
UNIT 5 INFLUENCE OF SOCIAL FACTORS ON HEALTH AND ILLNESS*

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Learning Objectives

After reading this Unit, you would be able to:

- Discuss broad definition of health;
- Understand terms like determinants, health outcome, health disparity, health inequality and health equity;
- Understand about determinants of health with special focus on social, psychological, cultural and economic determinants of health; and
- Appreciate the role of these determinants in promoting health or ill-health (disease) in a population.

5.0 INTRODUCTION

Health is a broad concept that includes a broad range of meanings that ranges from narrow technical definitions to all embracing philosophical definitions. Health is often described as “devoid of illness” and as a state of wellbeing. These are created and maintained by a set of factors, which are known as determinants of health. In this Unit we will discuss in detail about different determinants of health.

Different population group has different health status, for example if we take the case of life expectancy as an indicator of health, a person born in Japan has an average life expectancy of 88 years where as Indian average life expectancy is 68.56 years. If you consider only Indians, then for men it is 67.3 years and

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women it is 69.6 years. Have you ever thought what factors are responsible for these stark differences? Determinants of health will be the answer you reach at.

5.1 DEFINING HEALTH

We will begin the discussion with a positive and comprehensive definition of health. According to World Health Organisation (WHO, 1948) “Health” is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity”. In the context of Medical Anthropology, David Landy (1997) defined health as the condition of an organism that permits it to adapt to its environmental situation with relative minimal pain and discomfort, achieve at least some physical and psychic gratification and possess a reasonable probability of survival.

Health is not just the physical well-being of an individual but also the social, emotional and cultural well-being of the whole country in which each individual is able to achieve their full potential as a human being, thereby bringing about the total well-being of their community (Aboriginal Health and Medical Research Council of New South Wales, 2012).

Different medical systems conceptualise health in different ways. For example, Ayurveda considers health as a balance between body, mind, spirit and social wellbeing.

Box 5.1: Definitions of Health

Selective Definition of Health	<ul style="list-style-type: none"> • Health as absence of disease • Health as socio psychological adaptation or adjustment to circumstances • Health as a functional capacity to fulfil essential life functions.
Universal Definition of Health	<ul style="list-style-type: none"> • Health as growth • Health as independence, the exercise of autonomy and self determination • Health as well being • Health as the realization of potential • Health as empowerment • Health as wholeness.

(Source: Procter S 2000, Caring for Health, Macmillan Press, London)

If we consider the broad comprehensive definitions of health, we can identify that it covers not only physical health but also include mental, social and even spiritual dimensions of well-being. Hence it is developed and maintained by a number of determinants.

5.2 HEALTH DISPARITY, HEALTH OUTCOME AND HEALTH INEQUALITY

A Health Disparity is a difference that is closely linked with social, economic and or environmental disadvantage in achieving health or health outcomes. Health disparities adversely affect group of people who have systematically experienced

greater obstacles to health based on racial group, religion, economic, cultural, gender, age, sexual orientation etc.

A health disparity is the differences in the incidence and prevalence of health conditions and health status between groups based on race, gender, socio-economic status, disability status etc.

Health Outcome is the changes in health that results from measures or specific health care investments or interventions. It is the change in the health of an individual, group or community which is attributable to an intervention or a series of interventions. For example, immunization programme has brought down Infant mortality considerably in the last fifteen years. For example Niti Aayog (2020) data shows that in 2000, IMR was 68 and in 2016 it is 34. Here immunization is the medical intervention and reduction in IMR is the health outcome.

Health Inequality is observable health differences between subgroups within a given population; it can be measured and monitored. These are unjust and avoidable differences in people's health status between subgroups; health inequalities are against the principle of social justice, because they are mostly avoidable. Different study findings reveal that the degree of health inequalities escalates when the rising average income levels of the population are accompanied by rising income inequalities.

