

# International Congress on Social Studies on Health For Students

21 - 23 December 2016

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# ***International Congress on Social Studies on Health***

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## INTRODUCTION

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### In the Name of the Most High

Many health issues have their cause roots in social aspects of everyday life. In this regards health should be considered not only a biologic matter but even more importantly a social subject.

Social studies of health could be an important way to promote the health of both developing and developed nations but unfortunately health professional are not prepared for these social interventions and research in this filed is weak .

Health policy research center at Shiraz University of medical sciences with cooperation of student's research committee planned **the first international congress on social studies on health**.

The meeting was held in beautiful city of Shiraz, the city of poetry and rose and the ancient capital of Iran from 21<sup>th</sup> to 23<sup>th</sup> of December 2016.

The main topics were:

Social roots of health and disease

Social interventions for disease prevention and health promotion

Environmental factors and health

Equity in health

Culture and health

Emergence of disability around the world

Gender inequalities in health

health promotion as an active social behavior

Gerontology and health

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## INTRODUCTION

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## INTRODUCTION

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# ***ORAL PRESENTATION***



# Advocacy Tool in Intersectoral Collaboration for Health: Modifying Consumption Pattern of Palm Oil in Islamic Republic of Iran

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## Abstract

**Background:** The health is known today as the co-product of all development areas and the intersectoral collaboration is the most important strategy to achieve it. Advocacy is one of the key tools for establishing stewardship, attracting stakeholders' cooperation and developing intersectoral collaboration in each health system. Advocacy for health has been considered in common agenda of all sectors as one of four areas of action in order to promoting healthy public policies in Adelaide statement (1988). In this study the necessity of intersectoral collaboration for health in general, the importance of advocacy as a strategic tool for making collaborative activities in the case of reduction in palm oil consumption and its techniques used by the secretariat of supreme council for health and food security in Iran will be discussed.

**Methods:** Qualitative method including literatures review and focus group discussion with experts and key informants in the field was used to describe and analysis of the policy of modifying consumption pattern of palm oil in Iran.

**Results:** Looking back at the intersectoral collaboration structures for health in Iran indicated that there had been potential capacities for applying advocacy tools and techniques for health effectively. They include evidence generation, making advocacy coalition, using social medias, monitoring policy implementations, making policy dialogues and establishing advocacy campaigns. In the case of palm oil consumption modification, the use of evidence generation in the form of policy briefs, forming advocacy coalition and entering through the social media agenda by the secretariat of supreme council for health and food security resulted in the approval of the policy of reduction of palm oil portion by 10 % out of all imported oil in market regulation and promotion in the council.

**Conclusions:** Advocacy tool for addressing public health problems specifically those which are not be solved by the health sector alone are mainly required to promote intersectoral collaboration and achieving health as the co-product of all development areas.

**Keywords:** Intersectoral Collaboration; Health; Palm Oil; Advocacy

# Life Medicaization and Health System, Perspective and Impact

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## Abstract

**Background:** During last several decades a significant number of scientists and sociologists such as Thomas Szasz, Jess R. Pitt, Elliot Fridson, Michael Foucault, Irvin K. Zola, Ivan Illich, and Peter Conrad have warned about medicalization and overmedicalization of health system due to the unacceptable management of this system and non-scientific behavior of medical environment. These theorists and thinkers postulated that medicalization and overmedicalization could be create some forms of socio-medical control of life in which physicians, surgeons and medical authority expanded into domains of everyday existence and life of every persons in human society.

**Methods:** According the idea of these scientists, human life and conditions come to be identified and explained as medical conditions and then as illness, physical or mental disability, Conditions in need of medical care, etc.

**Results:** This kind of view to the life and health of human beings and human society has been called “medicalization” and due to medicalization concept, self-identity of people and health decisions could be depend on the prevailing defines of health and illness. Albeit, medicalization and over medicalization in turn also brings over testing, over diagnosis and over treatment to follow. On the other hand, beside of medicalization there are evidences about developing of paramedicalization of life, where personal life of all citizens and also conditions of social health come under the attention of other kind of medicine such as alternative medicine, traditional medicine, herbal medicine, complementary medicine, holistic medicine and so on or even non-medical health approaches.

