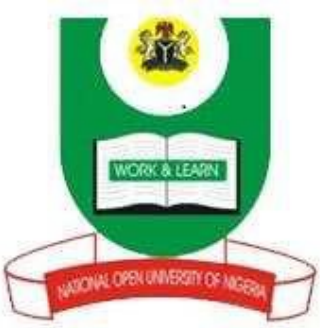

NATIONAL OPEN UNIVERSITY OF NIGERIA

SCHOOL OF SCIENCE AND TECHNOLOGY

COURSE CODE: NSS 409

COURSE TITLE: MEDICAL SOCIOLOGY

COURSE GUIDE

NSS 409
MEDICAL SOCIOLOGY

Course Team *Dr. Steve Meti Boba (Course Developer/Writer) – University of Ilorin, Ilorin Nigeria*

Prof Afolabi Adebanjo (Programme Leader) – NOUN

Kayode S. Olubiyi (Course Coordinator) – NOUN

NATIONAL OPEN UNIVERSITY OF NIGERIA

National Open University of Nigeria
Headquarters
14/16 Ahmadu Bello Way
Victoria Island, Lagos

Abuja Office
5 Dar es Salaam Street
Off Aminu Kano Crescent
Wuse II, Abuja

e-mail: centralinfo@nou.edu.ng
URL: www.nou.edu.ng

Published by
National Open University of Nigeria

Printed 2008

Reprinted 2014

ISBN: 978-058-916-3

CONTENTS **PAGE**

INTRODUCTION

Medical Sociology is an important substantive area within the general field of Sociology. Sociology itself is an academic discipline that is concerned with the function, structure and roles of social institutions and social processes. It is also concerned with the social behaviour of groups. It logically follows to say that Medical Sociology is concerned with the social facets of health and illness, the social functions of health institutions and organization, as well as the relationship of systems of healthcare delivery to other social systems, and the social behaviour of health personnel and all those who are consumers of health.

Medical Sociology is a relatively new specialty in Sociology in particular and behavioural sciences generally. Some scholars define it as a new speciality that is concerned with social as opposed to biological factors in the causation of diseases.

WHAT YOU WILL LEARN IN THIS COURSE

This course guide tells you briefly what to expect as you read this material. Medical Sociology may be divided into two separate but interrelated areas: sociology in medicine and sociology of medicine. Sociology in medicine is concerned with how sociology collaborates directly with the role of the physician and other health personnel in an attempt to study the social factors that are relevant to a particular health problem. This aspect of medical sociology is intended to be directly applicable to patient care or to the solving of a particular health problem.

The sociology of medicine on the other hand, deals with such factors as the organization, role relationships, norms, values and beliefs of medical practice as a form of human behaviour. The emphasis is upon the social processes that occur in the medical setting and how these help our understanding of medical sociology in particular and social life generally.

COURSE AIMS

The aim of this course is very clear and simple. The course aims at providing those social factors that are crucial to our understanding of the social dimensions of health and ill-health.

COURSE OBJECTIVES

In addition to the general aim above, this course is also set to achieve the following specific objectives. So that you should be able to:

- to understand the meaning of health and illness especially as it relates to social structure;
- know the structure and dynamics of medical organizations as well as their processions;
- understand the evolution and development of the professionalization of medicine;
- appreciate the traditional and modern forms of health delivery systems in Africa as well as their respective uses and social effects;
- know and appreciate the role of politics in health; and
- appreciate the hospital as a social system and the mental hospital as a total institution.

WORKING THROUGH THIS COURSE

This course requires that you devote some time to read. Medical Sociology as a discipline is broad as it cuts across several disciplines in the behavioural and non-behavioural sciences, and breaking the content of this material into units would assist you to put into your mouth a little that you can bite for easy assimilation. Of course, the role of discussing with your peers at tutorials cannot be under-stressed in this course.

COURSE MATERIAL

You will be provided with the following materials; study units.
In addition, the course comes with a list of recommended textbooks which are not necessarily compulsory to acquire, but they may be read as supplements to the course material.

STUDY UNITS

The following are the study units contained in the course:

Module 1

Unit 1	The Field of Medical Sociology and the Work of Medical Sociologists
Unit 2	Medical Sociology and Social Medicine
Unit 3	Theories in Medical Sociology

Module 2

Unit 1 Specializations in Medical Sociology
Unit 2 Professionalization and Medicine
Unit 3 Theories and Concept of Disease

Module 3

Unit 1 Health Institutions
Unit 2 The sick role and the Process of seeking Medical Care
Unit 3 Nurses and other Health Practitioners
Unit 4 Channels of Healthcare

Module 4

Unit 1 Utilization of Health Services
Unit 2 Traditional Therapeutics and System of Care
Unit 3 Culture and Health
Unit 4 Mental Illness and Mental Hospital as a Social Institution
Unit 5 Politics and Healthcare

The first unit in the course explores the field of Medical Sociology and explains what Medical Sociologists do.

The second unit explains the relationship between Medical Sociology and Social Medicine. It highlights their similarities and differences.

The third unit brings to focus the relevance of theories in health studies. Four different theories in Medical Sociology that have been proven and tested are discussed.

The fourth unit is about specialization in medical sociology.

The fifth unit gives explanation about professionalization and medicine.

The sixth unit explains the theory and concept of health and disease.

The seventh unit in the course examines health institutions.

The eighth unit explores the sick role and process of seeking medical care.

The ninth unit is about nurses and other health practitioners.

Unit 10 dwells on channels of healthcare.

The eleventh unit in the materials is about utilization of health services.

In Unit 12 we examine traditional therapeutics and system of care.

Unit 13 discusses the relationship between culture and health.
The fourteenth unit brings to focus the mental illness and mental hospital as a social institution.

In Unit 15 we explain the relationship between politics and healthcare.

TEXTBOOKS AND REFERENCES

Jones, L and James S.P. (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Stacey, M. (1975). *The Sociology of Health and Illness*, Sociology, Vol. 12.

Tinuola, F.R. (2005). *Issues in Population and Health*. (BJ Production, Lagos).

Tile, S. Wilfred (1999). *Medical Sociology and Social Work* Enugu: Vougasen Ltd.

Erinosho, A. O. (1998). *Health Sociology*, Ibadan: Bookman Educational and Communication Services.

Metiboba, S. (2007). *Issues in Health Sociology*, Nathadex Publications.

William, C. Cockerham (1982). *Medical Sociology*, 2nd Edition.

Prentice-Hall Series Inc., Englewood Cliffs, N.J.

Erionosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

ASSESSMENT

There are two components of assessment for this course. The Tutor-Marked Assignment (TMA) and the end of course examination.

TUTOR-MARKED ASSIGNMENT

The TMA is the continuous assessment component of your course. It accounts for 40 percent of the total score. You are required to answer all TMA, the best four will then be graded. The TMA would be given to

you by your facilitator and returned after you have done the assignment.

FINAL EXAMINATION AND GRADING

This examination concludes the assessment for the course. It constitutes 60 percent of the whole course. You will be informed of the time for the examination.

SUMMARY

This course intends to impart some basic knowledge of the social action and social factors in illness and illness related situations. Through the course you will also be able to appreciate the social processes that occur in the medical setting. By the time you complete studying this course, you will be able to answer the following questions:

- What is the subject matter of medical sociology?
- What are the contributions of sociology to health?
- How are illness, sickness and diseases defined in medical and African traditional perspectives?
- What are the theories in Medical Sociology that are relevant to our understanding of illness and health behaviour?
- How is culture related to health?
- What are the various referral sources in healthcare?
- What is the meaning of referral process?
- What factors are crucial to the utilization of health services in Africa?
- What is the role of traditional medicine in healthcare system?
- Describe the hospital as a social system
- How desirable is the proposed integration of orthodox medicine and traditional therapeutics?
- Explain the on-going conflict between physicians (medical doctors) and other health practitioners, especially nurses.
- Appreciate the influence of politics on healthcare.

We believe, you are going to have a resounding success even as you take time to study and appreciate the importance of this course. Obviously at the end, you will be able to appreciate the social dimensions of health and ill-health.

Best wishes.

MAIN COURSE

CONTENTS **PAGE**

MODULE 1 MEDICAL SOCIOLOGY

UNIT 1 MEDICAL SOCIOLOGY AND THE WORK OF MEDICAL SOCIOLOGISTS

CONTENTS

1.0 INTRODUCTION

Medical sociology is a new field within sociology. It attempts to analyze social action and social factors in illness and illness related situation. The ultimate for this is that we would be able to appreciate the meaning and implication of any illness episode for the symptomatic person, as well as significant others, the health professionals and all other stakeholders in the wider society.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- define the field of Medical Sociology
- classify Medical Sociology into major categories
- differentiate between Medical Sociology and Social Medicine
- describe the contribution of Medical Sociologists to Health
- explain the major concerns of Medical Sociology.

3.0 MAIN CONTENT

This unit contains materials on the field of medical sociology, categories of medical sociology, differences between medical sociology and social medicine and the contribution of medical sociology to health. It also explains the major concerns of medical sociology.

3.1 Definition of Sociology and how it is related to Medicine

Sociology is a major discipline in the social sciences founded by Auguste Comte, a French philosopher and Herbert Spencer an Englishman in the mid-1800s. These founding fathers were worried about the political instability of their time and they attempted to analyze society and highlight the various strategies by which social order could be restored to the fabric of society. This was the beginning of the study of sociology as an academic discipline

Sociology therefore focuses on social order and the analyses of social groups in particular and society in general. Sociology is interested in analyzing how human beings interact with one another and the forces that determine social order or harmony in human interactions. Sociology studies behavioural patterns, be they rational, non-rational or irrational. In its quest for understanding human behaviour, sociology employs scientific methodology.