Some health inequalities are attributable to biological variations or free choice and others are attributable to the external environment and conditions mainly outside the control of the individuals concerned. In the first case it may be impossible or ethically or ideologically unacceptable to change the health determinants and so the health inequalities are unavoidable. In the second, the uneven distribution may be unnecessary and avoidable as well as unjust and unfair, so that the resulting health inequalities also lead to inequity in health (WHO, 2018).

5.3 SOCIAL DETERMINANTS OF HEALTH

Social determinants of health can be defined as the conditions in the social, physical and economic environment in which people are born, live, work and this include access to health care. They consist of policies, programmes and institutions and other aspects of the social structure including the government and private sectors as well as the community factors. Social determinants affect the health of the population through the social and physical environment (Healthy People, 2000)

They are considered as the life-enhancing resources such as food supply, housing, economic and social relationships, transportation, education and health care whose distribution across the population effectively determines the length and quality of life.

Let us see some examples on how social determinants of health increase or decrease health inequality:

Education: Mother education emerges as the single most important determinant of child health care utilization in India when the influences of other intervening factors are controlled (Govindasamy and Ramesh, 1997). The empirical results

show that a higher level of maternal education results in improved child survival because health services that effectively prevent fatal childhood diseases are used to a greater extent by mothers with higher education than by those with little or no education.

Sex Ratio: According to NITI Aayog Data Number of females per 100 males in Haryana is 831 whereas for Kerala it is 967. The reason for this stark difference is attributed to education of women, employment of women, patriarchal status that is followed in the society etc., over all India's sex ratio is on decline where women are at disadvantage over the last few decades.

Figure 5.1 explains about various determinants of health in a comprehensive manner. This model is developed by Whitehead M and Dahlgren G and first appeared in their article titles "What can be done about inequalities in Health" in the Lancet in 1991.

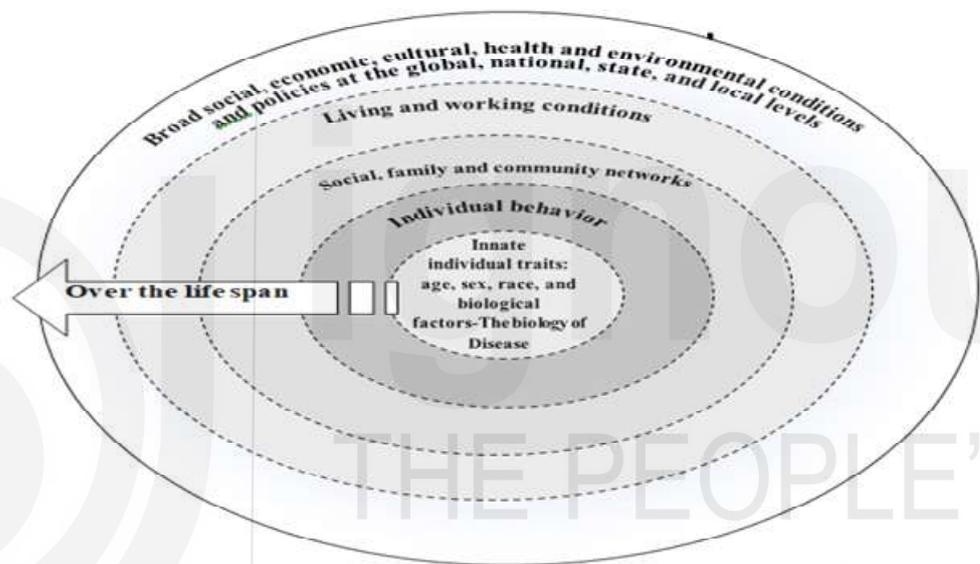


Fig. 5.1: Determinants of Health

(Source: Dahlgren, G. (1995) European Health Policy Conference: Opportunities for the Future. Vol. 11 – Intersectoral Action for Health. Copenhagen: WHO Regional Office for Europe).

We shall discuss eight social determinants of health in detail in this section.

