

SOCIAL MARGINALIZATION AND HEALTH

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The 20th century was characterized by a special improvement in health. The aim of the World Health Organization policy of EQUITY IN HEALTH was to enable equal accessibility and high quality of health care for all citizens. However, some social groups remained more or less outside social systems including the healthcare system due to the social marginalization defined as an impact on health that worsens the health condition of an individual. Low socio-economic status influences people's health condition drastically with the intertwining of poverty and illness. Therefore, characteristic marginalized groups are: the Romany population, people with AIDS, prisoners, the disabled, the mentally ill, refugees, homosexuals, delinquents, prostitutes, drug addicts, the homeless etc. Thus, a mutual responsibility of the community and the marginalized individuals is to try and resolve both health and the related problems by diverse approach to the carefully planned programs. *Acta Medica Medianae 2007;46(2):49-52.*

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In most countries (either with democratic or other forms of government), the 20th century was characterized by the improvement in various aspects of life (economy, culture, human rights) for almost all the members of the society. In addition, significant progress was made in the field of health. The last thirty years of the 20th century were characterized by reforms and the improvement of the healthcare systems in such a way that the equal accessibility and high quality healthcare were available for all social groups. The World Health Organization EQUITY IN HEALTH (2) policy was the touchstone for the implementation of the "Health for all by the year 2000." and "Health for All in the 21st century" strategies. The concept of equal rights for all as the tantamount to health care was determined a long time ago by A. Shtampar who said: It is necessary to create equal opportunities, we should go for them that in each individual create conditions of life and work, by which each of them remain healthy, happy and satisfied."

The Constitutions of the democratic countries guarantee equality for all its citizens in the sense of accomplishing all their rights including the right to healthcare. In the Republic of Serbia, the rights are regulated by the Law of health protection and health insurance. However, to greater or lesser extent, some social groups still remain out of many social systems: political,

social, educational, cultural, and even the healthcare system. The reasons for the isolation and marginalization of these groups are not only external but also internal - their interdependence creates a no-way-out situation.

Social marginalization is a multi-layered concept. Peter Leonard defines social marginalization as "being outside the mainstream of productive activity and/or social reproductive activity" (4).

The whole societies can be marginalized on the global level; social classes and groups can be marginalized from the dominant social hierarchy by both written and non-written laws (morally and socially acceptable values). Similarly, some ethnic groups (e.g. the Romanies), families or individuals can become social outcasts in their local communities (4).

The phenomenon of social marginalization is characterized by the dynamics in changing the social status of individuals or groups (e.g. the unemployed, the disabled, refugees etc.) (5).

In addition to the group of the "voluntarily" marginalized people (people who choose to live a nomadic life traveling around the world without permanent residence, members of various religious sects, traveling artists etc.) a more complex problem is the group of "coercively" marginalized people. People become "coercively" marginalized at birth on the basis of their ethnicity (as it is the case of the Romanies in our country), congenital defect, different sexual orientation, social status (the poor or female sex) and "coercively" marginalized individuals during their lifetime (the disabled, refugees, drug addicts, HIV positive, prostitutes, the unemployed, prisoners, the elderly, homosexuals) (4).

Marginalized people have poor control over their lives and the available resources. Their limited social role is something that causes low self-confidence, self-esteem and various psychological

problems. Being born and living in such an environment, results in the lack of motive to change such condition in each and every way.⁶

Dependency on the others (e.g. on social institutions or other people) only contributes to deeper isolation.

These people usually have poor access to social resources and social systems such as education and/or health.

Especially in the urban areas, which are ethnically, culturally and economically different, marginalization is notable in relation to the dominant group of citizens both economically and/or culturally (7).

