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Exploring the Influence of Social Structures on the Health of Individuals

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Abstract: ***Social structures are social factors that are made up of human beings. Social structures are frameworks through which society is established. They exist independently of individuals, constrain as well as enable human behaviours, and have the potential of changing over time. This establishment is a determinant of both norms and the patterns of various institutions within the society. The most common example of social structure is religion, law, economy, family, and class.The objective of this paper, therefore, was to assess the influence social structures have on the health of individuals. The study adopted a descriptive survey research design and targeted 840 respondents from 7 countries across sub-Saharan Africa. Data was collected through structured questionnaires and interview guides, which were pilot-tested before use and utilized the Cronbach alpha test on SPSS to measure both reliability of the research tool and the internal consistency. The data was analysed using descriptive statistics which includes correlation analysis aided by Statistical Package for Social Science (SPSS) for quantitative while the qualitative data was analysed using narrative and thematic methods. Results showed that social structures indeed have an influence on the health of individuals. Respondents identified social structures such as marriage/family relationships, churches/mosques (religion), hospitals, social networks, social environments, economy, law, etc. They reported that churches/mosques and schools serve as molding grounds and influencers in the communities while the hospitals serve as first responders in the case of health care needs and disease outbreaks. Also, information and knowledge are acquired on healthy living practices, social and spiritual morals, etc. through these structures.The respondents gave social structures an average rating of 3.1 out of 5 showing a 62% influence on the health of individuals. The correlation analysis between social structures and the health of individuals demonstrated a degree of positive correlation, with an estimated average of 0.7. In conclusion, the study showed that without social structures are shapeless because there wouldn't be an avenue where human beings in society can interact or live together. The social structures are characterized by supporting individuals within a circuit (both financially, morally, care, etc.) and this helps to reduce the effects of stress on the people who are part of the society as well as the likelihood of becoming sick. They serve as molding grounds and influencers in the communities as well as being the first responders in the case of health care needs and disease outbreaks. The economy and educational level of individuals play a vital role in their health. It is therefore very pertinent to note that for a favorable health of individuals and health outcomes, the social structures are to constantly be tilted to the positive side for the society. This includes providing the right structures for good education, health, economy, and morals using religion as well as the law for a saner society.***

Keywords: Social Epidemiology, Social Structures, Health, Social Factors

1. Background

The New World Encyclopaedia defined social structures as the framework through which society is established. This establishment is a determinant of both norms and the patterns of various institutions within the society. The most common example of social structure is religion, law, economy, family, and class.

The social networks, status, and social structures have a high ability to affect the health of every individual. Various research shows how people are slowly becoming part of the social networks thus end up becoming less stressed and sickly. The health status of every individual is mostly affected by poor economic and social conditions. People who fall down the economic status are twice at risk of some serious illnesses, and some are exposed to premature death (WHO, 2003). Several situations such as anxiety, inability to cope with stress and desperation and psychological issues can lead to premature death (Valdiserri et al., 2018). These challenges can cause lifelong terminal illnesses and health disparities.

Health is not only influenced through biological or genetic factors but social and societal attributes. Von dem Knesebeck, (2015) noted three major categories in social epidemiology, which include social inequalities, social movement, and social relations. The people from the lower social-economic group are pose education, higher chance of developing disabilities, and have a high incidence and prevalence of diseases. They end up dying at a younger age than the other social-economic groups. Most people in the lower social-economic group are not able to control the gradients of health nor diseases. With the increase in inequalities in most of the sub-Saharan African countries, the issues are becoming vital in the future of the family. It is public knowledge that inequality leads to poor health (Valdiserri et al., 2018). Although, the issues can be argued how the appropriateness is caused through the causal social interpretations.

Healthcare is a product of the environment with which the individual lives. The life of an individual is influenced by their ability to satisfy their need. Health conditions or ailments are created as a counter-reaction of human activities in particular. The sociological environment is the most significant part of an individual as it involves any form

of human-to-human interaction (Sharma & Gupta, 2022). Where an individual becomes affected by the general characteristics within the community is referred to as a product of social epidemiology.

