Course: Sociology and Nursing

Diploma in Registered Nursing via eLearning

Course:

Zambia Nurse and Lifeskills Training Projec(ZNLTP)
Registered Nurse (RN) Training Programme

REPUBLIC OF ZAMBIA
MINISTRY OF HEALTH

Acknowledgements

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Sociology and Nursing Course

Course Introduction

Welcome to our course on Sociology and Nursing!

This course is very interesting and is designed to help you understand the society you work in and the relationship between human behaviour, health and illness. Sociology is a discipline that studies human societies in a scientific way. Sociology deals with problems that are often subjects of major controversy in society, such as, the relationship between social class and illness, the changing role of religion, the rising divorce rate and the changing nature of work. Sociological inquiry helps us to make sense of the relationship between personal problems like illness, premature death and lung cancer, and public issues like tobacco advertising. Sociology enables nurses to question the values and beliefs of the professional and organizational context in which they work. It allows us to understand the social forces that shape and constrain our lives in order to change them.

This course starts by defining key terms used in sociology. It also identifies the traditional and cultural beliefs and practices which influence health and illness. In addition, it looks at the influence of nurse-patient interaction on health and illness, the relevance of sociology in nursing, and the influence of social units and institutions on health and illness. Finally, it examines issues of gender and health, gender based violence, patterns of care for illness, and urbanization and industrialization. This course will help you understand what makes people "tick" in the same way that psychology does. The only difference is that sociology looks at it from a "group" or "community" perspective.

Course Objectives

By the end of the course you should be able to:

1. Define sociology and sociological concepts related to nursing.
2. Describe the influence of social units and institutions on peoples' health and illness.

3. Discuss the influence of family, marriage, and ethnic groups on health and illness
4. Explain the relationship between Gender and Health
5. Describe the traditional and modern patterns of care for illness
6. Discuss the influence of urbanization and Industrialization on health

Course Content

This course has six units and these are:

Unit One: Introduction to Sociology

This unit basically covers definition of Sociology and the relevance of sociology to nursing. It also seeks to explain the influence of health beliefs and practices on health. The unit further looks at the relationship of the nurse with the patient, family other members of the healthcare team.

Unit Two: Social Systems

This unit deals with social systems. It seeks to explain the characteristics of traditional and modern societies and also the factors that impact on societies, health and services.

Unit Three: Social Units

This unit examines the family as a social unit, and the types, roles and relationships of family members. The unit also looks at marriage and the different types of marriages. In addition, the unit discusses the characteristics of a group, its dynamics and the different ethnic groupings.

Unit Four: Gender and Health

Unit four looks at the National legal/policy framework and gender analysis in the health sector. You will also learn how health perception is to a large extent influenced by one's gender, and also the types and management of Gender Based Violence (GBV).

Unit Five: Patterns of Care for Illness

This unit discusses the traditional and modern patterns of care for illness in our communities.

Unit Six: Urbanization and Industrialization

This unit covers urbanization, industrialization, migration and housing. The Unit also looks at the relationship between social stratification and the health problems that arise with urbanization and industrialization. You will also cover some very interesting issues drug and substance abuse, prostitution, suicide, poverty etc.

Assessments

You work in this module will be assessed in the following ways:

1. Continuous Assessment constitutes 40%:

- A written mid-course assignment and end of course assignment which will constitute 20% of your continuous assessment.
- Two tests which will constitute 20% of your continuous assessment.

2. Final examination constitutes 60%:

You will be expected to write a theory paper at the end of 6 months which constitutes 60% of the final mark.

Course Duration

This course will take 30 hours of uninterrupted learning to finish and it is a half course

References

Sociology and Nursing though a half course demands a lot of reading. You will find a section of readings at the end of each unit.

Prescribed readings

1. Giddens, A. (1992). *Sociology*, London: Mac Graw Hill Inc.

2. Worsely, P. (1978). *Modern Sociology: introductory Reading.* London Hazel Watson and Viney Limited.

Recommended Readings

1. Amick, B C et al. (1995). *Sociology and Health*. Oxford: university press

2. Bond, J. and Bond, S. (1986). *Sociology and Health Care – An introduction for Nurses and other health care professionals*. London: Churchill Livingstone.