Social marginalization represents the onslaught on health and health condition. The impact of social isolation on health goes in many directions whose intertwinement is evident (4). (Contribution no. 1)

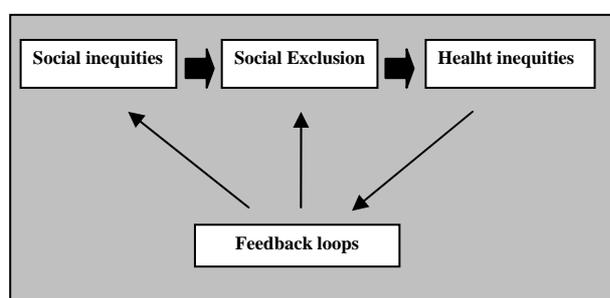


Figure 1

Social marginalization can certainly cause negative effects on human health, especially if it initiates negative human behavior such as seeking support in the use of various PAS (smoking, alcoholism, drug addiction etc.) (8).

Poverty is one of the main reasons and one of the main consequences of marginalization (9).

Low socio-economic level of the individuals and/or groups drastically affects their health condition. To this end, poverty and disease act simultaneously. C.E. Winslow notes: "Many people are sick, because they are poor, they become poorer because they are sick, and they are more sick because they are poorer." Among the marginalized and very often poor people, attitude towards health is usually a consequence of low cultural-educational level. Due to a daily struggle for survival, these people cannot allow themselves "luxury" to carefully treat their health, to protect it and promptly and adequately respond to early symptoms of a disease. Their social communication is hampered and in the case of a disease they do not know where to ask for help. For instance, in public health facilities they undergo procedures they do not understand and develop aversion to seek additional health service (10).

Poverty is one of the main reasons and one of the main consequences of marginalization (9) i.e. it is almost unavoidable characteristic of all types of marginalized population groups: the Romanies, the ones suffering from AIDS, convicts, persons with difficulties in individual

development, persons with mental disorders, refugees, homosexuals, juvenile delinquents, prostitutes, drug addicts, homeless people etc.

The Romanies

According to all socio-economic, educational and health indicators (poverty, unemployment, lack of proper education, diseases and disabilities, social pathology etc.) the Romanies are the most marginalized social group. Only 3% of the Romany males capable of working are employed in the state enterprises, while the percentage in women remains around 1.5%.

Educational structure is alarming. However, only 9% of the Romanies finished primary school, around 65% of the Romanies live in very unfavorable living conditions. Among the Romanies aged between 15 to 19 years, 16 % of them are illiterate, while 60% have not even finished primary school.

Based on the aforementioned, it is clear that the Romanies in our country are a socially passive population whose members are the most frequent users of social care (11).

The Romanies use health services as members of the extremely poor social layers. Language barrier is the most common obstacle in the public health institutions. A particular problem of this group is the inadequate approach to and care for the health of the youngest members of the community that usually results in: deliveries outside public health institutions, irregular obligatory immunization, quackery, etc. (1).

Strategy of the Republic of Serbia for the reduction of poverty includes the Romanies in particular. The strategy involves testing health condition of the Romanies, improvement of the existing legislation for better inclusion of the Romanies in the health system as well as the improvement of the health state for the entire Romany population (12).

The disabled

Disability is by the definition an inability to fulfill normal social roles, and occurs due to some kind of defect or disability that limits or prevents the person from doing so.¹³

A disabled person and his family are always in the chronic state of uncertainty, economic, educational, physical and social isolation, and are the subject of prejudice in the eyes of other people.¹⁴

Young people with disabilities are particularly vulnerable. Most of them are not registered at all in fear that the entire family will be labeled. They often live without personal care, healthcare and the support they need. The institutions for these young people are not adequately equipped and have shortage of staff.

Prisoners

The prison represents isolation from the society. Very often, it represents the isolation

within the premises. Prisoners are the forgotten people who risk losing friends, social position and family ties. Alongside constant concern for their own safety, their low mental stimulus significantly affects their mental health. The "snow ball" effect that is a cumulative effect of the above mentioned problems, can lead to the occurrence of serious mental disorders and mostly to depression, apathy, anxiety etc. (15,16).

Mental health of the prisoners is linked to the fact that the suicide rates are six times higher than in the general population (17).

Often, the public is completely disinterested to provide adequate healthcare to the accused or those convicted of crimes against the community. This is particularly related to poor countries (countries in transition), where the national resources are limited (18).

The most common health problems of this population are:

- problems related to the mental health
- the use of PAS (smoking, alcoholism, drug addiction)
- Infectious diseases (19).

