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AWARENESS ON SOCIAL DETERMINANTS OF HEALTH AMONG COLLEGE GOING STUDENTS OF KRISHNARAJANAGARA, MYSURU

***Girish V ** Dr. Chandarmouli**

*Research Scholar, Department of Studies in Social Work, University of Mysore, Mysuru, Karnataka
**Professor, Department of Studies in Social Work, University of Mysore, Mysuru, Karnataka

Abstract: Background: The concept of social determinants of health has gained increasing prominence in recent decades. In the technological era, the lives of young people are increasingly affected by diseases and health-related risks. To prevent young adults from being exposed to health risks and to reduce the burden of disease and disabling conditions, it is essential to create awareness about the social determinants of health, which play a pivotal role in enhancing the overall health of students. The objectives of this study are to examine the socio-demographic profile of the participants and to assess their level of awareness regarding the social determinants of health.

Methodology: This study adopts a quasi-experimental design with a pre-test and post-test approach. The universe of the study is confined to Krishnarajanagara Taluk in Mysuru District, Karnataka. Participants were selected based on predefined inclusion and exclusion criteria. Both primary and secondary data sources were utilized for data collection. A structured interview schedule was used to obtain the socio-demographic details of the participants and to assess their awareness of the social determinants of health. A five-point rating scale was adopted for measuring awareness levels. The collected data were analysed using the Statistical Package for Social Sciences (SPSS) version 16, and the results were presented using the Chi-square test.

Results: The socio-demographic variables were analysed using Chi-square in order to determine the relationship between the independent and dependent variables. The variables were gender and living conditions, gender and social relations, postgraduate program and living conditions, postgraduate program and social relations, and place of residence and living conditions and social relations. The chi-square analysis revealed that there were no statistically significant relationships between the socio-demographic variables and the variables of living conditions and social relations.

Conclusion: Social determinants of health can be seen as the social circumstances and the disparity created by those social circumstances affecting the overall health status of the people within the societies they live in. There is evidence to suggest that social determinants of health affect health status more than the services available within the health care system and the lifestyle of the people within society. It is also seen that the contribution to health status from outside the health sector is more compared to the health sector.

Keywords: Social determinants of health, living condition, social relations, college students.

I. INTRODUCTION:

Awareness on the social determinants of health is gaining more importance in the recent years among the lives of young people in order to prevent from diseases, disabling condition to reduce health related risks. As the World Health Organization(WHO) and Shanghai Declaration stressed on the essential component in the achievement of good health for all. Social determinants of health are the non-medical factors that influence health outcomes of individuals health. They are the conditions in which people are born, grow, work, live, and age, and the wider set of forces and systems shaping the conditions of daily life. These forces and systems include economic policies and systems, development agendas, social norms, social policies and political systems. Social determinants of health are often referred to as the causes of both individual health trajectories and the social patterning of population health disparities (Berkman and Kawachi 2000). This is because social determinants particularly social contexts shape the health promoting and health harming behaviour choices of individuals and populations, both by constraining the choices individuals can make, and by influencing their attitudes, beliefs, and preferences towards certain behaviours. SDH refer to the societal factors and the unequal distribution of these factors – that contribute to both the overall health of individuals in the society. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector.

Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society. The social determinants of health (SDH) have been defined as the “causes of the environmental, social, political, cultural, and economic factors adverse social conditions or social inequalities that influence individuals’ health status These SDH mirror fundamental social hierarchical structures affect the degree of health and illness experienced by members of various socio-economic groups Raphael et al., 2006). Social determinants, rather than a genetic predisposition or personal health choices have been found to be the primary correlates of health (Commission on the Social determinants of Health [CDSH], 2008). The SDH framework provides a mechanism to understand multilevel policy and practice interventions designed to improve health. United States Centers for Disease Control states another definition of social determinants of health as "life-enhancing resources, such as food supply, housing, economic and social relation-ships, transportation, education, and health care, whose distribution across populations effectively determines length and quality of life" The Commission on Social Determinants of Health (2005) identified the living environment plays an essential role in the formation and determination of health and well-being and the main determinants were housing, socioeconomic status of the family, nutrition, neighbourhood characteristics, social support and social capital, occupational factors, and health behaviours. The Commission on Social Determinants of Health (CSDH 2008), convened by the World Health Organization (WHO) in 2005, reiterated the need to address the social, economic and political determinants of health alongside healthcare provision.

