

# **Sociology Of Medicine: Subject And Object Of Science**

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## **ABSTRACT**

*Sociology is a science. In fact, a sociologist has to have more personally challenging scientific standards than the more popularly-known sciences such as physics and chemistry, because it is much more challenging to deal with bias and subjectivity. A chemist doesn't have to question his unconscious motives while sealing his samples, and he will often see organisms growing in them if he doesn't seal them properly; a sociologist has to question his own biases and unconscious movements at every moment, and if he fails, it's very difficult to tell just from looking at the study results. Sociology is a science, and science is a struggle. Sociologists are often envious of how much less challenging it is to be objective in the other scientific fields. In order to determine whether or not sociology can be accepted as a true science it is useful to make comparisons between the studies performed by both sociologists and natural scientists on their subjects of society and the natural world respectively. At its most fundamental level, the philosophy behind knowledge, reality and being must also be scrutinized as the knowledge which is so eagerly pursued by scientists is only relevant under certain philosophical conditions. Medical sociology is the sociological analysis of medical organizations and institutions; the production of knowledge and selection of methods, the actions and interactions of healthcare professionals, and the social or cultural (rather than clinical or bodily) effects of medical practice. The field commonly interacts with the sociology of knowledge, science and technology studies, and social epistemology. Medical sociologists are also interested in the qualitative experiences of patients, often working at the boundaries of public health, social work, demography and gerontology to explore phenomena at the intersection of the social and clinical sciences. Health disparities commonly relate to typical categories such as class and race. Objective sociological research findings quickly become a normative and political issue.*

**Keywords:** Interdisciplinarity. Social medicine ,Sociology of medicine

## **INTRODUCTION**

Sociology was founded on the idea that the social order is subject to Scientific study, the "SCIENCE" question remain controversial. The sociology of scientific knowledge (SSK) is the

study of science as a social activity, especially dealing with "the social conditions and effects of science, and with the social structures and processes of scientific activity."The sociology of scientific ignorance (SSI) is complementary to the sociology of scientific knowledge. The sociology of knowledge, by contrast, focuses on the production of non-scientific ideas and social constructions.Sociologists of scientific knowledge study the development of a scientific field and attempt to identify points of contingency or interpretative flexibility where ambiguities are present. Such variations may be linked to a variety of politica, historical, cultural or economic factors. Crucially, the field does not set out to promote relativism or to attack the scientific project; the aim of the researcher is to explain why one interpretation rather than another succeeds due to external social and historical circumstances.The field emerged in the late 1960s and early 1970s and at first was an almost exclusively British practice. Other early centers for the development of the field were in France, Germany, and the United States (notably at Cornell University). Major theorists include Barry Barnes, David Bloor, Sal Restivo, Randall Collins, Gaston Bachelard, Harry Collins, Paul Feyerabend, Steve Fuller, Thomas Kuhn, Martin Kusch, Bruno Latour, Mike Mulkay, Derek J. de Solla Price, Lucy Suchman and Anselm Strauss.

### **THE SOCIOLOGY OF MEDICINE**

The Sociology of Medicine is a collection of essays and research findings representing the work of medical sociologists in several different countries which focus on current ideas, concepts and issues in medical sociology. The selections provide a contemporary overview of the field in the following areas: sociological theory and health, social factors and disease, social demography, social stress, health and illness behaviour, alternative forms of medicine, health professions and occupations, hospitals, and health care delivery and social change. The Sociology of Medicine is a collection of essays and research findings representing the work of medical sociologists in several different countries which focus on current ideas, concepts and issues in medical sociology. The selections provide a contemporary overview of the field in the following areas: sociological theory and health, social factors and disease, social demography, social stress, health and illness behaviour, alternative forms of medicine, health professions and occupations, hospitals, and health care delivery and social change.

### **SOCIOLOGY OF HEALTH AND ILLNESS**

The **sociology of health and illness**, alternatively the **sociology of health and wellness** (or simply **health sociology**), examines the interaction between society and health. The objective of this topic is to see how social life affects morbidity and mortality rate, and vice versa. This aspect of sociology differs from medical sociology in that this branch of sociology discusses health and illness in relation to social institutions such as family, employment, and school. The sociology of medicine limits its concern to the patient-practitioner relationship and the role of health professionals in society. The sociology of health and illness covers sociological pathology