There is a disproportion between health needs of the prisoners on the one hand and the ability of the prison health services to relate to those needs on the other.

Even in the developed countries, we come across the inadequate health treatment of the prisoners, or even to the treatment that is significantly different from the one provided to the general population.

Since the prison doctors and other health workers are the representatives of the so-called repressive system, the prisoners have no confidence in them (15).

The HIV Positive

Throughout history, many diseases were the subject of stigmatization or labeling. People who suffered from severe (infectious) diseases were considered the outcasts. In the 20th century, however, mankind encountered with the problem of a striking stigmatization and marginalization, especially in the case of the AIDS patients.

Moreover, AIDS has become not only a biological but a social phenomenon as well.

There is a very negative attitude in the general population towards the AIDS patients, especially if they are people of different sexual orientation.

They are often condemned because of their illness which is often perceived as a punishment for their "immoral life style" (extramarital sex life or sexual intercourse with people of the same sex) or risky behavior such as the use of PAS*. Marginalization and stigmatization of the HIV positive generally "forces" the infected to hide their illness (even to health workers) because of the possible consequences that can lead to delays in treatment, spreading of the infection and birth of the infected children.

Previous research has shown that many infected people, due to the social marginalization and labeling of the environment are prevented from continuous therapy, which has a negative repercussion not only on their health but also on the health of other people (20).

Conclusion

All of the aforementioned marginalized groups, including prostitutes, refugees, the homeless, the unemployed, the elderly with different cultural, educational, socio-psychological and other determinants are usually left out of the current social trends. These differences in relation to the social mainstream are the direct cause of risks to which they are more exposed than the rest of the population. Their experience about the importance of health, the ability to recognize the diseases and an adequate response to them, knowledge and opportunities for treatment and use of health services is far-fetched.

However, a mutual responsibility of both communities and the marginalized individuals is a must - the individual has to seize every available opportunity for improvement whereas the communities should provide an appropriate supportive environment (21).

By reforming the health system and adopting the postulates of the "new public health" in our country, the primary goal should be to overcome the problems of the marginalized social groups. Since the problems of these people are interrelated, it is clear that the existing problems can be solved only by diverse approach and carefully planned programs (a good example is a Program for poverty reduction in Serbia) to support and reintegrate such people into society. The task of the health services in this field would be to recognize such groups, to investigate their needs, to adapt and offer the services to these groups and individuals.

* PAS-Psychoactive substance

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SOCIJALNA MARGINALIZACIJA I ZDRAVLJE

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Dvadeseti vek karakteriše poseban napredak na polju zdravlja. Politika WHO EQUITY IN HEALTH ima za cilj da obezbedi jednaku dostupnost i jednako visok kvalitet zdravstvene zaštite za sve stanovnike. U većoj ili manjoj meri neke populacione grupe ostaju van mnogih društvenih sistema, čak i van sistema zdravstvene zaštite u stanju socijalne marginalizovanosti. Fenomen socijalne marginalizacije karakteriše se dinamikom. Marginalizovane osobe imaju malu kontrolu nad svojim životima i nad dostupnim resursima. Socijalna marginalizacija predstavlja udar na zdravlje i pogoršava zdravstveni status. Nizak socio-ekonomski nivo pojedinaca ili grupa utiče drastično i na njihov zdravstveni status, te siromaštvo i bolest deluju združeno. Karakteristične marginalizovane grupe predstavljaju: Romi, oboleli od AIDS-a, osuđenici u zatvorima, osobe sa teškoćama u razvoju, osobe sa poremećajima mentalnog zdravlja, izbeglice, homoseksualci, maloletni delikventi, prostitutke, narkomani, beskućnici... Postoji zajednička odgovornost zajednice, ali i individua koje su marginalizovane, za rešavanje problema. Zdravstveni i drugi problemi ovih ljudi mogu se rešiti samo multisektorskim pristupom kroz dobro osmišljene programe. *Acta Medica Medianae 2007;46(2):49-52.*

Ključne reči: socijalna marginalizacija, marginalizovane grupe, zdravlje