Sacker, et. al., (2002) noted that the human body responds to living conditions. They further stressed that poor conditions develop the body into having weaker immunity as the community is exposed to poor nutrition. Healthcare issues are accelerated by factors such as emotional and family support. The community in the daily lives of the common man places challenges within each other's lives and despite its indirect attachments, it accelerates health conditions. Stressful situations have a hand in making people experience premature death and to an extent of having social and psychological problems. Also, anxiety, low self-esteem and isolation have unexplained effects on health (WHO, 2003). People who appear on the lower level of the hierarchy in the third world are more exposed to such challenges. Most of healthcare conditions are a result of neglecting the primary healthcare factors. When social pressure and emotional attacks happens, the individual's physic usually is in shape with no form of ache. The problem develops to a secondary issue as a result of a neglect of the primary factor, which is mental stress developed out of societal pressure. It generates worry and uncertainties; the brain then develops a response with a faster heartbeat and blood pressure rate. The risk developed is dependent on the time taken to detect the health condition as the body could fail to show visible symptoms (Institute for Quality and Efficiency in Health Care, 2006).

Social disparities and its impact on health have two main conceptualizations, they include the neutral vision, which consists of the vertical scale or income resources, and the social class which stands for the radical class (Krieger et. al., 1997). (Alhusen et al., 2016) argues that social status such as occupation; education and incomes truly reflect the population association with various social phenomena and the link to health outcomes.

Krieger et. al., (1997) defined social class as category of social groups that are forged through the interdependent economic and legal links. The proposed definition by Krieger explains how social classes view health without the Marxist connotations as well as the social-economic. This technique is based on social identities such as lifestyle, elements, recognition, language, and the temporary identity such as the system of the family (Okoi & Bwawa, 2020).

The social class can be used to reflect on hierarchy and the creation of identity divides, comprising of various categorically unequal set of groups. According to a survey done by Elo (2009), regarding the class health inequalities, there has always been a link between health and social class. Though this discrepancy remains, the welfare units of developing countries are looking forward to improving health quality in all departments. This applies to all facets of health, such as life expectancy, maternal mortality rates and the general standard of health (Valdiserri et al., 2018). It is becoming a challenge in trying to close the social gap, although people claim that if such parameters will improve at all levels of society, it should not be a cause for alarm (Okoi & Bwawa, 2020). According to a report from the National Statistics, there continue to be a marked disparity in all parameters of health transversely in the social classes. Currently, from various researches, women have a longer life span compared to men. This is still complicated especially when inequalities between local towns have increased in the last two years (Kumanyika, 2019). Social class is to an extent over-simplified to mean status, culture, background, and wealth together with employment.

Various reviewed research shows how the growing inequalities in the health status between the people from the low income and those from the higher socioeconomic (Kumanyika, 2019). It is the responsibility of the clinicians and teachers to incorporate the discussed knowledge through assessing patients (Omigbodun et al., 2017). The social class has dramatically marked several effects on mortality and the morbidity whether measured, such as occupational, education as well as income disparity.

Change in health and wellbeing's across the Sub-Saharan Africa is majorly influenced bythe social and economic disparities. This challenge is also attributed to the difference in occupation and the income of everyone. There is a reputable correlation between occupation and poor health. Those who are with low income have detrimental health, which is caused by a lack of having access to good and quality healthcare.

Health inequalities can be reduced through investment by the society in the individuals and their environments as well as environments where deprivation, impoverishment and economic uncertainties are prevalent. It is impossible to reduce individual health and well-being through biology, mediocre lifestyle options available are all outcomes of the social inequalities (Osseni, 2020). This discussion concludes that a society that has prioritized its material acquisitions are headed toward division. It can be argued how a healthy society can only be built through equality, social cohesion as well as social justice.

2. Methodology

This study adopted a descriptive survey research design. This allows the researchers in the collection of data, analysis, presentation and interpretation for the sole purpose of clarity (Orodho, 2002). Cooper & Schindler, (2008) added that it aids the researcher to have an extensive analysis and to understand a particular concept. The adequacies of a research design to fulfil the research objectives determine its applicability. A descriptive research survey design helps the researcher to collect comprehensive information. This is through a combination of both quantitative and qualitative data collection methods. This survey design aided in drawing conclusions on the influence social structures has on the health of individuals. This survey research design was chosen as a result of its suitability to fulfilling the research objectives.

