

Health Determinants

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Context

- The context of people's lives influence their health, and so blaming individuals for having poor health or crediting them for good health is inappropriate. Individuals are unlikely to be able to directly control many of the determinants of health.

Determinants of health

- Many factors combine together to affect the health of individuals and communities.
- Whether people are healthy or not, is determined by their circumstances and environment.
- To a large extent, factors such as where we live, the state of our environment, genetics, our income and education level, and our relationships with friends and family all have considerable impacts on health.
- Access and use of health care services often have less of an impact.

Determinants of health

- The social and economic environment,
- The physical environment
- The person's individual characteristics and behaviours.
- Access to quality health care

Determinants of health

- Poverty, Income and social status - higher income and social status are linked to better health. The greater the gap between the richest and poorest people, the greater the differences in health.
- Social support networks – greater support from families, friends and communities is linked to better health.
- Education – low education levels are linked with poor health, more stress and lower self-confidence.
- Gender - Men and women suffer from different types of diseases at different ages.
- Culture, customs and traditions, and the beliefs of the family and community all affect health.

Determinants of health

- Genetics - inheritance plays a part in determining lifespan, healthiness and the likelihood of developing certain illnesses.
- Personal behaviour and coping skills – balanced eating, keeping active, smoking, drinking, and how we deal with life's stresses and challenges all affect health.
- Health services - access and use of services that prevent and treat disease influences health

Determinants of health

- Physical environment
 - Safe water and clean air, healthy workplaces, safe houses, communities and roads all contribute to good health.
 - Employment and working conditions – people in employment are healthier, particularly those who have more control over their working conditions

Determinants of Health

Plus many more factors such as

- Political stability, wars and conflicts
- Natural disasters
- Human and civil rights
- Population growth and economic development in the country
- Urbanization

Examples

- Malnutrition –
 - more susceptible to disease and less likely to recover
- Cooking with wood and coal –
 - lung diseases
- Poor sanitation –
 - more intestinal infections
- Poverty
 - commercial sex work and STIs, HIV/AIDS
- Advertising tobacco and alcohol –
 - addiction and related diseases
- Untrained drivers on unsafe roads-
 - road traffic accidents