3. Cecil, G. H. (1997). *Culture Health and illness*, Oxford: Butterworth Heinemann.

4. Dhillon, H. S. and Philip, L. (1994). *Health promotion and Community Action for Health in Developing Countries*, Geneva: WHO

5. Marmot, M. and Wilkinson, R. G. (1999). *Social Determinants of Health*. Oxford: University press.

Unit 1: Introduction to Sociology

1.1 Introduction

Welcome to Unit One. This unit forms the foundation of the whole course and will define most of the terminologies that are used throughout this course. You will learn about the relevance (importance) of Sociology to nursing and nursing practice. This unit will also discuss the relationship between health beliefs and practices. You will come across the concepts of health beliefs which were discussed in Fundamentals of Nursing. In Fundamentals of Nursing you learned that Health beliefs can be defined as *a person's idea, convictions and attitudes about health and illness*. These beliefs may be based on factual information or misinformation, common sense or myths, reality or false expectations. A patient's beliefs about illness or health do influence their response to treatment. This teaching is also emphasized in sociology and you will do well to read through carefully and refer to some of the sources indicated at the end of the unit.

1.2. Unit Objectives

By the end of this unit you should be able to:
- Define sociology
- Define key sociological concepts.
- Describe health beliefs and their influence on health
- Explain the relationship between the nurse and the patient, family and other healthcare team members
- Discuss the relevance of sociology in nursing

1.3 Definition of Sociology

The word Sociology is derived from *socius;* a Latin word meaning companion/associate and *logos;* meaning word. What does it mean? Take a minute to think about its meaning and then complete the following activity.

Activity 1.1

Write the meaning of sociology in your notebook.

Now compare your answer with what you read in the following section.

There are three ways of defining sociology:

1.   Historical perspective
2.   Empirical perspective
3.   Analytical perspective

The following section will define sociology according to the three ways listed above.

1. Historical Perspective

In the historical perspective, we consider what the founding fathers of sociology said about sociology. The founding fathers of sociology were, among others:

*   Auguste Comte (the founding father)

*   Max Weber

*   Karl Max

*   Herbert Spencer

*   Emile Durkheim.

Auguste Comte defined sociology as the study of society. In this study, two aspects are considered and these aspects are *social statics* and *social dynamics.*

a. *Social statics*

Social statics is the study of the conditions which concern the existence and permanence of the social state **(Free Dictionary, 2012).** In other words, Social statics is the study of social systems as they exist at a given time. Here it is said that society is made up of social institutions or social systems, e.g., political, legal, religious, health, educational, and economic. Each system interacts with the other systems and collectively they are

interdependent. Figure 1 below shows the various social systems and how they interact within society.
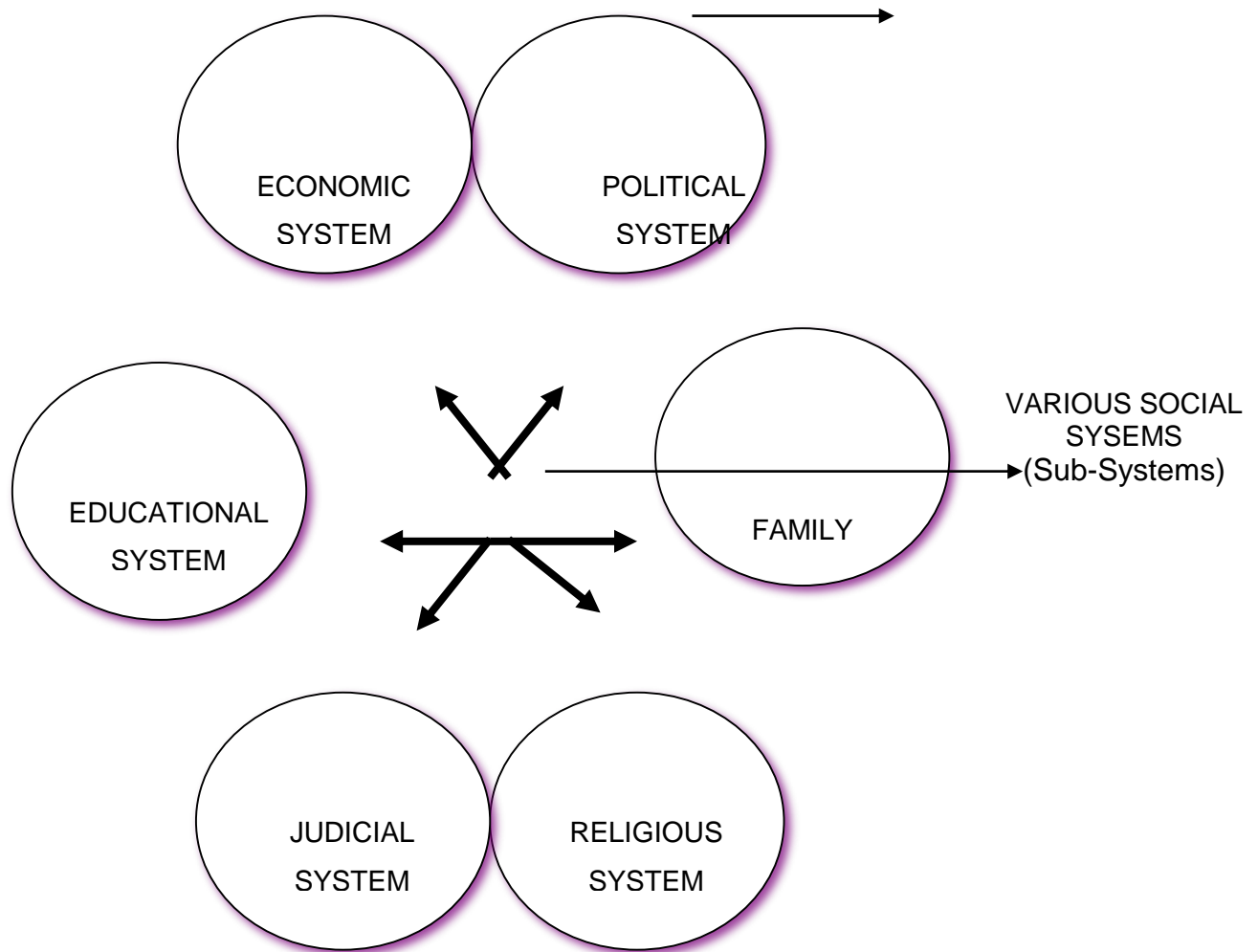
Figure 1: Interaction Between Social Systems and Society