Sociology is related to medicine in several ways. First, the incidence of illness is to a large extent determined by social and cultural factors. As a result of this, knowledge of these factors in the aetiology of illness cannot be overemphasized. Besides, success in therapeutic efforts may be limited, except physicians and other health workers can show some appreciation of forces that are not entirely “medical”. Sociology is also related to medicine because it helps us to understand and appreciate the various actors in the treatment settings, such as physicians, pharmacists, laboratory technologists, nurses etc. Sociology indeed equips us with the knowledge of understanding such attitudes that may constrain or facilitate the treatment process. Sociology provides a careful study of all those who are relevant in providing support during the post-treatment phase. The study of these issues and many more definitely brings into focus the relationship between sociology and medicine.

SELF ASSESSMENT EXERCISE

Briefly explain the main concern of medical sociology.

3.2 Definition of Medical Sociology

Medical Sociology is a branch of sociology, which addresses a wide range of key issues and especially the interplay between social factors and health.

The field of medical sociology is a sub-discipline of sociology, which attempts to analyze social action and social factors in illness and illness-related situations with a view to making it possible for all involved in the illness situation to appreciate the meaning and implication of any illness episode.

In the 1950s, medical sociological studies were limited in scope as they concerned the social aspects of mental disorders and their consequences. Today, the field of health sociology, as it is more appropriately called, is concerned with virtually all aspects of health and medical care. Areas of coverage in medical sociology include the aetiology of disease and illness, illness behaviour, health-seeking behaviour and the delivery of health services and access to them. Others are: patterns of disease and mortality, medicine as a profession, ethical, political and organizational issues in relation to health.

3.3 Major Approaches in Medical Sociology

Medical Sociology overlaps with Social Epidemiology, Health Services Research, Behavioural Medicine, Social Psychiatry and Medical Anthropology. There are two major approaches to the study of medical sociology. The first approach sees medicine as a social institution which one should study and test using sociological hypotheses. The other approach sees medicine as an applied enterprise seeking to reduce the suffering of humans and to improve the quality of life.

3.4 Major Concerns of Medical Sociology

Medical Sociology is concerned with the following perspectives:

i Looking at how diseases in the population are located among social groupings.
ii. Explaining how people respond to diseases with a view to defining them in predictable ways from the perspective of their culture and their social class within a particular culture.
iii. Describing how society prescribes means of treating diseases.
iv. Investigating how social institutions give their support to the medical organizations in their bid to treat the sick.

4.0 CONCLUSION

This unit has equipped us with the knowledge of what Sociology really is and its relationship to medicine. Medical Sociology as a branch of Sociology considers non-medical factors, which are crucial to illness and diseases. In this unit, it has been explained that the incidence of illness is largely determined by social and cultural factors. This explains the importance of Medical Sociology to therapeutic efforts.

5.0 SUMMARY

In this unit we have learnt that:

- sociology focuses on social order and the analyses of social groups in particular and society in general;
- sociology is related to medicine in several ways: the incidence of illness in particular is to a large extent determined by social and cultural factors;
- Medical Sociology is a sub-discipline of sociology, which attempts to analyze social action and social factors in illness and illness-related situations;
- The study, Medical Sociology, has two approaches:

a. It sees medicine as a social institution which one should study through sociological hypotheses; and
b. It sees medicine as an applied enterprise that seeks to reduce the health burdens of humans.

ANSWER TO SELF ASSESSMENT EXERCISE

Medical sociology is a sub-field of sociology. Its major concern is to investigate those social factors in illness and illness related situations with a view to making it possible for all involved in the illness situation to appreciate the meaning and implication of any illness episode.

6.0 TUTOR-MARKED ASSIGNMENT

1. Briefly, but clearly, define Sociology and explain how it is related to medicine.
2. What are the major approaches in the study of Medical Sociology?

7.0 REFERENCES/FURTHER READING

Anderson, C.H. (1974). *Towards a New Sociology,* Homeward, III: Dorsey Press.

Cockerham W. C. (1982). *Medical Sociology,* 2nd Edition.

Erionosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

Metiboba, S. (2007) *Issues in Health Sociology,* Nathadex Publications.

UNIT 2 MEDICAL SOCIOLOGY AND SOCIAL MEDICINE

CONTENTS

1.0 INTRODUCTION

Medical Sociology has sometimes been interchangeably used with social medicine in some places. Social medicine however, is not the same with medical sociology even though it tend to have some things in common nevertheless they differ in some respects. This unit examines the relationship and distinguishing features between medical sociology and social medicine.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- explain what social medicine is, and define the field of medical sociology
- distinguish between medical sociology and social medicine
- appreciate the “commonness” between medical sociology and social medicine.

3.0 MAIN CONTENT

This unit contains materials on what medical sociology really means as well as the essence of social medicine. Similarities and differences between the two are highlighted in this study unit. Summary follows and a tutor-marked assignment for students to do. The unit also provides further readings and other resources.

3.1 What Medical Sociology Entails

Medical sociology basically attempts to investigate social factors in illness and illness related situations. Medical sociology is concerned with almost every aspect of health and medical care. The discipline is specifically interested in knowing those social factors in the etiology of disease and illness. It examines the delivery of health services and access to them while probing into the ethical, political issues in relation to health.

Today, works by medical sociologists permeate both physical and psychological medicine and most of these works are devoted to the interplay between social factors and health. Medical sociology is being discountenanced in favour of *health sociology* because sociologists working in the area are not of the view that health is much more than the domain of medicine and so it is better to adopt a more relevant title.

3.2 What Social Medicine Entails

Social medicine is concerned with what is real with man by virtue of his being part of society or group life. Social medicine is concerned with two broad aspects:

(a) Descriptive science
(b) Normative science

As a descriptive science, social medicine attempts to investigate those social and medical conditions that exist between specific groups. It also seeks to establish causal connections between these conditions.
As a normative science, social medicine is involved in setting up standards for various groups that are being studied with a view to achieving the standards that are socially desired.

SELF ASSESSMENT EXERCISE

Distinguish between medical sociology and social medicine.

3.3 Relationship between Medical Sociology and Social Medicine

Both medical sociology and social medicine are related in that the thrust of medical sociology tends to overlap with the field of social medicine. Both of them deal with the role of social factors in the aetiology, course and management of illnesses.

3.4 Differences between Medical Sociology and Social Medicine

Medical sociology can be distinguished from social medicine on the basis of the following:

i. Medical sociology engages in research work with different disciplinary contexts, while social medicine operates mainly within the context of bio-medical scientists.
ii. The academic background and expertise in these two areas vary because, their objectives are not identical.
iii. Their theoretical perspectives in terms of research work in the two fields are not the same. This is because the practitioners in the two fields have different academic background.
iv. Whereas social medicine is practised in the departments of community health and social epidemiologists by formally trained physicians, medical sociology, on the other hand is undertaken by sociologists who embark on research work within the department of sociology in universities.
v. Social medicine helps to describe problems, analyze their nature and suggest or prescribe solutions to them; medical sociology however, is pre-occupied with finding insight into health problems as well as making contributions to theoretical formulations.

4.0 CONCLUSION

In this unit, the relationship between medical sociology and social medicine was examined. Differences between the two were also explored. It has been stressed in this material that both are involved in the study of the role of social factors in illness.

5.0 SUMMARY

In this unit, we have learnt that:

- medical sociology and social medicine are intertwined;
- medical sociology, however among others, is different in methodology and theoretical formulations from social medicine;
- the academic background and expertise in medical sociology and social medicine are quite different;
- medical sociology and social medicine are both involved in the study of the role of social factors in aetiology, course and management of illnesses and diseases; and
- health sociology is a more appropriate title than medical sociology because the thrust of the work of sociologists working in this area go beyond what is “medical.”

ANSWER TO SELF ASSESSMENT EXERCISE

Social medicine is practiced in the department of community health and social epidemiologists by formally trained physicians. Medical sociology, on the other hand is undertaken by sociologists who embark on research work within the departments of sociology in universities. Also, the academic content and expertise in medical sociology and social medicine are quite different.

6.0 TUTOR-MARKED ASSIGNMENT

Carefully explain what is meant by social medicine. How does it relate to medical sociology?

7.0 REFERENCES/FURTHER READING

Erionosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria*.

Jones, L and James S.P. (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Metiboba, S. (2007). *Issues in Health Sociology*, Nathadex Publications.

Stacey, M. (1975). *The Sociology of Health and Illness*, Sociology, Vol. 12.

UNIT 3 THEORIES IN MEDICAL SOCIOLOGY

CONTENTS

1.0 INTRODUCTION

Theories are relevant to sociologists in every field of study. This helps them to understand and analyze complex aspects of social life much more objectively. Health sociologists in particular theorize so as to appreciate the complex illness episodes within the framework of a dynamic social system.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- appreciate the role of theories in health studies
- distinguish between major theoretical frameworks in health sociology
- show the strength of some of the theories in respect of health matters
- predict the future of theoretical formulations in the comparative analyses of healthcare delivery systems in different contexts.

3.0 MAIN CONTENT

This study unit contains material on the role of theories in health studies. The major differences and similarities between medical sociology theories are highlighted. The problems and prospects of theoretical formulation in the study of illness and health relations also form part of this unit.

3.1 Medical Sociology and Theorizing

Medical sociologists like other sociologists in other disciplines theorize on the basis that health issues are complex and cannot be understood or analyzed by subjective standards. The need for theories in sociology arose from the burden of earliest sociologists like Talcot Parsons (1978) who believed that sick role behaviour for instance cannot be understood without taking into cognizance certain theoretical perspectives within the context of the relationship between units (i.e. individual) and social system (i.e. the family unit).

