



HIMSR

Hamdard Institute of Medical Sciences & Research

DEPARTMENT OF COMMUNITY MEDICINE

SOCIAL SCIENCES & COMMUNITY MEDICINE

Sushovan Roy, M.D.

Fellow – Imperial College School of Medicine, London

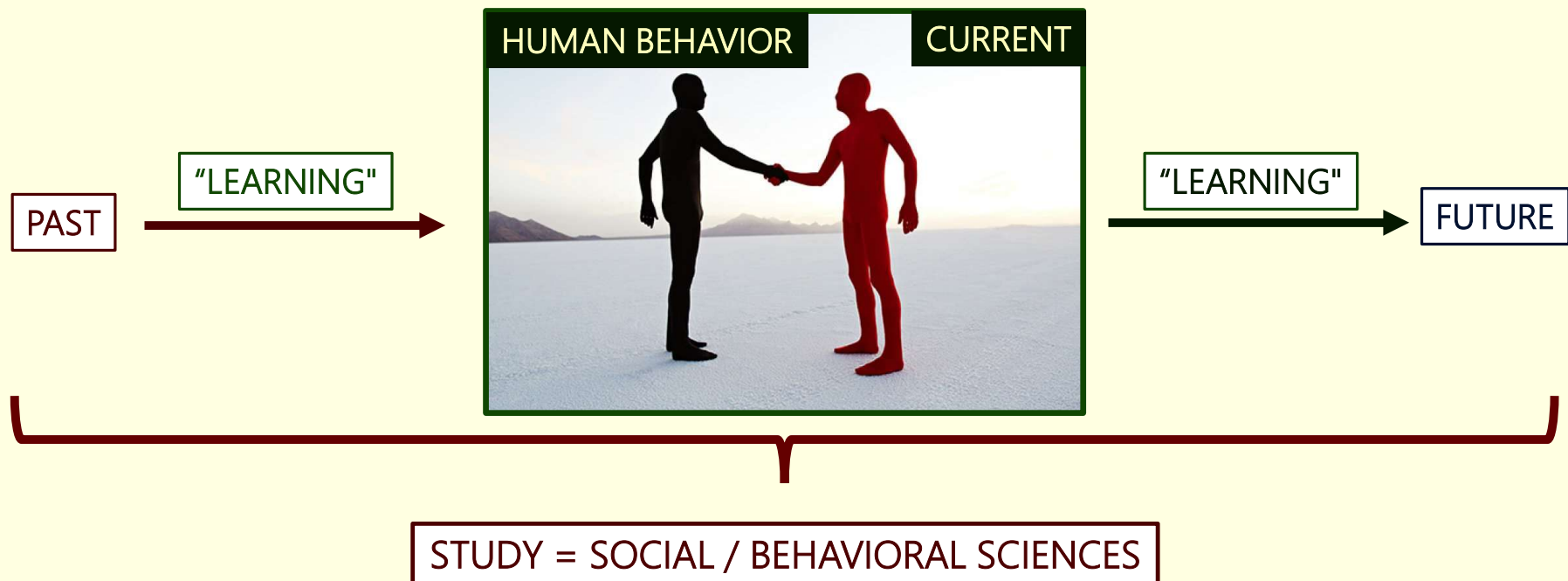
Associate Professor

SOCIAL
&
BEHAVIORAL SCIENCES

SOCIAL & BEHAVIORAL SCIENCES

Social & Behavioral Sciences essentially study Human Behavior in the present, its antecedents & its future projections

To learn from people's decisions / actions → draw conclusions & make predictions



MECHANISMS UNDERLYING HUMAN BEHAVIOR

COGNITION = THOUGHT

HUMAN MIND

AFFECT = EMOTION

CONATION = ACTION



SOCIAL & BEHAVIORAL SCIENCES INCLUDE DOMAINS OF:

1. APPLIED BEHAVIORAL SCIENCES
2. COGNITIVE STUDIES
3. CULTURAL ANTHROPOLOGY
4. PSYCHOLOGY
5. SOCIAL SCIENCES
6. SOCIOLOGY

APPLIED BEHAVIORAL SCIENCES

These include disciplines of:

Psychology	Sociology
Communication Studies	Conflict Studies

COGNITIVE STUDIES

These essentially study the neuro-anatomical & neuro-chemical basis of Human Behavior

Cognitive Neuroscience	Human Development by Learning
Thought, Memory, Emotions	Reasoning & Judgment

ANTHROPOLOGY: Study of the Physical, Social & Cultural History of Humans

CULTURAL ANTHROPOLOGY: Its concerned with the evolution of Human Behavior across the ages, Studies include:

Entire Cultures	Human Origins	Gender Roles
Language	Religion	Prejudices

PSYCHOLOGY

Essentially the “Science of Mind” – Research / Theory / Analysis / Application

Why do we do what we do? [CONATION]
Why do we think the way we think? [COGNITION]
Why do we feel the way we feel? [AFFECT]

SOCIAL SCIENCES

Broad study of Societal Relations. Disciplines include:

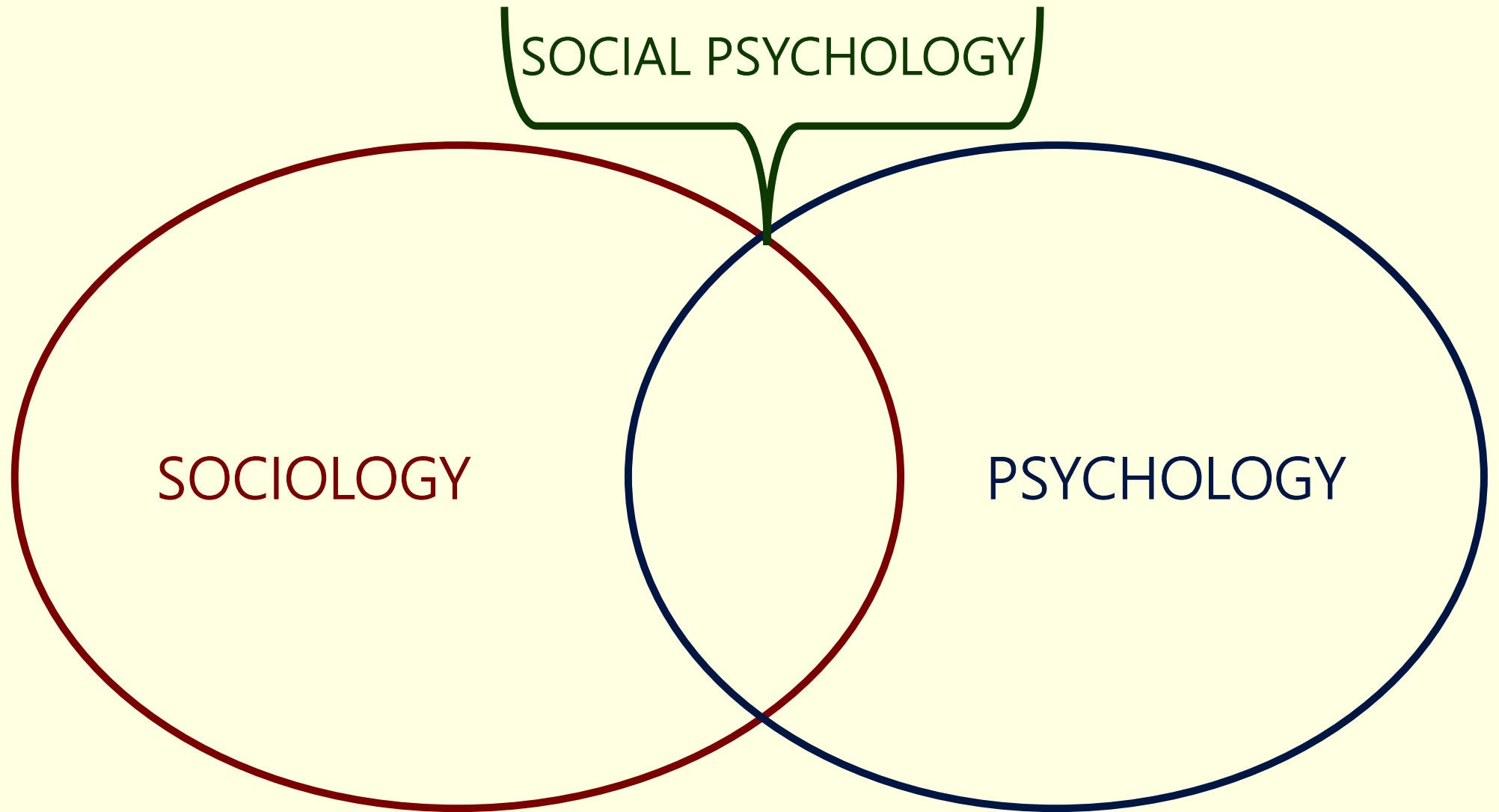
Sociology	Social Psychology
History	Social Anthropology

SOCIOLOGY

Comprehensive exploration of society through Class / Gender / Religion / Race Studies

Disciplines include:

Societal Functions	Development of Culture
Societal Structure	Socio Economics



SOCIAL PSYCHOLOGY – ANTECEDENTS & DOMAIN

- **Sociology** deals with Human Relationships in a Social Structure
- **Psychology** deals with Human Thoughts, Emotions & Behaviour

Social Psychology deals with interactions of Human Behaviors & its results in a particular Social Milieu

It deals with the Effect of Social Environment on Individuals, their Attitudes & Motivation

IMPORTANT ASPECTS OF SOCIAL PSYCHOLOGY

1. SOCIAL COGNITION

2. PREJUDICE

3. ATTITUDE

4. RELATIONSHIPS

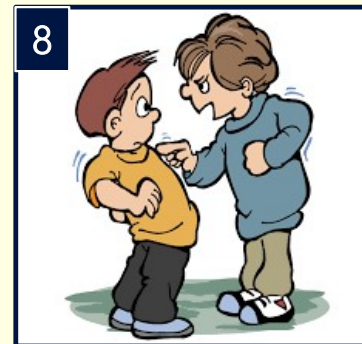
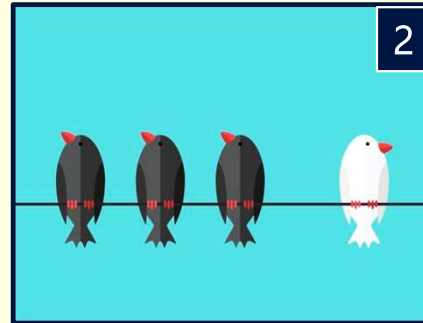
5. GROUP INFLUENCE

