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Health behavior as a key construct for social epidemiology, sociology of health, and public health

Поведінка щодо здоров'я як ключовий конструкт соціальної епідеміології, соціології здоров'я та охорони громадського здоров'я

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BACKGROUND. Currently Global health is characterized with the leading burden of chronic degenerative diseases which are largely mediated by behaviors denoted as 'health behaviors' including use of alcohol and tobacco, unhealthy diet, and low physical activity. In the case of many modern infections, behavior plays a major role as well. The objective of this study was to consider the place of 'health behavior' in related social and health sciences.

METHODS. Theories in social epidemiology, sociology of health, and public

health were considered as applied to 'health behavior'.

RESULTS. Public health considers three groups of factors and three approaches to deal with health issues: biomedical, behavioral, and socio-environmental with understanding that the latter can be mediated by those prior. Sociologists of health state that behavior is no good predictor of health outcomes as it is influenced by social factors. Social epidemiologists suggest that the socioeconomic status is a 'fundamental cause' of health outcomes because it embodies an array of re-

sources, such as money, knowledge, prestige, power, and beneficial social connections that protect health regardless which mechanisms are relevant at any given time. It is also stated that those having lower socioeconomic status are more likely to have unhealthy behaviors.

CONCLUSION. On the one hand, health behaviors are the outcome of social influences and, on the other hand, they are the prerequisite of biological measures of health status. Monitoring of health behaviors allows assessment of societal efforts to regulate risk of certain factors.

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Health behavior disparities: a universal trend or a peculiarity for the developed countries?

Диспаритет поведінки щодо здоров'я: універсальна тенденція чи особливість розвинених країн?

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BACKGROUND. It is generally recognized that those poorer and less educated are more likely to have unhealthy behaviors. These disparities by socio-economic status (SES) are observed with regards to different behaviors known to influence health outcomes in terms of diseases and deaths. However, this consistent pattern was found in population-wide studies in developed countries, while in certain demographic groups it was not seen. So the objective was to check if the SES-behavior association pattern was present in available data collected in Ukraine.

METHODS. For current study, all available datasets were considered if they included data on SES, education, and gender. Outcomes were measurements of

health behaviors including use of psychoactive substances, food consumption, and physical activity.

RESULTS. Prevalence of many health behaviors differs in men and women in Ukraine. More men than women use legal and illegal drugs.

With regard to education and SES, Ukrainian data reveals either absence of association found in developed countries or its inverted pattern: till recently, women with university education were more likely to smoke than those less educated; teenagers from more affluent families use alcohol more likely than those from poorer ones.

CONCLUSION. Inconsistency of SES-behavior association patterns in Ukraine with those seen in the West may be due to a different perception of health behaviors in people who grew up in the former Soviet Union. Behaviors pertinent to men were considered rather masculine and risky than those health-related. We theorize that the revealed absence of SES-behavior association may be because the behaviors are not perceived as those related to health which is an important resource for life. If a behavior is not known as a 'health behavior', the society is less likely to stratify with regard to its practicing. So, if the hypothesis is correct, there may be more disparities in younger cohorts than in older ones, which should be checked further.