Therefore, Sociology here is seen as the study of social systems and how they interact with each other, (Auguste Comte, 1833).

b) Social dynamics:

This aspect of sociology sees society and social institutions as constantly changing, i.e., from *primitive* to *modern* or from *simple* to *complex* state. Therefore, Sociology is said to be the study of institutions and how they change or the study of relationships and how they change (Auguste Comte, 1833).

2. The Empirical Perspective

In the empirical perspective, we consider what the contemporary (present day) sociologists say sociology is. Here we talk about theories and these theories are:

a. ***Social stratification theory****:* this is a central concern in the field of sociology. The theory of social stratification concerns itself with the idea that various social institutions generate inequality among the members and classes of a society. Social stratification refers to the hierarchical arrangement of social classes within a given society. This stratification produces societal inequality. This theory talks about people not being at the same level in the society. Some people have more wealth than others or have more power than others.

b. ***Social exchange theory****:* branch of sociology which sees most social interaction as exchange from which both, or all, parties benefit.

c) ***Structural functionalist theory***: Structural-functionalism is a **consensus** theory. This theory states that the smooth functioning of society as a whole depends on order, interaction and balance between the various parts. Structural-Functionalism views shared norms and values as the basis of society. It focuses on social order based on tacit agreements between groups and organizations, and views social change as occurring in a slow and orderly fashion. Functionalists acknowledge that change is sometimes necessary to correct social dysfunctions (the opposite of functions), but **that it mu**st occur slowly so that people and institutions can adapt without rapid disorder.

d. ***Conflict theory***: is a Marxist-based social theory which argues that individuals and groups (social classes) within society have differing amounts of material and non-material resources (the wealthy vs. the poor) and that the more powerful groups use their power in order to exploit groups with less power.

3. Analytical Perspective

In the analytical perspective, we look at what reasoning tells us i.e., what is sociology to us or our experience?

- Sociology is the scientific study of society which tries to shed light on every aspect of human behaviour in society.
- It looks at values, beliefs and methods or ways of doing things in society.
- It explains relationships/interactions which take place in society i.e. among human beings or institutions.
- It is the only discipline that deals with every aspect of our life or human behaviour.

Checkpoint Question 1

You are required to answer the following Multiple choice questions below by circling the most appropriate answer

1. Sociology as a study of relationships and how they are changing, was said by………………………

      a. Auguste Comte

      b. Max Weber

      c. Herbert Spencer

      d. Emile Durkheim.

2. A theory that talks about people not being at the same level in the society is called……………..

    A. Conflict theory

    B. Structural functionalist theory

    C. Social stratification theory

    D. Social exchange theory

Answers to self assessment test 1

What do you think about the questions? Here are the possible answers.

    A.

    B.

