The Swedish Perspective on Welfare, Health Care and Social Work, 15 credits

Development of Health
The populations need of participation and influence
BACKGROUND
Definitions of health

There are several definitions of what health really is. One is the organism state when it functions optimally without evidence of illness or anomalies. An other is a state of dynamic balance in which an individual's or a group's capacity to cope with all the circumstances of existing is at an best possible level and a third is a state that is characterized by anatomic, physiologic, and psychological integrity, ability to perform personally, a valued family, work, and community roles; ability to deal with physical, biologic, psychological, and social stress; a feeling of well-being, and lack of risk of disease or illness and early death (Medilexicon 2011).

The most famous contemporary definition of health was formed and entered into force in 1948 by the World Health Organization and was signed by representatives of 61 States.

"Health is a state of complete physical, mental and social well-being and not merely the absence of disease or infirmity."

During the Ottawa Charter for Health Promotion in 1986, the WHO stated health to be:

"a resource for everyday life, not the objective of living. Health is a positive concept emphasizing social and personal resources, as well as physical capacities."(Nordqvist 2011)

International Health Work

International cooperation of health was formed to protect people from great pandemics and epidemics as early as the 1800. The motives for doing this were basically three different reasons.

1. The fear of epidemics and the science of the exterior conditions that is known to create pathogens that can’t be stopped at a nations border,

2. International organizations as for example UN, early declared the global meaning of health and formed a special organ WHO, which stated that health was of importance for all people in order to achieve peace and safety in the world and is dependent of individuals and of different states full co-operation.

3. The humanitarian aspect has played a great part as incentive for international relief work. In the declaration for human rights the UN stated that all man has the right to good health and to healthcare in same conditions as everybody else.

From this declaration many other declarations stated healthy public policy. The most common words used were to enable, to mediate and to advocate health interests. In 1991 the health organizations formed a resolution that dictates ideas about healthpromotion and preventive measures in supportive environments for health. These environments contained for example different areas like work, food, education, neighborhood, transport and social support (Haglund and Svanström 1992).
National organization of health and social services

The general health in Sweden today is dependent of many different factors. One of these factors is how the community is build and the government’s policy regarding the public health and how the public health is practiced. Most of the welfare service functions in the area of the public sector and that includes the public health initiatives. Sweden has three democratically elected levels of government. At the national level, the Parliament passes the legislation and decides on state income like taxes and the outflow. County councils and municipalities at the regional and down to the local level have their own responsibilities and own powers like imposing taxes. The main task of the county councils and regions is to handle the healthcare service while municipalities have a high degree of autonomy and administrate fields such as compulsory and upper secondary education, playschool, elderly care, roads and water, waste and energy. In short, most of the practical public health work in Sweden is carried out at regional and local levels (FHI 2011a).

The development of the Swedish welfare system

The Swedish National Institute of Public Health is a state agency under the Ministry of Health and Social Affairs. The institute works to promote health and prevent ill health and injury, especially for population groups most vulnerable to health risks. They also monitor and coordinate implementations of the national public health policy and are a national expert agency for the development and dissemination of different methods and strategies used in the field of public health, and it is based on scientific evidence (FHI 2011b).

A national policy is based on health determinants which can be guided for public authorities by eleven public health objective domains. These cover the most important determinants of Swedish public health. The benefit of using determinants as a basis for policy is that they enable scientists to evaluate progress. This in turn supports political decision-making as determinants can be influenced by certain types of societal measures.

The 11 objective domains
1. Participation and influence in society
2. Economic and social prerequisites
3. Conditions during childhood and adolescence
4. Health in working life
5. Environments and products
6. Health-promoting health services
7. Protection against communicable diseases
8. Sexuality and reproductive health
9. Physical activity
10. Eating habits and food
11. Tobacco, alcohol, illicit drugs, doping and gambling.

The participation and influence in society is one of the domains that are a must for good health. There are several areas that are particularly important to give citizens the chance to participate in the governing and progression of society. For example the labour market policy, media policy, the equal opportunity of genders, integration and disability policies. Public health efforts within the domain 1 that includes the participation and influence in society are
focused on developing indicators and goals that enable prioritisation and follow-up (FHI 2011c).

Social capital

Whereas physical capital refers to physical objects and human capital refers to the properties of individuals, social capital refers to connections among individuals – social networks and the norms of reciprocity and trustworthiness that arise from them. In that sense social capital is closely related to what some have called “civic virtue.” The difference is that “social capital” calls attention to the fact that civic virtue is most powerful when embedded in a sense network of reciprocal social relations. A society of many virtuous but isolated individuals is not necessarily rich in social capital. (Putnam 2003).

Social support

An individual’s social support is a network that consists of friends, family and relatives, neighbours, co-workers and members of the same ethnic group. It can be defined as the resources that are provided to an individual by other persons. The size and quality of the network support is dependent on different factors like the size of a family, the social abilities in the individual, occupation and other skills (Lindstrand et al 2010).