This research targeted 7 countries across sub-Saharan Africa (3 in West Africa, 3 in East Africa and South Africa. The sample size for the study included 840 respondents (120 each) from Nigeria, Ghana, Liberia, Uganda, Tanzania, Zambia, and the Republic of South Africa. Furthermore, key

informant interview was conducted for 10 selected respondents (5 from each region). The survey and key informant interview methods of data collection were used to collect opinion from the participants as regards social structures and health of individuals.

Using a semi structured questionnaire with open ended and close ended questions as well as the use of a key informant interview guide for data collection. The tool was piloted and its reliability tested using the Cronbach alpha test using SPSS with a score of 0.73. Nunnaly (1978) and Mugenda & Mugenda (2003) noted that scores of 0.70 and above are acceptable reliability coefficient therefore the questionnaire was considered reliable.

The study adopted the descriptive statistic methods as well as correlation analysis using SPSS to analyze the quantitative data while the qualitative data was analyzed using narrative and thematic methods. 95% confidence level was used to test the significance of the factor, and this was done using correlation analysis. This was to establish the degree of strength in terms of the relationship between the variables. The Spearman's correlation was utilized in the establishment of the relationship between the variables. The below model specification guided the multiple regression analysis;

$$Y=(\alpha+\beta1X1+\beta2X2+\beta3X3+\beta4X4+\varepsilon)$$

Where;
Y = Project Performance
β0 = Constant Term
β1= Beta coefficients
X1= M&E planning
X2= M&E Skills
X3= M&E information management system
ε = Error Term

3. Research Findings

Response Rate and Demography of respondents
Out of the total number of participants in the sample frame, the response rate is the percentage of people that correctly completed semi-structured questionnaires (Fowler, 2002). The survey had a 97% response rate. The distribution of responders is displayed in table 4.1 below.

This rate of response was adequate and representative; thus, it was used to draw study conclusions. A 50% response rate is sufficient for analysis and report writing, a 60% response rate is considerately enough, and a 70% rate is exceptional (Mugenda and Mugenda, 2003). This is also the viewpoint of Babbie (2010), who considers a response rate of greater than 70% to be exceptional.

Table 1: Respondents Distribution by country

		Frequency	Percent	Valid Percent	Cumulative Percent
	Ghana	115	14.1	14.1	14.1
	Liberia	109	13.4	13.4	27.5
	Nigeria	156	19.1	19.1	46.6
	South Africa	106	13.0	13.0	59.6
	Tanzania	101	12.4	12.4	72.0
	Uganda	116	14.2	14.2	86.3
	Zambia	112	13.7	13.7	100.0
	Total	815	100.0	100.0	

Data showed that 59% (n=481) are married while 41% (n=334) are single. The majority of the respondents (69.3%, n=565) as shown in table 2 below are between the ages of 26 to 35 years while the least (4.4%, n=36) are between 18 to 25 years of age.

Table 2: Respondents Distribution by age

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	18-25 years	36	4.4	4.4	4.4
	26-35 years	565	69.3	69.3	73.7
	36-55 years	214	26.3	26.3	100.0
	Total	815	100.0	100.0	

As shown in Table 3 below, the majority (50.4%, n=411) of the respondents have graduate degrees as their highest level of education while the least (6.3%, n=51) have secondary/high school as their highest level of education. 43.3% (n=353) have post-graduate degrees.

Table 1: Respondents' highest level of education

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Graduate Degree	411	50.4	50.4	50.4
	Post-Graduate Degree	353	43.3	43.3	93.7
	Secondary/High School	51	6.3	6.3	100.0
	Total	815	100.0	100.0	

The employment, income, as well as the economic status of the respondents, was assessed. As shown in figure 1 below, the majority (91.2%, n=743) of respondents are employed (12.8% employed in the civil service, 41.3% employed in the private sector, and 37.1% self-employed) while 8.8% (n=72) of the respondents are unemployed.

