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Social Inequalities: Health and More

Ping Li, China

Health inequalities discuss the systematic differences in health that exist between socioeconomic positions, social classes, genders, ethnicities or social groups with differentiated access to material and non-material resources. As health inequality researchers have been keen to point out, the very term inequality indicates a difference which is unfair, harmful and avoidable. First, health inequalities are a problem of injustice, because they unethically deprive people of life-chances based on their position in society. Secondly, health inequalities are a public health problem, because they prevent the full health potential of populations from being fulfilled, are also an economic problem, because they negatively impact economic growth, employment, and public expenditure, intimidating the sustainability and political legality. Few countries are also going through a major demographic transition in this issue. The ageing of our populations show a great challenge for the traditional welfare state, due to the increasing old-age dependency ratio and the pressure it puts on the health and long-term care. The increased pressure on our welfare conditions may hamper our abilities to reduce health inequalities. However, health inequalities are socially produced, and therefore, also potentially avoidable. Though, effective political interventions require a scientific understanding of the causal mechanisms generating the strong and persistent correlations between social conditions and health outcomes. Here we address two key causal debates within the field of health inequality research, and suggest how these may be transcended through a broader and more interdisciplinary research program. Here we discuss what we know, what we do not know, and what we would gain, both from a research and policy perspective, with better data and its utilization. We also plan an agenda for further research, highlighting the need for complex outlines capable of seizing the multi-causal and multi-dimensional nature of health inequalities.

Is health determined by social position, or does poor health conversely cause poverty and social marginalization & Are individual life-style choices or social factors more important for explaining the maldistribution of health and illness? In practical terms, the first question refers to the debate over selection, while the second concerns the distinction between 'upstream' and 'downstream' causes of health inequalities. These are ultimate debates over causality, specifically the causal relationship between health, social status and the multiplicity of mechanisms and processes thought to mediate amid them. They also imitate more general ontological debates within the social sciences: the nature versus nurture debate regarding the legitimacy of biological explanations, and the agency versus structure debate regarding the comparative position of human actions and social structures for explaining individual behaviour and social organization.

Resolving these questions is not only of scientific interest, but holds significant political implications as well. Which explanatory frameworks we choose influence how we envision the practical possibility of reducing health inequalities, as well as the moral legitimacy of doing so. Behavioural explanations tend to favour individual-centred interventions, while structural explanations suggest the need for broad-scale social improvement. Similarly, biological explanations can be accused of reducing health inequalities to "natural" variations in individual biology and genomics, reframing social injustice as the unavoidable outcome of permanent processes. Causal analysis is therefore not a value-neutral process, and many debates about standards of evidence ultimately replicate deeper debates between different ethical and political goals.