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Health prevention and health promotion via the lens of political science: A private or societal issue?

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Health promotion and health prevention are important factors in health care and therefore health care policy, politics and management. They assist in (a) achieving a healthy that is sound and robust life (which is a goal by itself) and (b) cost reduction. However, critique has been raised against health promotion as an individual matter as it has to do with personal behavior and attitudes (exercise, diet, smoking), whereas social issues and choices of political factors (infrastructure, working conditions, access to primary care, spare time enough for exercise, access to information concerning promotion, etc.) may prevail as causes of illness, whilst these causes are socio-political. Similar points may be raised against health prevention mainly in the form of primary prevention as far as individual choices in life-style are under question (possibly leading towards libertarian ideology) and secondary prevention as far as health-care infrastructure and services and accessibility to them are under question. Moving therefore a step further, we need to follow at least two paths of thought: (a) Health promotion and health prevention in view of general social inequalities and inequalities in health in particular and (b) Health promotion and health prevention in view of more theoretical approaches examining them as matter between libertarian and socialist political theory and argumentation and neo-liberal and social-democratic policy options.

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Epidemiological profile of women with hepatitis B between 2009 to 2013 in western Amazon, Roraima, Brazil

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Roraima is part of the western Amazon with a high prevalence of HBV, the only hepatitis considered a sexually transmitted disease, which has a higher transmissibility. The aim of this study was to describe the HBV carriers' epidemiological profile in the state of Roraima between 2009 and 2013. We used data from SINAN (Diseases Information System Notification). For the statistical analysis, we performed Chi-square and student's t test. Our study showed 223 women which represent 43.13% of the total sampled carriers, throughout the period observed the predominance of males (X2=9,771, p=0.0018). Among the race we found a predominance of brown with 61.7% compared to 24.2% white, 11.2% natives and 3.13% black (X^2=178.05, p <0.0001). In terms of age the prevalence was between 20 to 39 years (53.8%), followed by 40 to 59 years with 27.8%; 11.6% up to 19 years and 6.7% for those over 60 years (X^2=120.40, p <0.0001). Only 27.8% reported to have a complete vaccine immunization schedule and 72.2% incomplete or none (X^2 = 63.48, p <0.0001). An important fact was that 74.7% (X^2=65,308, p <0.0001) of patients detected to be suffering during their pregnancy, these data might indicate that an efficient prenatal can lead to HBV detection and the prevention of mother-to-child transmission (PMTCT). We observed that people who had contact with a HBV carrier also increased their risk of becoming a carrier (p=0.0017, 95% 15.4098 to 33.7902) strengthening intrafamilial transmission as a risk factor. We conclude that women with HBV in Roraima have a heterogeneous distribution of races, were from 20 to 39 years old, don't have the vaccine immunization schedule for HBV, found to be carrier during pregnancy and having contact with hepatitis B carrier increases the risk of contracting this virus.

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