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Introduction

The Constitution of the World Health Organization defines health as “a state of complete physical, mental and social well-being” (WHO 2020: 1). However, the health condition of individuals and social communities is determined by various socio-cultural factors that may cause social inequalities in terms of health. On the one hand, they may result from natural differences (e.g., a person aged 20 may be in better health than a person aged 60). On the other hand, the health dimension of social inequalities (Sokołowska 1991) may be the result of differences considered unfair or result from injustice, such as in the case of limited access to health care (Kawachi, Subramanian, Almeida-Filho 2002: 647–648). Health inequalities, for instance due to age, can be analysed in scalar values, because the quantities are unequal but measurable (Arcaya, Arcaya, Subramanian 2015: 2; Braveman 2016: 34). Inequalities that refer to differences in health or their determinants that cause marginalisation or social exclusion of a person or group are interpreted in terms of injustice (health inequities). Health inequalities in this sense are the result of a normative assessment, on the basis of which inequality is interpreted as harmful (Arcaya, Arcaya, Subramanian 2015: 2).

While natural inequalities are difficult to avoid, inequalities considered unjust can be remedied by corrective actions. Therefore, the first step necessary in diagnosing the health condition of a person or group is to reveal harmful inequalities and to determine values on which the corrective action is to be based (Ruger 2016: 70). In this context, mechanisms for the social distribution of health are needed to ensure the equitable distribution of health resources and the correction of avoidable health inequalities. However, this requires the cooperation of individuals and social communities to improve the health condition of all those concerned.

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The articles in this volume are an attempt to diagnose the situation and health needs of groups exposed to various forms of exclusion or marginalisation in the health sphere (e.g., due to place of residence, age, disability or cultural differences). The authors try to identify the causes and effects of the health condition of their subjects and present the examples of projects and recommendations intended to change their health condition. The common denominator of the texts is searching for the answers to the questions: how and by whom and/or what can the mechanisms of social distribution of health be corrected?

Andrzej Jarynowski and Monika Wójta-Kempa analyse the structural conditions of COVID-19 vaccination in Poland in order to assess the solutions taken to combat this epidemiological threat. The authors assume that differences in the level of vaccination coverage highlight the problems of inequality in access to health care. In their analysis, they show inequalities in the estimated vaccination coverage and its predictors at the level of county. The main dependent variable was the percentage of full-scheme vaccination coverage in a given county. The explanatory variables included social, political, demographic, economic and epidemiological predictors. The results of the study suggest the influence of systemic (organisational) barriers on the level of vaccination coverage. The analysis allowed the authors to select counties at risk of exclusion, such as rural and small towns of eastern Poland, and districts potentially at risk, dispersed in clusters throughout Poland. Due to the fact that peripheral regions (with high support for the ruling party) have more problems vis-a-vis the vaccination campaign, the authors recommended that selected communes and counties be strengthened in personnel, information and medical terms in order to eliminate inequalities in access to health.

Magdalena Wiczorkowska examines the causes and effects of the ageing of the society. The author presents the demographic situation of Poland and the resulting challenges for health care, the issue of ageing in the context of health, and the tasks and goals of health promotion and prevention. In the theoretical aspect, the author highlights the assumptions of health policy in the field of health prevention and promotion among the elderly and checks whether health programs address the elderly. According to the author, health prevention and promotion are of key importance in the health care of elderly people who experience declining health. They are also relevant in delaying and mitigating the effects of ageing. In the empirical dimension, the author analyses the results of health policy programs and health programs at the national level, taking into account the criterion of age.

Edyta Janus assumes that man is an occupational being, and occupation is an active element of human existence necessary to maintain health in the sense of the word as broadly understood. Occupation is one of the basic human needs and refers to all the activities that people need or have to do and that are expected of them. The author puts forward the thesis that the right to perform activities

that are important for an individual, inscribed in the idea of occupational justice, is often not covered by the opportunities available to people or groups struggling with various limitations (e.g., disabilities or mental disorders). In the assumed context, the author analyses the possibilities of applying the idea of occupational justice within the realities of Polish health and social care addressed to people with mental disorders.

Magdalena Sosnowska studies the selected aspects of meeting the intimate/sexual needs of people with disabilities by sex workers, sexual assistants and surrogate sexual partners. Referring to research results, the author presents aspects of this phenomenon in the legal, ethical, social and medical context on the example of solutions applied in several countries.

Jacek Mianowski analysed the process of cooperation between blind and sighted people during a seagoing integration cruise. In the theoretical dimension, the author refers to the assumptions of the integrative model of disability, an important component of which is social integration between able-bodied and disabled people. On this basis, the author understands integration as the result of joint sailing activities of people with different visual perception who participated in the cruise on the *Zawisza Czarny* ship. In this context, the author puts forward the thesis that the integration during a sea voyage is the result of the readiness of able-bodied and disabled people to create a “common world”. Therefore, the author conducted qualitative research to verify this thesis. Data from in-depth interviews and documentation were used to identify social and spatial factors that determine integration of able-bodied and disabled people during a sea voyage. In the spatial dimension, integration of the participants of the sea cruise was determined by the ship architecture and the security system that allowed for safe movement in the enclosed space of the ship. Social integration was shaped by the principle of dividing the participants into mixed watches, which were proportionately made up of blind, visually impaired and sighted people.

Anna Skiba analysed the social distribution of health in terms of differences in the perception and reception of diseases and their symptoms, on the example of *ngamuk*. In its empirical layer, the text is based on the results of ethnographic field research conducted in 2019–2020 based on the theory grounded in Indonesian Yogyakarta. The data comes from in-depth, semi-structured interviews about the cultural image of mental disorders. Western medics, traditional healers and students participated in the interviews conducted by the author. The statements of the Indonesians are used to build the social image of a mentally ill person as one who, to a large extent, exhibits aggressive behaviour towards others. The results of the study indicate that although none of the respondents used the word *ngamuk* when describing mental illnesses, the symptoms cited were close to the symptomatology of this disorder. Comparing the results of this study with the outcomes of other

research on the cultural perception of diseases, the author concludes that the social perception of mental disorders is strongly culturally relativised. The example of *ngamuk* shows that the image of the affliction can be socially distributed.

You are welcome to read the texts contained in this volume. We hope that the analyses will make you reflect on the causes and effects of the social distribution of health and inspire you to undertake your own research on this subject.

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