

# MEDICAL ASPECTS REGARDING THE WORLD'S UNPRIVILEGED INDIVIDUALS

MIHAELA-SORINA CIOCA

*Associated Medical Offices, Buzău*

**Abstract:** *Nowadays, medicine has a profound community character in most states of the world. Health condition is related to the community welfare, to the living standards, to everything that experts call life quality. Illness is not only a matter of human biology, but also an important social problem, partly depending on factors and conditions of social environment and partly on behaviours, social norms or values, practices, habits and life styles, habits of a certain population and its groups. Although physical and mental diseases may be found at all levels of social classes, the socio-economic position strongly influences the individual health status.*

**Keywords:** *unprivileged population, medical aspects*

**Rezumat:** *În prezent, medicina are un profund caracter comunitar, în cea mai mare parte a statelor lumii. Starea de sănătate este legată de bunăstarea comunității, de standardele ei de viață, de tot ceea ce experții denumesc calitatea vieții. Boala nu este numai o problemă de biologie umană, ci și o importantă problemă socială, dependentă pe de o parte de factorii și condițiile mediului social, iar pe de altă parte de comportamentele, normele sau valorile sociale, de deprinderile, obiceiurile și stilurile de viață practicate de o anumită populație și de grupurile sale componente. Deși îmbolnăvirile fizice și mentale pot fi găsite la toate nivelurile claselor sociale, poziția socio-economică influențează puternic statusul individual de sănătate.*

**Cuvinte cheie:** *populație defavorizată, aspecte medicale*

factors and conditions of social environment and partly on behaviours, social norms or values, practices, habits and life styles, habits of a certain population and its groups. From the sociological point of view, illness has a true social role involving a distinct behaviour, with lots of consequences on the life of the individuals and their community.

Among the man's fundamental rights, the right to health is extremely important.

In the Global Declaration of Human Rights, the right to health is defined as follows: "Any person is entitled to an appropriate living standard to ensure their own and their family's health and well-being, including: food, clothes and home, medical care and social services".

Social illness is due to the fact that society is divided in categories that differ according to the means of subsistence that influence the disease resistance. Misery diseases are social illnesses.

The health condition of the population may be defined as a complex of negative phenomena (morbidity, invalidity, mortality) and positive phenomena regarding the psychosomatic growth and the proportion of healthy people, a complex determined also by the socio-economic, cultural, hygienic-sanitary, biological, geoclimatic conditions, etc.

The training level of the population depends both on their social and economic status and on the cultural-traditional parameters and it represents an important factor of awareness for the group and the individuals, with positive or negative influences on their health condition.

An illiterate person from an illiterate environment is a potential sick person; that individual cannot have a positive health. The lack of education evades the individual responsibility for health.

The lower the socio-economic platform, the bigger is the risk of getting ill.

At world level, over one billion people are underfed. Out of them, 96% are living in developing countries. A quarter of the underfed population live in Sub-Saharan Africa, while more than two thirds in Asia and Pacific.

The Food Policy Research Centre estimates for the period 1995-2020 a 15% lowering of the number of the underfed children younger than 5. It is alarming that over 40% of the children in South Asia and one third of

## INTRODUCTION

Nowadays, medicine has a profound community character in most states of the world. The approach of health and illness takes place in a multidisciplinary context, the efforts of a physician being combined with the evaluation activities of biologists, sociologists, demographers, economists and other specialists in social sciences.

Health condition is related to the community welfare, to the living standards, to everything that experts call life quality.

Well-being is one of the fundamental rights of human beings, irrespective of nationality, religion, political views, economic and social condition.

Illness is not only a matter of human biology, but also an important social problem, partly depending on

those in Sub-Saharan Africa and South-East Asia will continue to suffer from hunger.

In 1977 and 1999 a high rate of child mortality was recorded both in the underdeveloped countries and in those with low income. This can be explained by: limited access to education, unsatisfactory quality of the medical and social assistance services, poverty rate etc.

