



PERCEIVED RELATIONSHIP BETWEEN SOCIAL HEALTH DISADVANTAGE AND PERSONAL HEALTH NEGLIGENCE

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Abstract

Social health disadvantage is a broad concept that encompasses all of the factors that can contribute to a person's poor health, such as poor health literacy, socioeconomic status, discrimination, social exclusion, lack of access to quality healthcare, risky health behaviors, stressful living conditions, and social isolation. Social health disadvantage is linked to personal health negligence. The paper is a review of the relationship between social health disadvantage and personal health negligence. The review established there is a direct link between social health disadvantage and personal health negligence. Social health disadvantages such as poor health literacy, low income, socioeconomic status, adequacy and availability of health facilities have a direct effect on personal health negligence such as reckless behaviour, self-medication, patronizing quacks, non-adherence to medication and treatment plans, unhealthy nutrition, and poor exercise behaviour among others. The paper highlighted the role of the government in addressing social health disadvantages and also the role of health educators in developing health interventions to address the problem of health negligence, especially in rural areas.

Keywords: Social Disadvantage, Social Health Disadvantage, Personal Health Negligence, Health Literacy, Socioeconomic Status

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Introduction

The importance of good health to every human being cannot be overemphasized which is probably why good health and well-being is number 3 of the 17 Sustainable Development Goals (SDGs) established by the United Nations in 2015. The goal emphasizes the need to ensure healthy lives and promote well-being for all at all ages in order to achieve universal health coverage and equitable access to healthcare services for all. This is however far from reach in many developing countries as there is a wide gap between the socially affluent and the socially disadvantaged. One of the constraints for achieving this objective is the increasing personal health negligence especially among individuals that are seen as social health disadvantaged. This paper discusses the social health disadvantage, personal health negligence and the relationship between social health disadvantage and personal health negligence

Concept of Health

The World Health Organisation (WHO) defines health as a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity. This means for individual to be healthy, he or she must be physically, mentally and socially well. The physical wellbeing includes normally bodily function, absence of diseases and physical impediment and ability to perform daily task without undue fatigue. Mental wellbeing is including cognitive strength, psychological resilience, affection, ability to cope with stress and satisfaction and positive attitude to life. Social wellbeing deals with the quality of an individual's interaction, relationship and connections with others in the community. A person's health is not isolated from their immediate community. In individual's interaction, connection and contribution to the society also determines the overall health. Social wellbeing is influenced by the quality and nature of one' social interaction, support received relatives and members of the society and the individual's ability to engage in positive and meaningful social connections.

The center for disease control and prevention (CDC, 2019) describes health as the degree to which one can adapt to and manage life's challenges, maintain fulfilling relationships, and make choices that enhance overall well-being. Here health is described from the perspective of adaption, managing life challenges, maintaining relationship and making informed decision to improve health. Adaptation describes the dynamic nature of health and ability to adjust to different situations. Health is not solely about avoiding challenges but, crucially, the ability to adapt and respond effectively to life's inevitable stressors, changes, and adversities. Managing challenges entails an active and intentional effort to navigate and overcome obstacles. This aspect recognizes that individuals with good health actively engage in problem-solving, seek support when needed, and take proactive steps to address stressors, contributing to a sense of control over one's life circumstances.

According to American Public Health Association (2023), health is a dynamic state of complete physical, mental, social, and emotional well-being, not merely the absence of disease or infirmity. This definition modifies the WHO, definition of health as a complete



state of physical, mental and social wellbeing and not mere absence of disease and infirmity, which has been widely criticized that it is difficult to achieve as health is not static. The characterization of health as dynamic suggests that it is not a fixed or static state but rather a continuous and evolving process. Individuals may experience fluctuations in their health over time, and this perspective encourages a focus on ongoing efforts to promote and maintain well-being rather than viewing health as a one-time achievement.