**Conclusions:** Therefore, medicalization and paramedicalization sometimes seems contradictory and conflicting, but they could feed each other for disease mongering, market base medicine and albeit they both ensure that questions of life, health, illness, disability,... will stay under control of defining human health conditions according of medicalization, overmedicalization concept.

**Keywords:** Health System; Life Medicalization; Overmedicalization; Overtesting Overdiagnosis; Disease Mongering

# Meta-Ethnography as a Tool for Synthesis Qualitative Research in Health

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## Abstract

**Background:** The aim of this study was introduce a qualitative approach for synthesis previous findings in health called meta-ethnography. Generally, qualitative meta-ethnography is a study design used to systematically assess previous research studies to derive new concepts constructions about the subject. Epistemologically, this is a meta-interpretation about past studies.

**Methods:** Noblit and Hare (1988) proposed a meta-ethnography method which includes seven stages: (1) Getting started involves formulating a research idea that is 'worthy of the synthesis effort'. (2) Deciding what is relevant. (3) Reading the studies involves careful attention to the conceptual content of the included studies. (4) Determining how studies are related involves identifying and describing the 'metaphors' or concepts in studies and 'translating' or comparing them to those in other studies. (5) Translating studies into each other involves sorting concepts from primary studies into conceptual categories; (6) Synthesizing translations involves developing a model that helps to make sense of the topic under investigation. (7) Expressing the synthesis involves output and dissemination of findings.

**Results:** For quality appraisal using of structured checklists is proposed. However, adequate description for 'well enough' methodologically report is the main goal.

**Conclusions:** Generally, this study involves identifying ideas from the studies included and progressively abstracting these ideas into a line of argument, or conceptual model can help for providing thick description about different issues in health.

**Keywords:** Health System; Meta-Ethnography; Qualitative Research; Health



## Critical Views on Doctor-Patient Interaction; An Overview on Iran

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### Abstract

**Background:** This study aims to approach on the important subject in medical sociology called doctor patient relation or doctor-patient interaction (DPI). Generally, DPI as a medical encounter is a domain for balance of power between two parties (doctor and patient). According to microphysics of power in Foucault terminology, "power is not a property but a strategy evident in the relations between people and operates and exists through people". Power is a negative, coercive or repressive thing that forces us, which is in every relationship specifically doctor-patient relationship.

**Methods:** Here, medical encounter in the reproduction of power relationships and considers the DPI as the context of reproduction doctors' domination. On the other hand, Habermas believes that communicative action is a consensus-oriented process built upon the parties' mutual definitions of how to reach a goal; while strategic action is a way to more directly reach a goal where influencing and manipulating the other can take place.

**Results:** Based on this view, medical encounter can be a locus of strategic action potentially which leads to distorted doctor patient interaction. Based on evidence of qualitative studies DPI in Iran is distorted significantly. In this situation, the patients' concerns were ignored and feel they faced with unexpected interactions, which is unequal, unprofessional, instrumental, and non-cooperative.

**Conclusions:** Because doctors were inconsiderate about patients' concerns and due to this, patients were dissatisfied. Finally, we introduce the patient-centeredness as an alternative model for reduction of the problem in medical encounters.

**Keywords:** Doctor Patient Relation; Health; Qualitative Research; Iran

# Monitoring System for Social Determinants of Health in Islamic Republic of Iran; Current Situation and Recovery Requirement

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## Abstract

**Background:** Social and political contexts of Islamic Republic of Iran (I.R. Iran) reflect strong commitment on reducing inequalities. This context provides a unique opportunity for reducing health inequalities mainly through targeting social elements.

**Methods:** This paper discusses inter and intra sectoral activities adopted recent years to make a strategic planning in various domain of SDH and developing a monitoring system on social determinants of health in I.R. Iran. The paper is a narrative review of establishment and current situation of this monitoring system since 2005 within this system, the emphasis on health indicators has been shifted from overall calculation to the stratified which includes a wide range of determinants of both health services and leading causes of illness which may eventually result in health inequalities.