II. REVIEWS OF LITERATURE:

Kenney (2013) study on adolescent perceptions and knowledge about the social determinants of health: an observational study of Kingston, Ontario youth attempted to explore social determinants of health (SDH) consist of the structural drivers and daily life conditions that influence a person's health status. The SDH include such factors as income and educational status, employment opportunities, housing conditions, social exclusion, racism, and inequality. Evidence of the impact of such fac-tors on health, including mortality and morbidity, occurs at multiple levels of influence, and research questions which were posed 1) What determinants (social, behavioural, and physical) do Ontario high school students associate with health?, 2) To what degree do Ontario high school students know about the SDH?, and 3) Are there any socioeconomic differences in students' knowledge of the SDH?

Russell M et al. (NA) Adolescence and the social determinants of health defines social determinants of health as conditions or circumstances that are shaped by families and communities and by the distribution of money, power, and resources at global, national, and local levels and affected by policy choices at each of these levels national wealth, income inequality, and access to education. Furthermore, safe and supportive families, safe and supportive schools, together with positive and supportive peers, are crucial to helping young people develop to their full potential and attain the best health in the transition to adulthood.

Guma et al. (2019) Examining social determinants of health: the role of education, household Objective exploring how the combination of education (micro level) and household arrangements (mezzo level) is associated with self-perceived health. combining information from two SDHs, representing the micro and the mezzo levels, leads to more accurate insights into the most vulnerable socio-demographic profiles in terms of health.

Mohammadi et al. (2020). Study on 'Awareness and attitude of students and professors of medical sciences universities toward social determinants of health: Design and preliminary psychometrics of a questionnaire' presented that higher education is one of the main social, economic, political, and cultural elements in any society and a centre of training and educating specialized and efficient human capital, therefore, it is of special importance to contribute to the comprehensive development of the country. Having the appropriate awareness and attitude toward the SDH among university students and professors would be a way to create major changes in the attitude and awareness of the society. Hence social determinants of health plays significant role in the lives of college going students in order to prevent them from getting physical, mental unhealthy future.

III. METHODOLOGY:

This study is intendent to know Awareness on social determinants of health among college going students. And the main objectives are: to know the socio-demographic profile of the participants, and to study the level of awareness on the living condition and social relations social determents of health among college going students. The following hypothesis were formulated to test the association between variables in the study as follows:

Ho(1) *There is no significant association between socio-demographic variables and living conditions*

Ho(2) There is no significant association between socio-demographic variables and social relations

In consonance with the aim and specific objectives set forth for the study. employed Quasi-experimental (Pre-test-Post-test) research design. In a Pre-test Post-test, the dependent variable is measured once before the intervention is implemented and once after it is implemented. Moreover, the present study design is toward awareness on social determinants of health. In order to fulfil the design Pre-test and post-test tools prepared and tested followed by the development and implementation of intervention model.

The universe of the study is confined to Krishnarajanagara taluk in Mysuru district, Karnataka. According to the college records for the academic year 2023–24, the town has two post-graduate centres: Government First Grade College, Krishnarajanagara, and Government First Grade College for Women, Krishnarajanagara. The student data from these institutions out of them there were of 105 and 154 students respectively. Hence the universe of the study is confined to 259 students.

The study conducted with two cohorts of students enrolled in two post graduate centres were considered Later group of participants formed which consisted 36 among them. The selection of participants based on inclusion and exclusion criteria. In the present study, both primary and secondary sources are utilized to collect the data. In this study structured interview schedule used to obtain the socio-demographic details of the participants, and awareness on social determinants of health by the pants, further Five-point scale adopted in both pre-test and post-test intervention of the module, consisted variables related to awareness on social determinants of health. The secondary data collected from journals, books, working papers, and websites. The collected data analysed using the advanced Statistical Package for Social Sciences (SPSS)16 analysis done according to descriptive and inferential statistics the results presented through Chi-Square test.