- a) **Family, Friends and Communities:** Studies show that social isolation and loneliness are associated with increase in the risk of heart disease and stroke. People who are socially connected to their family, friends and community are generally happier and live healthier lives with fewer physical and mental health problems than people who are less well connected.
- b) **Money and Resources:** An inadequate income can cause poor health because poor access to resources bring in stress and it affects physical and mental health. Money is essential to have access to good food, water, immunization etc., poverty damages health.
- c) **Housing:** Studies show children living in congested rooms and houses have more than twice likelihood to suffer from respiratory problems rather than children living in spacious- aired houses.

- d) **Education and Skills:** Good education and skills can help build strong foundations for support. Accessing good work, lifelong problem-solving ability, develop lifelong healthy habits, afford good quality of life, live and work in healthy environment all this is possible only if good education is ensured to the people.
- e) **Good Work/ Employment:** Employability offers stability, security and regular income. It provides good wages and in turn ensures access to quality health care system. Good employment ensures that the person can afford basic living standard, ensure feel of self-esteem and worthiness, which all in turn has impact on the health of the person.
- f) **Transport:** A healthy transport system can provide opportunities to improve air quality; also help people travel and access health care services like hospitals.
- g) **Physical Surroundings:** Clean surroundings, spaces and buildings are essential for people’s physical and mental health. For example, well maintained and easy to access green spaces in a city makes it easy for the people to be physically active.
- h) **Access to Food:** Poor diet is one of the biggest risks for ill health. Healthy food needs to be affordable, available and accessible within the available resources at disposal.

Figure 5.2 explains the linkages between various social determinants and how policy formulation, interventions and health outcomes are linked with each other in a continuously monitored and evaluated health system.



Fig. 5. 2: Action Model to Achieve Healthy People

(Source: Healthy Campus 2020: Determinants of Health and Evidence-Based Actions)

5.3.1 Commission on Social Determinants of Health

Commission on Social Determinants of Health was formed by World Health Organization in 2003. The Commission released its final report in 2008, and this document serves as a guiding principle to policy makers in developing countries like India to shape health policies and programmes that acknowledge the role of

social determinants of health. It acknowledged and identified that marked inequities in health care caused by a) *Structural Determinants* (for example: unequal distribution in power, money, goods and services globally, nationally and locally) and b) *Conditions of Daily Life* (for example: consequent unfairness in the immediate conditions in people’s lives — access to school, education, health care, conditions of work, leisure time etc.)

The Commission made three major recommendations as follows:

- 1) Improve daily living conditions.
- 2) Tackle the unequal distribution of power, money and resources.
- 3) Measure and understand the problem of health inequality and assess the impact of interventions continuously.

Another Important work in this area by Micheal Marmot and his team (2010) suggest that reducing health inequalities requires a series of objectives to be met and they are as follows:

- a) Giving every child the best possible start in life.
- b) Creating job opportunities and fair working conditions for all
- c) Ensuring healthy standard of living for whole of the population
- d) Develops pro-healthy physical environment
- e) Empowering communities
- f) Strengthening disease prevention.

Exercise 5.1

- 1) Identify how are resources like food shops, housing, hospitals, nursing homes distributed within your locality?
- 2) Compare this with the surrounding communities and see whether there are stark differences in health outcomes?

Check Your Progress

- 1) Differentiate between health outcome, health disparity and health inequality.
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- 2) Define Social determinants of health and discuss eight social determinants that have impact on Health in Indian Context.
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5.4 CULTURAL DETERMINANTS OF HEALTH

Culture is a system of thoughts and behaviours shaped by a group of people. Our cultural backgrounds have tremendous impact on our lives especially on our health. Culture varies from one local group to another. It endures and evolves as well as is valued for itself.

Anthropologists have focused on both artistic as well as behavioural dimensions. Herskovits (1948) tells us that, “Culture is the man-made part of the environment,” and Margaret Mead (1953) says culture “is the total shared, learned behaviour of a society or a subgroup.” These dimensions are combined in Malinowski’s (1931) formulation: “Culture is a well organized unity divided into two fundamental aspects — a body of artefacts and a system of customs.”