**Results:** Based on Strategic Planning 12 priority areas have been address to work on SDH. The system hires available infrastructures in health system as well as pertinent stakeholders. Furthermore, it provides a more comprehensive interdisciplinary means and recommendations for monitoring social elements to get better health equality. The set of indicators and their stratifiers presented in this study can serves as a good practice on addressing the social elements affecting health of Iranian population.

**Conclusions:** Based on revising of indicators for monitoring health inequality, 69 indicators have been approved by high council of health in 2016 and measuring of these indicators is a mandate for involved organizations in SDH planning.

**Keywords:** Health Equality; Iran; Social Determinants of Health; Monitoring System

# Social Inequalities in Health: Theory, Measurement and Evidence, With a Special Focus on Work and Employment

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**Background:** Social inequalities in health between and within countries are considered a major public health challenge in economically developed and developing countries. Population groups living in socially disadvantaged conditions experience poorer health and shorter life expectancy than those who are more privileged. To a high extent these inequalities are subject to modification by policy programs strengthening prevention. Yet, to this end solid research evidence on the description and explanation of health inequalities is needed.

**Methods:** This lecture provides some basic knowledge to this end. First, major concepts and methods of assessing social inequalities within different types of societies are outlined. Individual-level measures of social stratification (education, occupational status, income) are of primary importance. Second, selected main findings of epidemiological research on social inequalities in morbidity and mortality are demonstrated. Following this, three promising areas of explaining health inequalities are presented. They concern (a) adverse social circumstances during pregnancy and in early childhood, (b) health-adverse behaviors acquired during adolescence and early adulthood (especially unhealthy diet, physical inactivity, smoking), and (c) material and psychosocial adversity in adult life, in particular with regard to work and employment.

**Results:** Own research focusing on health-adverse working conditions in different parts of the world has demonstrated substantial social inequalities in access to and quality of work. People with low socioeconomic status are more often exposed to material and psychosocial adversity at work, including low control and an imbalance between high effort spent and low reward received in turn. These inequalities contribute to a higher burden of work-related diseases (in particular cardiovascular disease and depression).

**Conclusions:** Finally, the lecture emphasizes the importance of convincing research evidence on social inequalities in health as this evidence offers definite entry points for preventive policy programs. Once developed and implemented such programs can contribute to the reduction of avoidable inequalities in health.

**Keywords:** Health Inequalities; Social Determinants; Public Health; Working Conditions and Health; Prevention Programs

## Addressing Social Needs of the Patients by Physicians and Nongovernmental Organizations in Iran

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### Abstract

**Background:** There are several researches showing that “social determinants of health” are associated with the clinical outcome of the patients. Four out of 5 American primary care physicians do believe that addressing social needs of their patients are as important as addressing medical conditions of their patients. Unfortunately there are few researches on the feasibility of addressing social needs of the patients by physicians and nongovernmental organizations (NGOs).

**Methods:** Recent research initiative of family physicians in New Mexico, USA about the feasibility of assessing and treating social needs of the patients resulted in state level policy making for addressing social needs of the patients. In this presentation I review three initiatives in USA, two of them by physicians and one of them by a NGO that address the social needs of the patients. The questionnaires that are used for measuring social needs in these initiatives will be introduced.

**Results:** I will discuss how designing a collaborative initiative between Social Deputy of Iranian Ministry of health, NGOs and Health Promoting Hospitals in Iran may improve patients outcomes by better addressing their social needs.

**Conclusions:** The role of Iranian family physicians in identifying and addressing the social needs of the patients in primary care clinics will be explained.

**Keywords:** Social Determinants of Health; Family Physicians; Nongovernmental Organizations; Ministry of Health

## Social Determinants of Mental Health and Role of Social Inequalities

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### Abstract

**Background:** Mental health is one of the most important parts of health and wellbeing of human beings. Since too many years ago and now more than ever, respect to mental health are emphasized. Community mental health and many mental disorders are under effects of different social, economical and physical environments. Social inequalities can lead to risk factors in mental health and mental disorders. More social inequalities, more risk factors inequalities, and then more mental disorders.

**Methods:** According to country studies, prevalence of mental disorders in populations between 15 and 60 years is 23.6%. Also from international studies almost 50% and 75% of mental disorders begin before 14 years old and 24 years old respectively.

