine, homeopathic remedies, acupuncture, detoxification therapy, hydrotherapy, physical therapies, spinal/soft-tissue manipulation, and hyperthermia

-Basic principle holds that disease symptoms are the body's innate mechanisms for correcting unhealthy imbalances

6-Folk Medicine

-Refers to tradition of health beliefs and illness treatments transmitted orally and by imitation among a group of people within a cultural or ethnic identity. It is also called lay medicine. Examples, African Americans: herbal medicines or spiritual practices; White non-Hispanic: specific food preparations or mechanical applications.

CAM Practices: division based on approaches and techniques

1-Body and Massage Therapies (Manual therapies)- This includes the following: chiropractic (spinal adjustment), Naprapathy (treats musculoskeletal pain); reflexology (making pressures on the feet and hands to treat chronic migraines and tension headaches); Therapeutic Touch (TT); Aromatherapy (uses essential plant oils or inhalation of oils)

2-Mind-body techniques- this is used to mitigate stress

1-Guided imagery- evoking (introducing) image; using all senses that presents a safe, comfortable, healing setting for the individual

2-Mediation-keeping the mind calm and becoming focused

3-Hypnosis-a practice that uses selective attention; a communication between conscious and unconscious process for therapeutic benefits; inducing or influencing a specific state/situation

4-Biofeedback- attached figures to electrodes- while a client observe signals on a computer

3- Nutrition and lifestyle regimens

-Specific foods are to be eaten and others are to be avoided

-Microbiotic regimen

-Nutritional supplementation

4-Herbal Medicines (Botanical Medicine)

"Herbals are plant substances, which can include the root, flower, stem, seeds, or leaves used to enhance or correct improper functioning of organs and represent a core treatment component in TCM, Ayurvedic medicine, and naturopathy" (Block, 2012, p. 309) e.g. garlic

Problems associated to CAM

1-Difficlty to conduct scientific research- this requires huge fund. The practice is more of individual experience and is hard to follow with research

2-There are problems of dosage and amount

3-There are quality related problems such as the food type

4-We are not sure about the efficacy of all under CAM

5-Lack of consistent formal training, credentialing and licensure of CAM practitioners

Conclusion

-As social workers we need to effectively serve and support individual clients who embrace culturally diverse health beliefs. As social workers we respect individual preferences of treatment.

-Social workers are called upon in their professional role to build and expand familiarity with divergent approaches and bridge the gap between traditional and complementary/alternative

health practices. This is to develop cultural competence in delivering service. Understanding the various practices is essential to build cultural competence in delivering services.

-In the case of Ethiopia the Health Policy (1993) put promotion of Traditional Medicine as a policy priority and as one of its policy strategies. What would be our role?

-We need to look at how the two could be combined in a culturally sensitive manner. We have to identify if there are contradictions between the two. We can make advocacy on behalf of them.

-As social workers we respect individual preferences of treatment

-Social workers can involve in seeing how a certain alternative or complementary treatment would be in contradiction or in support of the conventional medical treatment. Social workers can look at the issue on behalf of the patient as liaison or advocate.