IV. RESULT AND DISCUSSION:

Table 01:Soico- demographic details of the participants

Demographic Details	Variables	Counts N=36	Percent
Gender status of the participants	Women	23	63.90
	Men	13	36.10
PG Program of the participants	MCOM	16	44.40
	MSW	16	44.40
	MA	4	11.20
	Rural	24	66.76

Type of Residence of the participants	Urban	3	8.33
	Semi-Urban	6	16.71
	Tribal	3	8.30

Table 01 reveals that 23 participants 63.90 % of the respondents are women and 13 participants 36.10 % are men. In higher education that too in PG programs admission of women is comparatively to men is more and also participants. Regarding programs there are 3 PG programs namely Master of Social Work (MSW), Master of Arts (MA in Kannada), and Master of Commerce (MCOM). Out of these 16 (44.40 %) are from MSW 16 (44.40 %) are from MCOM and 6 (11.20 %) are from MA. In regards to residential status 24 (66.76 %)of the participants are having their residence in rural area, 6 (16.76 %) of the participants are having their residence in semi urban area, 3 (8.30 %) of the participants are having their residence in urban area, and 3 (8.30 %) of participants are having their residence in tribal area.

Table 02: Association between gender of the participants and living condition

Test	**Value**	**df**	**p- value**
Pearson Chi-square	**13.467**	**13**	**.412**
Likelihood Ratio	**17.212**	**13**	**.190**
No. of Valid Cases	**36**		

Significance level *P*= 0.05 and two tailed test

In the above table 02, The Pearson Chi-square test indicated no statistically significant association between the variables examined (χ^2 = 13.467, df = 13, p = .412). Similarly, the likelihood ratio was not statistically significant (χ^2 = 17.212, df = 13, p = .190). The analysis was conducted on 36 valid pre and post-test result cases. These results suggest that the null hypothesis which was stated that *There is no significant association between gender of the participants and living condition* is accepted.

Table 03: Association between gender of the participants and social relations

Test	**Value**	**df**	**p- value)**
Pearson Chi-square	**10.262**	**8**	**.247**
Likelihood Ratio	**13.067**	**8**	**.110**
N of Valid Cases	**36**		

Significance level *P*= 0.05 and two tailed test

Table 03 shows that the Pearson chi-square test of independence indicated no significant association between gender and social relations among the participants, $\chi^2(8, N = 36) = 10.26$, p = .247. The likelihood ratio was

also not statistically significant, $\chi^2(8, N = 36) = 13.07$, $p = .110$. Therefore, the analysis of the pre- and post-test data indicates that the null hypothesis was stated that *There is no significant association between gender of the participants social relations* is accepted.

Table 04: Association between Postgraduation program of the participants and social relations

Chi-Square	Value	df	p- value)
Pearson Chi-square	8.525	16	.932
Likelihood Ratio	9.930	16	.870
N of Valid Cases	36		

Significance level *P*= 0.05 and two tailed test

Table 04 presents the results of the Pearson chi-square test, which indicate that there is no significant association between the variables, $\chi^2(16, N = 36) = 8.525$, $p = .932$. Similarly, the likelihood ratio was not statistically significant, $\chi^2(16, N = 36) = 9.930$, $p = .870$. Accordingly, the analysis of the pre- and post-test data supports the null hypothesis, confirming that *there is no significant association between the gender of the participants and their social relations.*

Table 05: Association between Postgraduation programs of the participants and living condition

Chi-Square	Value	df	p- value
Pearson Chi-square	23.885	26	.583
Likelihood Ratio	24.624	26	.540
N of Valid Cases	36		

Significance level *P*= 0.05 and two tailed test

Table 05 revelas that the results of the Pearson chi-square test, which is found that $\chi^2(26, N = 36) = 23.885$, $p = .583$. it indicating that there is no association between variables. Similarly, the likelihood ratio was not also statistically significant, $\chi^2(26, N = 36) = 24.624$, $p = .540$. Accordingly, the analysis of the pre- and post-test data says the null hypothesis, confirming that *there is no significant association between the programs of the participants and their living condition.*