6. PERSUASION

7. MOTIVATION

8. AGGRESSION

9. ALTRUISM



SOME DEFINITIONS

1.	COMMUNITY	It is a group of people / families living in a particular geographic area & are usually linked by a common interest: e.g. a Fishing Community
2.	SOCIETY	A group of people with Common Territory, Interaction & Culture Social Groups consist of 2 / more people who interact & identify with one another
3.	CIVILIZATION	An Advanced State of Human Society containing Highly Developed forms of Government, Culture, Industry, & Common Social Norms
4.	CULTURE	<ul style="list-style-type: none">• Beliefs, Behaviors, Objects, & other characteristics common to the members of a particular group or society → the Repertoire of Learned Behaviour which has been Socially Acquired• Through culture, people & groups define / identify themselves, conform to society's shared values, and contribute to society.• Culture is transmitted from one generation to another through learning processes, both formal & informal

5.	SOCIALIZATION	<ul style="list-style-type: none"> • Every society has its beliefs, customs, traditions & prejudices • An individual acquires these attributes in the every day interactions with other members of the society • The process by which an individual gradually acquires the 'culture' of a social group is called Socialization
6.	ACCULTURATION	<ul style="list-style-type: none"> • Acculturation refers to 'culture contact' • When individuals belonging to different cultures interact, diffusion of cultural characteristic occur both ways • Cultural contact occurs by - Trade & Commerce / Industrialization / Religious Propagation / Marriage / Conquest / Education & Infotainment
7.	SOCIAL STRUCTURE	<ul style="list-style-type: none"> • The pattern of inter-relations b/w individuals of a society • Hierarchy of Status, Power & Privileges
8.	SOCIAL INSTITUTIONS	<ul style="list-style-type: none"> • The organized complex pattern of behaviour in which a number of individuals participate to further the interests of the group • The rights & duties of the members are defined • Examples: Family; School; Religious sect; Club; Professional Associations

9.	SOCIAL ROLES	<ul style="list-style-type: none"> • Given roles by virtue of age, gender & birth status • Acquired roles by virtue of education; skills & acquired wealth
10	SOCIAL STRESS	<ul style="list-style-type: none"> • Urbanization & Industrialization over the past century have led to mass migrations from rural to urban areas & also from the 3rd to the 1st world • Migrants are much less privileged or networked & face a culture shock, economic hardships, inadequate housing and health care • They develop a "Ghetto mentality" → paranoid about being persecuted • Globalization, credit cards, higher education etc. have increased the expectations & lack of commensurate achievement → frustration & stress
11.	SOCIAL PATHOLOGY	<ul style="list-style-type: none"> • Social ills linked to poverty, crime, delinquency & vagrancy • Now includes relation b/w disease & social conditions, e.g. accidents, diabetes, cancers, tuberculosis, etc.

SOCIAL NORMS

A norm is a rule that a culture or society follows which guides how people behave & interact with each other

There are 4 different types of Norms:

1. FOLKWAYS
2. MORES
3. TABOOS
4. LAWS

FOLKWAYS & MORES

- Folkways → Customs / Conventions of daily life → expectations for how we act
- Folkways & Mores are both types of Social Norms, which vary in the degree to which they are enforced
- Folkways are mildly enforced social expectations – Proper & Improper Behaviors
- Mores are strictly held beliefs about Right & Wrong Behaviors
- Sanctions are the Reaction to Violation of Social Norms
- Violation of Folkways → Mild Reprimand & Warnings about future violation
- Violation of Mores → Severe exemplary Punishment

Examples of Folkways:

- Table Manners – proper use of cutlery, waiting for others to begin eating, etc.
- Dressing for funerals, marriages, festivals, etc.
- Social greetings amongst different age groups, status, social class, etc.

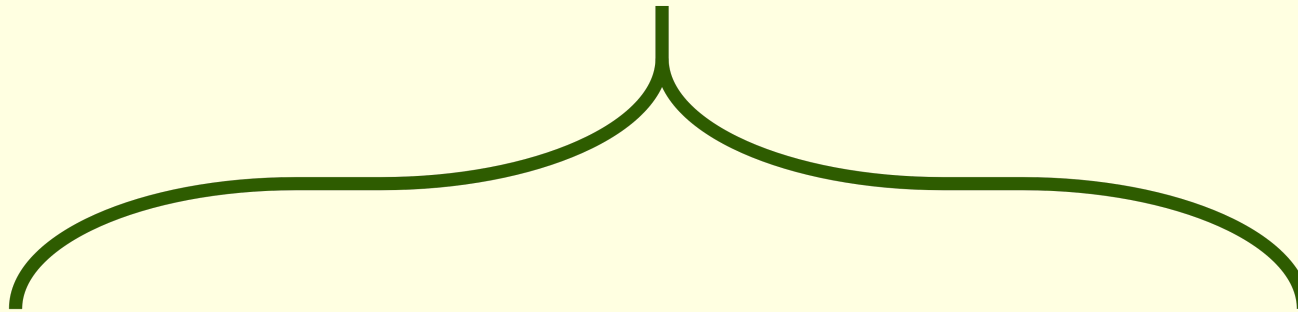
Examples of Mores:

- The practice of 'Untouchability' till the recent past
- Dietary practices, Marriage eligibilities, Circumcision, Beard trimming, etc.
- Religious practices
- Inheritance norms
- Dress codes for women

[! SUMMING IT UP !]