Determinants of Health

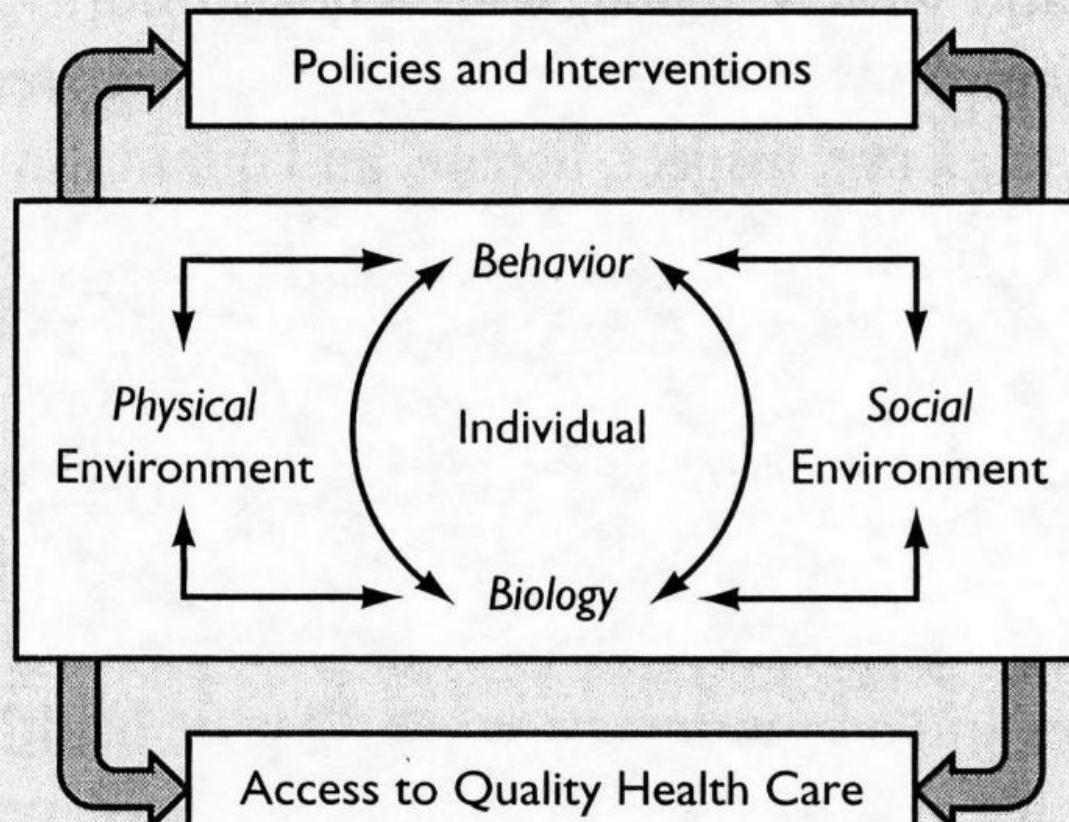


Figure 1. Determinants of health. (Source: U.S. Department of Health and Human Services, *Healthy People 2010*.)

Influences on Health

Environment

- Housing
- Education
- Poverty
- Pollution
- Gender inequality

Genes

- Inherited health potential

Behaviour

- Smoking
- Exercise
- Diet
- Sexual

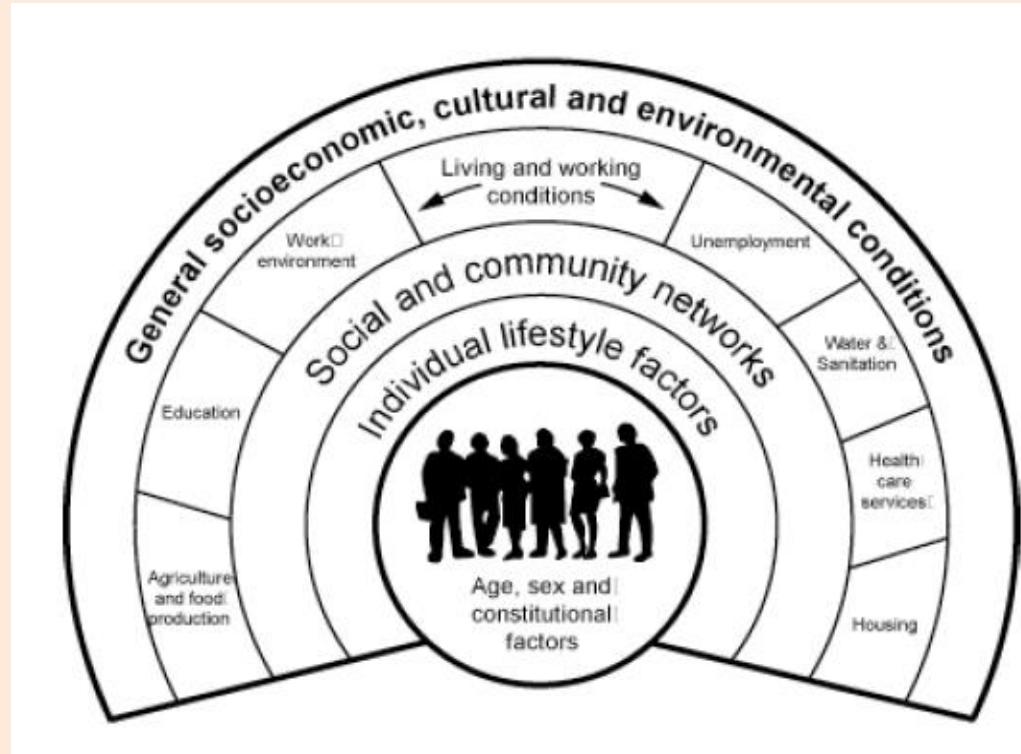
Health Care

- Access to services
- Effectiveness of services
- Immunisation
- Disease prevention