**Results:** So it is important that interventions for improvement of social conditions, and reducing social inequalities begin before birth and continue to early child years, at school age, during family building and working ages, and at older ages.

**Conclusions:** Interventions in social determinants across the life course, not only are valuable opportunities for community mental health promotion, but can lead to reduction of mental health and mental disorders risk factors due to social inequalities.

**Keywords:** Social Inequalities; Mental Health; Mental Disorders; Social Determinants

## Early Child Development & Social Aspects

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### Abstract

**Background:** Too many of under 5 years children in countries, especially in developing countries are in the risk of poverty, malnutrition, poor health and unstimulating home environment that can effect on their cognitive, motor, and socio-emotional development. Early child development is one the most important and perhaps the most important determinants of social determinants of health (SDH). In this regard, the role of social policies especially in child field, social conditions that children grow and develop, especially in lower socio-economical class, in facilitating of children accessibility to educational, social supports, and qualitative health services is very important and necessary.

**Methods:** Now we don't have specific data about early child development in under 5 years children in the country. Generally two important barriers are in child development, malnutrition and failure to thrive in early child years and the second is living in poverty conditions. These two causes are linked to poor cognitive development and educational outcome in the future. These children have poor outcome in school and will have a lower income jobs, and so their children will grow in a poor condition and this vicious cycle continue and lead to inter-generational transfer of poverty.

**Results:** Investment in early child years can lead to reduction of inequality from poverty, poor nutrition and learning opportunities. Attention to children especially in lower socio-economical class is one of the strongest interventions for developing equity and accessibility to life opportunities. According to studies, investment in this age group (under 5 years) and developing pre-school services have a high cost- benefit ratio.

**Conclusions:** Developing the social welfare policies and child social support system , and consider to early child development are the basic interventions for attending to social justice and sustainable development goals (SDGs) in all countries.

**Keywords:** Early Child Development; Social Determinants; Social Justice





# ***POSTER PRESENTATION***



## Socioeconomics Inequality in Unhealthy Diet of Children in Sanandaj - Using Oaxaca Decomposition

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### Abstract

**Background:** The present study intended to define socioeconomic inequalities of unhealthy diet among children aged 10-12 years using Concentration Index and Oaxaca decomposition method.

**Methods:** The present cross-sectional research studied 2506 children living in Sanandaj in 2015. The required data were collected using Food Frequency Questionnaire. The socioeconomic status (SES) was calculated by measuring household income through Principal Component Analysis technique. The inequality was measured using Concentration Index and the proportions of different determinants were defined using Oaxaca decomposition method.

**Results:** The results show that 50.75% of people had unhealthy diet (95% CI: 48.79-52.71). The prevalence of unhealthy diet among people with high SES was lower than people with low SES (OR=0.41, 95%CI: 0.30-0.57). Mother's high level of education was a protective factor against unhealthy diet (OR=0.55, 95%CI: 0.39-0.77). The concentration index for unhealthy diet was -0.14 (95%CI: (-0.18)-(-0.09)), which was indicative of concentration of unhealthy diet in the group with low SES ( $p<0.001$ ). Oaxaca analysis showed the gap of prevalence of unhealthy diet in the poor and rich groups was 27.77% while 59.41% of the differences was because of the explained component. The highest contribution belonged to mother's education with 83.63% followed by place of residence with 17.81%.

**Conclusions:** The results show that the prevalence of unhealthy diet was higher in people with low SES. Improving the awareness and literacy of mothers and performing interventions in living places can be effective in decreasing socioeconomic inequalities of unhealthy diet and prevention of chronic diseases in children.

**Keywords:** Unhealthy Diet; Socioeconomic Inequality; Concentration Index; Oaxaca Decomposition; Children

# Economic Sanctions as Social Determinants of Health

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## Abstract

**Background:** In the recent years economic sanctions have been very often applied in order to force states to change their behavior at international level and conform to the international law. Many studies show that sanctions are associated with deterioration of people's enjoyment of their economic, social and cultural rights including right to health. Usually the sanctions regimes are established in the way not to target health of people, but they adversely affect it.