In the following section, we are going to look at the definition of sociological concepts. Remember that you will learn about concepts in other courses such as Fundamentals of Nursing.

1.4 Definition of Sociological Concepts

This section deals with definition of terminologies that will be used in this course which are

important for you to know. However, periodically, certain terminologies that are not in this section will be defined within the other units. You should therefore pay special attention and learn the meaning of these terms as you will meet them often in this course. We shall start by looking at the meaning of the term 'concept'.

A **concep**t is an idea of something formed by mentally combining all its characteristics or particulars.

Activity 1.2

Take your notebook and write down the meaning of socialization in your own words.

Well done! Now compare your answer with the definition discussed in the following section.

a. Socialization

Socialization is a term used by sociologists, social psychologists and political scientists to refer to the process of inheriting and disseminating ideologies. It may provide the individual with the skills and habits necessary for participating within their own society. A society develops a culture through shared norms, customs, values, traditions, social roles, symbols and languages. *Socialization is thus 'the means by which social and cultural continuity are attained*.

b. Society

Society is a large group of people who live together in an organized way, making decisions about how to do things and sharing the work that needs to be done.

c) Culture

Culture is defined as the shared patterns of behaviours and interactions, knowledge and attitudes that are learned through a process of socialization. These shared patterns identify the members of a culture group while also distinguishing those of other groups.

d) Sub-Culture

In Sociology, a subculture is a group of people with a culture (whether distinct or hidden) which differentiates them from the larger culture to which they belong.

e) Norms

Social norms are the accepted behaviours within a society. The term has also been defined as "the rules that a group uses for appropriate and inappropriate values, beliefs, attitudes and behaviours". These rules may explicit or implicit. They have also been described as the "customary rules of behaviour that coordinate our interactions with others."

f) Beliefs

Beliefs are the assumptions we make about ourselves, about others in the world and about how we expect things to be. Beliefs are about how we think things really are, what we think is really true and what we therefore expect as likely consequences that will follow from our behaviour.

g) Values
A value is a belief, a mission, or a philosophy that is meaningful.

h) Customs

In Sociology, a custom is a group or pattern of habitual activity usually transmitted from one generation to another.

i) Practices

These are habits or customs. For example, it is not the practice in Zambia for men to wear long hair.

j) Social system

It is a society considered as a system organized by a characteristic pattern of relationships or a set of people bound in a society.

k) Traditions

These are beliefs, principles or ways of acting, which people in a particular society or group follow for a long time..

l) Myth

It is an ancient story or set of stories, especially explaining in a literally way of the early history of a group of people or about the natural events and facts. This belief is usually false or a misconception.

Checkpoint Question 2

Answer the following Multiple choice questions by circling the most appropriate answer

1. The term used by sociologists, social psychologists and political scientists to refer to the process of inheriting and disseminating ideologies is called………. .
   A. Sociology
   B. Social dynamic
   C. Socialization
   D. Social static

2. The rules that a group uses for appropriate and inappropriate values, beliefs, attitudes and behaviours is called……………………….
   A. Custom
   B. Cultural practice
   C. Folklore
   D. Norm

Answers

What do you think about the questions? Here are the possible answers.

1. C.
2. D.

Now that you know what sociology is and some of the sociological concepts, it is time to look at the health beliefs and practices that influence health.

1.5 Health Beliefs and Practices and Their Influence on Health

Traditional beliefs regarding specific health behaviours have a profound effect on the people who believe them. Let us look at some of these beliefs in detail.

a. Beliefs on the Causes and Treatment of Disease and Illness

Before you continue reading, take a minute to think about the traditional beliefs about sickness   held by people in your community. Then complete the following activity.

Activity 1.3

Write down at least 2 beliefs that members of your community hold in relation to:

- Pregnancy
- Childbirth
- Lactation
- Weaning
- Child care

Well done! Now compare your answer with what you read in the following section.

There are many traditional beliefs about the causes of illnesses. Certain illnesses are believed to have a natural origin such as overeating, poor diet, excessive drinking of alcohol, infections, and accidents. Others beliefs attribute illness to spiritual and moral imbalances or evil spirits caused by thoughts against the dead. Certain persons (Witch sorcerers) with extraordinary powers are also thought to cast spells which cause illness. Additionally, a person may become ill if someone looks at them with wickedness. Indeed, it is from these beliefs, that we hear about terms such as the "evil eye, or magical fright".