CUSTOMS / CONVENTIONS

Expected & Accepted Ways of Behaving in Various Social Situations



FOLKWAYS

Less Stringent
Personal Habits
Breaches Generally Excused

Religious Practices, Dietary Practices, Dress Codes
Breaches are Considered Serious & Warrant Punishment

↩ MORES
More Stringent

TABOO

The Prohibition of an Action / Behavior by an individual

Based on the Belief that

Such Action / Behavior is either Too Sacred & Consecrated or

Too Dangerous & Accursed

For Ordinary Individuals to Undertake

EXAMPLES

- Incest is a Universal Taboo across all Cultures / Societies
- Consumption of Pork is Taboo amongst Jews & Muslims



SOCIAL SCIENCES

&

COMMUNITY MEDICINE

SOCIAL / BEHAVIORAL SCIENCES & COMMUNITY MEDICINE

"Healthy" Behavior & Practices → Positive Health

"Unhealthy" Behavior & Practices → Illness / Disease

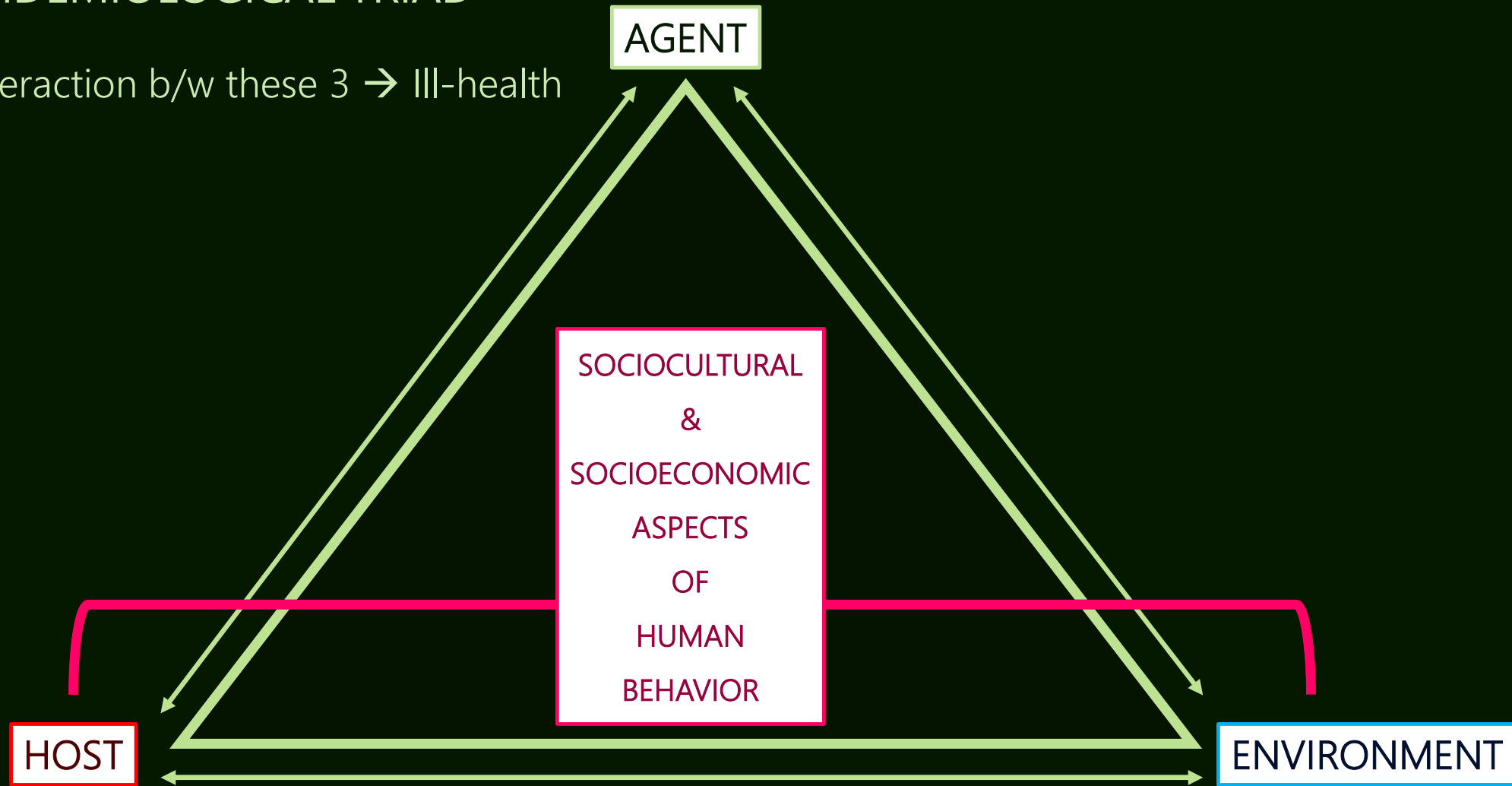
Social Norms, Religious Beliefs, Economics, Education, Individual Psyche – affect
Routine Behavior & Practices in Communities