**Methods:** The aim of this study is to determine how economic sanctions act as determinants of health and affect health of people in the target countries. Data of the study are collected from secondary data produced by academic literature and national and international organizations' reports on the issue of economic sanctions on target countries by sanctions such as Iran, Iraq, the former Yugoslavia, Nicaragua, Burundi, Cuba, and Haiti. The changes in the fields of countries' economy, general welfare of the population, situation of access to medicines, health care and food in the sanctions period are analyzed to determine how sanctions affect health of the population.

**Results:** Economic sanctions affect health of people in three way; First, by decreasing country's production, revenues, and the value of national currency and increase of unemployment and inflation, it deteriorate the general welfare of the population. In this situation people cannot afford nutritious food and health care. Second, by putting limitation on the shipment and banking and financial services, they make the import of medicines, medical equipment and food difficult that endangers the health and life of people particularly of patients and children. Third, by long term effects on the social systems of the target country, they play a role in increase of mental illness, drug addictions and poor health and development of children.

**Conclusions:** Economic sanctions affect health of people in target countries and can be considered as important social determinants of health. The use of economic sanctions as a pressure on citizens of a country in order to force the leaders to change their behavior is a violation of right to health and should be banned.

**Keywords:** Economic Sanctions; Right to Health; Embargoes; Human Rights; Determinants of Health

## Self-Esteem of Imprisoned Female Addicts: Is it Important to Community Health?

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### Abstract

**Background:** Drug use causes inappropriate behaviors in women that are quite different from those in men. Social deviations, prostitution, high-risk sexual behaviors, abortion, divorce, imprisonment, followed by loss of self-esteem are consequences of women's addiction. Self-esteem is a basic human need that is present in all aspects of life, even in stressful situations. Self-esteem is the degree of self-approval and self-worth an individual regards for himself/herself. Thus, the present study aimed to investigate self-esteem of imprisoned female addicts.

**Methods:** The present study recruited 130 imprisoned female addicts in a prison in southeast Iran. Data were collected using demographic and Rosenberg's self-esteem questionnaires.

**Results:** The results obtained showed that mean overall self-esteem was poor in these women ( $10.23 \pm 4.32$ ), and 84.6% of them had low self-esteem, and none had high self-esteem. Women's self-esteem was significantly different according to the duration of their imprisonment ( $P \leq 0.05$ ). No significant difference was observed in women's self-esteem in terms of place of residence, occupation, education, marital status, frequency of marriage, age, prison history, number of children, husband's job, pregnancy status, physical illness in the last month, psychological illness in the last month, history of drug use in the past year, or type of drug used ( $P > 0.05$ ).

**Conclusions:** Low self-esteem score may be due to women's psychological problems, and their feeling of failure and humiliation in life. Furthermore, women have a more fragile morale than men. Their illegal behaviors, probably due to financial and domestic problems, leads to loss of self-esteem in them. Thus, educational programs for improving women's psychological characteristics and boosting their self-esteem, especially in female prisoners are essential. It is recommended that further studies find the reasons for women's high-risk behaviors and strategies to reduce them, so as to improve family and community health.

**Keywords:** Self-Concepts; Prison; Women; Addiction

## Experience of Adolescents of Promoting Family for Their Social Health: A Qualitative Study

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### Abstract

**Background:** Family is the first supportive mechanism, emotional and social for children. Access to health is not possible alone by community health service system. Children learn the meaning of health and understand roles, and societal values through family.

**Methods:** The aim of this study was to describe the experience of adolescents of promoting family to social health. This study was conducted using qualitative and conventional content analysis approach. Purposive sampling continued until data saturation. Adolescents 13-18 years were involved from both sexes and different class of socio-cultural and economic condition. Data were collected by 15 semi structured in depth interviews with 12 participants. Interviews were recorded and immediately transcribed. Then data were analyzed using MAX QDA10.

**Results:** In data analyze, three Main themes and ten subthemes were extracted, including: category of family communication and interaction context with subcategories "Intimacy of family members with each other", "communicate with family and friends" and "respect each other's dignity", category of functional domain, with subcategories of "acceptance of individual differences and generation", "guiding each other", "collaborate", "resiporical supportive", and "mutual honesty", category of cultural domain with subcategories, "adherence of family low" and "values".