Persons suffering from afflictions caused by a witch or "the evil eye" can be cured by one of two traditional healers: the Mang'angas, (the spiritual healer) or the Hilots [prophets]

massage healer. The Hilots use three forms of treatment: faith healing through prayer, herbal medicines and massage and body manipulation. There are people who seek treatment from a local priest for illnesses of a supernatural origin. Religion and prayer play an important role in people's health practices especially where miraculous cures are believed to be possible. Some people believe that wearing an amulet provides protection and counteracts witchcraft practices.

Effects of Traditional Medicine

The following are some of the effects of traditional medicines:

- There is no scientific backing on herb doses
- Diagnosis is usually assumption based hence wrong disease treatment is likely.
- Most traditional healers are unprofessional and do not know the adverse effects of herbs.

b. Maintenance of Health and Health Care Delivery

Many people fall sick because of poor maintenance of the very health they enjoy. For example:

- very few busy working people ensure that they have a balanced diet
- very few individuals have good drinking habits
- others despite of their knowledge of the consequences, still engage in smoking
- Few people take fluids as required by the body.

All these factors and a whole lot more predispose people to different diseases. Health care delivery also determines the overall health of the people. Poor health care delivery, elicited by poor wages, old and bad equipment [if at all available] contribute intensely to the annual death rate by promoting nosocomial infections [hospital borne infections] and recurrent infections.

C. Beliefs During Pregnancy, Childbirth, Lactation, Weaning and Child Care

Let us look at some of the beliefs held by individuals during the above mentioned stages in life and their effects on health.

During Pregnancy

Pregnancy is the carrying of one or more offsprings in the womb of the woman. During pregnancy, if the woman eats too much, it is believed that, the baby will be too large and that labour would be difficulty. This affects both the baby and the mother by restricting amounts of food to be shared by them. This may result in malnutrition and an underweight new born.

It is also believed in some communities that, if a pregnant woman eats eggs, the child will be born with a bald head just like an egg. This affects both the baby and the mother as they are deprived of the nutrients found in the egg.

Still in some communities, the woman who has just delivered or is having her menses is not allowed to cook as she is considered unclean. This belief on one hand is good as it allows a postnatal women to have adequate rest and concentrate on her baby.

During Childbirth

Childbirth is the process by which a baby comes out of the mother's womb. Some people believe that giving birth at home is much easier and cheaper. Unattended home births can be dangerous to the mother and baby if complications arise.

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Some communities also believed that if a woman has extramarital affairs whilst pregnant, she would die upon seeing the child. So when this happens the woman is washed with herbs just before she sees the baby. This belief on one hand is good because it prevents pregnant women from having extramarital affairs which could lead to sexually transmitted infections and eventually bring about death of the unborn child. On the other hand this belief is bad in the sense that the herbs used to wash the woman could be harmful to her health and that of the baby.

Still others communities believe that as a means to induce labour, the woman should take certain herbs. This has a negative effect as the herbs given can cause the uterus to rupture,

thus posing a risk of losing both the life of the mother and that of the unborn child.

It is also believed that if a man who has a pregnant wife sleeps with another woman the wife will fail to deliver. As a result, pregnant women are given herbs to drink. This belief on one hand is good because it prevents husbands from having extramarital affairs which could lead to sexually transmitted infections and eventually the death of the unborn child or the baby to be born before time (prematurity). On the other hand, this belief has a negative effect on the health of the unborn child as the herbs given to the pregnant women may affect the baby resulting in death.

During lactation [breastfeeding]

In the African set up, some communities believe that breastfeeding in public predisposes the baby to disease (Icibele) caused by another child in the public wearing charms. This deprives the child of nutrients at the appropriate time.

During weaning

Weaning is the gradual introduction of food to a baby usually at the age of 6 months. In some African communities, the baby is sent away to the grandparents or other relatives during this period. This sudden isolation from the parents could depress the child, causing them to lose their appetite, which could in turn result into malnutrition or death.

d. Hospital/health Centre Sub-culture vs. community culture and hospital community relationship

A subculture is the culture of a smaller social grouping within a society which is not in conflict with the general culture.

Therefore, the health centre has a responsibility to institute policies in line with the beliefs of the people. However, community beliefs may not always be health related e.g. the use of the same instrument for circumcision. Circumcision is good as it reduces the chances of contracting infections such as HIV. However, if circumcision is conducted in a dirty environment and using the same instruments on all clients, then it poses the risk of spreading

HIV. Hence medical personnel should not only be good policy makers but also good teachers. The nurse in particular should help build the confidence of the community in their health providers.