A first step in health improvement is the decrease of the mortality rate at world level from 96 to 56 regarding 1000 births, between 1970 and 1999. There were just three exceptions: Belarus, Armenia and Zambia. Life expectancy in some of the poorest countries in the world have lowered to half, compared with the level of expectation in the richest countries, due to HIV epidemics in some parts of Sub-Saharan Africa. At world level, there are even more concerns in relation to new diseases, such as chicken flu and SARS, but also mental diseases and domestic violence. As long as there is no equity between people and as long as society is socially imperfect, with very rich people and very poor people, there will be no equity of global chances for a good health condition.

“Although physical and mental diseases may be found at all levels of social classes, the socio-economic position strongly influences the individual health status”.(1) Thus, for example, the children born in poor families are more likely to die in their first year of life than those born in well-off families. The people with a lower socio-economic status are more likely to acquire a number of diseases, such as: anemia, arteritis, heart disease, diabetes, cancer, tuberculosis, sexual diseases (syphilis, HIV), diseases generated by alcoholism, drugs consumption, smoking. Also, the low class people are unlikely to be treated for severe health problems than the well-off people. The reasons for such differences would be that the poor cannot afford the health care standard the rich can. The poor are living in conditions which may affect their health, with low nutritional supply which favour the occurrence of diseases. Another reason is that the poor are less likely to admit they are ill and tend to neglect the medical check up. This makes a disease more likely to become severe and may even lead to disablement. The rich will quickly go to the doctor for adequate investigation and treatment, as they have the necessary funds. The poor often neglect it just for the financial reasons. Another aspect is that the poor are less available to be involved in the medical activities of prevention, especially when there is no obvious sign of disease.

Health indices are representative for the assessment of the social well-being. They express the health improvement or health deterioration of a community. According to the documents of Agenda 21, at least 15 million children die every year due to avoidable causes: trauma by suffocation at birth, acute respiratory infections, malnutrition and diarrhoea, while the youth is more and more vulnerable to drugs, undesired pregnancy and sexual transmission diseases. “At world level, the problems caused by water scarcity, inadequate sanitation and poor hygiene are the main factors responsible for the

burst of cholera and dysentery epidemics, affecting 3 million people every year”.(4) Marsh fever is considered by WHO (World Health Organization) as the epidemic number one, as every year it causes 500 million illnesses in 90 countries of the world and 1.5-2.7 million deaths.

Tuberculosis, which is the most spread cause of mortality by infection in adults, caused three million deaths in 1996, 95% of them being recorded in the developing countries.

According to EMU (Economist Intelligence Unit), the northern countries, Sweden, Norway and Finland are considered as having the best health condition in Europe. The 14 indices analyzed were: life expectancy, child mortality rate, vaccination of population, the number of HIV cases, rate of mortality due to cancer, heart diseases, respiratory diseases, infectious diseases, tabacosis.

Italy is only on the fourth place, due to the dramatic condition of vaccinations. Greece and France are among the first European countries regarding the general health condition of their population, thanks to adequate nutrition and a low rate of heart diseases. Great Britain is on the 14<sup>th</sup> place, while Germany on the 15<sup>th</sup>, due to some particular aspects of their way of living.

In Eastern Europe, there are countries with an increased deterioration of the health condition, where food quality is rather bad, the medical attendance of the sick people is poor, the costs of the medical services are high and the quality of such services is poor.

At world level “The Report on world population health in 1998”, drawn up by WHO, followed the influence of various diseases which lead to death regarding the developing countries and the developed ones. These data are considered significant indices in order to monitor the process of social and human development.”(4)

Thus, tuberculosis, marsh fever and HIV are responsible for one third of the deaths recorded in 1977, that is 52.2 million, in the developing countries.

In early '90s, over 10 million people were infected with HIV. In 2002, their number increased to 40 million. Although, almost all world countries are affected by this disease, HIV is preponderantly found in North America, the Caribbees, Central Africa and South-East Asia.

