Abstract

Introduction: Several factors are involved in the health–disease process and important points are related to sociocultural aspects that need to be known and interpreted to understand a more general framework that involves health.

Objective: To analyse the sociocultural aspects related to the health and disease process.

Methods: This is a reflexive review study. Thematic categories were established for the development and discussion of results according to the analysis of Bardin.

Results: Sociocultural aspects influence the health of the population based on creation of work in the field of public health.

Conclusion: Many aspects are involved in the health–disease process. All impact in some way on some context in public health and therefore should be analysed and considered.

Keywords: cultural characteristics, health, disease
INTRODUCTION

Social and cultural factors are strongly associated with various life processes of the human being. They exist in political and managing contexts and even in the perspective of health and disease. The disparity of factors leads to the development of different strategies to allow greater equity in health care.

Sociocultural characteristics have found fertile ground in terms of the applications and adaptations necessary in the field of collective health. They are forms of knowledge that aid in the interpretation and questions concerning political anthropology and directed to the area of health.

Social subjects undergo constant changes and interactions that must be considered in order to understand how complex relationships occur. One cannot fail to associate and consider these aspects in the determination of related singular aspects.

These sociocultural aspects are embedded in several health areas, especially those most stigmatized by society, such as Human Immunodeficiency Virus (HIV) infection and mental illness. Understanding these factors may lead to better outcomes in relation to health directives and even treatment.

In this context, some social determinants of health (DSS) are included that are related to each other in a very important way in public health and which socially vulnerable populations have a deficit. Some of these factors, such as living conditions, work environment, housing conditions and hygiene should be considered.

Population-wide policies are needed to promote behaviour change through educational programmes, the media, access to healthy food as well as social cohesion. This includes policies that seek to establish support networks and strengthen the organization and participation of people and communities.

Thus, there is a need to reflect on factors that are involved in the social field and that influence, in a significant way, the health and disease process in society. The objective of this study was to analyse aspects related to the health and disease process.

METHODS

This is a reflexive review study. To search for the studies, the following databases were used: PubMed/MEDLINE, LILACS and Scientific Electronic Library – Scielo.

Thematic categories were developed for the development of results and discussion according to Bardin’s analysis. These phases were: 1) pre-analysis: phase of initial analysis and formulation of hypotheses; 2) material exploration: this consists essentially of operations of coding, discount or enumeration, according to previously formulated rules; and 3) treatment of results, inference and interpretation.

RESULTS

From the analysis of the findings, two categories were constructed for the evidence and discussion of the object of study. The two categories are presented below along with an indication of the intricate relationship between the various aspects analyses (Figure 1).

Thus, sociocultural aspects have an important influence on conceptual and practical aspects in the health context, so that several factors influence the consolidation of public policies and consequently the public health of different populations.

Figure 1: Thematic categories and their contextual relations in health and disease


**DISCUSSION**

**Sociocultural aspects of health and disease**

Some sociocultural aspects in society are verified in populations of lower density, such as the indigenous population. Just as in mid 1904, when aspects related to vaccination were debated, so some social representations still need to be considered today, for example in indigenous tribes where a multidisciplinary approach is required to try to incorporate non-cultural concepts and experiences.

In another very common situation, such as in the case of HIV infection, cultural and informational consensus still stigmatizes a particular disease. This dimension mainly concerns conceptions of fatalism and sexuality that transcend the way society views a given situation.

Mental health is also a field that suffers greatly from these cultural aspects. In diseases such as schizophrenia, in which the manifestations of the disease are a little more exacerbated, a prejudgment of conduct is common in social practice and even in the health care that is provided.

Policies conceived 40 years ago can be considered as precursors of the so-called ‘healthy’ public policies in the field of Health Promotion, as they can be considered precursors of more recent movements. From the discussion emerge two strands: one focused on the social and one grounded in biological determinations.