SELF ASSESSMENT EXERCISE

Why are theories particularly relevant in Medical Sociology?

3.2 Types of Theories in Medical Sociology

Theories in health sociology generally may be divided into four major types. These are: Structural functionalism/Social System and the Marxist Theory. Others are Middle-range Theories and Sandwiched Theories.

3.3 System/Structural Functional Theory

The structural/functionalist or systems theoretical perspectives may be compared with an analogy between a biological organism and society. This perspective has led some health sociologists to argue that sickness, health and health institutions can be analyzed within the framework of a dynamic social system. For example, the illness of a particular member of a given family unit may be traced to poverty. Whatever may be the cause of the illness, the sick member's illness behaviour has implication not only for himself but also for other members of the family, his peer group and larger society.

3.4 Marxian Paradigm (Theory)

The Marxian theoretical perspective or paradigm sees contradictions within the power relations and different aspects of the social structure, which can result into illness. This perspective also emphasizes the role of power ideologies and economic system in healthcare in this regard proponent of this theory believe that the power structure or ideology or the economic system of any society cannot be divorced from the nature of its healthcare delivery.

3.5 Middle-range Theories

This paradigm is represented by the view of Goffman (1971), which believes that social situations have wider implications for human behaviour whether in sickness or in illness. For instance, scarcity of fuel in the city at any given point in time may account for morbidity and mortality that is unprecedented in the population.

3.6 Other Theories Sandwiched between one or two above

There are other theories that do not appear to belong either here or there. They sometimes combine one or more theories to take a seemingly blended theoretical perspective.

Apart from these sociological theories outlined above, there are other theories within the confines of medical sociology, which are very useful in the study of health issues. Prominent among these has been the Health Belief Model propounded first by Rosenstock (1966). This theory places emphasis on the role of norms and values and culture generally as major determinants of health behaviour. The future of theories in medical sociology depends on the extent to which sociology generally can continue to use scientifically objective criteria to measure symptomatic and non-symptomatic phenomena.

4.0 CONCLUSION

In this unit, the importance of theories to the study of health by medical sociologists has been carefully highlighted and explained.

5.0 SUMMARY

In this unit, we have learnt that:

- theories are useful tools for understanding health problems;
- different theories are relevant to our understanding of illness and health behaviour;
- there is an overlap in the application of theoretical formulations to health matters; and
- the future of theories concerning illness and disease depends on the extent to which sociology can remain an unbiased science in a dynamic world.

ANSWER TO SELF ASSESSMENT EXERCISE

Theories are relevant in medical sociology in order to conceptualize and appreciate the complex illness episodes within the framework of a dynamic social system.

6.0 TUTOR-MARKED ASSIGNMENT

1. assess the relevance of theories to the study of health in your community.
2. Which theory would you use to explain mental illness in your community?

7.0 REFERENCES/FURTHER READING

Erinosho, A.O. (1998). *Health Sociology,* Ibadan: Bookman Educational and Communication Services.

Jones, L and James S.P. (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Stacey, M. (1975). *The Sociology of Health and Illness, Sociology*, Vol. 12.

Tinuola, F.R. (2005). *Issues in Population and Health.* (BJ Production, Lagos).

MODULE 2 SPECIALIZATIONS, PROFESSIONALIZATION AND THEORIES IN MEDICAL SOCIOLOGY

UNIT 1 SPECIALIZATIONS IN MEDICAL SOCIOLOGY

CONTENTS

1.0 INTRODUCTION

Medical sociology is a field of study that has assumed new dimensions and specialties in modern times. A few decades ago, medical sociology began to face greater challenges because of the increasingly complex dimensions of health issues. This factor compelled the founding fathers of the discipline to suggest all possible areas that are relevant for its study. These areas are today known as specializations in medical sociology.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- appreciate the role of specialization in medical sociology
- identify the different specializations in medical sociology
- highlight the importance of specializations in medical sociology.

3.0 MAIN CONTENT

There is a classical division of Medical Sociology into two broad types, namely, Sociology in Medicine and Sociology of Medicine. Both are discussed in this unit. Medical sociology in modern perspectives and specializations also form the thrust of the content of this unit as well as the importance and need for these specializations in modern times.

3.1 The Need for Specializations in Medical Sociology

The increasingly widening scope of medical sociology has necessitated the need for specializations in the subject area. In the 1950s, studies in medical sociology were limited to the social aspect of mental disorders and their consequences. Today the discipline now studies virtually all aspects of healthcare. This is because what constitutes disease is now known to be beyond the "germ theory" explanation alone.

3.2 Sociology in Medicine and Sociology of Medicine

Medical sociology in the 50s was divided by Robert Straus into two separate but interrelated areas: Sociology in Medicine and Sociology of Medicine.

Sociology in Medicine as earlier discussed in this module is a subset of medical sociology that helps the health personnel in studying the social factors that are relevant to a particular health problem. However, sociology of medicine, studies the social processes that occur in the medical setting. The two, though analytically different, are however intertwined and interrelated in reality.

SELF ASSESSMENT EXERCISE

Mention three major areas of specialization in medical sociology known to you.

3.3 Modern specializations in Medical Sociology

Specializations in medical sociology today include the following major areas:

i. The concept of health, including theories of illness and disease.
ii. Research methods in health and elementary aspects of epidemiology.
iii. Health and illness behaviour.
iv. The professions and medicine.
v. Therapeutic relations and the factors affecting compliance with doctors' order.

vi. Types of medical practice.
vii. The organization of health services.
viii. Comparative analysis of healthcare delivery system in different contexts.
ix. State, politics and healthcare delivery otherwise referred to as the political economy of health.

4.0 CONCLUSION

Medical Sociology till date is still in search of new areas to study. Disease burdens that were not known, among human population some years back, are now manifesting in many societies. And because knowledge is expanding daily, there may be more specializations in the field in the most foreseeable future.

5.0 SUMMARY

In this unit, we have known the following:

- The need for specializations in medical sociology.
- The different areas of specializations in the discipline.
- The future of medical sociology in terms of further specializations.

ANSWER TO SELF ASSESSMENT EXERCISE

Three major areas of specializations in medical sociology are:

i. The concept of health, including theories of illness and disease.
ii. The professions and medicine.
iii. The organization of health services.

6.0 TUTOR-MARKED ASSIGNMENT

Why the need for specializations in medical sociology? Mention, at least, five main specializations in medical sociology.

7.0 REFERENCES/FURTHER READING

Erionosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

Jones, L and James S.P. (1975). *Sociology in Medicine,* English: Ilorin Press, Land.

Stacey, M. (1975). *The Sociology of Health and Illness,* Sociology, Vol. 12,

UNIT 2 PROFESSIONALIZATION AND MEDICINE

CONTENTS

1.0 INTRODUCTION

Some special organizations like banks and industrial firms, labour unions including the health industries do put their resources together to form groups of “experts” known as professionals. A profession today is like a symbol status in many societies. Within the health industry, medicine stands out uniquely as one of the most esteemed professions.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- what a profession means
- attributes of a profession
- relationship between medicine and profession
- relationship between medicine and other paramedical occupations.

3.0 MAIN CONTENT

This unit contains materials on what a profession is, the attributes of a profession, the relationship between profession and medicine and medicine and other paramedical occupations.

3.1 What is a Profession?

A profession can be defined as an occupation that is ‘based upon specialized intellectual study and training, the purpose of which is to supply skilled service or advice to others for a definite fee or salary.’ (Carr Saunders, 1993).

3.2 Attributes of a Profession

According to Erinosho (2005), the attributes of a profession include:

i. its prolonged period of training;
ii. the extent to which its members are involved in the matters of life and/or death;
iii. the capacity of the profession to create the knowledge that is needed in its practice of the profession; and
iv. its commitment to an altruistic value-system.

SELF ASSESSMENT EXERCISE

Why do you think medicine is a profession?

3.3 Profession and Medicine

Medicine is said to be a profession because it possess all the attribute mentioned in 3.2 above. Medical practice has continued as service which doctors give to patients who voluntarily commit themselves to their professional knowledge and skills concerning health and disease. Within just a little over a century, medical knowledge and skills have expanded so much that it is no longer possible for any single person to exercise mastery over all aspects of healthcare delivery. Today, there are several specialties in the medical profession. These include medicine, pediatrics, and general surgery, ophthalmology, cardiology, etc. Medical practice generally is still undergoing professionalization in terms of the diversified areas of new knowledge, of technology and of people involved in patient's care (Azuru, 1996).

3.4 Medicine and other Paramedical Occupations

Other health workers such as nurses, laboratory technicians, x-ray technicians, etc. do not seem to enjoy as much autonomy as the medical doctors within the hierarchy of the medical industry. It is believed that this is as a result of shorter period of training; less access to privileged information as well as the fact that they are lower in commitment to an altruistic value-system.

4.0 CONCLUSION

Medicine occupies the apex of the health industry largely because the practice of other paramedical occupations depends on the knowledge that is produced in medicine and the other workers do not enjoy as much control over the work situation or the medical division of labour as physicians.

5.0 SUMMARY

In this unit, we have leant:

- what a profession means;
- the attributes of a profession;
- the relationship between medicine and profession; and
- the relationship between medicine and other paramedical occupations.

ANSWER TO SELF ASSESSMENT EXERCISE

Medicine is a Profession because of:

i. its prolonged period of training;
ii. the extent to which its members are involved in the matters of life and/or death; and
iii. its commitment to an altruistic value-system.

6.0 TUTOR-MARKED ASSIGNMENT

Mention major attributes that qualify medicine as a profession.

7.0 REFERENCES/FURTHER READING

Jones, L and James S.P. (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Parsons T. (1979). *Definitions of Health and Illness in the Light of American Values and Social Structure***.** New York: Free Press.