CARDINAL OBJECTIVE OF COMMUNITY MEDICINE

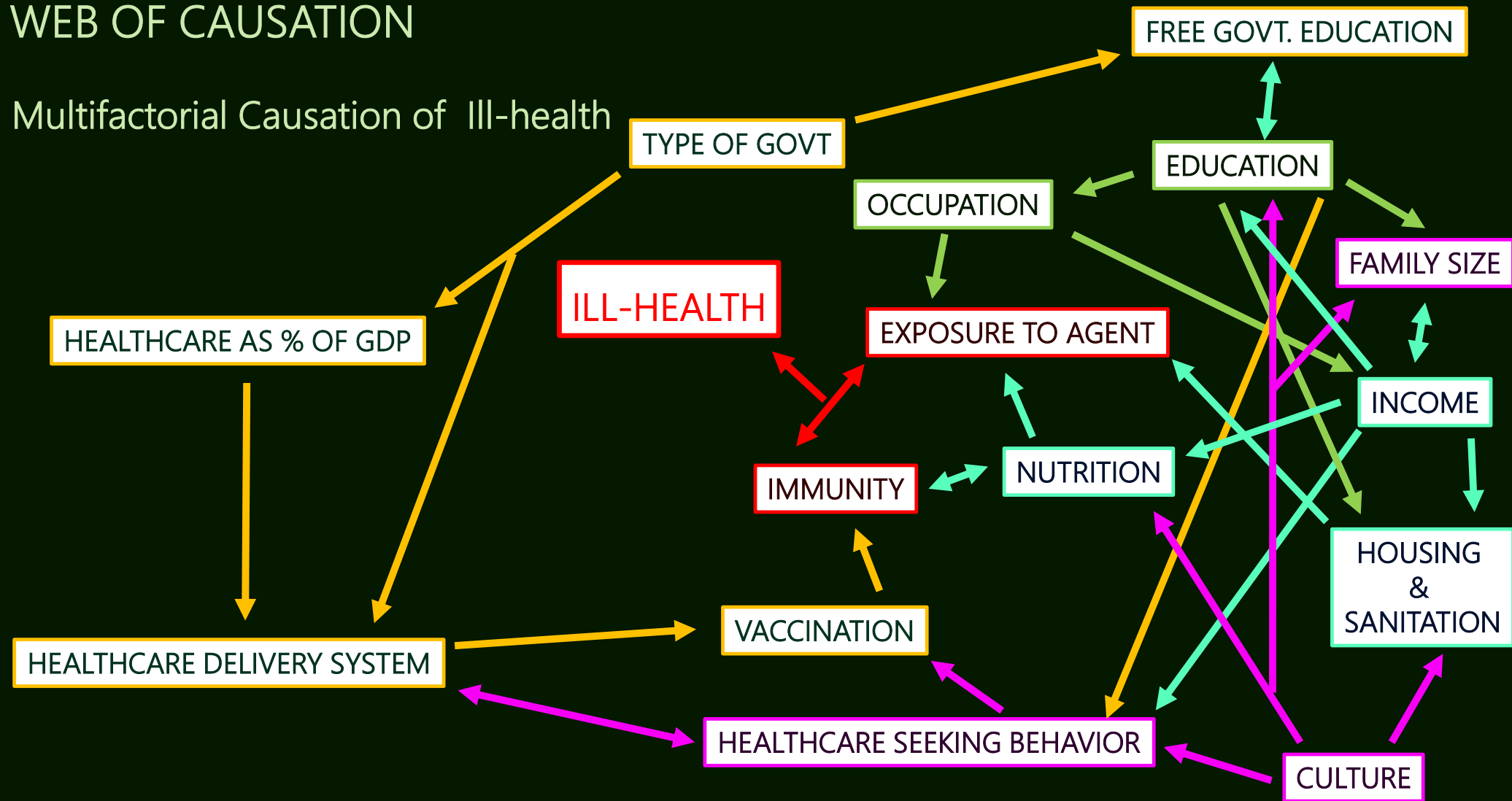


EPIDEMIOLOGICAL TRIAD

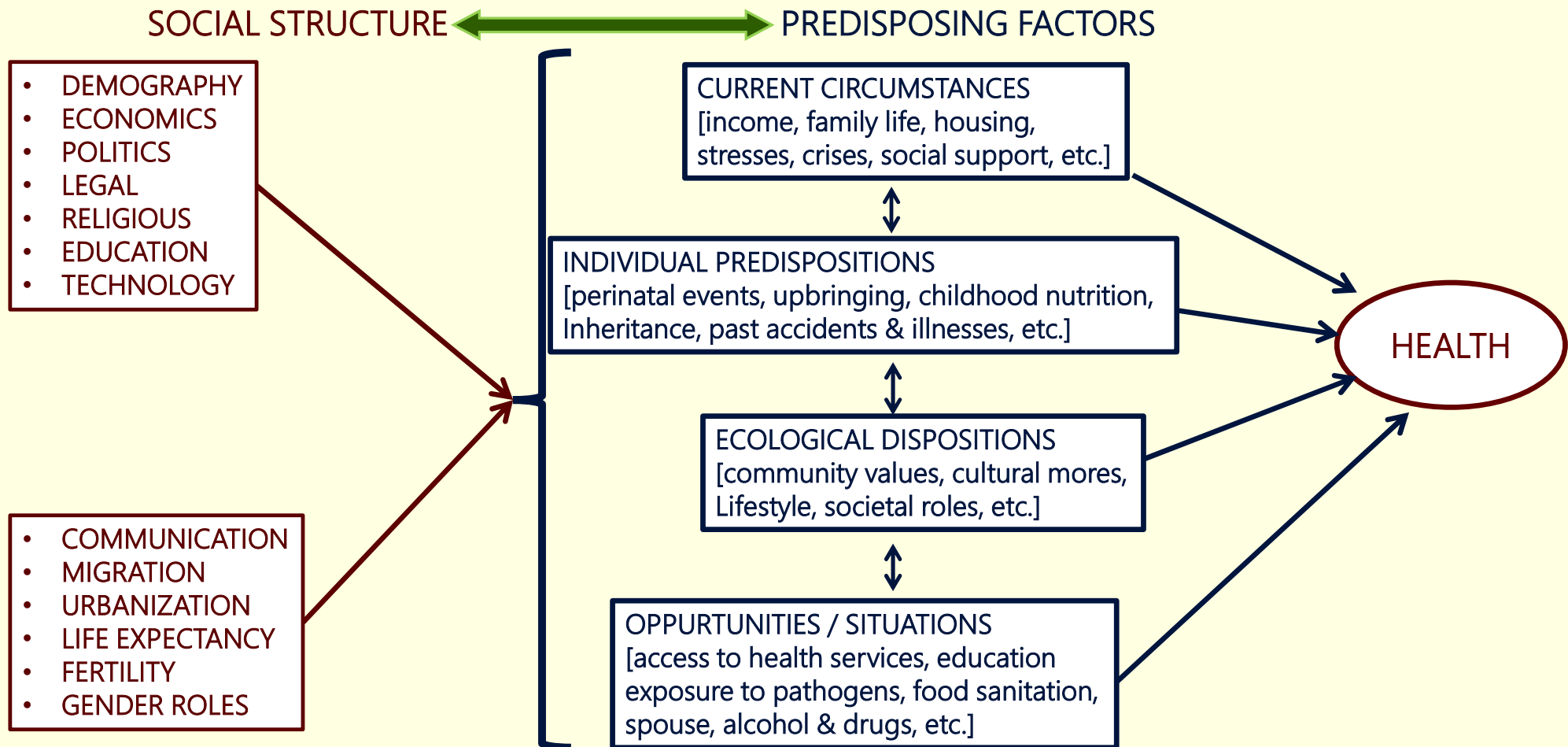
Interaction b/w these 3 → Ill-health



Multifactorial Causation of Ill-health



SOCIAL FACTORS AFFECTING HUMAN HEALTH



ATTITUDES OPINIONS & BELIEFS

- **ATTITUDE** may be defined as a Relatively Enduring Organisation of Beliefs around an Object, Subject or Concept which Predisposes one to Respond in some Preferential Manner
- **OPINIONS** are Views held by people on a point of dispute; they are Temporary & Provisional
- **BELIEFS** are Permanent, Stable & Unchanging Concepts Learned from Esteemed Peers or Elders
- **PREJUDICES** are usually Derogatory Beliefs about “Others”, e.g. Xenophobia

