

Lecture no. 1

Social Structure

Instructional Objectives

At end of this lecture, students, would be able to;

- 1- Define community and its characteristics.
- 2- Set apart between classification of social differentiation.
- 3- Identify occupational social classification.
- 4- Recognize factors of social class differences.
- 5- Describe life styles and their relations to health.

To a degree acceptable to the accreditation of College.

Social structure:



Definition of community: is a network of human relationships and it is the major functioning unit of society.

It is the place where our home is located, children are educated, sick people are treated and individuals basic needs and desires are met.

* No man is an island, from the time of birth until death, all normal human beings are part of a group, the family or community.



Characteristics of a community:

- 1- The community is a contiguous geographical area.
- 2- It is composed of people living together.
- 3- People cooperate to satisfy their basic needs.
- 4- There are common organization e.g. markets, schools etc.

Classification of Social Differentiation:

1- Caste:

- Some society is mostly based on caste system as India, (largest democratic country in the globe).
- Each cast is governed by certain **rules** and **regulations** relating to food, drink, marriage, social factors and rituals.
- Caste follows a definite occupation.



2- Income and purchasing power: On the basis of income, people have been grouped into classes as **upper**, **middle** and **lower** classes. People in the upper class enjoy better standards of life.



3- Occupation: people are grouped according to their jobs, but generally it is not satisfactory, nonetheless it is the most acceptable form for social differentiation.

4- Residence: as rural and urban societies.

1.Rural society: The villages are self-sufficient units for most of the routine requirements of its people.

Rural people depend primarily upon agriculture.

Caste, religion, rituals, kinship, early marriage and high birth rate are some of important aspects of villages.



2.Urban society: As towns, and cities, are relatively large, dense and have permanent settlement of people.

Civilization means cities. City represents the way of living of man in modern age, depends less on agriculture and there is occupational diversity.

The social life is impersonal and less intimate.



Cities are melting pots of races, people and culture. New ideas and behaviors emerge which further spread to villages.

5- Social mobility: According to social mobility, we have 2 types:

Close- class society: As in India, based on caste, so it is difficult to make reforms without resistance.

Open –class society: movement on social ladder is unrestricted. It is based upon_achievement or gaining wealth. The society here is progressive.

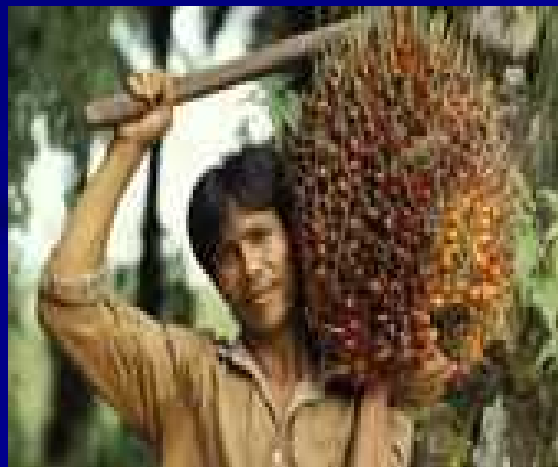
6- Education: as illiterate and literate.

7- Religion.

Social Class:

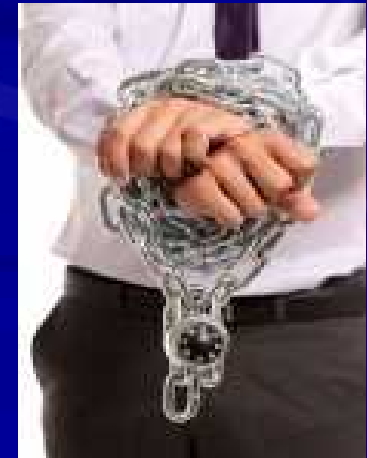
People in community are differentiated by certain characteristics which they bear, and social class is closely bound up with way of life, attitudes, expectations and degree of stress.

Social scientists used **occupation** widely as a mean of determining the level of social standing of an individual in a community.



Occupation is the major determinant of:

1. Economic rewards.
2. Extent of authority and rights.
3. Extent of responsibilities.
4. Degree of status.
5. Values and life styles.



Social class is determined according to **occupation**, the following:

Occupational social classification is the most one used all over the world :

- I- **Professional occupation** (doctors, lawyers).
- II- **Intermediate occupation** (managers, merchants).
- III N – **Non manual skilled occupation** (teachers, clerks)
- III M- **Manual skilled occupation** (carpenters, electricians).
- IV- **Party skilled occupation** (roof setting labors).
- V- **unskilled occupation** (laborers, cleaners).