The term ‘social medicine’ used in Europe in the second half of the nineteenth century was a forerunner of the idea of health promotion. A new paradigm emerged: the idea that health is produced socially. Thus, health promotion is related to a set of values: democracy, participation, partnership, development, social justice and citizenship.

A healthy environment is one that seeks to express governance commitment to improve health; it presents ways to convene and coordinate local organizations, establishes procedures to circumvent problems, and has mechanisms for closing strategic commitments to implement the follow-up and implementation of those commitments.

Not all epidemiology is social, it is differentiated by investigating the determinants of health and disease. In this context, it is important to adopt the ecological triad of the agent, host and environment. The social determinants of health are the ethnic, psychosocial, economic, cultural and behavioural factors that influence the occurrence of health problems. Economic and social conditions have an important effect on health and disease and such relations must be submitted to scientific research.

The main challenge for studies on the relations between social determinants and health is to define which are the most influential among the more general social, economic and political factors, and the mediations through which these factors affect the health situation of groups and individuals.

**The influence of sociocultural aspects in the construction of public health**

The so-called cultural integration that guides populations can be the practical origin of several problems present in the field of health. Communication deficiencies and compliance with treatment are some of the most common factors to be found when dealing with mainly cultural conceptions not addressed by strategies such as health education.

Problems of cultural origin are more prevalent in the female population. This is a fact mainly verified when it comes to sexuality and other intimate aspects, in which there is a discomfort in addressing such issues, which leads to the expression of feelings becoming limited, which ultimately undermines the whole person approach.

Religion is another very important factor in this context. Religion and family ties, in which characteristic social and cultural aspects prevail, aid in the process of coping with certain diseases and more critical situations. In the face of narrower cultures and religions, the adaptation required for the acceptance of change does not occur in a linear way, which harms how the individual enters the field of confrontation.

These are influences that also have repercussions in chronic diseases, such as diabetes mellitus. In this regard, the subjugation of preventive guidelines for diseases negatively impacts the subjects’ health because they do not recognize some determinants as influential in their health.

Preventive aspects that become impaired also occur in sexually transmitted diseases, such as HIV. Not only restricted, the search for diagnosis and treatment is hampered by the same cultural conceptions and prior judgment that involves much of human sexuality. Religion is another very important factor in this context. Religion and family ties, in which characteristic social and cultural aspects prevail, aid in the process of coping with certain diseases and more critical situations. In the face of narrower cultures and religions, the adaptation required for the acceptance of change does not occur in a linear way, which harms how the individual enters the field of confrontation.

Some racial and ethical disparities, as well as socio-economic factors, also influence the contextual balance of variables that are related to the health and disease process in children and adolescents. Differences, for example, in nutritional status may vary according to economic variables, nutrition considered a primary factor in health.

Thus, many aspects relate to the health and disease process. There is a pragmatic identification and orientation about these aspects, since they guide the way society and management behave in the context of health, directly affecting those individuals most affected.

**CONCLUSION**

Several factors and aspects are involved in the health and disease process. These are points that impact in different ways on the practical presentation of health in society and that deserve to be studied for a greater organizational delineation of health in a practical context.
REFERENCES


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Resumo

Introdução: Diversos fatores estão envolvidos no processo de saúde e doença e importantes pontos se relacionam a aspectos socioculturais os quais necessitam ser entendidos e interpretados para entendimento de um arcabouço mais geral que envolve a saúde.

Objetivo: Analisar os aspectos socioculturais relacionados ao processo de saúde e doença.

Método: Trata-se de um estudo de revisão reflexiva. Foram construídas categorias temáticas para o desenvolvimento dos resultados e discussão segundo a análise de Bardin.

Resultados: Os aspectos socioculturais influenciam na saúde da população fundamentado na criação de trabalho no campo da saúde pública.

Conclusão: Muitos aspectos estão envolvidos no processo de saúde e doença. Todos impactam de alguma forma em algum contexto na saúde pública e por isso devem ser analisados e considerados.

Palavras-chave: aspectos culturais, saúde, doença.