Table 06: Association between place of residence of the participants and living condition

Chi-Square	Value	df	p- value
Pearson Chi-square	32.750	39	.749
Likelihood Ratio	33.728	39	.709
N of Valid Cases	36		

Significance level *P*= 0.05 and two tailed test

Table 06 indicating that the results of the Pearson chi-square test. Both the Pearson chi-square (χ^2, 39, $N = 36) = 32.750$, $p = .749$). and the likelihood ratio ($\chi^2(39, N = 36) = 32.728$, $p = .709$) yielded p-values are greater than 0.05, it means the result are not statistically significant. Therefore, the null hypothesis is accepted which was stated that *there is no significant association between the place of residence of the participants and their living condition.*

Table 07: Association between place of residence of the participants and social relations

Tests	Value	df	p- value
Pearson Chi-square	36.054	24	.054
Likelihood Ratio	32.932	24	.106
N of Valid Cases	36		

Significance level *P*= 0.05 and two tailed test

Table 07 presenting that the results of the Pearson chi-square test. Both the Pearson chi-square (χ^2, 24, N = 36) = 36.054, p = .054) the p-value is slightly above and is very close to the 0.05 and the likelihood ratio ($\chi^2(24, N = 36) = 32.932, p = .106$) yielded p-values are greater than 0.05, it means the result are not statistically significant. Therefore, the null hypothesis is accepted which was stated that *there is no significant association between the place of residence of the participants and social relations.*

V. CONCLUSION:

Social determinants of health refers to the societal factors and the unequal distribution of these factors that contribute to both the overall health of individuals in the society. Research shows that the social determinants can be more important than health care or lifestyle choices in influencing health. For example, numerous studies suggest that SDH account for between 30-55% of health outcomes. In addition, estimates show that the contribution of sectors outside health to population health outcomes exceeds the contribution from the health sector. Addressing SDH appropriately is fundamental for improving health and reducing longstanding inequities in health, which requires action by all sectors and civil society. The social determinants of health (SDH) have been defined as the "causes of the environmental, social, political, cultural, and economic factors adverse social conditions or social inequalities that influence individuals' health status These SDH mirror fundamental social hierarchical structures affect the degree of health and illness experienced by members of various socio-economic groups Raphael et al., 2006).

Ethical consideration:

The study has kept in mind the professional ethics while doing study or field work. Each item of the schedule were discussed and processed, and voluntary consent and permission from the institution and so as not to harm the participants. Also upholds confidentiality, participant should end this/her participation at any time, intervention avoided physical/mental suffering and injury, social justice and respect of culture of the community and all research standard ethics given by the National Association of Social Workers (NASW) and the University of Mysore, Mysuru ethical committee are practiced in the study.

Limitations:

The study is only limited to selected group in the KR Nagar of Mysuru District. The result of study cannot be generalised with any population. Researcher can develop their studies on awareness on health services which is part of social determinants of health, consider individual in their interaction with the system in enhancing their social determinants of health.

BIBLIOGRAPHY:

1. Aceijas, C., Waldhäusl, S., Lambert, N., Cassar, S., & Bello-Corassa, R. (2017). Determinants of health-related lifestyles among university students. Perspectives in public health, 137(4), 227-236.

2. American Academy of Family Physicians. (2018). Social Determinants of Health Guide to Social Needs Screening Tool and Resources.

3. Alderwick, H., & Gottlieb, L. M. (2019). Meanings and misunderstandings: a social determinants of health lexicon for health care systems. The Milbank Quarterly, 97(2), 407.

4. Birch, M. (2009). Implementing equity: The commission on social determinants of health. Bulletin of the World Health Organization, 87, 3-3.

5. Carey, G., Crammond, B., & Keast, R. (2014). Creating change in government to address the socialdeterminants of health: how can efforts be improved?. BMC Public Health, 14(1), 1-11.

6. Carson, B., Dunbar, T., Chenhall, R. D., & Bailie, R. (Eds.). (2020). Social determinants of Indigenous health. Routledge.

7. Cowling, K., Dandona, R., &Dandona, L. (2014). Social determinants of health in India: progress andinequities across states. International journal for equity in health, 13(1), 1-12.