Limitations of occupational classification:

1. **Heterogeneous grouping:** in each social class there are different occupations, educations and family background.
2. **Occupational mobility:** occupation may be changed.
3. **Women:** some occupations are exclusively occupied by males and vice versa.
4. **Regional variation** not took in the account.
5. **No. of jobs are increasing** widely.
6. **Class III very large.**

Factors of Social class difference in health and diseases:

I- Physical environment: the type of housing, overcrowding, access to safe water and clear air all have an important effect on health of human and actually these factors are differ in different social class.

II – Difference in services provided: some people in lower social class are even un-doctored.

III – Materials and resources: income , wealth, tools all are important factors for accessing a better health services.

Factors of Social class difference in health and diseases:

IV – Genetic endowment: people in certain social class tends to marry in the same social class, which lead to increase probability of certain genetically determined diseases as e.g. thalassaemia.

V – Educational status: illiteracy and ignorant all are known risk factors for certain diseases.

VI – Attitude to diseases: It is found that middle social class are the most social class seeking for medical advice and treatment.

Socio- economic status: the position that an individual or family occupies with reference to others.

Representing the average standards of cultural and material ownership, income and participation in group activity of the community.

This status may be inherited, but in modern society is usually achieved.

Generally Speaking: Individuals in upper social class have longer life expectancy, less mortality and better health and nutritional status than those in the lower classes.

-**Coronary heart diseases, hypertension and diabetes** all have been shown to have a high incidence in social class I and gradual decline in incidence in the other social classes.

-**Disease of skin, eyes, ears, diarrhea and dysentery** all have shown a higher incidence in lower classes due to poor state of physical environment.

- **Families in lower social classes are bigger in size**, women marry early and bear more children, make less use of hospital facilities and consult doctors less.

-**Mortality**: as infant mortality, general mortality, maternal mortality all are related to social class.

Perinatal mortality by social class 1980, England and Wales

Social class	Perinatal mortality/ 100,000
I	9.7
II	11.1
III N	11.8
III M	13.0
IV	15.0
V	17.0

Life style

Definition of life style: “The method in which people are living”

Reflecting the whole range of social values, attitude, habits and activities.

It is composed of **cultural** and **behavioral** patterns and life long personal **habits** (as smoking and alcoholism) that have developed through process of socialization.

Life styles are learnt through social interaction with parents, peer groups, friends, siblings, schools and mass media.

Attitude: acquired characteristics of an individual, by social interaction, once formed , difficult to be changed.

Habit: An accustomed way of doing things, and can be changed,

with 3 characteristics:

1. Acquired through repetition.
2. Automatic.
3. Can be performed under similar circumstances.

Healthy life style: When the life style of an individual in the process of promoting the health. E.g. adequate nutrition, enough sleep, sufficient physical activity, smoke free society and reduction of stress.



Unhealthy life style: When the life style of an individual in the process of deteriorating the health.

E.g. **in western countries** when life styles changed in middle 20th century, many medical problems raised as CHD, obesity, lung ca., and drug addiction.



While in **developing countries**, where traditional life styles still persist, the risk of illness and death are connected with lack of sanitation, poor nutrition and poor personal hygiene.



Life style and social class:

Social class has considerable implication on people's life styles.

Manual worker, see life in terms of making the best of what comes along, with little control over the future.

Non- manual worker, on the other hands, consider that the future can be controlled.

* **In the past**, polio, leukemia, cirrhosis were associated with upper social class, why ?

- Polio, because good housing acquire little active immunity from environment and vaccines are not yet developed.

- Leukemia, More exposed to X rays.

- Cirrhosis, more able to afford alcohol.

* Neurosis more in class I, psychosis more in class V.

Examples of unhealthy life style:

A- Chronic non- communicable diseases: life style change, constitute one of six major risk factors in adult e.g.

1. Coronary heart diseases:

- Smoking.
- Eating rich fatty diets.
- Sedentary life.
- Alcoholism.
- Stress.

2. Hypertension:

- Eating high salts in diets in addition to the previous all factors in CHD.

Examples of unhealthy life style:

3. Cancer:

- Smoking.
- Alcoholism.
- Dietary factors.
- Industrial materials.
- Radiation hazards.

4. Blindness:

- social class V 2 times prevalence than social class I.

B- Malnutrition:

It is not due to lack of food, but, people choose poor diets (not in term of expenditure) when good ones are available because of cultural influences.

Malnutrition = obesity or underweight or sp. deficiency



- Rice in many countries is the main diets which actually lead to more obesity and CHD.
- In south India after the 2nd world war, they refuse to eat rice (their main diets was wheat), this lead to mass malnutrition.