**Conclusions:** Based on results, friendly climate and close interaction, compliance of rules and respect for ethical and social principles and values, also trying to fill the gap generation can be effective for formation promoting family for social health among adolescents. According to rapid and extensive developments in cultural, socio-economic, and their impact on family and community systems, family empowerment programs ensures social health of adolescents.

**Keywords:** Social Health; Family Health; Health Promotion; Adolescent Health; Qualitative Study

## Health Literacy and its Relationship to Cancer Screening Behaviors among the Personnel of Guilan University of Medical Sciences

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### Abstract

**Background:** The decisions and actions which people make about their lifestyle behavior are effected by their level of health literacy. Low health literacy was associated with limited knowledge about cancer screening and lack of desire to do it. This study aimed to determine the status of health literacy and its relationship to cancer screening behaviors among office personnel of Guilan University of Medical Sciences.

**Methods:** In this cross-sectional study, 186 office personnel of Guilan University of Medical Sciences were selected. Data were collected by using a questionnaire consisted of three parts; demographic, cancer screening behavior and health literacy (HELIA).data were analyzed with descriptive and inferential statistics by SPSS 20.0.

**Results:** The majority of personnel was female (63.3%) and married (82.2%). 57% of participants had good health literacy and 43% of them had moderate health literacy. Significant statistical relationships between health literacy and education level ( $p=0.03$ ), insurance coverage ( $p=0.04$ ) and history of Pap testing ( $p=0.02$ ) were seen.

**Conclusions:** According to the results, the health literacy level of office personnel of Guilan University of medical sciences was good and moderate and personnel with a higher education level and covered by supplemental insurance had higher health literacy. Moreover, women with good health literacy had screening Pap test more than others. To inform personnel with cancer screening tests by efficient workshops and health promotion programs, can be an effective step in promoting health literacy of people.

**Keywords:** Health Literacy; Early Detection of Cancer; Papanicolaou Test



# Investigating Conceptual Frameworks of Justice in the Field of Healthcare

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## Abstract

**Background:** Despite the remarkable breakthroughs that characterize health improvement and medical care services, countries worldwide differ in terms of recognizing health as a right that every individual can enjoy. Although over the past years specific attention has been given to this problem, practicing justice in healthcare still represents a serious challenge in all societies, even in those with a high healthcare index. One of the reasons for this situation could be attributed to the inefficiency of the conceptual framework and principles underlying practical measures. The purpose of this study is to (a) conduct a critical case study on the notion of justice in healthcare; (b) explicate the conceptual and intellectual foundations in this area; and (c) criticize the functionality of justice in response to the needs of modern societies.

**Methods:** All of the papers indexed in the scientific database PubMed concerning justice in medical care, published between 1997 and 2016, were filtered. The keywords used in this search included “Equity”, “Justice”, “Equality”, and “Health”, which appeared in the papers’ titles and/or abstracts. To select a paper for further investigation, its contribution to fundamentals and conceptions of justice in healthcare was considered. As a result, case studies and empirical research into indexes and contexts were excluded from the primary screening.

**Results:** A total number of 12177 papers corresponding to the keywords used in this study were found in the PubMed database, although considering the criteria for paper selection, 200 papers were finally marked for investigation. Results of papers review suggested that the four Modern central schools (viz. Liberalism, Utilitarianism, Conventionalism and Egalitarianism) justifying justice in medical care could not satisfactorily solve the problem of justice in healthcare. The inefficiency of the existing approaches to address human nature and identity has led to a situation in which no comprehensive framework is there to subsume justice and health, as well as the interaction between them, within a holistic system. The common philosophical definition, which emphasizes the full realization of legitimate rights, demands reaching a new compromise and proposing a profound insight into human rights, which is a notion interwoven with human nature and identity.

Another challenge is lack of sufficient understanding of collaboration in improving health at individual and social levels, and of the collaborative role of the society in empowering individuals, communities and institutions responsible for health. The present conceptual challenge is how to define justice in healthcare, considering accessibility to and use of medical services, along with issues such as the quality of health in every society. In fact, serious and profound notions, such as social/individual collaboration in sustaining health and use of medical services, have not been substantially dealt with by scholars in the field.