Determinants of Health

- Genetic make up
- Age
- Gender
- Lifestyle choices
- Community influences
- Income status
- Geographical location
- Culture
- Environmental factors
- Work conditions
- Education
- Access to health services



Source: Dahlgren G. and Whitehead M. 1991

Gender

- **Gender** refers to the socially constructed characteristics of women and men – such as norms, roles and relationships of and between groups of women and men. It varies from society to society and can be changed.
- While most people are born either male or female, they are taught appropriate norms and behaviours – including how they should interact with others of the same or opposite sex within households, communities and work places.
- When individuals or groups do not “fit” established gender norms they often face stigma, discriminatory practices or social exclusion – all of which adversely affect health.

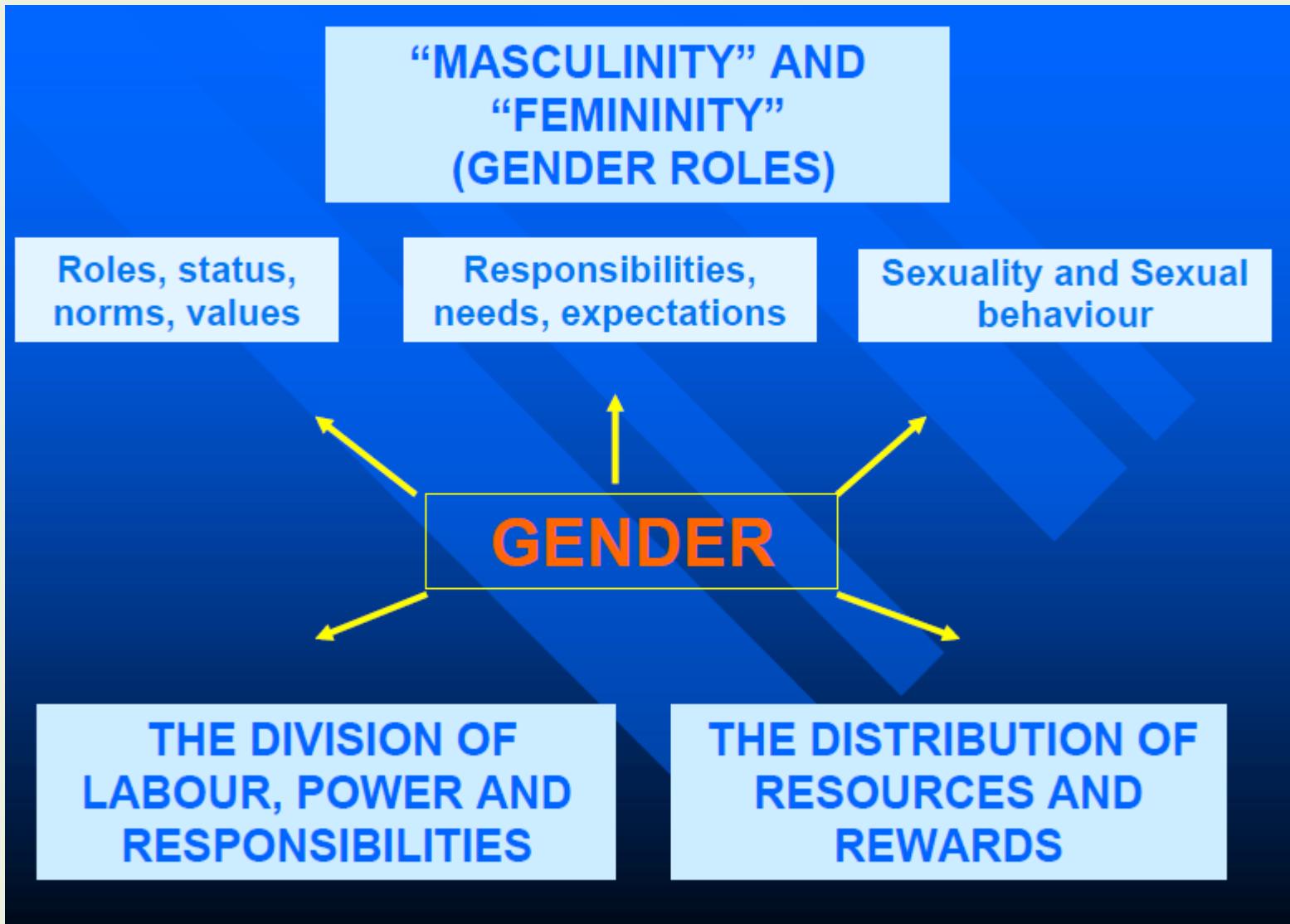
“Sex” vs. “Gender”