UNIT 3 THEORIES AND CONCEPT OF DISEASE

CONTENTS

1.0 INTRODUCTION

The need for theorizing in health sociology cannot be over stressed. Theories in medical sociology provide analytical tools and broader light for possibilities in research, cause, prescription, diagnosis and management of illness and diseases. Two classical sociological theories – structural functionalism and Marzist perspectives have both tried to explain illness, disease, healthcare institutions and the healthcare delivery system generally. While the former tends to argue that sickness, health and health sector can be analyzed within a framework of a dynamic social system, the latter (Marzist paradigm) argues that power, ideologies and economic institutions all play vital roles in healthcare delivery in all human societies.

However, there are other specific theories that try to explain disease within the context of medical sociology. These theories are: Psychological, Medical model, Sociocultural, etc.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- appreciate the need for theorizing in medical sociology
- highlight and explain the different theories of disease in medical sociology
- identify the strength and weakness of each of the theories.

3.0 MAIN CONTENT

This study unit contains material on the need for theorizing in medical sociology and the major theories of disease. The unit also contains material on the definitions of health and disease.

3.1 Definitions of Health and Disease

According to the World Health Organization (WHO), health is "a complete state of physical, social, mental well-being and not necessarily the absence of infirmity or disease" (cited in Lewis 1953). Disease on the other hand has been defined as a form of deviation from normal functioning which has undesirable consequences because it produces personal discomfort or adversely affects the future health status of individuals (mechanic, as it's yet).

Health, according to biomedical science is not only the absence of disease or physical disability in individuals. Physicians are also quick to argue that disease connotes pathology and its state of disequilibrium (Fabrega 1978).

The concepts of health, disease and illness, generally speaking, are amplified by the belief of a people (Erinosho 2005).

SELF ASSESSMENT EXERCISE

Briefly explain the medical model of disease.

3.2 Medical Model of Disease

This model argues that disease is a function of biological discontinuity, and such a discontinuity can be linked to the malfunctioning of a part of the human organism. Disequilibrium in a human organism can occur if a part of an organism fails to perform its function effectively and efficiently. There are several biomedical techniques for ascertaining which parts of a human organism may not be functioning effectively. The medical model finds explanation for the etiology of many diseases like malaria, pneumonia and guineaworm infection. Others include sickle cell anaemia, tuberculosis, cancer, organic mental disorder, etc.

3.3 Psychological Theory of Disease

This theory is about an appraisal of the contribution of psychiatrists and psychologists in the understanding of the aetiology of mental disorder. Sigmund Freud (1914) was the psychoanalyst who propounded a theory to explain the role of psychology in the aetiology of mental diseases by

analysing the unconscious drives in human-beings. Although the theory has generated a lot of controversies for many reasons, it has stimulated several other psychological explanations especially as it relates to mental illness.

3.4 Culture-Bound Theory of Disease

This theory highlights the interplay between culture and disease. Today it is known that many culture-bound syndromes and conditions can be managed more effectively through an informed knowledge of their cultural contexts and the patients' background. It is reported that Lambo (1955) of Nigeria and Yap (1951) of Hong Kong did some tremendous works among their peoples on the cultural dimension of health and ill-health. According to the scholars health and disease are, to a great extent, determined by culture in Africa. The incidence of disease is therefore usually attributed to witch-craft, sorcery and mystical forces.

3.5 Socio-environmental Theory of Disease

The social factors such as income, education, occupation and environmental cushions within which man lives and functions can, to a large extent, account for the aetiology of health and disease. Behavioural patterns can also determine health and illness.

4.0 CONCLUSION

There is hardly any aspect of illness and disease today which cannot be explained by one theory or the other in medical sociology. Theories provide clear frameworks and analytical tools for understanding several aspects of the disability or infirmity and discomfort in human beings. This unit has brought to the fore some of these theories that are relevant to our understanding of health and disease generally. It must be appreciated however that no single theoretical framework fully explains the incidence of disease. Each of them simply explains some aspects of the etiology of disease better than others.

5.0 SUMMARY

In this unit, we have learnt:

- the need for theorizing in the understanding of health and disease;
- definitions of health and disease;
- the major theories of disease; and
- appreciating the integration of all the theories to grasp a clear understanding of health and disease.

ANSWER TO SELF ASSESSMENT EXERCISE

The medical model of disease contends that disease is a function of biological discontinuity, and such a discontinuity can be linked to the malfunctioning of a part of the human organism. Disequilibrium in a human organism can occur if a part of an organism fails to perform its function effectively and efficiently.

6.0 TUTOR-MARKED ASSIGNMENT

How relevant are the theories in medical sociology for our understanding the incidence of diseases?

7.0 REFERENCES/FURTHER READING

Erinosho, A.O. (1998). *Health Sociology*, Ibadan: Bookman Educational and Communication Services.

Jones, L and James S.P. (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Tinuola, F.R. (2005). *Issues in Population and Health*. BJ Production, Lagos.

MODULE 3 HEALTH INSTITUTIONS, THE NURSE AND THE PROCESS OF SEEKING MEDICAL CARE

UNIT 1 HEALTH INSTITUTIONS

CONTENTS

1.0 INTRODUCTION

Health institutions are healthcare organizations that have set goals. Healthcare institutions vary to one or other degree both in structure and functions across cultures; they include organizations like the hospitals, basic health centres, maternity centres, pharmacies etc. These vary in scope, size and function. The levels of healthcare institutions are not the same but each of them to one degree or the other provides some form of care to the patients.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- understand the concept of healthcare institutions
- appreciate the functions of the hospitals as a major healthcare organization
- understand the types and functions of hospitals in modern time.

3.0 MAIN CONTENT

This study unit contains materials on healthcare institutions, types and functions of the hospitals. It also highlights the role of hospitals as centre of medical technology.

3.1 Definitions of Health Institutions

Health institutions can be defined as healthcare organizations. Health institutions can be classified into two – the public and the private. In Nigeria, the two operate as parallel organization, each having its own proprietors. The public- oriented health institutions are organized under the auspices of the federal and state ministries of health as well as the local government authorities. On the other hand, the private health delivery sub-system in Nigeria consists of solo and partnership practitioners. Under this sub-system we also have health facilities built by philanthropic organizations, voluntary agency etc.

SELF ASSESSMENT EXERCISE

Why is the hospital described as the "corner-stone" of health institutions?

3.2 Development and Functions of the Hospital

The hospital developed in response to the needs, values, attitudes and aspirations of the societies they serve. Historically, hospitals have passed through four distinct phases or stages of development. Cockerham (1982) has highlighted these stages as:

i. centres of religious practice,
ii. poor house,
iii. death houses, and
iv. centers of medical technology.

The origin of the hospital as a healthcare organization is usually associated with the rise of Christianity. It was part of Christian theology that spiritual salvation could be obtained by providers of care to the sick and needy. When religious institutions were relieved of their control of hospital in Europe, the hospitals were left 'loose' under many separate administrations. This led to gross abuse, lowering of standard and misappropriation of funds. The poor became major victims.

After the Renaissance and the Reformations, there was still much to be desired in public hospitals with respect to their potentials to provide welfare services for the poor. Towards the 14th Century however in

Europe, physicians started to associate themselves with hospitals as they now saw themselves as major stakeholders in the administration of healthcare services. Even up to the 18th Century, hospitals were regarded as death houses because typically, hospitals were dirty, poorly ventilated and congested.

Hospitals as centers of medical technology became a new phenomenon since the end of the 19th Century. This new image of hospitals has been attributed to the improvement in the quality of medical care:

One major factor for this change was the fact that medicine had become a science in terms of employing the scientific method for the acquisition of accurate medical knowledge. Also, the discovery and use of antiseptic measures in the hospitals to help curtail infection has been a good development. There has also been a significant development in the quality of hospitals personnel in modern times, not only in Euro-American societies, but also in many developing economies of the world.

3.3 Types of Hospital

Hospitals can be categorized into the tertiary, secondary, primary and comprehensive. A tertiary healthcare institution, among others performs functions that include research and teaching. The secondary is next and is superior in hierarchy to a Primary Healthcare (PHC) scheme. Comprehensive health institutions are mainly for ambulatory care. They are cottage, or district health centres.

3.4 Functions of the Hospital

Hospitals perform the functions of:

i. Providing service (care) for the sick;
ii. Teaching and research;
iii. Support for the health system;
iv. Performing societal duties which may be related to state legitimacy or political authority;
v. Serving as the base for medical power; and
vi. Providing employment opportunities;
vii. They serve as the base for medical power.

3.5 Hospitals-Patient Role

The occupational growth in the hospitals setting and those who perform most healthcare tasks in the hospital wards are the nurses and auxiliary nursing worker. Nurses are responsible to the physicians for carrying out

the physicians' orders. Nurses however, are also responsible to the nursing supervisors and other superiors in hospital administration. It is common place to note that hospital services are mainly oriented towards supporting patient welfare. It is known also that hospital rules and regulations are generally designed for the benefit of hospital personnel in order that patients can be more efficiently taken care of. Usually, the sick and the injured are categorized into various classes such as obstetrics, neurology, orthopaedics, urology, paediatrics, psychiatric, etc. It has been observed an improved patient care can result in increased organizational efficiency and that this ultimately serves the interest of the patient.

4.0 CONCLUSION

Healthcare organizations can be analysed both at the systemic and the sub-systemic level. Of all the healthcare organizations, the hospital is unique as it provides medical, surgical and psychiatric care for the sick and injured. Hospitals at different levels perform different functions, but in all, each strives to enhance the health status of their patients.