(causes of disease and illness), reasons for seeking particular types of medical aid, and patient compliance or noncompliance with medical regimes. Health, or lack of health, was once merely attributed to biological or natural conditions. Sociologists have demonstrated that the spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other cultural factors. Where medical research might gather statistics on a disease, a sociological perspective on an illness would provide insight on what external factors caused the demographics who contracted the disease to become ill. This topic requires a global approach of analysis because the influence of societal factors varies throughout the world. This will be demonstrated through discussion of the major diseases of each continent. These diseases are sociologically examined and compared based on the traditional medicine, economics, religion, and culture that is specific to each region. HIV/AIDS serves as a common basis of comparison among regions. While it is extremely problematic in certain areas, in others it has affected a relatively small percentage of the population. Sociological factors can help to explain why these discrepancies exist. There are obvious differences in patterns of health and illness across societies, over time, and within particular society types. There has historically been a long-term decline in mortality within industrialized societies, and on average, life-expectancies are considerably higher in developed, rather than developing or undeveloped, societies. Patterns of global change in health care systems make it more imperative than ever to research and comprehend the sociology of health and illness. Continuous changes in economy, therapy, technology and insurance can affect the way individual communities view and respond to the medical care available. These rapid fluctuations cause the issue of health and illness within social life to be very dynamic in definition. Advancing information is vital because as patterns evolve, the study of the sociology of health and illness constantly needs to be updated

## **INTERNATIONAL PERSPECTIVE**

### **AFRICA**

HIV/AIDS is the leading epidemic that affects the social welfare of Africa. Human Immunodeficiency virus (HIV) can cause AIDS which is an acronym for Acquired Immunodeficiency Syndrome (AIDS), a condition in humans in which the immune system begins to fail, leading to life-threatening infections. Two-thirds of the world's HIV population is located in Sub-Saharan Africa. Since the epidemic started more than 15 million Africans have died by complications with HIV/AIDS. People apart of religious sub-groups of Sub-Saharan Africa and those who actively and frequently participate in religious activities are more likely to be at a lower risk of contracting HIV/AIDS. On the opposite end, there are many beliefs that an infected male can be cured of the infection by having sex with a virgin. These beliefs increase the number of people with the virus and also increase the number of rapes against women. A major social problem in Africa in regards to HIV is the orphan epidemic. The orphan epidemic in Africa is a regional problem. In most cases, both of the parents are affected with HIV. Due to this, the children are usually raised by their grandmothers and in extreme cases they are raised by themselves. In order to care for the sick parents, the children have to take on more responsibility

by working to produce an income. Not only do the children lose their parents but they also lose their childhood as well. Having to provide care for their parents, the children also miss out on an education which increases the risk of teen pregnancy and people affected with HIV. The most efficient way to diminish the orphan epidemic is prevention: preventing children from acquiring HIV from their mothers at birth, as well as educating them on the disease as they grow older. Also, educating adults about HIV and caring for the infected people adequately will lower the orphan population.

## **ASIA**

Asian countries have wide variations of population, wealth, technology and health care, causing attitudes towards health and illness to differ. Japan, for example, has the third highest life expectancy (82 years old), while Afghanistan has the 11th worst (44 years old). Key issues in Asian health include childbirth and maternal health, HIV and AIDS, mental health, and aging and the elderly. These problems are influenced by the sociological factors of religion or belief systems, attempts to reconcile traditional medicinal practices with modern professionalism, and the economic status of the inhabitants of Asia. In many Asian countries, childbirth is still treated by traditional means and is thought of with regional attitudes. For example, in Pakistan, decisions concerning pregnancy and antenatal care (ANC) are usually made by older women, often the pregnant woman's mother-in-law, while the mother and father to be are distanced from the process. They may or may not receive professional ANC depending on their education, class, and financial situation. Generally in Asia, childbirth is still a woman's area and male obstetricians are rare. Female midwives and healers are still the norm in most places. Western methods are overtaking the traditional in an attempt to improve maternal health and increase the number of live births. Asian countries, which are mostly developing nations, are aging rapidly even as they are attempting to build their economies. Even wealthy Asian nations, such as Japan, Singapore, and Taiwan, also have very elderly populations and thus have to try to sustain their economies and society with small younger generations while caring for their elderly citizens. The elderly have been traditionally well respected and well cared for in most Asian cultures; experts predict that younger generations in the future are less likely to be concerned and involved in the health care of their older relatives due to various factors such as women joining the workforce more, the separation of families because of urbanization or migration, and the proliferation of Western ideals such as individualism.

## **EUROPE**

The largest endeavors to improve health across Europe is the World Health Organization European Region. The goal is to improve the health of poor and disadvantaged populations by promoting healthy lifestyles including environmental, economic, social and providing health care. Overall health in Europe is very high compared to the rest of the world. The average life expectancy is around 78 in EU countries but there is a wide gap between Western and Eastern Europe. It is as low as 67 in Russia and 73 in the Balkan states. Europe is seeing an increase in