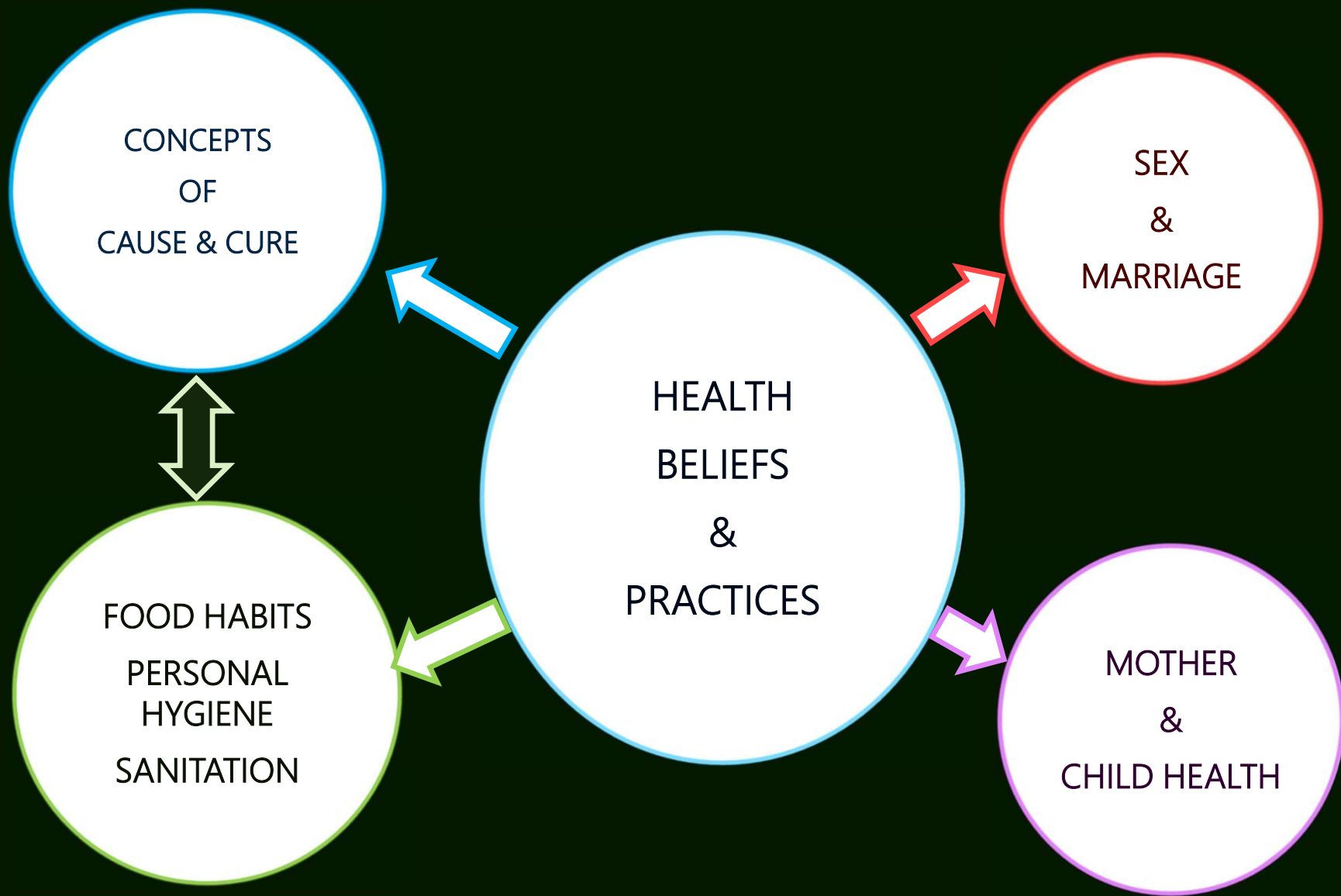
CULTURE

&

HEALTH

CULTURAL FACTORS IN HEALTH & DISEASE

- Cultural factors are deeply involved in Health & Sickness
- Rural & Urban people → own Beliefs & Practices *w.r.t.* Health & Disease
- These are peculiar to the region & the community concerned
- The ones based on empirical deductions by trial & error over generations constitute “Native Wisdom”, are good health wise
- Many ingrained behaviours & practices are detrimental to health
- These are main obstacles in implementation of health programs



CULTURAL CONCEPTS OF ETIOLOGY & CURE

SUPERNATURAL CAUSES

- **Wrath of Gods:** Diseases occur due to the wrath of a god/goddess, e.g. Chicken pox – "*Chhoti Mata*". Drugs are harmful, only "puja" is needed
- **Breach of Taboo:** Venereal diseases caused by intercourse with woman of "lower caste". Sex with a virgin would cure the disease
- **Past Sins:** Diseases like Leprosy & Tuberculosis are due to past sins committed
- **"Evil Eye" [*Buri – Nazar*]:** Children are most susceptible to "evil eyes", need special charms, amulets, etc. for protection & cure
- **Possession by Spirits:** Epilepsy & mental ailments are due to 'possession by spirits/ghosts', only an exorcist ["ojha"] can cure the malady

ENVIRONMENTAL SANITATION

DISPOSAL OF HUMAN EXCRETA:

- Majority of the rural population still defecate in the fields
- Faeces → source of infection, pollute water → water borne diseases & breed flies
- Cultural resistance to building latrines in the residential premises in rural areas

DISPOSAL OF WASTES:

- Poor drainage in villages leads to collection of sullage in cess pools in the streets, where mosquitoes breed
- Solid waste is thrown just outside the dwellings and collect in huge mounds full of breeding flies

WATER SUPPLY

- In most villages community wells / ponds are the sources of water for drinking, cleaning of clothes / utensils / animals & bathing
- These are also places for women to socialise
- Step wells in Rajasthan are sources for Guinea worm infestations
- Shallow hand pumps near sewage dumps are sources of WBDs

HOUSING

- Rural homes & urban slums are poorly lit & poorly ventilated
- They are exposed to the elements
- Often living space is shared with domestic animals

FOOD HABITS / DIET

- Food Habits are influenced by availability of food items, religious sanctions, social class, state of origin of immigrants, etc.
- In India a very large portion of the population is exclusively vegetarian by religious dictum
- Amongst meat eaters, certain meats are a religious taboo, e.g. Pork for Muslims & Jews, and Beef for Hindus
- Animal slaughter is to be "Halal" or "Kosher" for Muslims & Jews respectively

- Traditionally, some foods are considered “hot”, e.g. eggs, meat, certain lentils, garlic & onions, and are forbidden for consumption during particular events or seasons
- Certain foods are considered “cold” – rice, milk & curd
- Alcohol, tobacco & recreational drugs consumption sanctions vary across communities and gender
- Many communities reserve the “lion’s share” of best foods for the males

MOTHER & CHILD HEALTH PRACTICES

GOOD: Prolonged breast feeding; oil massage; sun exposure

BAD:

- Denying certain nutritive foods during pregnancy
- Birthing by local “Dai”; Discarding the colostrum
- Opium for calming a cranky child

UNIMPORTANT:

Ear & Nose Piercing

UNCERTAIN: Application of “Kajal”

PERSONAL HABITS & HYGIENE

RITUAL: Set or series of sequential acts usually involving religion & magic, with the sequence established by tradition; In India personal cleanliness is maintained by "ritual purification"

ORAL: Teeth are cleaned with Neem 'Dahun', ashes or charcoal, *Paan*, Betel nut & tobacco chewing is encouraged in some groups

BATHING: Universal & almost daily, even in winters

SHAVING: Not daily, by community '*nai*'; shared blades

SMOKING: Community "Hookah" as acceptance in a social group

"PURDAH": Lack of sunshine – Vitamin D deficiency

WALKING BARE-FOOT: Hook worm infestation

CIRCUMCISION: Muslims & Jews – less incidence of Ca penis

SEX & MARRIAGE

- In India marriage is largely considered a sacred institution
- Marriage is almost universal and usually early
- Incidence of unwed mothers is lesser than the west
- The chief objective is the birth of a male heir to the family
- Contraception of any form prohibited by Catholics
- Orthodox Jews prohibit sex till 8 days after a period
- Polygamy is allowed in Islam
- Polyandry is practiced by the "Toda" tribe of Nilgiris
- Incidence of V.D.is high in Himachal Pradesh → Extra-marital sex