5.0 SUMMARY

In this unit, we have learnt the following:

- What is meant by healthcare organizations
- The evolution and development of the hospital
- The hospitals are a major health institution
- The different categories and functions of the hospitals
- The place of the nurses in the hierarchy of hospitals health workers.

ANSWER TO SELF ASSESSMENT EXERCISE

Hospitals are described as the "corner-stone" of health institutions because they are centres of medical technology, and they are veritable avenues for harnessing medical resources of various types and for the application of medical knowledge and skill.

6.0 TUTOR-MARKED ASSIGNMENT

Explain the role of the hospital in modern healthcare delivery system.

7.0 REFERENCES/FURTHER READING

Erinosho, A.O. (1998). *Health Sociology,* Ibadan: Bookman Educational and Communication Services.

Tinuola, F.R. (2005). *Issues in Population and Health.* Lagos: BJ Production.

UNIT 2 THE SICK ROLE AND THE PROCESS OF SEEKING MEDICAL CARE

CONTENTS

1.0 INTRODUCTION

One major expectation about the sick is that they are unable to take care of themselves. The sick have some unique behavioural characteristics in most societies. According to Talcott Parsons (1951), being sick is an undesirable state and the sick wants to get well. Getting well involves a process in which the sick is a major stakeholder.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- understand the concept of the sick role
- know the main aspects or attributes of the sick role
- appreciate the Patient-Physician role relationship
- appreciate the process and need for the sick to seek medical care.

3.0 MAIN CONTENT

This study unit contains materials on the concept of the sick role, specific aspects and characteristics of the sick person as well as the relationship between the patient and the physician. This unit also contains relevant materials on the process of seeking medical care by the sick.

3.1 The Concept of the Sick Role

The concept of the sick role represents the most consistent approach to explaining the behavioural pattern of sick people. According to Talcott Parsons (1951), being sick is not a deliberate choice of the sick person even though illness may occur due to exposure to infection or injury. The sick person usually is unable to take care of himself, and this is why it is necessary for him to seek medical advice and cooperate with medical experts

3.2 The Specific Aspects or Attributes of the Sick Role

The specific aspects of the sick role include the following:

i. The sick person is exempt from "normal" social roles. The sick has an exemption from normal role performance and social responsibilities because of the state of his health. Usually, in many societies the more severe the illness, the greater the exemption.
ii. The sick person is not responsible for his or her condition. A sick person's illness is assumed to be beyond his or her own control.
iii. The sick person should try to get well. Since being sick is an undesirable condition, the sick individual must have the desire to regain normal health.
iv. The sick person should seek medical advice and cooperate with medical experts. The desire to get well by the sick person must inevitably lead to his being desirous to cooperate with the physician and other health workers.

SELF ASSESSMENT EXERCISE

Mention only two attributes of the Sick Role.

3.3 The Patient-Physician Role Relationship

The Patient-Physician role involves mutual relations between two parties. The patient is on one side of the party and the physician on the other. Each participant in the social situation is expected to be familiar with his expectation as well as the expectation of the others in the same social situation. The patient usually has a conception of what a physician is in terms of the social role. Also the patient is expected to recognize the fact that being sick is undesirable and that he has an obligation to get well by seeking the physician's help. The physician in turn has an obligation to return the sick person to his/her normal state of functioning. In a nutshell, the patient-physician relationship involves mutuality as a kind of behavioural expectation. The patient-physician

relationship is intended to serve some therapeutic functions in most societies and promote some significant change in the health of the patient.

3.4 The Process and the Need for the Sick to Seek Medical Care

In the previous section we saw the need for the patient to seek medical care. Reasons for seeking medical help and advice by the sick include that:

i. illness is an undesirable state;
ii. illness and disease obstruct normal social functioning;
iii. illness is a kind of grievance;
iv. illness reduces human potentials, and capabilities; and
v. in most societies, illness brings stigmatization on its victims.

In Nigeria, there is an admixture of the use of both orthodox and traditional medicine in seeking healthcare services. According to Erinosho (2005), there is a hierarchy in the pathways to healthcare in Nigeria. Many patients utilise the services of assorted traditional healers before seeking care from western-style health workers and facilities. Other general and specialist practitioners come next as care agents. These are followed by patent medicine sellers and pharmacists. In most traditional societies like Nigeria, patients tend to have greater confidence in the therapeutic skills of traditional healers than those of the western-style medical doctors and other health workers because the latter are more accessible to the ordinary man as well as the wide-spread belief in witchcraft or sorcery which these healers are believed to possess to handle all kinds of problems.

It is not yet fully known the exact processes involved in making decision to obtain medical care, however, research findings have revealed some social factors which tend to encourage or discourage a person from seeking medical care. These factors include socio-demographic variables including age and sex, ethnicity, economic status and education.

Age and Sex

Findings from epidemiological studies have shown that in many societies, the use of health service is greater for female than male and is greatest for the elderly.

Ethnicity

Several studies in medical sociology have tried to relate a person's utilization of healthcare services to his/her cultural background. Some studies in the Western World have revealed the interplay of group relationship with an individual personal orientation toward medicine and their health-seeking behaviour.

Economic Status

Some cross-structural studies in medical sociology have also established a correlation between help-seeking behaviour and socio economic status. There is an assumption that lower class person tend to underutilize health service because of financial cost and/or a sub culture of poverty.

Education

There are studies that have confirmed the positive correlation between education and healthcare services utilization. In most developing countries; many people through ignorance and low level of awareness tend to underutilize health services even when they can afford the cost.

4.0 CONCLUSION

Illness is a state or condition of suffering due to a disease or sickness. Modern scientific view also defines illness as an abnormal biological affliction or mental disorder which has a cause, and a characteristic pattern of symptoms but also with a method of treatment. The sick person has an obligation therefore to seek medical help to get relief. Even though the patient's evaluation of his state of health may be subjective, it nevertheless becomes accepted as one of the criteria for designating disease if the patient's symptoms conform to a recognizable clinical pattern.

5.0 SUMMARY

In this unit, we have learnt the:

- meaning and conceptualization of the sick role;
- attributes of the sick role;
- patient-physician role relationship;
- socio-demographic variables that affect health-seeking behaviour; and
- process of medical seeking care.

ANSWER TO SELF ASSESSMENT EXERCISE

The attributes of sick role include that:

i. The sick person is not responsible for his or her condition. A sick person's illness is assumed to be beyond his or her own control.
ii. The sick person should try to get well. Since being sick is an undesirable condition, the sick individual must have the desire to regain normal health.

6.0 TUTOR-MARKED ASSIGNMENT

Carefully explain the patient-physician role relationship in modern one named healthcare organization.

7.0 REFERENCES/FURTHER READING

Erinosho, A.O. (1998). *Health Sociology,* Ibadan: Bookman Educational and Communication Services.

Jones, L and James S.P. (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Tinuola, F.R. (2005). *Issues in Population and Health.* Lagos: BJ Production.

UNIT 3 NURSES AND OTHER HEALTH PRACTITIONERS

CONTENTS

1.0 INTRODUCTION

The dominant form of social interaction in the health industry has traditionally been between the physician and the patient. In modern times, medical treatment has involved a great variety of health personnel who specialise in treatment, laboratory procedure, therapy, rehabilitation and administration. Apart from physicians, most occupations in the health industry, including nursing can be classified as paramedical because they are organised around the work of the physician and are usually under the physician's authority and control.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- appreciate the relationship between nurses and other health practitioners
- understand the historical development of nursing as an occupation
- know the 'doctor-nurse game'
- predict the future trends of nursing and other health practitioners.

3.0 MAIN CONTENT

This unit contains materials on the relationship between physicians and other paramedical staff. It also includes highlights on development of nursing as an occupation, nursing education and the 'doctor-nurse game.'

3.1 The Development of Nursing as an Occupation

In some advanced societies like the United States, the licensed registered nurse rank second in status only to the physician as a health provider. Males have been known historically to perform nursing tasks but the social role of the nurse has been profoundly affected by its identification with traditionally feminine functions (Davis 1966, Strauss 1966). As a result of the rise of Christianity in the Western world, the practice of nursing as a formal occupation was significantly influenced by the presence of large numbers of nuns who performed nursing services under the auspices of the Roman Catholic Church (Cockerharm, 1982).

Before the 19th Century, hospitals were mostly regarded as places for the poor and lower social classes. Patients who could afford it were usually cared for at home. Nursing activities therefore, were viewed as acts of charity since they were usually done under difficult and unpleasant situations. Nursing as at this time was regarded by the church as a means by which those persons providing the services could obtain salvation as they were regarded as people helping the less fortunate.

The original concept of nursing therefore was not as a formal occupation, with its own body of knowledge and specialized training procedure. Even then in the 19th Century in many nations, nursing could be described as an activity for women who lack specialized training in medical care. Besides, nursing was not an occupation held in high esteem by the general public. However, the role of nursing in Western society began to change in the middle of the 19th Century through the effort of Florence Nightingale. She was an English Protestant from a respectable middle class family who established a hospital in England in 1853 for "Sick Gentlewomen in "Distress Circumstances." Nightingale staffed the hospital with trained nurses. Till date, this lady's role has continued to influence the traditional social roles of the nurse as a female supervised and controlled by a male physician.

SELF ASSESSMENT EXERCISE

Mention one main reason why nurses tend to be subordinate to medical doctors.

3.2 Nursing Education

The first accredited nursing schools in the United States were established on the bases of Florence Nightingale's ideas. It should be noted that many of the students in the early nursing schools did not receive the training which Nightingale had required. Nursing students were merely used as exploitable sources of hospital labour up to the first decades of the 20th Century.

Unlike medical schools, which follow a prescribed and generally similar programme for education, nursing was exposed to a curious assortment of different types of educational experiences.