Social Health Disadvantage

Social health disadvantage describes all of the social factors that can contribute to health inequity, such as poor health literacy, poverty, social exclusion, lack of access to quality healthcare, risky health behaviors, stressful living conditions, and social isolation (World Health Organization, 2008). All the social factors that prevent an individual from having access to quality healthcare are regarded as social health disadvantage.

Also, social health disadvantage is the unequal distribution of resources, opportunities, and power within a society, leading to disparities in health outcomes among different population groups (Marmot, 2005). Social health disadvantage can also be defined as the negative impact of social factors, such as poverty, discrimination, and social exclusion, on an individual's health and well-being. A person living in poverty who is also experiencing discrimination and social exclusion is at a social health disadvantage. This person is more likely to have poor health knowledge, and limited access to quality healthcare, poor knowledge of nutrition, and safe housing. They may also be more likely to be health negligent by engaging in risky health behaviors, such as smoking and excessive alcohol consumption. As a result, this person is at an increased risk of developing chronic diseases and mental health problems.

Social health disadvantage recognizes that health is not solely determined by medical care but is profoundly affected by social and economic factors, including income, education, employment, housing, and social support. A fundamental aspect of social health disadvantage is the recognition of socioeconomic determinants of health. This concept posits that social and economic factors, such as income, education, employment, and housing, have a profound impact on health behaviour. For instance, studies have consistently shown that individuals from lower socioeconomic backgrounds tend to have poorer health, face more significant barriers to accessing healthcare services, and experience a higher burden of chronic diseases (Adler & Stewart, 2010).

Social health disadvantage is closely linked to health inequities, which refer to unfair and avoidable differences in health status and access to healthcare services. The World Health Organization (WHO) defines health inequities as "systematic, unfair, and unjust differences in health between and within populations" (WHO, 2021). These inequities often result from social, economic, and political factors that create disparities in opportunities for health. Components of social health disadvantage are poor health literacy, income, socioeconomic status, level of health, and availability, and adequacy of health facilities among others.



Health Literacy

Health literacy is the ability to obtain, process, and understand basic health information and services to make informed and appropriate health decisions. Health literacy is also the level of health knowledge an individual possesses and the ability to make informed decisions about it for the improvement of general health. Ratzan & Parker (2000), defined health literacy as the degree to which individuals have the capacity to obtain, process, and understand basic health information and services needed to make appropriate health decisions. It involves a range of skills, from reading and comprehending medical instructions to critically evaluating health information.

The World Health Organization defined health literacy as the cognitive and social skills that determine the motivation and ability of individuals to gain access to, understand, and use information in ways that promote and maintain good health (WHO, 1998). According to the U.S. Department of Health and Human Services (HHS), individuals with higher health literacy are more likely to engage in preventive health behaviors and manage their chronic conditions effectively (HHS, 2020).

In Nigeria, like many other countries, health literacy plays a crucial role in individual and community well-being. The lack of health literacy can lead to misunderstandings about health conditions, improper use of medications, inadequate access to healthcare services, and health negligence among others. This can, in turn, contribute to poor health outcomes. Studies have indicated that a substantial portion of the Nigerian population has low health literacy levels. A study by Olalekan and Adefolalu, (2012), found that a significant number of Nigerians had limited health literacy skills. Ajiboye et al., (2016), reported that only 38% of in-school adolescents possessed adequate health literacy skills. A review by Adekoya-Cole et al., (2015), identified culture and belief systems, low educational level, low socio-economic status, and ineffective communication as the causes of low levels of health literacy in Nigeria. The poor health outcomes and late presentation to the health system by Nigerians in part may be due to inadequate health literacy

Health literacy is essential for informed decision-making. Patients with higher health literacy are more likely to actively engage in shared decision-making with their healthcare providers (Parker & Ratzan, 2010). Limited health literacy is associated with poorer health, increased hospitalizations, and higher healthcare costs (Berkman et al., 2011). Low health literacy is a significant barrier to medication adherence. Patients with limited health literacy may struggle to understand prescription instructions, leading to medication errors (DeWalt et al., 2010).