- While most people are born either male or female (biological sex), they are taught appropriate behaviours for males and females (gender norms) – including how they should interact with others of the same or opposite sex within households, communities and workplaces (gender relations) and which functions or responsibilities they should assume in society (gender roles).
- Income, education, age, ethnicity, sexual orientation and place of residence are all important determinants of health. When they intersect with gender inequality, they can compound the experience of discrimination, health risks, and lack of access to resources needed for health attainment.

Gender

- Gender norms, roles and relations can influence health outcomes and affect the attainment of mental, physical and social health and well-being.
- Gender inequality limits access to quality health services and contributes to avoidable morbidity and mortality rates in women and men throughout the life-course.
- Developing gender-responsive health programs which are appropriately implemented are beneficial for men, women, boys and girls.
- It is necessary to disaggregate data and conduct gender analyses to identify sex and gender-based differences in health risks and opportunities and to design appropriate health interventions.
- Addressing gender inequality improves access to and benefits from health services.

Gender



Impact on health

- There is not a problem per se in socially constructed differences between women and men, except when these differences limit opportunities or resources needed to attain health, and thereby result in discrimination and inequalities that may have negative consequences on health.
- When individuals do not conform to established gender norms, relations or roles, they often face stigma, discriminatory practices or social exclusion – all of which negatively impact health.

Gender

Gender norms influence access and control over resources needed to attain optimal health, including:

- economic (income, credit);
- social (social networks);
- political (leadership, participation);
- information and education (health literacy, academic);
- time (access to health services); and
- internal (self confidence/esteem).

Gender

Gender norms, roles and relations result in differences between men and women in:

- exposure to risk factors or vulnerability;
- household-level investment in nutrition, care and education;
- access to and use of health services;
- experiences in health-care settings; and
- social impacts of ill-health.

Gender equality in health

- Gender equality in health means that women and men, across the life-course and in all their diversity, have the same conditions and opportunities to realize their full rights and potential to be healthy, contribute to health development and benefit from the results. Achieving gender equality in health often requires specific measures to mitigate barriers.

The Effects of Education on Health

"An additional four years of education lowers children under five mortality by 1.8 percent; it also reduces the risk of heart disease by 2.16 percent, and the risk of diabetes by 1.3 percent"