Cultural determinants of health incorporate the cultural aspects that promote resilience, allow a sense of identity and support good mental and physical health for individuals, families and communities. These norms, values, beliefs, customs and practices are shaped, supported and protected through traditional cultural practice, art, song, dance, traditional healing etc.

United Nations Declaration on the Rights of Indigenous People considers the following cultural determinant elements as very important to shape health culture of the community.

- a) Self Determination
- b) Freedom from discrimination
- c) Individual and Collective Rights
- d) Freedom from assimilation and destruction of culture
- e) Protection from relocation
- f) Protection and promotion of traditional knowledge and indigenous intellectual property rights.

The cultural beliefs of a community shape the health care practices and develop locally believed ideas about illness. Any health intervention for community members must be made sensible in the context of local beliefs and practices. Understanding the beliefs and customs of a community is important to acknowledge and appreciate the differences between groups of people. For example, how Indian women understand and handle pregnancy and newborn care is entirely different from that of women from western developed countries.

Every culture has its own customs which influences the disease pattern. It plays important role in the matters of personal hygiene, family planning, seeking early medical care, immunization etc. in short it has strong influence in the way of lives of people. Not all customs and beliefs are bad. Some are based on evidences (like rest after childbirth) where as some are harmful (like female genital mutilation).

Box 5.2: Culture has impact on all the following areas as far as health is concerned with

- 1) Concept of Etiology and Cure (example, considering smallpox/ worship of goddess Shitala)
- 2) Environment Protection and Sanitation (Belief that latrines are meant for city people where there are no open fields, protecting water bodies as part of religious beliefs)
- 3) Sexuality and Family Planning
- 4) Food Habits (vegetarian or non-vegetarian for religious reasons, considering certain food as hot/cold, fasting on special occasions; avoidance/consumption of certain food items in illnesses)
- 5) Mother and Child (prolonged breast feeding, oil bath and sun exposure to the new born)
- 6) Personal hygiene (not taking haircut or cutting nails on certain days; prohibition of haircare on certain days)

Exercise 5.2

Identify the assumptions and practices related to childbirth in your community? And reflect upon your ideas about the following questions.

- At what age is it appropriate for a woman to become mother?
- To whom do children belong?
- How many children should a family have?
- Where should women deliver and who should be involved?
- Who should be involved in child rearing thereafter?

Discuss your ideas with your fellow classmates; and analyze how the cultural background in which you are brought up shaped your ideas/ views on pregnancy and childbirth which is different from fellow students' ideas.

5.5 GENDER AND HEALTH

Gender refers to the socially (as well as culturally) defined roles and responsibilities of men and women. The gender roles are learned through socialization in different social institutions. Gender inequality is the discrimination based on the person's sex in terms of opportunities in the allocation of resources/benefits or access to the services.

Gender equality means the absence of discrimination, based on a person's sex, in opportunities, in the allocation of resources or benefits or in access to services.

Gender equity means fairness and justice in the distribution of benefits and responsibilities between women and men and often requires women-specific projects and programmes to end existing inequities.

In many societies, women systematically fail to achieve or fail to use some basic human rights according to men. Most of the time, women's health status and problems related to affect the mortality, morbidity and disability rates.

Let us discuss three examples.

- 1) Women's subordinate status in society means that they are often in violent relationships that are both physically and emotionally abusive. This affects their mental health (Sharma and team 2019).
- 2) Women are twice likely as men to suffer from depression- largely because of poor self-esteem (Orth and Team 2008).
- 3) Indian women are prone to be anaemic than their male counterparts this is mainly because of their poor eating habits (eating all left over) and less access to nutritious balanced diet (Imrana Qadeer 1998).