In Nigeria, nursing education has greatly improved in the past two decades especially for the priority being given to Primary Healthcare (PHC). Nurses now undergo specialist training in surgery, psychiatry, community health, etc. The advent of many teaching and specialist Hospitals, to which many of these nursing schools are affiliated makes nursing to be relatively more esteemed than it used to be among the paramedical occupations.

3.3 The Doctor-Nurse Relationship

Nursing like the other paramedical professions occupies a subordinate position in the hospital. And the technical knowledge employed by the nurses tends to be developed and approved by the physicians. This background explains in part why nurses appear powerless and dependent practitioners. It is believed by some scholars that nurses see themselves as victims in most power struggles with the medical structure. There is also a kind of inferiority complex on the part of most nurses. Obedience to the physician is an emphasized slogan in nursing tradition. Nurses often feel cheated and marginalized by the doctor. There is today a trend of “suspicion” between the two players in the health industry even though the central rule of the game is to avoid open confrontation. The doctor-nurse game has both pleasant and unpleasant consequences for healthcare delivery in any society. When nurses play the game well, they put up some pretence, giving total allegiance, albeit superficial, to the doctors. Otherwise they are relegated to the background in the social life of the hospital.

3.4 Other Health Practitioners

Other health practitioners apart from the physicians are nurses, pharmacists, laboratory technicians, physical therapists, health technologists, social workers, etc. These are known as paramedical occupations. It has been pointed out in some studies that the physician is like an autocrat and this is why he does not enjoy a good reputation with his co-workers. Whereas, health matters can only be tackled through a collaborative approach by all the health workers, it is argued that the doctor tends to regard other health personnel as working for him rather than working for the patient. He also regards others health officers as non-professionals and servants rather than as associates or colleagues (McGraw, 1966). In traditional Africa, the physician is facing a stiff competition by traditional health practitioners who tend to enjoy a relatively higher level of confidence of patients than their orthodox counterparts.

4.0 CONCLUSION

Healthcare is a collaborative activity which should involve all health practitioners and other stakeholders outside the health industry. The present relationship between the medical doctor and other health workers appear more disadvantage for the latter. It is not known yet how all the health workers can achieve professional equality with the physician within the existing framework of medical practice. However, one can predict that the physician-nurse relationship would, in the most foreseeable future, move toward less dependency and increased equality for the nurse. Same can be predicted for the relationship between the physician and other health workers in the new millennium.

5.0 SUMMARY

In this unit, we have learnt the:

- relationship between nurses and other health practitioners;
- historical development of nursing as an occupation;
- 'Doctor-Nurse game'; and
- future trends of nursing and other health practitioners.

ANSWER TO SELF ASSESSMENT EXERCISE

One major reason why nurses tend to be subordinate to doctors is because the technical knowledge employed by the nurses tends to be developed and approved by the physicians.

6.0 TUTOR-MARKED ASSIGNMENT

Explain the meaning of the concept, "Doctor-Nurse game." Is it real in all societies?

7.0 REFERENCES/FURTHER READING

Cockerham W. C. (1982). *Medical Sociology,* Second Edition, Prentice Hall Englewood Cliffs.

Erionosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

Jones, L and James S.P (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Stacey, M (1975). *The Sociology of Health and Illness*, Sociology, Vol. 12.

UNIT 4 CHANNELS OF HEALTHCARE

CONTENTS

1.0 INTRODUCTION

There is usually a hierarchy in pathways to healthcare in every society. Illness is acted upon when it becomes a discomfort to the individual. The channels for receiving healthcare tend to vary from one society to another. There are specific healthcare organizations in all known human societies that are charged with the responsibility of providing healthcare for the citizenry.

2.0 OBJECTIVES

This study is to familiarize you with the following:

- highlighting the concept of health organizations
- knowing the need for seeking healthcare
- identifying different levels of healthcare in different societies
- appreciating various channels for receiving healthcare services.

3.0 MAIN CONTENT

This unit contains materials on the concept of healthcare organization and the need for seeking medical care. It also contains materials on different levels of healthcare in different societies and various channels for receiving healthcare services.

3.1 Healthcare Organizations

Healthcare Organizations, weather in advanced or developing nations can be classified into two: the public and private. In advanced economies where there is an elaborate national health system, the two

are inter-twined or interrelated in their operation or functions and not as parallel system.

In Nigeria, the services in the public system are organized under the auspices of the federal and state ministries of health and the local government authorities. The private healthcare service in Nigeria consists of solo practitioners and partnership/group practitioners. Their services are rendered in the facilities that are built by corporations and voluntary agencies like Christian and Muslim missions. The private health providers also include traditional healers, chemists and patent medicine sellers.

3.2 The Need for Seeking Medical Care

To the extent that illness and disease are health burdens while treating the normal functioning of the body system, it becomes crucial therefore, for the sick individuals to seek medical care and in good time. Illness militates against the performance of one social role and disability and discomfort and therefore, can become worrisome. Although, factors such as cost of medical bills, proximity to health facilities, and accessibility to health facilities and personnel can create major obstacles for patient's seeking medical care, effort should be intensified to overcome these challenges because "health is wealth."

SELF ASSESSMENT EXERCISE

Highlight the different levels of healthcare in Nigeria.

3.3 Levels of Healthcare

There are three main levels of healthcare, namely the tertiary, secondary and comprehensive (primary). A tertiary healthcare institution performs several functions which include research and teaching e.g. teaching and specialist hospitals. The secondary is next and it performs services that are next to those being performed by the tertiary ones. These institutions provide medical, surgical or the psychiatric care for the sick (Erinosho, 2005). The comprehensive or primary healthcare institution is of a lower order. These institutions are mainly for ambulatory care. They are sometimes described as comprehensive, cottage or community health institutions. Patients, through a well defined referral network can have access to health facilities and services at any of the healthcare levels.

3.4 Channels for Receiving Healthcare Services

There is a hierarchy in the pathway to healthcare in any society. In western societies, the practice of obtaining health services oscillates

between the private and the public health system. The two are off-shoots of orthodox medicine. In Africa south of the Sahara, this is a bit different. A good number of patients tend to utilise the services of traditional healers before seeking help from western-style health workers and facilities. Next to this is, the services of western-style care agents such as specially practitioners, patent medicine sellers and pharmacists. Quite often, there is a simultaneous use of both modern and traditional medicine by patients among indigenous Africans.

4.0 CONCLUSION

The pathways to healthcare services in most societies in our contemporary world are rooted largely in the people's culture. In Nigeria for instance, magico-religious and several socio-environmental factors play significant roles in healthcare services utilization. This partly explains why there is admixture of the use of both traditional and western medicines by patients. Though cosmopolitan western-style healthcare institutions like the clinics, general and specialist hospitals are the major force of healthcare in most of the technologically developed countries, some forms of alternative medicine (e.g. herbal) are also utilised.

5.0 SUMMARY

In this unit, we have learnt the:

- concept of health organizations;
- need for seeking healthcare;
- different levels of healthcare in different societies; and
- various channels for receiving healthcare services.

ANSWER TO SELF ASSESSMENT EXERCISE

The three levels of healthcare in Nigeria are:

1. The primary healthcare e.g. community based-health clinics;
2. The secondary healthcare e.g. general hospitals (usually state-owned);
3. The tertiary healthcare e.g. teaching and specialists hospitals.

6.0 TUTOR-MARKED ASSIGNMENT

Briefly explain the pathways to healthcare services in Nigeria.

7.0 REFERENCES/FURTHER READING

Cockerham W. C. (1982). *Medical Sociology,* Second Edition, Prentice Hall: Englewood Cliffs.

Erionosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

Metiboba, S. (2007). *Issues in Health Sociology,* Nathadex Publications.

MODULE 4 TRADITIONAL MEDICINE AND THE ROLE OF CULTURE AND POLITICS IN HEALTH AND MENTAL ILLNESS

UNIT 1 UTILIZATION OF HEALTH SERVICES

CONTENTS

1.0 INTRODUCTION

The decision to utilise health services involves several stages. These include:

i. visibility and recognition of symptoms;
ii. the extent to which the symptoms are perceived as dangerous;
iii. the amount of tolerance for the symptoms;
iv. basic needs that lead to denial.

Several factors including cultural, social, gender, economic and geographic are predisposing factors in the utilization of health services. The need for utilizing health services is borne out of the assumption that only special institutions charged with the responsibility of providing healthcare can provide relevant therapeutic services to people who have health problems.

2.0 OBJECTIVES

This study is to familiarize you with the following:

- explaining the need for healthcare utilization
- knowing the different types of health services
- understanding enabling factors in the utilization of health services.

3.0 MAIN CONTENT

This unit contains materials on the need for healthcare utilization, types of health services and the various factors in the utilization of health services.

3.1 Types of Health Services: Preventive and Curative

Health services can be categorised into two: preventive and curative.

3.2 Preventive Health Services

Preventive health services are services aimed at hindering or reducing the occurrence of disease or illness. This kind of health service falls under health behaviour.

3.3 Curative Health Services

Curative health services: These are services aimed at curing or healing or making the patient sound or healthy again. This can be both illness behaviour and sick role behaviour.

SELF ASSESSMENT EXERCISE

Attempt a categorization of the major health services known to you.

3.4 Factors Affecting Preventive Health Services are:

i. level of perceived need;
ii. orientation and motivation to medical treatment;
iii. attitudes toward the medical and health delivery system; and
iv. level of education.

3.5 Factors that Affect Curative Health Services Utilization

i. nature of disease/problem weather chronic or attitude;
ii. attitude to medical treatment;
iii. cost of medical treatment;
iv. type of illness; and
v. Gender.