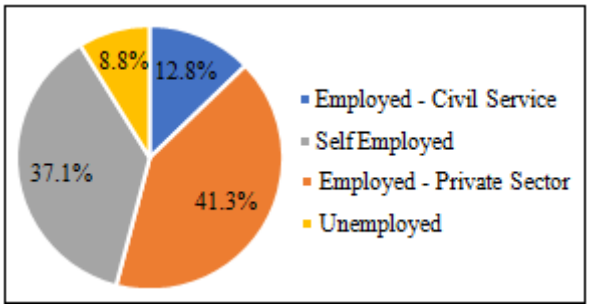

Figure 1: Employment Status

67.1% (n=547) of the respondents classified themselves as middle-income earners while 32.9% (n=268) were classified as low-income earners. This was well replicated in the rating of the respondent's economic status as shown in table 4 below which showed that the majority (76.1%, n=620) of the respondents are on average in terms of economic status while the least (2.1%, n=17) are classified as rich.

Table 2: Rating of current economic status

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	Average	620	76.1	76.1	76.1
	Poor	178	21.8	21.8	97.9
	Rich	17	2.1	2.1	100.0
	Total	815	100.0	100.0	

Social Structures and Health of Individuals

Social structures are social factors that are made up of human beings. They exist independently of individuals, constrain as well as enable human behaviors as well as have the potential of changing over time. Some of the social structures identified by respondents include family (94%), marriage/family relationships (89%), churches/mosques (82%), hospital (81%), social networks (76%), social environments (73%), economy/income (66%), others (43%).

Table 3: Do you have access to quality healthcare systems?

		Frequency	Percent	Valid Percent	Cumulative Percent
Valid	No	143	17.5	17.5	17.5
	Yes	672	82.5	82.5	100.0
	Total	815	100.0	100.0	

As shown in Table5 above, 82.5% (n=672) reported having access to a quality healthcare system while 17.5% do not have access.

Expanding on the identified social structures, respondents mentioned that social networks are good because the network provides support (both financial, moral, care, etc.) to its members. This reduces the effects of stress on the people who are part of the social networks as well as the likelihood of becoming sick. The testimonies revealed that the effects of the help received from family, friends, and neighbors are tremendous and have gone ahead to reduce worries, anxiety, stress, etc. Churches/mosques and schools serve as molding grounds and influencers in the communities while the hospitals serve as first responders in the case of health care needs and disease outbreaks. Respondents noted that through these structures, information, and knowledge are acquired on healthy living practices, social and spiritual morals, etc. In the words of respondents:

> "… the generation of young people of these days engage in pre-marital sexual intercourse. In the church, they teach us morals which limit the chances of people engaging in pre-marital sex and contracting sexually transmitted infections".
> "If we have equipped hospitals in our communities, we can easily have access to doctors who will treat our sicknesses and prevent us from dying young…".

A favorable social environment includes relationships, institutions, culture, and physical structures such as hospitals, etc. The respondents who reported having a favorable social environment reported records of fewer pregnancy complications, low illness frequency, and quick recoveries, as well as limited health problems and stressful life events. While those who reported having unfavorable social environments reported high illness frequency, stressful life events, complications during pregnancy, etc. This was also represented in the response of 98% (n=798) of the respondents who are living in the average and poor economic status combined as shown in table 6 below. The majority (46.2%, n=377) fell sick yearly followed by 25.4% (n=207) who rarely fell sick 17.7% (n=144) fell sick on a bi-monthly basis while 10.7% (n=87) fell sick monthly. The respondents (100%, n=17) who are classified as rich in economic status, rarely fell sick. This pattern is replicated and the same across the Sub-Saharan African countries and regions under study.

Table 4: Disaggregating frequency of sickness by economic status

	Monthly %	Bi-Monthly %	Yearly %	Rarely %
Poor	19 (34)	20 (36)	31 (55)	30 (53)
Average	9 (53)	17 (108)	52 (322)	22 (137)
Rich	0 (0)	0 (0)	0 (0)	100 (17)

Economic status or income levels of individuals and households have higher chances of influencing health. This implies that lower income can contribute to worse health status while higher income leads to better health status. Also, adverse health effects of lower income accumulate over children's lives. Case et. al. (2002) noted that in different datasets, in the test of relationships between income and health, lower income is likely to be a cause of worse health status. Also, in both the Panel Study of Income Dynamics and the National Health Interview Surveys, Case et al., (2002) noted that children do not normally contribute to household incomes, but their health and health status are largely associated with the household's income level and the relationship between income and children's health becomes more pronounced as children grow older.