There are specific gender barriers that women face while accessing adequate health care services. They are:

- 1) Limited control over sex and reproduction: In India traditionally, women do not have the right to decide when to get married; how many children to have; spacing between children etc. In these situations, women participation in decision making are almost absent which consequently have tremendous impact on women's body and mind.
- 2) Time constraints: In the social-cultural contexts of Indian societies, most often, women accord less time to their health and well-being maintenance as household work and child rearing get the main priority both for working or non-working women. Thus diet, personal exercise, meditation or taking care of own health are mostly the least important aspects of women's life. Similarly, seeking health care services (like consulting a doctor) will be postponed as far as possible till the symptoms become intolerable. Hence early detection chances of various diseases are poor among women.
- 3) Lack of support from health care workers: Health care workers lack of understanding about gender disparities and role gender plays in health ensures that they do not alert women to their reproductive and sexual rights; these gender insensitive approaches discourage many women from seeking specific treatments.

5.5.1 Gender Inequality in Relation to Health

For Indian women the lower status/social value in the household affect their health outcome. Cultural factors such as lack of female health providers in the community and health facilities hinder their physical access to hospitals and nursing homes. Lower literacy rates and reduced access to information makes the situation worse for women. Social division of labour considers women as informal care provider at home hence it takes toll on her physical and mental health. Issues like violence, alcoholism, smoking and life style related problems are having public health implications and this makes the gender based health inequality very complicated in Indian Context.

WHO Technical Paper on gender and health (1998) cites the main criticism of women empowerment policies as being that they continue to define women themselves as the problem, who need welfare and special treatment if improvements in their circumstances are to be made. The underlying reasons of women are largely unexplored and no explanation is offered for the systematic devaluation of their work or the continuing constraints on their access to resources.

The following table 5.1 gives an idea about certain problems that Indian women face which has huge impact on their physical and mental health.

Table 5.1: Problems faced by Indian Women impacting their Physical and Mental Health

Childhood	Adolescence and Adulthood	Old Age
<ul style="list-style-type: none"> • Sex selective abortion • Female mutilation • Nutrition problems 	<ul style="list-style-type: none"> • Unwanted pregnancies, STDs • Sexual harassment/abuse • Forced Sex • Smoking and substance abuse 	<ul style="list-style-type: none"> • Increase in morbidity / problems on quality of life • Early years health is not taken care off; so minor ailments and health conditions like diabetes

(Source: World Health Organisation, 2009)

As per WHO recommendations, women should: (World Health Organisation 2009).

- Be able to access information on and be able to choose from a range of methods to control their fertility (Example: use of services like contraception, abortion etc.).
- Have access to screening of different non communicable diseases including breast and cervical cancer prevention.
- Be able to decide when and with whom to have sexual relationships.
- Be able to protect themselves against STI and HIV.
- Be protected from harmful traditional practices such as female genital mutilation (context of African continent).
- Be able to access psycho-social counseling as a support in case of domestic violence, sexual abuse etc.

Exercise 5.3: Reflect upon the following questions and discuss with your mentor

- In India why sex ratio and child sex ratio becoming more unfavourable to females over the last few decades?
- How do socioeconomic position, race, and other dimensions of social status interact with gender to produce variations in gender inequity and its health consequences?

5.6 BEHAVIOURAL DETERMINANTS OF HEALTH

Behaviour is associated with health and disease. Health related behaviour of an individual is very important to ensure good health for him/ her. For example a person maintaining personal hygiene is health related behaviour and it affects his/ her health. Behaviour of one individual leaves impact on another person's

health (for example impact of passive smoking). Behaviour of groups influence physical and social environment which ultimately has an impact on health. For example, when a community decides to use car pooling system to travel to workplace it has an impact on environment pollution and pollution levels come down which ultimately improves our health.

Health behaviour is any behaviour that has or might have implications for health of an individual. The actions or reactions of an individual to a situation and this can be conscious or unconscious, voluntary or involuntary (Warwick Medical School, 2016).