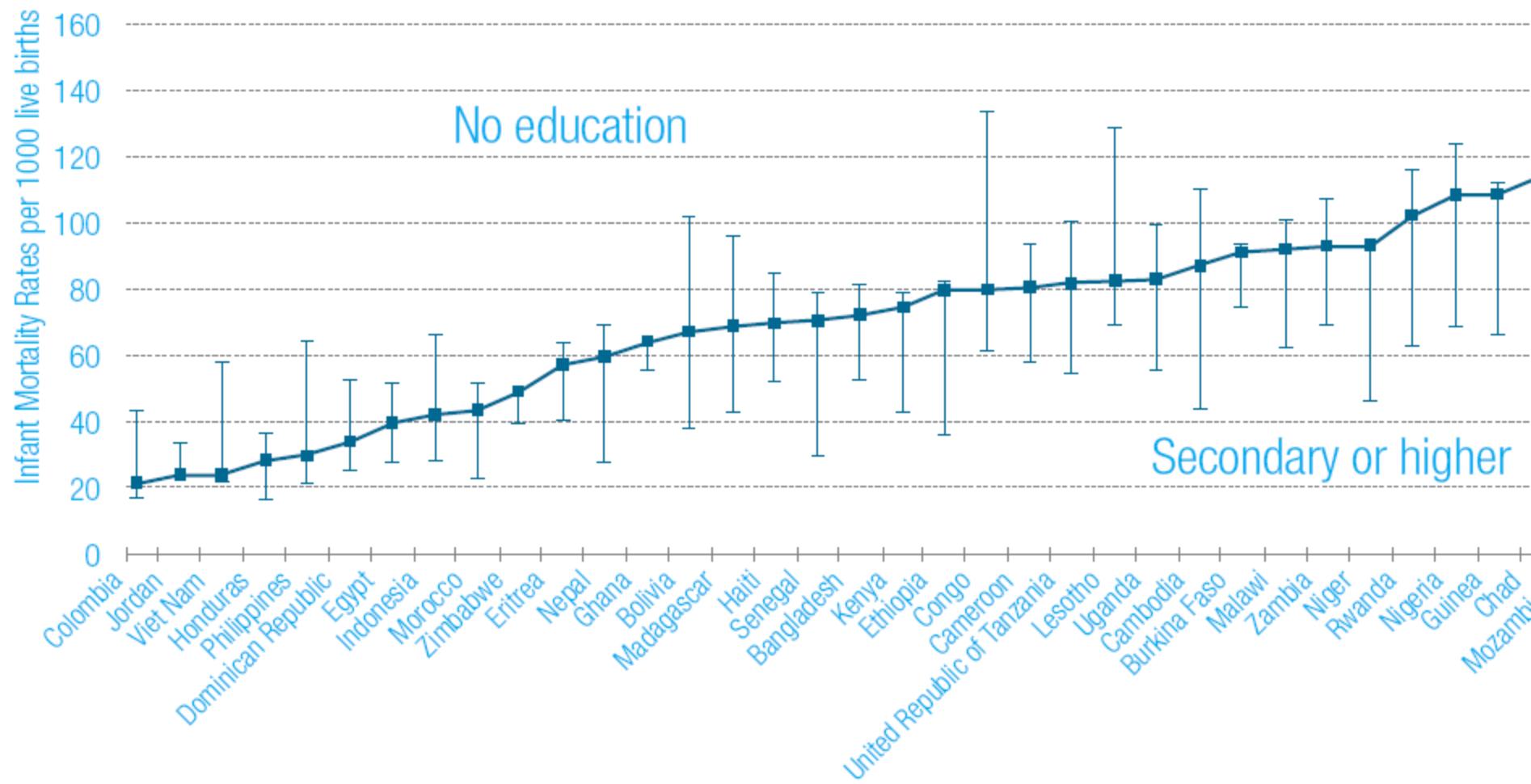
The Effects of Education on Health

- The positive correlation between mother's schooling and child health in numerous studies was one factor behind the World Bank's campaign to encourage maternal education in developing countries.
- Deaton (2002) argues that policies to increase education and income in developing countries are very likely to have larger payoffs in terms of health than those that focus on health care, even if inequalities in health rise.
- The same proposition can be found in other studies since more education typically leads to higher income, policies to increase the former appear to have large returns on health.

The Effects of Education on Health

- Education is widely held to be a key determinant of fertility and infant health.
- Education raises a woman's permanent income through earnings and leads to optimal fertility choices toward fewer offspring of higher quality
- Woman's education is connected to her mate's education (Behrman and Rosenzweig 2002), so that the effect of education on household permanent income is augmented through a multiplier effect.
- Third, education may improve an individual's knowledge of, and ability to process information regarding, fertility options and healthy pregnancy behaviors.

Figure 2.1: Inequity in infant mortality rates between countries and within countries by mother's education.