**Conclusions:** The observations of the study suggested that there were fundamental challenges to conceptualizing and formulating precepts in justice and healthcare. This study scrutinized the foundations of justice and medical care, as well as the challenges complicating the topic, from a new perspective.

**Keywords:** Equity; Justice; Equality; Health

## Social Well-Being of Iranian Older Adults and its Relationship with Socio-Demographic Variables

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### Abstract

**Background:** Health consists of physical, psycho and social well-being. Social well-being in individual level is a combination of psychological well-being about community. The importance of social well-being is high among the older adults for a different reason such as social isolation and loneliness.

**Methods:** This is a cross-sectional study which was conducted in Tehran, capital of Iran, in 2016. The participants were community-dwelling older adults selected by using the multistage cluster sampling strategy across the city. We used Social Well-being Scale (SWS) for collecting data.

**Results:** Three hundred older adults completed the scale. Mean age was  $66.39 \pm 6.98$  years; 60% were male. The data revealed that the older participants were at moderate level in terms of social well-being. Social well-being in these older people was significantly related to their marital status ( $P=0.03$ ), level of education ( $P=0.03$ ), employment status ( $P<0.01$ ), housing status ( $P<0.01$ ), financial ( $P<0.01$ ) and health status ( $P<0.01$ ).

**Conclusions:** Social well-being in older people is linked to having pension, house ownership, being employed, prospers financial status, education, good health and married status.

**Keywords:** Social Well-Being; Older Adults; Health

## The Relationship between Place Attachment and Social Well-Being in Older Adults

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### Abstract

**Background:** Health has been defined as a state of complete physical, psychological, and social well-being and place attachment has an effect on self-rated health of older adults. Neighborhood is a part of the social life of each person and his or her feeling to the neighborhood is important in well-being. There are few studies on the relationship between place attachment and social well-being.

**Methods:** This study was a descriptive and analytical study conducted on 550 older adults in a Tehran city. The Social Well-being Scale and the Place Attachment Scale were used to collect data. Data analysis was performed using Pearson correlation and multiple regression analysis by IBM SPSS statistics V.22 software.

**Results:** Findings showed that place attachment, explained ( $\beta = .78$ ,  $P < .001$ ) of the variance in social well-being. The finding of this study revealed that the place attachment has a strong effect on social well-being of older adults.

**Conclusions:** Any change in the place of attachment leads to changes in the social well-being and finally on health in the older adults. So, the improvement of the living place has a major role on health and well-being.

**Keywords:** Health; Social Determinants of Health; Older Adults

# An Explanation on the Prevalence of Learning Disorders in Terms of Socioeconomic Factors of Health among the Elementary School Students in Larestan City during Year 2014

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## Abstract

**Background:** Learning problems are expected to have different incidence rates depending on environmental factors. Nevertheless, the purpose of the present study is to explain the prevalence of learning disorders in terms of Socioeconomic Factors of health among the elementary school students in the city of Larestan during 2014.

**Methods:** In this descriptive- cross sectional study, 1800 students of grade two to six of the elementary school were selected as statistical samples of the research using the multi-step cluster sampling method and the questionnaires of socio-structural health determinants, Wechsler revised intelligence scale for children (WISC-R), the Colorado learning difficulties scale (CLDQ), as well as the clinical interview (Based on diagnostic and statistical guide of mental disorders) were completed. Finally, the data were analyzed using the regression logistic analysis, variance analysis, and the chi-square test.

**Results:** The general prevalence of learning disorders in the overall population of the subjects was 6.22% where learning disorders for dyslexia, writing disorder, and acalculia were 2.94%, 1.22%, and 2.05%, respectively. The findings revealed that the Socioeconomic Factors of health were significantly able to separate students with learning disorders from those without learning disorders ( $p < 0.05$ ) so that the strongest predictor of the occurrence chance of learning disorders in this model was the accessibility of health services of desirable quality with the odds ratio of 4.988 followed by poverty and disability in providing health costs with the odds ratio of 4.889 ( $p < 0.05$ ). In other words, the students with learning disorders possess an inferior status of Socioeconomic Factors.