Gochman (1988) considers that the personal attributes such as beliefs, expectations, motives, values, perceptions influence a person's health behaviour. Personality characteristics, actions and habits also influences a person's health behaviour. The Lifestyle Diseases are on rise in India, which has strong connection with the behavioural determinants of health. Life style includes "the way that people live reflecting a range of social values, attitudes and activities. This is constituted of cultural and behavioural patterns and lifelong personal habits (for example alcoholism) that are developed through the process of socialization. Life styles are learnt through social interactions and mass media. Many of the current health problems/ health conditions like cancer, obesity etc., are associated with life style that the individual follows. We need to focus on the indirect behaviour route of disease. This is because as per the study by Niaura and Abrahams (2002). Behaviour contributes to 50% of the leading cause of disease, which is followed by 20% causes from environment, 20% causes from biology (genetics) and rest 10% due to poor access to health care services.

Box 5.2: Classification of Behaviour

- 1) Health Seeking Behaviour and Illness behaviour.
- 2) Adaptive Behaviour and Maladaptive behaviour.
- 3) Prevention Behaviour and Detection Behaviour.
- 4) Public Behaviour and Private behaviour.
- 5) Service Use Behaviour and Self Care Behaviour.

Individual behaviours vary depending upon three factors as follows:

- 1) Emotional Dispositions: They are the psychological processes involved in both the experience and expression.
- 2) Generalized expectancies: Psychological processes involved in formulating expectation in relation to the future outcomes (locus of control, self-efficacy etc.).
- 3) Explanatory styles: psychological processes involved in explaining the causes of negative events (optimism, attribution styles etc.).

Key Health Behaviours: Numerous studies have examined the relationship between health behaviours and health outcomes and have demonstrated their role in both morbidity and mortality. One of the first such studies identified seven features of lifestyle which were associated with lower morbidity and higher subsequent long-term survival: not smoking, moderate alcohol intake, sleeping

7–8 hour per night, exercising regularly, maintaining a desirable body weight, avoiding snacks, and eating breakfast regularly (Belloc and Breslow 1972). Smoking is the health behaviour most closely linked with long-term negative health outcomes. Morbidity and mortality from coronary heart disease (CHD) are increased among smokers. The impact of diet upon morbidity and mortality are well established. In the Third World, the problems related to diet and health is ones of under-nutrition; in the First World, the problems are predominantly linked to overconsumption of food. The potential health benefits of engaging in regular exercise include reduced cardiovascular morbidity and mortality, lowered blood pressure, and the increased metabolism of carbohydrates and fats, as well as a range of psychological benefits such as improved self-esteem, positive mood states, reduced life stress and anxiety. Individuals may seek to protect their health by participating in various screening programmes which attempt to detect disease at an early, or asymptomatic, stage. Thus, health screening seeking is also a key aspect of health behavior.

Box 5.3: Case Study

A woman aged 32, mother of three, after her recent childbirth is seen in a psychiatric clinic because she feels depressed. The patient refuses to take medicines as she feels people will corner her as “madwoman”. She feels exhausted with double burden of role of mother and a bank employee. She is sad about the unkind behaviour of her husband and indifferent attitude of in-laws. She tells the counsellor that her only comfort is from prayers to God and “the saints”.

As a part of a multi-disciplinary team in a hospital, how would you help manage this patient’s depression considering determinants of health framework? Before helping the woman try to answer the following questions:

- 1) What is (are) the possible cause(s) of depression?
- 2) How do social and psychological factors influence her present state?
- 3) Can you suggest a plan to the psychiatrist so as to accommodate socio-cultural influences into treatment?

5.7 ECONOMIC DETERMINANTS OF HEALTH

Different countries/continents of the world are not equally developed; this is because of the difference in resources, differences in culture, and differences in political and economic systems of the country. The health of a person is primarily dependent up the level of socio-economic development. Examples are per capita income, Gross National Product, employment and housing conditions have tremendous impact on an individual’s life. The economic progress of many countries has been a major factor in reducing the mortality, morbidity rates; it also increased life expectancy, family size reduced drastically and there was a decrease in the communicable disease rates.