The natural routes that link income to health are likely to be different from those linking education to health. This is because, income enables individuals to purchase the different things that are necessary for maintaining health such as nutritious meals, health insurance, access to good health facilities, etc. Also, being financially secure provide individuals with a psychological sense of control and dominance over their environments. As observed by Case & Paxson, (2002), higher income has a relationship with healthy behaviors such as abstaining from smoking in homes, etc. They further noted that these behaviors do not necessarily cost money and poorer parents are more likely to smoke in order to buffer themselves from poverty-related stress and depression.

Under-privileged or deprived neighborhoods are frequently identified by adverse social, physical, and service environments, which usually include exposure to more air pollution as a result of their closeness to heavy traffic, lack of social amenities like hospitals, safe grounds for physical activities, etc. Kawachi & Berkman, (2003) opined that appropriate social and cultural environments for the production of health do not just include the immediate environment of the individual (such as family, etc.) but also the broader social contexts such as the community in which a person inhabits.

Social factors and Health of individuals Correlation Analysis

A correlation analysis is a descriptive statistical tool for determining the relationship between two or more variables or datasets that belong to the same group. It can also be used to determine how strong a link between two or more variables is. The coefficient of correlation, also known as the coefficient of determination (ɣ), is a metric that measures the direction and strength of correlations between variables across the entire variable range. The direction of the relationship is indicated by the sign (+ or-) of the coefficient. If the coefficient is positive, it means that if one variable rises, the other rises with it.

By employing correlation analysis, the researcher was able to statistically evaluate the impact/influence of social structures on the health of individuals. The 95% confidence interval was used to calculate Spearman's Coefficient of Correlation. The data in table 7 below showed a strong link between the social structures and the health of individuals, with a correlation coefficient of 0.701.

Table 7: The Social Structure and Health Spearman Correlation

		Health of Individuals
Social Structures	Spearman Correlation Sig. (2-tailed)	0.701 0.032

The presence of a link between the social structures and the health of individuals is implied by the proven positive association. Social structure as a social factor was found to be significantly correlated to the health of individuals, with a significant value of 0.032 at a 95 percent confidence level and a 5% significance level (p-value – P0.05). This simply means that social structures have a high influence on the health of individuals.

4. Summary and Conclusion

The study's purpose was to assess how social structures affect the health of individuals. Social structures are social factors that are made up of human beings. They exist independently of individuals; they constrain as well as enable human behaviors. They also have the potential of changing over time. Respondents identified some social structures including family, marriage/family relationships, churches/mosques, hospitals, social networks, social environments, economy/income, etc. 82.5% of the respondents affirmed having access to a quality health care system. Respondents mentioned that social networks are good because the network provides support (both financial, moral, care, etc.) to its members thereby reducing the effects of stress on the people who are part of the social networks as well as the likelihood of becoming sick. They also noted that churches/mosques and schools serve as molding grounds and influencers in the communities while the hospitals serve as first responders in the case of health care needs and disease outbreaks. The responses on the frequency of illnesses stratified by economic status showed that the poor had higher illness frequency than those on the average and rich economy strata. Among social factors assessed, the respondents gave social structure an average rating of 3.1 out of 5 showing a 62% effect on the health of individuals. The correlation analysis between social structures and the health of individuals demonstrated a degree of positive correlation, with an estimated average of 0.7, when compared to other social factors.

Social change occurs due to various factors such as demographic, technological, cultural, political, economic, and educational factors. Social structures have a direct impact on the health of individuals, as shown in the study. A society without social structures is shapeless because there wouldn't be an avenue where human beings in the society can interact or live together. The social structures are characterized by supporting individuals within a circuit (both financially, morally, care, etc.) and this helps to reduce the effects of stress on the people who are part of the society as well as the likelihood of becoming sick. They serve as molding grounds and influencers in the communities as well as being the first responders in the case of health care needs and disease outbreaks. The economy and educational level of individuals play a vital role in their health. It is therefore very pertinent to note that for favorable health of individuals and health outcomes, the social structures are to constantly be tilted to the positive side for the society. This includes providing the right structures for good education, health, economy, and morals using religion as well as the law for a saner society.

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