**Conclusions:** The results of the present study showed that the Socioeconomic Factors of health make an important contribution to the occurrence and experience of mental disorders. Thus, these findings have practical and scientific consequences for the clinical experts in designing interventions and remedial training in learning disorders. Therefore, it is recommended that an operational plan is provided to reform, lift, or control the risk factors of the Socioeconomic Factors of health for those suffering from learning disorders regarding the target group at risk along with their prevention and treatment programs.

**Keywords:** Learning Disorders; Socioeconomic Factors; Health; Students

## Investigating the Individual and Effective Protection Factors of Appropriate and Inappropriate Cesarean Section in Pregnant Women Referred to Larestan Imam Reza Hospital

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### Abstract

**Background:** Caesarean Section means the exiting of the fetus, placenta and membranes by cutting the abdominal wall and uterus. Indications of this operation include previous cesarean, dystocia, fetal distress and presenting of breech.

**Methods:** In this cross-sectional study, 255 pregnant women requesting caesarean Section that referred to the obstetrics and gynecology department of Imam Reza hospital of Larestan were selected as an available sampling as a sample of this study. Three-part structured questionnaire to collect information include: Individual factors, protective factors and indications for cesarean Section was used and finally the data were analyzed by using SPSS software, version 19 and chi-square and Fisher exact tests.

**Results:** The findings 61.57 percent of proper cesarean Section and 38.43 percent had been of inappropriate cesarean. Results showed that there is a significant difference between the mean number of pregnancies, pervious cesarean Section and the age between appropriate and inappropriate cesarean ( $P < 0.05$ ). Supplemental insurance, the type of care during pregnancy, education level, type of insurance, employment status, age at marriage and age of cesarean, there is no significant difference between appropriate and inappropriate. Also repeated cesarean Section 34.5 in the first phase, demand of mom 21.6 and medical advice 16.9 in the second and third rate were the most important of cesarean reasons.

**Conclusions:** Considering the role of repeated cesarean, the mom's demand and doctor's advice in choosing the type of cesarean and significant relationship between the number of pregnancies, pervious cesarean and the age in between the appropriate and inappropriate it is necessary to consider these factors in order to reducing the demand of cesarean by doing essential measures to change attitudes of pregnant woman in this area.

**Keywords:** Individual Factors; Protective Factors; Cesarean Section

# Is Adjustment in Addicted Female Prisoners Important for the Community Health?

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## Abstract

**Background:** Addiction is one of the major public health concerns in different societies, with consequences at individual and social levels. Imprisonment followed by reduced adjustment can be among addiction consequences. Adjustment conforming to changes and adapting oneself to the environment such that self-actualization is maximized. Adjustment are influenced by the previous character, culture and social expectations. This study aimed to examine adjustment in addicted female prisoners.

**Methods:** This descriptive study recruited 130 addicted female prisoners in a prison in the southeast Iran. Data were collected by a demographic characteristics questionnaire and Bell Adjustment Inventory.

**Results:** Results indicated that the mean adjustment score was  $97.78 \pm 14.17$  while 96.4% of the women had low adjustment, such that their job, affective and health adjustment were at a very low level (47.70%, 91.50%, 58.5 % and 68.50% respectively) And in terms of social adjustment were often retreating (46.9%). The level of adjustment showed a significant difference among female prisoners in terms of job, age, and prison record, the number of children and history of physical illness in the past month ( $p \leq 0.05$ ).

**Conclusions:** Most women were found to have poor levels of adjustment. This issue can be a major barrier to correcting and reforming female addicts in prison because the low level of adjustment reduces their tendency to learning and establishing relationships and interacting with others. Non-adjustment can be due to violent character of female prisoners and failure to address women's psychological and affective issues. Hence, it is imperative to offer necessary trainings to reinforce adjustment, especially affective, social and health adjustment. Further quantitative and qualitative studies are also suggested for finding appropriate interventions to reduce risky behaviors and promote health in women.

**Keywords:** Adaptation; Prison; Women; Addiction

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# اولین کنگره بین المللی مطالعات اجتماعی سلامت

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