Health is closely linked with the economic system of a country. Often the main obstacles to the implementation of superior technology in health care in a country are not technical but are economic and political hurdles.

The economic system and economic stability of a country decides whether to make health care free for all or it should be charged. What per cent of Gross Domestic Product is to be spending on public health is also dependent upon the economic system and economic prospectus of that country. For example in the USA, health care is predominantly based on health insurance coverage. Hence health care is too expensive in that country. India, though devote only 1.5% of GDP into health we have, both government and private health care coexisting and people are free to choose from these available health care systems. Hence health care seems to be more accessible and affordable, though technology wise it is not as superior as in the USA.

5.7.1 Globalization and its Impact on Health

Globalization impacted on the trade relations and movements between countries. The competition and search for new markets, technological developments and agreements and cooperation between countries through international organizations (World Trade Organisation, World Bank) mediations make this process a reality.

Globalization is defined as the processes that are changing the ways in which people interact across boundaries, notably physical (such as the nation-state), temporal (such as instantaneous communications) and cognitive (such as cultural identity). The result is a redefining of human societies across many spheres, economic, political, cultural, technological and so on (Lee K and his team 2002).

Health achievements are critical international development goal. Globalization is helping to develop new knowledge and skills; promote policy coherence. This also contributes to global public goods for health, global health funds, international standards/ rules are developed for health.

However, some of the specific concerns in a globalized world that has direct/ indirect impact on health are:

- 1) Food safety
- 2) Environmental degradation and its impact on health
- 3) Access to Drugs
- 4) Health Care Service Availability
- 5) Emerging issues like Genetically Modified Food's impact on health
- 6) Increasing Life Style Disease burden.

Globalization has left negative impact on local knowledge, local resources and traditional whereby global knowledge, resources exert hegemony in the power system. The increase in Food chains like MacDonal, KFC and its popularity over Indian food among adolescents/ urban folks is an example to mention. This fast food culture leave impact on health and life style diseases like PCOD and obesity is on increase amongst this age group.

Check Your Progress

- 3) Discuss the role of cultural determinants on health of a community. Cite suitable examples.

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4) “Globalization has both positive and negative impact on Health” Justify.
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5.8 SUMMARY

Many factors combine together to affect the health of individuals and communities. These include determinants of health and his/ her biological/ genetic characteristics. Whether people are healthy or not, is determined by their circumstances and environment. The determinants of health include the social and economic environment, the physical environment, and the person’s individual characteristics and behaviours.

The context of people’s lives determines their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate (WHO, 2019). Individuals are unlikely to be able to directly control many of the determinants of health and hence it is the responsibility of society, state and health care workers to develop determinants of health to such a level that they influence people’s lives in a positive way, promoting health and well-being.

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5.10 ANSWERS TO CHECK YOUR PROGRESS

- 1) A Health Disparity is a particular type of health difference that is closely linked with social, economic and or environmental disadvantage. *Health Outcome* is the changes in health that results from measures or specific health care investments or interventions. Health Inequality is observable health differences between subgroups within a given population; it can be measured and monitored. For details refer section 5.2.
- 2) Social determinants of health can be defined as the conditions in the social, physical and economic environment in which people are born, live, work and age and this include access to health care. The eight social determinants that have impact on Health in Indian Context are: a) Family, Friends and Communities; b) Money and Resources; c) Housing; d) Education and Skills; e) Good Work/ Employment; f) Transport; g) Physical Surroundings; h) Access to Food. For details refer section 5.3.
- 3) Cultural determinants of health incorporate the cultural aspects that promote resilience, allow a sense of identity and support good mental and physical health for individuals, families and communities. For details refer section 5.4.
- 4) Globalization helps to develop new knowledge and skills; promote policy coherence and it also contributes to global public goods for health, global health funds and in developing international standards/rules for health. On the other hand, Globalization has left negative impact on local knowledge, local resources and traditional whereby global knowledge, resources exert hegemony in the power system. For details refer section 5.7.