4.0 CONCLUSION

Several factors have been identified as major determinants of healthcare services utilization. Among these factors, it is instructive to note that the gender factors are very crucial to the subject under review. Recent studies have shown that Nigerian women in some sub-cultures may not seek medical help from experts during child labour unless their spouses permit them. Others even prefer to be examined only by female physicians when they are sick. On education, studies have also confirmed that women with formal education are more likely to assume responsibility and seek medical help for themselves and their children during ill-health than those of them with little or no formal western education. Family income has also been identified as an important determinant of healthcare services utilization.

5.0 SUMMARY

In this unit, we have learnt of the:

- need for healthcare utilization;
- different types of health services; and
- factors affecting utilization of health services.

ANSWER TO SELF ASSESSMENT EXERCISE

The major health services known to me are:

i. Preventive health services, and
ii. Curative (treatment) health services.

6.0 TUTOR-MARKED ASSIGNMENT

Define preventive health services. How is this different from the other health services known to you?

7.0 REFERENCES/FURTHER READING

Cockerham W. C. (1982). *Medical Sociology,* Second Edition, Prentice Hall: Englewood Cliffs.

Erinosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

Metiboba, S. (2007). *Issues in Health Sociology,* Nathadex Publications.

UNIT 2 TRADITIONAL THERAPEUTICS AND SYSTEM OF CARE

CONTENTS

1.0 INTRODUCTION

The healing art is an all-encompassing activity ranging from the services of the orthodox medical practitioners to those of the unorthodox healers. Nabofa (1996) observes that while the orthodox healers use techniques that are based upon scientific investigations and applications, the traditional healers rely on the intuitive insight and faith of both the healer and his patients, which may defy empirical and scientific verifications.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- concept of traditional medicine
- different types of traditional practitioners and practices
- advantages and disadvantages of traditional medicine
- challenges of integration between orthodox and Traditional Medicine.

3.0 MAIN CONTENT

This unit examines the concept of traditional medicine and the different types of traditional medicine practitioners and practices. It also dwells on the advantages and disadvantages of traditional medicine and the challenges of integration between orthodox and traditional medicine.

3.1 The Concept of Traditional Therapeutics

Traditional therapeutics are healing techniques which rely on intuitive insight and faith of both the healer and his patient. Quite often, these techniques lack any empirical or scientific proof.

3.2 Traditional Practitioners and Practices

The traditional healers can be categorized as follows:

i. the general practitioners;
ii. Oracle men/women;
iii. Bone setters
iv. Traditional birth attendants;
v. Psychiatrists;
vi. Massagers;
vii. The spiritual healers.

i. The General Practitioners

The general practitioners are healers skilled in different aspects in the management of various forms of problems in the community. They perform general services and they combine their knowledge of herbal medicine with their skills in divination.

ii. Oracle Men/Women

These are healers endowed with the special skills of divination. They proffer reasons for the cause of problems

iii. Bone Setters

These are versed in the art of “fixing” fractured bones with special reference to the hand and leg bones.

iv. Traditional Birth Attendants

These are mostly women who have special skills in the management and delivery of babies. They specialize in both pre-natal and post-natal services.

v. Psychiatrists

The traditional psychiatrists skilfully manage mental problems of different types and severities.

vi. Massagers

These healers possess the special knowledge and skill to rub the body and dislocated bones of patients. They can also reposition the foetus in the womb

vii. The Spiritual Healers

The spiritual healers consist of charismatic prophets/leaders who employ various spiritual techniques or means to effect supernatural intervention so that the sick may be healed.

SELF ASSESSMENT EXERCISE

Identify three categories of traditional healers in Nigeria.

3.3 Perceived Advantages and Efficacy of Traditional Medicine

i. Traditional healers tend to employ the technique of empathy and psychology better than their orthodox counterparts;
ii. They are more accessible to the patient;
iii. It is believed that their mastery of witchcraft/sorcery enables them to heal the sick;
iv. The cost of receiving care is apparently cheaper.

Despite these perceived advantages, traditional medicine is criticized on the ground that it lacks standardisation in prescription and dosage. It is also criticized for inaccurate diagnosis. It is believed to be a promoter of ignorance and superstition and that it lacks continuity partly because of the absence of formal training in the art and science of the healing practice.

3.4 Traditional and Orthodox Medicine: Challenges of Integration

Integration between orthodox and traditional medicine is desirable because of the following:

i. Health matters require multi-sectoral approach, which must include impute from all branches of knowledge.
ii. Each of the practitioners has something to learn from the other to advance the healing art. It would open-up new frontiers of knowledge and skills for the management of patients.
iii. It would reduce fake practitioners at both ends.
iv. It would enhance better understanding and cooperation among all stakeholders in healthcare delivery.

The challenges of integration between orthodox and traditional medicine includes:

i. How to encourage traditional healers and orthodox practitioners to come to a roundtable to iron out their differences and cooperate.
ii. How to alleviate the existing suspicion and mistrust between the two practitioners.
iii. How government as an impartial umpire can forge a mutually beneficial working relationship between the two.

4.0 CONCLUSION

Traditional medicine may have come to stay in the healing industry especially among most Third World countries. This is not only because of the manifestation of more mysterious and malignant diseases, but also because illness and disease in these countries are mostly associated with magical religious-factors.

5.0 SUMMARY

In this unit, we have learnt the:

- concept of traditional medicine;
- different types of traditional practitioners and practices;
- advantages and disadvantages of traditional medicine;
- challenges of integration between orthodox and traditional medicine.

ANSWER TO SELF ASSESSMENT EXERCISE

Three categories of traditional healers in Nigeria are:

i. General practitioners;
ii. Psychiatrists; and
iii. Bone setters

6.0 TUTOR-MARKED ASSIGNMENT

Justify reasons for the integration of traditional medicine with orthodox medicine.

7.0 REFERENCES/FURTHER READING

Cockerham W. C. (1982). *Medical Sociology,* Second Edition, Prentice Hall: Englewood Cliffs.

Erinosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

Metiboba, S. (2007). *Issues in Health Sociology,* Nathadex Publications.

UNIT 3 CULTURE AND HEALTH

CONTENTS

1.0 INTRODUCTION

Culture plays a very important role in health and illness. It can be argued that the health status of a society is a function of the norms and values of that society. Culture and health cannot be separated because each represents, to some extent, different aspects of the same coin.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- understand the concept of culture
- appreciate the relevance of culture to health
- know the beneficial aspects of Nigerian culture with respect to health
- know the non-beneficial aspects of Nigerian culture with respect to health.

3.0 MAIN CONTENT

The main thrust of this unit is the concept of culture, the relevance of culture to health and some aspects of Nigerian culture which are beneficial to health. It also contains materials on non-beneficial aspects of Nigerian culture with respect to health.

3.1 The Concept of Culture

Culture can be defined as a system of norms, values and customs which is socially learned by members of a group and is transmitted from generation to generation. Culture is the total way of life of a people.

3.2 The Relevance of Culture to Health

Culture is relevant to health in many ways. These include:

i. Culture derives from societal practice, norms, and values, health habits inclusive.
ii. Cultural practice can enhance or worsen the health status of a people.
iii. The definition of health and illness of a people can only be understood within their cultural context.

SELF ASSESSMENT EXERCISE

Why is the study of culture relevant to health?

3.3 Some Aspects of Nigerian Culture that are Beneficial to Health

i. Prolonged breast-feeding of babies promotes healthy growth among babies.
ii. Child spacing is a kind of natural family planning.
iii. Prolonged cooking of food prevents food contamination and destroys deadly bacterial.

3.4 Some Aspects of Nigerian Culture that are not Beneficial to Health

i. the practice of female genital mutilation;
ii. the practice of widowhood rites;
iii. food taboos (e.g. eating of nutritious items like egg and protein)
iv. child marriage;
v. child labour and child abuse; and
vi. Cross-coursing marriage among some ethnic groups, a kind of in-breeding which contributes to congenital malformations.

4.0 CONCLUSION

The relevance of culture to health (positive or negative) is not limited to African societies alone. It applies to technologically developed societies

also. As culture is dynamic, so also does the health behaviour of a people undergo change. More research would in future reveal the relationship between culture and health. For now, we know that the two are intertwined and interrelated.

5.0 SUMMARY

In this unit, we have learnt the:

- concept of culture;
- relevance of culture to health;
- beneficial aspects of Nigerian culture with respect to health; and
- non-beneficial aspects of Nigerian culture with respect to health.

ANSWER TO SELF ASSESSMENT EXERCISE

The study of culture is relevant to health because:

i. Cultural practice can enhance or worsen the health status of a people.
ii. Culture derives from societal practice, norms, and values, health habits inclusive.

6.0 TUTOR-MARKED ASSIGNMENT

Explain the relevance of culture to health in your community.

7.0 REFERENCES/FURTHER READING

Cockerham W. C. (1982). *Medical Sociology,* Second Edition, Prentice Hall: Englewood Cliffs.

Erionosho, A. O. (2005). *Sociology for Medical, Nursing and Allied Professions in Nigeria.*

Metiboba, S. (2007). *Issues in Health Sociology,* Nathadex Publications.

UNIT 4 MENTAL ILLNESS AND MENTAL HOSPITAL AS A SOCIAL INSTITUTION

CONTENTS

1.0 INTRODUCTION

Some scholars have argued that mental illness is clearly not an "illness." Reasons for this view include the assumption that only symptoms with demonstrable physical lesions qualify as evidence of disease and that mental symptoms result from problem in living. It is also argued that physical symptoms are objective and independent of sociocultural norms, but mental symptoms are subjective and dependent on sociocultural norms (Scasc, 1974). However, Ausubel (1951) has disputed this view, arguing that mental symptoms do not have to be physical before it can be defined as disease and that psychological symptoms can be classified as essence of disease if they impair the personality and adversely affect behaviour. The subject of mental illness therefore, till date, is still not absolutely known and explicit.