Data from the Demographic and Health Surveys (DHS, nd) derived from STATcompiler. The continuous dark line represents average infant mortality rates for countries; the end-points of the bars indicate the infant mortality rates for mothers with no education and for mothers with secondary or higher education.

Culture

- Set of values, beliefs, attitudes, languages, symbols, rituals, behaviors, customs of a group of people
- Learned, shared and reflects traditions having been passed down through generations.
- Culture is not necessarily consciously expressed.
- Culture drives a person's beliefs and behaviours.
- Culture is dynamic and changes over time.
- People can belong to many different subcultures

Culture and Health

- Culture:
 - *The predominating attitudes and behaviour that characterise the functioning of a group or organisation*
- Beliefs about health
 - e.g. epilepsy – a disorder of neuronal depolarisation vs a form of possession/bad omen sent by the ancestors
 - Psychoses – ancestral problems requiring the assistance of traditional healer/spiritualist
- Influence of culture of health
 - Marginalisation and vulnerability due to race, gender and ethnicity

Culture and Health

Traditional practices such as

- Female Genital Mutilation in Somalia, Sudan and rural Egypt leads to *Physical, Sexual and psychological health problems*
- Male Circumcision among Muslims and Jews is associated with *HIV prevention*
- *Home delivery under the supervision traditional healers in Africa "unskilled" leads to complications and maternal mortality*

Ethnicity

- Classification of people based on national origin or culture
- Examples: African American, Asian American, European American, Hispanic American, Middle Eastern/Arabic American, Native American

Race

- Classification of people based on physical or biological characteristics
- Involves multiple cultures and ethnic groups

Cultural Diversity

- Differences based on cultural, ethnic, and racial factors
- Must be considered when providing health care
- Healthcare providers must recognize and appreciate the characteristics of all patients

Areas of Cultural Diversity

- Family organization
- Language
- Touching
- Eye contact
- Gestures
- Health care beliefs
- Spirituality
- Religion

Cultural Diversity Impacts Beliefs about such things as:

- Birth
- Death
- Health
- Illness
- Health Care

Social support

“perception that one is cared for and loved or has a confident or intimate friend”. Bloom “may be seen as the emotional, instrumental and financial aid that is obtained from one’s social network.” Berkman

Social Networks refers to people’s social ties between each other, and the structure of those social ties.

Types of social support

Emotional Support: The provision of care, love, trust, empathy, respect and admiration.

Instrumental Support: Providing tangible support and services, such as money, food, goods, completing work assigned to someone else or use of one's car or home.

Informational Support: Providing information or advise to another in a time of need, especially problems solving situations. E.g., Health Professionals , etc. However informational support can also be provided by friends and family.

Appraisal Support: Often included as part of informational support. It Involves the communication of key information that is relevant in self-evaluation situations.

Social support

- During the last 30 years, researchers have shown great interest in the phenomena of social support, particularly in the context of health. Prior work has found that those with high quality or quantity of social networks have a decreased risk of mortality in comparison to those who have low quantity or quality of social relationships, even after statistically controlling for baseline health status