The current state of public health in Sweden

According to the Swedish national Institute of Public Health (FHI 2011a), Sweden has one of the highest life expectancies in the world. The Swedish welfare policy is described by universality and of generous benefit levels for the residents of the nation. Swedish residents’ life expectancy has increased over the past decades and this is mainly a result of the decreased mortality from coronary heart disease and from some respiratory diseases. An increase in mortality is therefore noticeable, and the risks of contracting diseases also have been reduced through enhanced lifestyle changes like the prohibiting of public smoking, and a result of improvements in the medical care that has led to that the risk of dying from cardiovascular disease has also been reduced. Tough all of these improvements are leading to a high life expectancy the great concern is however the increase in poor mental health among young people and especially among girls. Overweight and obesity also continues to increase especially among men and the risk consumption of alcoholic beverages in the population as a whole is also a worry (ibid).

There is also a decrease in smoking in all socioeconomic groups except among women with low education level, which also has a lower survival of breast cancer. Social differences in death risks are bigger amongst the younger population than the older, and there is also a strong iniquity in death risks, different types of diseases and mortality, where women are far more represented to be subjected to bad health more than men (Socialstyrelsen 2009).

When compared internationally, although the Swedish work against inequity which has won international support, the social differences in health has been greater recent years. A reason for this can be that Sweden does not have a follow-up for the inequity in health and in social differences (ibid).
AIM

The aim of this study was to describe the importance of participation and influence in society for the populations’ development of health from the perspectives that are parts of the course module.

What is the importance of social network support and social capital in regards for creating increased public health and what is done nationally to achieve this?

METHOD

The author of this literature review used the database of LibHub via the UB at Linneus University. The search words for the articles were “social capital”, “social support”, “social network”, “Sweden” “Health”. The Googlesholar search engine was also used in searching for furthermore articles in the subject when there were not so many articles that fitted in the aim of this study. The same search words were used. The literatures that were used was chosen from the topics of this study and compiled to give the most broad descriptive of the Swedish health care.

The authors of this study elected to emanate from the analysis regarding Graneheim & Lundman (2004) for the material. The articles were read in order to give the author an overview of the topic, analyzed accordingly to the qualitative manifest content analysis, to get a sense of the whole, and to reveal not only the apparent but also to get a sense of the underlying content in the material. Considering the perspective, the content was divided and sorted in themes that shined through, and was finally put in context of two subgroups in the result according to the aim of this study.

RESULT

Increasing people’s level of participation in society is one of the most important public health objectives today nationally. Studies has shown, according to the Swedish National Institute of Public Health (2011c) that societies with low election turn-out, where few people feel there was any point in participating in activity or trying to influence societal development or their own life conditions, were often characterized by high numbers of serious health problems in the population (ibid). The notion of feeling a sense of coherence was first described by Antonovsky and could according to Svanström and Haglund (1992) be close associated with social integration and concepts like social networks. What qualified of being in a social network could vary in range from the number of friends an individual has to the depths and meaning of those contacts. To live one, in that context understandable and meaningful life, in relation to other individuals in the community seemed to be important for good health, both mentally and physically (ibid).

Poortinga (2006) claims the necessity of making a distinction between social capital and social network and support. Social capital is a part of the structure of a society, and the social network and support refers to the social cooperation of individuals. The importance of separating the two depends on the specific social mechanisms. These two phenomenons will have separately effects on the public health and will also have different implications on the health policy (ibid).
The promotion of well-being in the individual’s life throughout social capital and social network

Lundberg and Nyström Peck did in 1992 research on the standard of living in 1991 according to Svanström and Hagman (1992) and the outcome of this study was amongst other things that a high ill health was correlated to weak social relations. It was four times greater risk to be affected by circulatory problems if you did not find your existence meaningful. The findings also indicated that psychosocial factors had great importance not only for physiological changes but also the outcome in different diseases, for example heart- and vascular diseases (ibid). A good social network has been found to be important in sustaining both good physical and mental health. If the individual had a large and strong social network support he could create a feeling of higher health and could deal with disease more effectively even though the individual was in an economical poverty or financial crisis (Lindstrand et al, 2010). People with large social network support had lower death rates compared with those who had a few contact with friends and family. Factors that were linked with the phenomenon of social support may all had a positive effect on the ability for the individual to stay healthy and to experience health (ibid). Trusting and socially active individuals more often report good or very good health in countries with high levels of social capital than people with lower levels of trust and civic involvement, but are less likely to do so in countries with low levels of social capital. This suggests that social capital does not uniformly benefit individuals living in the same community or society (Poortinga 2006).

Poortinga (2006) also found that if the individual were willing or able to access the social networks they could profit from it as a social resource built by social capital. The author suggests that people who have lower levels of trust and partaking are ignored by their fellow citizens, which may lead to a decrease in the well-being and in their health. It can also have another downside. Strongly knit communities or societies may be less liberal towards specific individuals or groups of people (ibid).