THE COMMUNITY

- The community is a contiguous geographical area
- It is composed of people living together
- People co-operate to satisfy their basic needs
- There are common organizations, e.g. markets, schools, banks, hospitals, etc.
- A community can also be seen as a network of human relationships
- The community is a major functioning unit of society
- Community is where people live, children get educated, the sick get treated, the individual basic needs & desires are met

STRUCTURE OF SOCIETY

CASTE

- Indian society is essentially caste based with numerous sub-castes
- Each caste is governed by certain rules & regulations relating to diet, marriage, social contact & rituals
- In urban areas this system is less rigid for sake of practicality

INCOME

- Society is also structured on the basis of income
- Lower → Middle → Higher income groups
- The standards of living progressively being better

OCCUPATION

- Evidently, in India there is no satisfactory occupational class system

RURAL SOCIETIES

- According to 2011 census, India has 6,40,867 villages (69% pop.)
- Each village has ~ 100 families (~ 600 population)
- Primary occupation in villages is agriculture

URBAN SOCIETIES

- Towns & cities constitute urban societies
- India has 7935 town & cities according to 2011 census
- Urban societies are relatively large, dense & enjoy modern civic amenities
- The occupational diversity is substantial & agriculture is less practiced
- Social life is less intimate bordering on impersonal
- Large Towns/ Metro-cities are a melting pot of different peoples, languages, religions, cultures, cuisine, etc. = COSMOPOLITAN
- Traditional beliefs & behaviour get broken & mixed to generate new innovative patterns of thinking and going about things

SOCIAL MOBILITY

- Indian society is rigidly set in caste & religion
- One can't change one's caste; change of religion is relatively rare
- It is a 'closed class' system with very little Social Mobility
- Western societies are a 'open class' system with high Social Mobility
- There is possibility of unrestricted movement on the social ladder
- By remarkable academic or occupational achievements & generation of wealth, "Rags to Riches" stories are a common place in the West
- These 'progressive' societies are more amenable to change & reform

SOCIAL CLASS

People in a community are classified (differentiated) by certain characteristics:

ECONOMIC: Occupation; Income

CULTURAL: Language; Religion; Caste

EDUCATIONAL: Literacy; Level of Education; Professional Education

- In rural areas caste is an important basis of social differentiation
- Caste groups are hierarchical & carry different degrees of social prestige

Social class is closely related with:

- Economic status
- Level of Education
- Way of Life
- Attitudes & Expectations
- Experience of various types & degrees of social stresses

Social class has a direct bearing on the external resources & internal mechanisms available to individuals in the attempt to deal with health problems

Social scientists have used occupation as a measure of an individual's social standing as it has enormous influence in all societies

In urbanized/ industrialized communities due to substantial division of labour, occupation is a major determinant of:

ECONOMIC REWARDS

- Income & wealth has direct bearing to quality of healthcare that can be accessed apart from other material benefits

EXTENT OF AUTHORITY

- The occupation of an individual determines the amount & extent of authority he/she wields over others @ both workplace & home/ community, e.g. a high court judge, a civil surgeon
- Higher economic rewards beget higher authority as well

EXTENT OF OBLIGATIONS

- Higher the occupational status, more the social obligations

DEGREE OF STATUS

- Closely related are the occupation & the commensurate degree of status or standing in the community, e.g. successful medical or legal practitioner in a town

VALUES & LIFE STYLES

- Higher economic rewards occupations afford a better lifestyle, access to amenities, social acceptance in exclusive groups, etc.
- Occupation & economics determine the level of education & subsequent openness to progressive ideas & broader thinking

SOCIO-ECONOMIC STATUS [SES]

- SES is the position that an individual or a family occupies
- In reference to the prevailing avg. standards of Cultural/Material Possessions & Income
- And also participation in the Group Activities of the Community
- In traditional & most rural societies, social status is inherited
- In modern societies it is achieved on the basis of Occupation, Income, type & Place of Residence, Memberships of Exclusive Organizations (e.g. club), Material Possessions, Bank Balance, etc.

SOCIAL CLASS & HEALTH

It has been commonly observed that the morbidity & mortality patterns of the same disease differ across various social classes. The various factors responsible for this phenomenon are:

PHYSICAL ENVIRONMENT:

Upper class has spacious, secure & clean housing; safe water ; clean air

DIFFERENCES IN SERVICE PROVISION:

Urban slum dwellers are bereft of quality health care services

MATERIAL RESOURCES:

Wealthy classes have access to better nutrition & can afford high quality, but expensive health care in the private sector

GENETIC ENDOWMENT:

Marriages usually occur intra-class/caste/race

Recessive genes find more expression in subsequent generations

Predisposition to certain diseases in certain groups is well established

EDUCATIONAL STATUS:

Awareness about hygiene, vaccination, healthy diet, harmful lifestyles, etc. are more in the more educated classes

ATTITUDES TOWARD DISEASE & CURE:

Upper classes are by rule more educated

Their attitudes towards disease & cure are more rational /scientific

They are more amenable to modify behaviour after health education



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THANK
YOU

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