Personal Health Negligence

Personal health negligence refers to actions or behaviors by individuals that result in harm or damage to their own health due to carelessness, recklessness, or a failure to take reasonable precautions. Personal health negligence can also be defined as actions or behaviors by an individual that result in harm or injury to themselves due to a failure to exercise reasonable care and attention toward their own well-being. This form of negligence can have serious consequences for an individual's well-being and, in some cases, may lead to legal or ethical



consequences. It typically does not involve healthcare professionals but rather the actions and choices made by a person regarding their own health. Individual health negligence is a matter of personal responsibility, and the consequences may involve personal health deterioration or harm (Veatch, 2016).

Examples of health negligence include reckless behaviour, self-medication, patronizing quacks, non-adherence to medication and treatment plans, unhealthy nutrition, and poor exercise behaviour among others. Health negligence can be categorized into deliberate and indeliberate negligence. Deliberate health negligence is when an individual engages in activities that can impair their health or fails to engage in activities that can improve their health despite having good knowledge of the consequences of the actions. Indeliberate health negligence is when an individual acts in a way that will compromise their health out of ignorance or he or she is incapacitated.

Personal health negligence includes but is not limited to the following practices: Continuing to smoke or use tobacco products despite knowledge of the associated health risks can be considered a form of health negligence (CDC, 2020). Consistently consuming a diet high in processed foods, and sugary beverages, and lacking essential nutrients can lead to various health problems, making it a form of self-neglect (Dietary Guidelines for Americans, 2020). Failing to engage in regular physical activity, even when advised by healthcare professionals, can contribute to obesity and a range of health issues (U.S. Department of Health and Human Services, 2018). Ignoring prescribed medications, missing appointments, or not following recommended treatment plans for chronic conditions can harm one's health (Osterberg & Blaschke, 2005). Disregarding warning signs and symptoms of potentially serious health conditions, such as chest pain or unexplained lumps, can delay timely medical attention and worsen outcomes (Harvey et al., 2016). Engaging in dangerous activities without taking necessary precautions, such as not wearing seatbelts, or helmets, or practicing safe sex, can lead to health risks (World Health Organization, 2019).

Relationship between Social Health Disadvantage and Personal Health Negligence

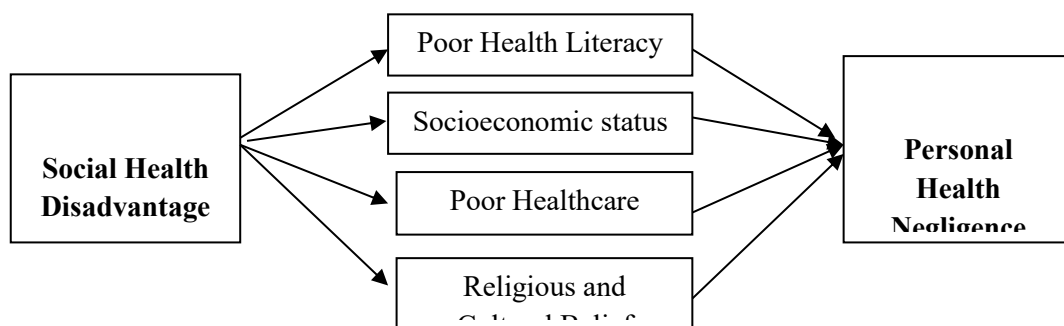


Figure 1: Diagrammatical Representation of the relationship between Social Health Disadvantage and Personal Health Negligence

Health Literacy and Personal Health Negligence

Health literacy is an individual's ability to comprehend health-related information and apply it effectively. Health literacy is the degree to which individuals have the capacity to obtain,



process, and understand basic health information and services needed to make an appropriate decision concerning their health. There is a relationship between health literacy and personal health negligence. Studies such as Cajita, et al (2016), Schofield, et al. (2018), and Sharma, et al. (2017), underscore the relationship between health literacy and personal health negligence.