the spread of HIV/AIDS in Eastern Europe because of a worsening socioeconomic situation. Cardiovascular disease, cancer and diabetes mellitus are more prevalent in Eastern Europe. The WHO claims that poverty is the most important factor bringing on ill health across Europe. Those at low socioeconomic status levels and many young people are also at risk because of their increased tobacco, alcohol and drug abuse. Health and illness prevention in Europe is largely funded by the governmental services including: regulating health care, insurance and social programs. The role of religion and traditional medicine, however, is often left unexamined in such reports. The study of hypertension within the United Kingdom has turned to examining the role that beliefs play in its diagnosis and treatment. Hypertension is an essential topic for study since it is linked to increased risk of stroke and coronary heart disease. The most common treatment for hypertension is medication but compliance for this treatment plan is low. A study conducted in the UK examined the differences between 'white' patients and first generation immigrants from the West Indies. There were differing reasons for non-compliance that involve the patients' perception and beliefs about the diagnosis. Patients commonly believe that high levels of anxiety when first diagnosed are the major cause and think that when stress levels decline so too will their hypertension. Other respondents in this UK based study had varying beliefs concerning the necessity of medication while others still argued that it was the side effects of medication that made them end their prescribed regimen. West Indian respondents whose lay culture teaches them to reject long-term drug therapy opted instead for folk remedies in higher numbers than the 'white' respondents. What can be seen here is that some people will choose to ignore a doctor's expert advice and will employ 'lay consultation' instead.

## **NORTH AMERICA**

North America is a fairly recent settled continent, made up of the United States, Canada, Mexico, Central America, and the Caribbean. It was built by an amalgamation of wealth, ideas, culture, and practices. North America is highly advanced intellectually, technologically, and traditionally. This advantageous character of North American nations has caused a high average life expectancy of 75 years for males and 80 years for females. This leads to the conclusion that North America has cultivated a comparatively healthy society. As North America contains several core nations, the growing economies in those nations are able to maintain and develop medical institutions. This subsequently provides more access to health care for American citizens but health care is not universal. North America is known for being a leading nation in regards to industrialization and modernization, but the United States lacks federal laws regarding health care as a basic human right. This lag of health care security causes subsequent issues with pharmaceutical competition, lack of care for the elderly, and little attention to alternative medicine. Health care and education are plentiful at a price and illness still persists for many reasons. A main reason is that a lower- and middle-class population still exists in plentiful numbers, maintaining a group that is highly vulnerable to physical ailment. North America's primary risk factors for illness are currently alcohol abuse, malnutrition, obesity, tobacco use, and water sanitation. Obesity is a recent epidemic in North America. The 1990s brought a rise in the average Body Mass Index, or BMI. From the beginning and to the end of the decade, the median

percent of adults who were obese rose from 12% to 20%. Alcoholism is the addiction of over-consumption of alcohol and is highly prevalent in the US. There are high incidence rates in many other world regions. Roughly 61% of American adults drank in 2007, and 21% of current drinkers consumed five or more drinks at one point in the last year. There have also been 22,073 alcohol induced deaths in the United States in the past year, about 13,000 of which were related to liver disease.<sup>[31]</sup> Alcoholism has many risk factors ingrained in North American culture, such as heredity, stress from competition or availability.

### **FINAL REMARKS**

This work shows that the textbooks go through the development of the sociology of health and at the same time, help tell your story. I believe that this is a fact to be highlighted, but there are other obvious aspects of the description of the various texts and authors. The importance of this study can be attested by the perspective taken by renowned institutions on hand, as is the case here UNESCO represented by Heyneman. For this author, we can not conceive of a modern educational system without textbooks. However, although many are attractive to the market, have no pedagogical effectiveness when they are written to enforce guidelines and regulations or used as instrument of accession to the traditional discipline.

In the case of the analysis in this article, Heyneman fit many of the ideas about the relevance of the manual, its possibilities and shortcomings. We conclude that your space is to assist educational processes, recognizing the knowledge accumulated by reference researchers who collaborate in the identification and construction of the field. On the issue of the narrative, highlight the merits of establishing a research with this focus, especially when taking the narrative as approach. Accordingly, the textbook as “document becomes a narrative”. Robert and Shenhav who use this expression comment that “This position rests on a very loose definition of the narrative.” But as they add: “Moreover, the researcher is not so much an analyst as an intermediary between the participants and the readers.”

### **CONCLUSION**

Sciences are commonly divided into natural and social sciences. Natural science studies natural phenomena (animate and inanimate both). Astronomy, biology, chemistry, physics and geology are all natural sciences. Social science is the study of various aspects of human society. The social sciences include sociology, anthropology, economics, political science etc. Sociology broadly studies human behaviour, man in society, social life of human beings and the structure of society. It is neither philosophy nor socialism as is sometimes thought but a social science. The nature of sociology is synthesising and generalising. It is not a specialistic science like economics or political science. The focus of sociology may be special one, as is the focus of every other science, but its area of study is general. Sociology is engaged in the acquisition of knowledge and not in its application. This distinction is like chemistry and pharmacy, physics and engineering or biology and science of medicine. Sociology is concerned with the questions of

what, when, how or why and where about man and society and not what ought to be. It gives categorical judgments rather than normative ones. It is this feature of sociology that distinguishes it from ethics or moral and political philosophy. The concerns of sociology are relatively abstract not concrete. As a science, it proceeds on a plane of abstraction. For example, sociology is interested not in particular families but in the family as a social institution that exists in all societies—modern or preliterate.

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