Cancer and cardiovascular diseases have caused the death of 13 million people in the developed countries and 8 million in the developing countries.

The main death causes in the developing countries are the infectious and parasitic diseases. These affect 42% of the population. The diseases of the circulatory system affect 24% of the population.

Yet, in the developed countries, the diseases of the circulatory system are on the first place, with 42%, followed by cancer with 22%.

54 million people are dying every year. Among these, 13.3 million are the victims of a bacterium, a virus or a parasite. If we take into consideration the premature deaths before the age of 45 age, it is clear that the

infectious diseases cause 48% of deaths.

Infectious diseases occur mostly in: Africa, South-East Asia, the rural south of China, some regions in Latin America, but also in Romania, Bulgaria, Albania, Russia, Ukraine etc. At the same time, measles, which is practically harmless in Western Europe, causes the death of 80,000 children in the poor countries.

The notions of health and illness, the concepts of normal – pathological, deviation-conformity, have a relative nature, varying from one socio-cultural context to another, from one particular social group to others. They are important indices of social progress, social well-being, culture and civilization of a nation.

**19.** Amenințare la adresa sănătății în lume.<http://www.causeni.iatp.md/bodboys/>.

### BIBLIOGRAPHY

1. Agabrian M. Sociologie generală. Iași. Institutul European, 2003.
2. Buzducea D. Aspecte contemporane în asistența socială. Iași. Editura Polirom, 2005.
3. Lupșa M, Bratu V. Sociologie. Deva. Editura Corvin, 2006.
4. Neamțu G et al. Tratat de Asistență socială. Iași. Editura Polirom, 2003.
5. Rădulescu S. Sociologia sănătății și a bolii. București. Editura Nemira, 2002.
6. Vulcu L. Sănătate Publică, vol.I. Sibiu. Editura Universității „Lucian Blaga”, 2005.
7. Vulcu L. Medicina socială. Parte componentă a sănătății publice. Sibiu: Editura Universității „Lucian Blaga”, 2005.
8. Vulcu L. Economia sănătății. Sănătatea este un bun economic. Sibiu: Editura Universității „Lucian Blaga”, 2006.
9. Vulcu L. Sănătate Publică. vol.V. Sibiu. Editura Universității „Lucian Blaga”, 2006.
10. Mardare E. (2004). „Tehnici și strategii terapeutice adresate familiei cu probleme de sănătate”. Revista de Asistență Socială, nr.2-3, p.188-191.
11. Berca M. Dosarele globalizării. <http://www.vipnet.ro/pluralitas/berca1.pdf>.
12. Ramonet I. „Celelalte războaie”. Le monde diplomatique. <http://www.lumea.ro/059942.html>.
13. Reper istoric 7 aprilie. <http://www.emm.ro/StiriTipăresteStire.aspx?NewsID=12213>.
14. Aprilie-Ziua Mondială a Sănătății. <http://www.postamedicala.ro/stiri-medicale/sanatate-publica/7-aprilie-ziua-mondiala-a-sanatatii>.
15. Organizația Mondială a Sănătății – Wikipedia. [http://ro.wikipedia.org/wiki/Organiza%C5%A3ia\\_Mondial%C4%83\\_a\\_S%C4%83n%C4](http://ro.wikipedia.org/wiki/Organiza%C5%A3ia_Mondial%C4%83_a_S%C4%83n%C4).
16. Carte Albă-„Împreună pentru sănătate: O abordare strategică pentru UE 2008- 2013.”Comisia Comunităților Europene. Bruelles, 23.10.2007. <http://lex.europa.eu/LexUriServ/LexUriServ.douri=com:2007:0630:FIN:RO:PDF>.
17. OADO – Organizația pentru Drepturile Omului. <http://www.oado.ro>
18. Wikipedia. Enciclopedia liberă. <http://www.ro.wikipedia.org/wiki/FidelCastro-35k>.