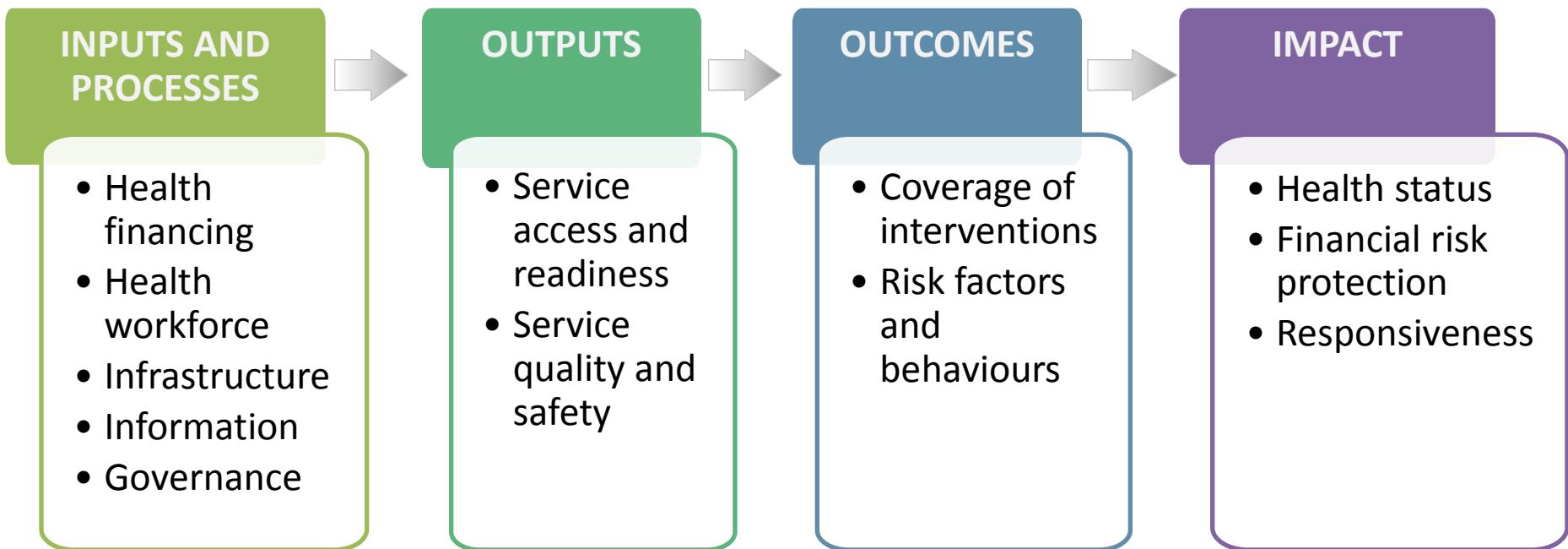
Health Indicator is

- “...a measure that helps quantify the achievement of a goal.”
-Mark Friedman
- Health indicators are essential for comparing health status
 - over time (trends)
 - geographic areas
 - groups of people

A good indicator depends on

- Availability of high quality data
- Importance in measuring health status
- Is well understood at the global level and various comparability options are possible.

Health indicators within the Monitoring, Evaluation and Review framework



Source: Adapted from *Monitoring, evaluation and review of national health strategies: a country-led platform for information and accountability*. Geneva, World Health Organization, 2011.

Health indicators are important because

- They are essential for monitoring and reporting data for decision making about population health.
- To inform policy makers to formulate evidence based policies and to promote accountability among governmental and non-governmental agencies.
- They are critical for setting priorities, assessing the health status at baseline, planning, allocating resources, and monitoring progress towards better health status goals
- Needed for assessing the health problems and trends to create awareness, engage all the stakeholders in collaborative action and design interventions.

Important Health Indicators for measurement of Health Status

● Infant mortality rate

- > *The number of deaths in infants under 1 year per 1,000 live births for a given year*

● Neonatal mortality rate

- > *The number of deaths among infants under 28 days in a given year per 1,000 live births in that year*

● Under five child mortality rate

- > *The probability that a new-born will die before reaching the age of five years, expressed as a number per 1,000 live births*

Important Health Indicators for measurement of Health Status

- Cause of death
 - Obtained from death certification but limited because of incomplete coverage
- Life expectancy at birth
 - *The average number of years a new-borns baby could expect to live if current trends in mortality were to continue for the rest of the new-born's life*
- The maternal mortality ratio (MMR) is defined as the number of maternal deaths during pregnancy or within 42 days after the termination of pregnancy per 100,000 live births during a year. Accidental deaths are excluded. It is calculated as the **number of maternal deaths during a given year per 100,000 live births during the same period**.
- The term **maternal mortality rate** is **maternal deaths per 100,000 women in the reproductive age group** – a rarely used statistic.