A study performed by Sato (2008) compared elderly inhabitants’ constructions of social support and social connectedness, how they differed and the influence from this of the well-being. The study showed that the perceived social connectedness had a significant positive association with health status, while social support did not. The perceived social connectedness seemed to be more important to the health and well-being of older adults than the supposed convenience of social support given by the society. This was also shown in studies by Ochieng (2011) and these findings showed that the participants felt it more important to being a member of a strong network residing in the same neighbourhood with a high concentration of people of their same ethnicity, and who could provide protective support for one’s well-being and health, even if the neighbourhood was deprived and had a lack of social service. The finding also suggested that the social networks benefitted the individual more than society, and that well-being was strongly linked with the cooperation one individual had with the rest of the social network (ibid).

The health strategies preventive actions today

When phenomenon’s like socialization, context and meaningfulness is discussed, the social support works as a catalyst and the glue that keeps the society together. The living conditions, which is a part of the social support sector, is important in order to form a health plan which leads to a better health in the population of a nation (Haglund and Svanström 1992).
interventions made by public health policy providers should be targeted at the individual or at specific places if the health benefits from social capital should be individual or collective (Poortinga 2006). Oeching (2011) claims when in order to plan an effective health strategy; the various characteristics of an individual’s social and local neighbourhood must apply to the strategy. There is need to incorporate social support and to promote the family and community strength when forming community well-being models (ibid). The National Public Health Bill emphasizes that efforts must be taken to strengthen democracy and defend human rights. This reinforces feelings of affinity in society as a whole and increases the trust between people, two factors which promote good health (FHI 2011c).

Also Sato (2008) suggests that the emphasis should lie on enhancing the social relationships as developing friends and companions and to allowing inhabitants to feel socially engaged in society rather than having access to great social support (ibid). Support-factors from psychological counselling to fast loans when most needed, can be provided by the strong social network, and could be facilitated by national policy providers. These factors could in turn may all effect the ability to stay healthy (Lindstrand 2010). The National Institute of Public Health (2011d) has these areas for improvement, in special goals containing the increasing of social support through for example individual rising parenting skills, parenting support, motivational interviews, anti-mobbing solutions. All of these increases the levels of trust in the fellow man, and decreases the feeling of vulnerability of the individual to creating an increase of well-being. The public health intervention is directed to the individual person, for example parent, teacher, counsellors at this stage, to eventually affect the whole society through a higher consciousness of well-being and in the end a increase in public health (ibid).

DISCUSSION

METHOD

The method used in this study was of the descriptive kind. Articles was sought and read according to the aim. Perhaps a deeper understanding of the content could have emerged if the articles was read more careful, but was restricted by the timeline surrounding the study. Newer references could also have been used by the author, though the search words used made it apparent that this is a field that is not so widely researched nationally. Therefore could the study have focused more on international connections and relationships but was also restricted by the guidelines for the study. Regarding the content analysis used, Hsieh and Shannon (2005) describe the importance of using conventional approach to studies that aims to describe a phenomenon. This type of design works well when the research literature on the specific phenomenon is limited, which it was in this study. However this study gave more knowledge and understanding to the author, reading and compiling the articles and literature used.

RESULT

It can be hard to formulate an idea for how to specify the different factors that seems to be key factors for increasing a public health. It is a vast area to work with. In this literature review, the key factors were summated down to one of the areas that national policy developers are working with. To feel needed and seen as an individual seems to be one of the major aspects
of promoting well-being in an individual’s life. To be taken in account and to feel a sense of belonging also seems to promote health.

This was also found in studies made by Lynch et al (2000). Belonging to various kinds of organisations and doing unpaid work for them, could amount to building a social capital that lead to an enhanced feeling of well-being and healthiness. The levels of trust in the community and for the fellow man seemed to be a key factor for sustaining good health (ibid).

The social capital is a resource for the undeniable feeling and trust in the fellow man. High amounts of social capital leads an increase in feeling healthy, as the results verifies. The social capital is the sum of the feelings of trust one have in the society and for your fellow men. The result clearly indicates that high beliefs and trust in the community’s network and social support leads to increase in public health. The result also suggests that there is a downside to a high grade of social network and social capital, and not only positive gains. Maybe the tight knit community has lower tolerance against groups and ethnicities that have lower social support and capital. This is an indicator that public health policy providers must be aware even of the downsides of the focus on getting participation from the inhabitants.

Particular weight is placed by the Swedish health policy to strengthening the ability for participation in the social and cultural area among financially and socially challenged persons. A special emphasis is put on the opportunities to influence and participate in society for children, young people and the elderly (FHI 2011c). Maybe this is one of the primary objectives that should become an focus of the individual. If the individuals’ notion of well-being can change towards a better state, it should be a less giant step to change the well-being of an entire population than if interventions only is directed to entire groups. This conclusion is supported by Putnam (1993). He means that the interaction between people enables them to build communities, to commit themselves to each other, and to knit the social fabric. That is a positive factor to create a healthy community (ibid).
REFERENCES


Ochieng, B. (2011) The effect of kin, social network and neighbourhood support on individual well-being, Health and Social Care in the Community 19(4), 429–437