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- understand the concept of mental illness
- highlight the major theoretical models of mental illness
- understand the major types of mental illness
- be familiar with the social epidemiology of mental illness.

3.0 MAIN CONTENT

This unit contains materials on the definition of mental illness, the theoretical model of mental illness, the major types of mental illness and the social epidemiology of mental illness.

3.1 Defining Mental Illness

Mental illness or disorder has been defined as a condition that is primarily psychological and alters behaviour. Mental illness is also described as a condition which, in its "full-blown" state is associated with stress or generalized impairment in social functioning. Generally, mental disorders are considered a form of deviant behaviour.

3.2 Theoretical Models of Mental Illness

Theoretical frame works attempted to explain metal illness. These models include:

i. the psychoanalytic model;
ii. the social learning model;
iii. the social stress model;
iv. a societal reaction theory;
v. the medical model.

i. **The psychoanalytic model:** focuses attention on internal factors that affect the human being. Sigmund Freud was the major proponent of this theory.

ii. **The social learning model:** asserts that social behaviour, including mental illness is learned and that what can be learned can also be unlearned and can be replaced with more appropriate behaviour.

iii. **The social stress model:** this model argues that mental disorder is as a result of psychological stress due to genetic inheritance or some biochemical abnormalities.

iv. **A societal reaction theory:** this is a sociological explanation which locates mental illness within the social structure. Social problems like poverty and unemployment and inability to attain a desired goal through legally prescribed means, according to this model, can result in some form of mental illness.

v. **The medical model:** this model conceives of mental disorder as a disease that can be treated through medical means. It seeks to attribute all mental dysfunction to physiological, biochemical or genetic causes.

SELF ASSESSMENT EXERCISE

Identify three theoretical models of mental illness.

3.3 Major Types of Mental Illness

The major types of mental illness known are:

i. **Organic mental disorders:** brain dysfunction caused by a specific organic disturbance related either to the effect of aging or the ingestion of alcohol or drugs.
ii. **Substance use disorders:** maladaptive behaviour accompanying the use of substances like alcohol or drugs.
iii. **Schizophrenic disorders:** disturbance in mood, thinking and behaviour, manifested by distortions of reality that include delusions and hallucinations.
iv. **Paranoid disorders*:*** a delusional system of thought suggesting notions of persecution or jealousy.
v. **Affective disorders*:*** serious disturbance in mood consisting of either prolonged depression or elation.
vi. **Anxieties disorders:** condition in which anxiety is the main characteristic.
vii. **Dissociative disorders:** sudden and temporary loss of motor behaviour, consciousness or identity.
viii. **Psychosexual disorders:** sexual dysfunctions caused by psychological factors.
ix. **Personality disorders:** inflexible, maladaptive patterns of behaviour that pertain to thinking about the social environment and ones own self in relation to that environment in such a way that behaviour is impaired.
x. **Disorders usually prevailing in infancy, childhood or adolescence**: mental retardation, and disorders of childhood or adolescence.

3.4 Social Epidemiology of Mental Illness

Medical sociology has attempted to investigate the extent of mental illness in the general population and the identification of significant socio-demographic variables. Today, much is known about the relationship between social factors and rate of mental disorders. The following factors shall be considered:

A. Sex: several studies on the prevalence of mental disorder by sex have indicated that:

i. there are no consistent differences by sex in rates of psychiatric symptom and schizophrenia in particular.
ii. rate of affective and anxiety disorder tend to be higher for women than men; and
iii. rate of personality disorders are consistently higher for men regardless of time and place (Cockerham, 1982).

Studies have also revealed that where socio-cultural factors are considered, sex-based differences in the area appear to be the result of socialization into the socially prescribed roles based on gender.

B. Rural/urban living: there is no conclusive evidence yet to believe the widely held assumption that the stress of urban living is responsible for high rates of mental disorder and that the rural areas are relatively free of such. Studies on mental disorders have shown that psychosis generally prevalent in the rural areas except schizophrenia which tends to be more common in urban areas. Anxiety and personality disorders also tend to be more common in the urban areas.

C. Socioeconomic status has revealed that the highest rates of mental disorders are found among the members of the lowest socioeconomic group. Anxiety and affective disorder however tends to be more prevalent among the upper classes.

4.0 CONCLUSION

Mental illness, unlike other forms of illness or disabilities, tend to go more with stigmatization in most cultures. Mental hospitals provide care for the mentally sick. There is a social process of mental hospitalization. Usually, there are three phases of hospitalization and these are pre-patient, in-patient post-patient. Studies of hospitalizations in mental institutions have revealed some of the problems, like discrimination and stigmatization, which mental patients go through. There are community mental health centers in many cultures which are charged with the responsibility of providing a more humane treatment situation.

5.0 SUMMARY

In this unit, we have learnt about the:

- concept and meaning of mental illness;
- major theoretical models of mental illness;
- major types of mental illness;
- social epidemiology of mental illness; and
- role of mental hospitals as a social institutions.

ANSWER TO SELF ASSESSMENT EXERCISE

Three theoretical models of mental illness are:

i. a societal reaction theory;
ii. the psychoanalytic model;
iii. the social stress model.

6.0 TUTOR-MARKED ASSIGNMENT

1. What is mental illness?
2. Mention two major types of mental illness/disorder known to you.

7.0 REFERENCES/FURTHER READING

Cockerham W. C. (1982). *Medical Sociology*, Second Edition, Prentice Hall: Englewood Cliffs.

Jones, L and James S.P. (1975). *Sociology in Medicine*, English: Ilorin Press, Land.

Parsons T. (1979). *Definitions of Health and Illness in the Light of American Values and Social Structure.* New York: Free Press.

UNIT 5 POLITICS AND HEALTHCARE

CONTENTS

1.0 INTRODUCTION

Sometimes we decry the interference of politics in health matters. The assumption is that only scientific and humane considerations should determine health policy. However, in reality, there is the pre-eminence of politics in policy formulation, in general, and in healthcare system, in particular. In health planning, the influence of politics in health is well recognized as it leads to a better understanding of the healthcare problems. The World Health Organization (WHO), through its declaration on Primary healthcare (PHC) had insisted that there is need for strong political will and support at national and community levels so as to enhance healthcare planning and management (WHO/UNICEF, 1978).

2.0 OBJECTIVES

At the end of this unit, you should be able to:

- understand the definitions of health and politics
- appreciate the historical perspective of health development in Nigeria
- know the relationship between politics and healthcare delivery.

3.0 MAIN CONTENT

This unit contains materials on the definitions of health and politics, the historical perspective of health development in Nigeria and the relationship between politics and healthcare delivery.

3.1 Definitions of Health and Politics

Health, according to the World Health Organization (WHO), is a state of "complete physical, mental and social well-being and not merely the absence of disease or infirmity". With this definition we know that there is a close relationship between women activities and the level of health and there is an interdependence of physical and social factors.

Politics has been defined as the "authoritative allocation of values through the use of legitimate power, authority and rules (Easton, 1965, Dahl, 1970). Politics, according to Lasswell (1958) relates to the question of who gets what, when and how.

Policy however, means "the projected programme of goal, values and practices" (Lasswell and Kaplan, 1950).

3.2 Historical Perspective of Health Development in Nigeria

To some extent, we can locate the relationship between politics and health in the historical development of health in Nigeria. The colonial period provided the foundation for health policy and planning in Nigeria. The public health service in Nigeria started with the services provided by the British Army Medical Services. Health services were later extended to the populace.

The missionaries later formed the bedrock of further development in the provision of healthcare services. At independence in 1960, the missionaries accounted for about 75 percent hospitals, dispensaries and maternity centres in different parts of the country. Since two decades ago, healthcare received a boost through community participation and contributions from international organizations like WHO and UNICEF. Along with the orthodox medicine, traditional health practice of different forms has also expanded to widen the scope of healthcare delivery in Nigeria. Hospitals, including teaching and specialists, basic health centres, clinics, pharmaceutical centres, etc. are health facilities which provide healthcare for the citizenry. Private and public practice also operates, sometimes independent of each other, or interdependently through a well defined referral system.

SELF ASSESSMENT EXERCISE

Briefly explain the relationship between politics and health.

3.3 Relationship between Politics and Healthcare Delivery

The relationship between politics and healthcare delivery includes the fact that:

i. there is a heavy political influence in community mobilization and involvement in healthcare;
ii. politics is sometimes involved in the location of health facilities;
iii. political forces do affect the health programming and planning; and
iv. the conception and definition of health is usually moulded by the existing political culture.

4.0 CONCLUSION

The relationship between politics and health has been brought to the fore in many ways. A country that ignores the theoretical models in politics in health planning is bound to fail. Planning process in health, as in other sectors are affected by political systems.

5.0 SUMMARY

In this unit, we have learnt the:

- definitions of health and politics;
- historical perspective of health development in Nigeria; and
- relationship between politics and healthcare delivery.

ANSWER TO SELF ASSESSMENT EXERCISE

Politics is related to health because:

i. politics is sometimes involved in the location of health facilities;
ii. political forces do affect the health programming and planning;
iii. the conception and definition of health is usually moulded by the existing political culture.

6.0 TUTOR-MARKED ASSIGNMENT

How is politics related to healthcare planning?

7.0 REFERENCES/FURTHER READING

Jones, L and James S.P. (1975). *Sociology in Medicine***,** English: Ilorin Press, Land.

Parsons T. (1979). *Definitions of Health and Illness in the Light of American Values and Social Structure.* New York: Free Press.

Metiboba, S. (2007). *Issues in Health Sociology,* Nathadex Publications.