

SOCIAL NETWORKS AS A HEALTH FACTOR

The impact of social and cultural factors on (public) health is great and should not be neglected, so the main subject of this work is the influence of social networks (in the widest sense) on health, and they are inextricably linked to social inclusion / exclusion or social resources, social capital, social support, etc., so it is necessary to explain in more detail these connections and their impact on health. For a long time, poverty was considered to be a product of a disease in a sense, so that in the last century social medicine reversed this relationship and found that poverty and exploitation would lead to illness (e.g. there is no doubt that malaria is causing and not causing insufficient development) (Turner, 2000; Beaudoin, 2007). Simply put, poverty and poor health are inextricably linked, showing the fact that the poorest people are at the highest risk of various types of illness. A very important process from the end of the twentieth century is the discontinuation of public health from the domain of charitable institutions and charities and its establishment in the center of world politics and strategies of national states. In the exceptional circumstances of public health, centralized states are taking responsibility, as was the case when nation-building or when national territory and its population were defended. In some other circumstances it was a matter of local politics, which means that it has a deep local roots and that it is not a concrete intellectual discipline, but a field of social activity. Today, there is no public health consensus - about its duties / responsibilities, competences and qualifications, and in the course of history, they are rarely clear when compared to medicine, bacteriology, epidemiology and lab work. Therefore, in the second half of the twentieth century the gap between biomedical research, epidemiology and public health is increasingly deepening (Pollock, 2007; Detels & Tan, 2015) and there is a need for transdisciplinary research (Brookmeyer & Stroup, 2004). Essentially, public health is a combination of science, skill and belief that is aimed at maintaining and improving the health of all people through collective or social action. The goal of these endeavors is always the same, regardless of various changes in public health due to changes in technology or values, which is reducing the amount of disease in its various forms. Therefore, primary, secondary and tertiary levels of public health prevention can be talked about.



Primary prevention reduces bad health by means of drugs such as vaccines to prevent disease, secondary (or early detection) involves reducing the spread of poor health by shortening its duration and limiting its poor social, psychological and physical effects such as various types of screening in order to detect deterioration in the early stage (Carr, Unwin, & Pless-Mullooli, 2007). Finally, tertiary prevention involves the reduction of complications associated with poor health and minimizing suffering, such as rehabilitation programs for patients after a heart attack. Boundaries between these different levels are usually unclear and possible overlaps, but the essence is that public health is more concerned with distal social, physical, economic and environmental determinants of health (away from people) than proximal (closer to humans), such as are risk factors. Therefore, it can be said that its population is a basis, not an individual patient (Bammer, 2013). However, when it comes to "health", the first association is likely to be the health of individuals and some biological aspects of health, although today there is much evidence that a large percentage of mortality is associated with social and behavioral factors such as smoking, eating, alcohol use, sedentary life, narcotics consumption, and the like. Also, biology and genetics tell us that a small number of diseases are only triggered by genetic factors, that is, that the greatest number of diseases are the result of interaction between genetic factors and environmental factors (Remais & Jackson, 2015). However, it is very difficult to qualify for health, so a large number of variables are used for indicators of the concept of health. Prior to the twentieth century, negative indicators were used, such as mortality and rate of disease, where lower mortality rates meant a healthier population. Today, these indicators continue to be used, but only in the wider sense, when population is compared, because health is somewhat wider than the mere absence of disease - consideration should include the environment, lifestyle, human biology, medical care and healthcare as the main determinant of health. In other words, a subtle and very complex relation of behavioral and biological responses to the social and physical environment has to be analyzed, which means that a model of determinants should be developed that shows how individual characteristics (biology, life course, lifestyle, behavioral and illnesses, personality, motivation, values and preferences) and the characteristics of the environment (social, cultural, economic, political, physical, geographical, but also health and social) affect the quality of life associated with health (symptoms, functional status, perception of health and opportunity). Simply put, health and well-being are under the influence of interaction between biology, behavior, and environment and can be said to be an ecological model (Hernandez & Blazer, 2006).



When analyzing the public health problem, social and cultural factors are very important, in addition to genetic inheritance, personal behavior, access to health care and the physical external environment (e.g. air quality, water, housing conditions and the like). For some types of social variables, such as socioeconomic status or poverty, there is very clear evidence of their connection to health, similar to other social or cultural variables - social networks and social support or stressful occupations, these evidence accumulated only in the last forty years. In a rough way, the social environment is the relationship between people or social relationships, while genetic factors are what genetics (the influence of genetic inheritance on behavior) is generated, and this indicates that there is a link between genes and health. Ultimately, behavioral factors include two components - one of the possible behaviors that affect health (smoking, narcotics use, nutrition, exercise, etc.), while others constitute psychological characteristics, including cognitive and emotional functions and resilience. All these interactions of social, behavioral and genetic factors should be studied from the perspective of the life course. Social determinants of health can be conceptualized through influences on multi-level health in life (Blane, 2006). Thus, for example, poverty can affect the health of individuals at different levels of organization - within the family or within the neighborhood in which individuals live. Moreover, these different levels of influence may occur simultaneously and interact and produce "health". Thus, the influence of social and cultural variables on health includes time dimensions (critical life stages and cumulative exposure effects), as well as locations (multiple levels of exposure). Contexts in which social and cultural variables act and influence health outcomes can be generically called social and cultural environment. Specifically, this encompasses socioeconomic status, "race" / ethnicity, gender and gender roles, immigrant status and occupation, poverty and deprivation, social networking and social support, and psychosocial work environment, and the aggregate characteristics of social environments such as are revenue distribution, social cohesion, social capital and collective efficiency. Today, it is known that the expected life expectancy is shorter for lower social levels, as the frequency of certain diseases is not the same in the entire population. This is one of the most important reasons why public health considerations must take into account its social determinants. Poor social and economic circumstances affect their health throughout their lives, and under them they are thinking of less wealth or poverty, weaker education, insecure employment, poor employment and risky employment, poor living conditions, family care in difficult circumstances, and inadequate pension insurance.



These characteristics are mainly concentrated on the same people and these effects are accumulating throughout their lives. So, if life is shorter when its quality is poorer, it means that poverty, relative deprivation and social exclusion have a great influence on health and premature mortality. Absolute poverty, or absence of basic material resources for life, is still today in the world, and at the highest risk of poverty are unemployed, migrants, people with disabilities, refugees and homeless people. Relative poverty is more widespread and no matter how we define it, it is clear that poor people in average live less than those who are better positioned in the social hierarchy. Social exclusion may be the result of racism, discrimination, stigmatization, unemployment, etc., and excluded do not participate in the processes of education and social life at all.

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