8. Currie, C., Zanotti, C., Morgan, A., Currie, D., De Looze, M., Roberts, C., ... & Barnekow, V. (2009). Social determinants of health and well-being among young people. Health Behaviour in School-aged Children (HBSC) study: international report from the, 2010, 271.

9. Danaei, M., Palenik, C. J., Abdollahifard, G., & Askarian, M. (2017). Social determinants of health and attempt to change unhealthy lifestyle: A population-based study. International Journal of Preventive Medicine, 8(1), 88.

10. Donkin, A., Goldblatt, P., Allen, J., Nathanson, V., & Marmot, M. (2018). Global action on the socialdeterminants of health. BMJ global health, 3(Suppl 1), e000603.

11. Evans, C. R. (2015). Innovative approaches to investigating social determinants of health-social networks, environmental effects and intersectionality. Harvard University.

12. Gumà, J., Solé-Auró, A., & Arpino, B. (2019). Examining social determinants of health: the role ofeducation, household arrangements and country groups by gender. BMC public health, 19(1), 1-9.

13. Hassan, A., Scherer, E. A., Pikcilingis, A., Krull, E., McNickles, L., Marmon, G., ... & Fleegler, E. W. (2015). Improving social determinants of health: effectiveness of a web-based intervention. American Journal of Preventive Medicine, 49(6), 822-831.

14. Kenney, K. E., & Moore, S. (2013). Canadian adolescent perceptions and knowledge about the social determinants of health: an observational study of Kingston, Ontario youth. BMC Public Health, 13(1), 1-7.

15. Kusnoor, S. V., Koonce, T. Y., Hurley, S. T., McClellan, K. M., Blasingame, M. N., Frakes, E. T., ...& Giuse, N. B. (2018). Collection of social determinants of health in the community clinic setting: a cross-sectional study. BMC public health, 18(1), 1-9.

16. Martins, D. C., Babajide, O., Maani, N., Abdalla, S. M., Gómez, E. J., Pongsiri, M. J., ... & Twum-Danso, N. A. (2021). Integrating social determinants in decision-making processes for health: insights from conceptual frameworks—the 3-D commission. Journal of urban health, 98(Suppl 1), 51-59.

17. Mohammadi, F., Keyvanara, M., & Samouei, R. (2020). Awareness and attitude of students and professors of medical sciences universities toward social determinants of health: Design and preliminary psychometrics of a questionnaire. Journal of Education and Health Promotion, 9(1), 116.

18. Murray, T. A. (Ed.). (2024). The Social and Structural Determinants of Health-E-Book: The Social and Structural Determinants of Health-E-Book. Elsevier Health Sciences.

19. Nomura, S., Parsons, A. J., Hirabayashi, M., Kinoshita, R., Liao, Y., & Hodgson, S. (2016). Social determinants of mid-to long-term disaster impacts on health: A systematic review. International Journal of Disaster Risk Reduction, 16, 53-67.

20. Samouei, R., Heidari, K., Saghaeiannejad, S., Karami, S., &Aghdak, P. (2020). Evaluating theresponsiveness of higher education system in relation to social determinants of health. Journal ofEducation and Health Promotion, 9.

21. Shokouh, S. M. H., Mohammad, A. R. A. B., Emamgholipour, S., Rashidian, A., Montazeri, A., &Zaboli, R. (2017). Conceptual models of social determinants of health: a narrativereview. Iranian journal of public health, 46(4), 435.

22. Umberson, D., Crosnoe, R., & Reczek, C. (2010). Social relationships and health behavior across the life course. Annual review of sociology, 36(1), 139-157.

23. Wilkinson, R. G., & Marmot, M. (Eds.). (2003). Social determinants of health: the solid facts. World Health Organization.

24. World Health Organization. (2008). Social Determinants of Health. Report of a Regional Consultation. SEA-HE-190. World Health Organization. New Delhi, India.

25. World Health Organization. (2021). Working group for monitoring action on the social determinants of health. It is time to build a fairer, healthier world for everyone, everywhere by taking action on the social determinants of health to advance equity. 2021.