Individuals with low health literacy may struggle to comprehend complex medical jargon and instructions provided by healthcare professionals. This can lead to misinterpretation of medical advice and treatment plans (Berkman, Sheridan, Donahue, Halpern, & Crotty, 2011). In contrast, individuals with higher health literacy are more likely to understand and follow medical recommendations. Similarly, individuals with low health literacy may resort to self-medication due to misunderstanding prescription labels or dosage instructions. This can result in adverse health consequences, as they may not be using medications correctly (Davis et al., 2006). A lack of health literacy may lead to individuals neglecting health concerns or symptoms, as they may not recognize the seriousness of their condition. This delay in seeking medical help can result in worsened health outcomes (Sørensen et al., 2012).

Health literacy plays a crucial role in understanding preventive measures and health promotion strategies. Individuals with low health literacy may not fully grasp the importance of vaccinations, screenings, and healthy lifestyle choices, which can contribute to negligence in maintaining one's health (Paasche-Orlow et al., 2005).

Social Economic Status and Personal Health Negligence

Socioeconomic status refers to an individual's or family's position within society based on economic and social factors, including income, education, occupation, and access to resources (Galobardes, Lynch & Smith, 2007). SES, often measured by factors like income, education, and occupation, can significantly influence an individual's health-related decisions and behaviors. Individuals with lower socioeconomic status often have limited access to healthcare resources, including health insurance, regular medical check-ups, and preventive care. As a result, they may delay seeking medical attention or forgo necessary health services, which can lead to personal health negligence.

Personal health negligence frequently manifests in medication non-adherence, where individuals do not follow prescribed treatment plans. Lower socioeconomic status individuals may struggle to afford medications or have difficulty accessing pharmacies, leading to inconsistent medication use. Lower socioeconomic status is associated with reduced engagement in preventive healthcare measures, such as vaccinations, screenings, and routine check-ups. Neglecting these preventive actions can result in undiagnosed or unmanaged health conditions. Socioeconomic disparities can contribute to the adoption of unhealthy lifestyle choices (Cutler, & Lleras-Muney, 2010). Individuals with lower SES may face challenges in affording nutritious food, access to safe exercise spaces, and the ability to avoid harmful behaviors such as smoking or excessive alcohol consumption (Gaskin et al., 2016).

Conclusion

Social health disadvantages include all of the factors that can contribute to a person's poor health, such as poor health literacy, socioeconomic status, discrimination, social exclusion, lack of access to quality healthcare, risky health behaviors, stressful living conditions, and social isolation. On the other hand, personal health negligence is actions, inactions, or



behaviors by individuals that result in harm or damage to their own health due to carelessness, recklessness, or a failure to take reasonable precautions which can have serious consequences on their well-being and, in some cases, may lead to legal or ethical consequences.

The relationship between social health disadvantage and personal health negligence is complex and multifaceted. Social health disadvantages such as health literacy, and socioeconomic status can lead to personal health negligence. Health literacy is the ability to understand and use health information to make informed decisions about one's health. People with low health literacy may have difficulty understanding prescription instructions, navigating the healthcare system, and making informed decisions about their health. Socioeconomic status is another social health disadvantage factor that is linked to personal health negligence. People with low socioeconomic status are more likely to practice behaviours such as patronizing quacks, non-adherence to safety procedures among others.

Recommendations

This paper established the relationship between social health disadvantage and personal health negligence. Based on the conclusion of this study, that poor health literacy is associated with personal health negligence, it is recommended that health educators should design health education interventions leveraging on social medial and electronic mass media like radio and television to present health programmes that will equip the masses with information about their health in order to make informed decisions. Another social health disadvantage variable identified is poor healthcare system, in order to address the problem of personal health negligence, the Government at all level should provide quality healthcare facilities, this will reduce the patronage of quacks.



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