Checkpoint Question 3

Answer the following Multiple choice questions by circling the most appropriate answer

1. Evil spirits caused by thoughts against the dead are believed to originate from …………
   a. Powers
   b. Diseases
   c. Witch craft
   d. Evil eye

2. Which of the following statement is true about the reasons why many people fall sick
   a. because very few busy working people ensure that they do not have balanced diet
   b. because many individuals have good drinking
   habits
   c. because others despite their knowledge of the consequences, still engage in smoking
   d. because many people take fluids as required by the body.

Answers to self assessment test 3

What do you think about the questions? Here are the possible answers.

1. **b**. Diseases
2. **c.** because others despite their knowledge of the consequences, still engage in smoking

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1.6 Nurse's Relationship with the Patient, Family and Other Health Care Team Members

This section will walk you through important relationship issues between a nurse and the patient including the relatives of the patient and other members of the health care team. You will also find information that emphasises the importance of good team building among healthcare providers.

Nurse Relationship with the Patient and Family-

The nurse-patient relationship sets the tone of the care experience and has a powerful impact on patient satisfaction. This is because nurses spend most of their time with the patient more than any other member of the health care team.

Patients and families count on the nurses to be kept informed, to listen to them, to ease their anxiety, to protect and watch over them and to connect them with their physicians and other caregivers during their health care experience.

The attitude of the nurses towards their work also affects their relationship with the patients and family. Without a positive nurse-patient relationship, there cannot be patient and family satisfaction and there cannot be an environment that supports anxiety reduction and healing.

Nurse Relationship With Other Health Care Team Members

When patients see nurses' interacting positively with other members of the health care team, they are able to draw conclusions about the hospital based on these observations.

As nurses we need to examine how the safety, quality and cost effectiveness of health care can be improved through the active involvement of patients and families. The nurse should then communicate patient values, preferences and expressed needs to other members of the health care team. The nurse should also describe his or her own strengths, limitations and values in functioning as a member of the team and assume the role of team member or leader, based on the situation. She should also value the perspectives and expertise of all health care team members

Checkpoint Question 4

Answer the following Multiple choice questions below by circling the most appropriate answer
    1. The following statements are true about the nurse patient relationship except………
    a. The relationship which sets the tone of the care experience and has a powerful impact on patient satisfaction
    b. Patients and families count on the nurses to be kept informed and to connect them to their physicians and other caregivers during their health care experience.
    c. The attitude of the nurses towards their work also affects patients and family judgments of all the things they do not see behind the scenes.

d. With a positive nurse-patient relationship, there cannot be patient and family satisfaction and there cannot be an environment that supports anxiety reduction and healing.

1. The safety, quality and cost effectiveness of health care can be improved through………………
   a. The active involvement of the nurse and patient
   b. The active involvement of patients and families.
   c. The active involvement of other members of the health care team
   d. The active involvement of the nurse and other members of the health care team.

Answers to self assessment test 4

What do you think about the questions? Here are the possible answers.

1. **d**. **With** a positive nurse-patient relationship, there cannot be patient and family satisfaction and there cannot be an environment that supports anxiety reduction and healing.
2. **b**. The active involvement of patients and families.

Now that we have covered the groundwork on the course, it is important to answer the question that may be going through your mind concerning the importance of sociology to nursing.

Activity 1.4.

Using your own words, write down in your notebook five reasons why it is **relevant** for a Nurse to study sociology.

Well, am sure you had various answers. Let us now discuss why you as a nurse should pay special attention to sociology.

1. 7 Relevance of Sociology in Nursing

Nurses are members of the health interdisciplinary team of professionals (healthcare team) who spend most of their time with patients, it is therefore important for a nurse to learn how to interact with them. Nurses belong to a group of social beings who are required to understand themselves first in order to understand the clients who come into their care. In sociology, nurses are accorded the chance to learn about health beliefs, taboos, traditions and practices of their clients. The culture of the clients has a bearing on the health problems

which affect them and also the care that is given to them. Therefore, sociology becomes very important to the nurse as it enhances the care that is offered to the clients. Sociology gives us an awareness of cultural differences that allows us to see the social world from many perspectives. Quite often, if we properly understand how others live, we will also acquire a better understanding of what their problems are.

The more we know about why we act as we do and about the overall workings of our society the more likely we are going to influence our own futures. Sociological inquiry also enables a nurse to handle the patient, family as well as significant others. Sociology can be of value to nurses by enabling them to question the values and beliefs of their professional and the organizational context in which they work. It is, therefore, necessary for a nurse to have knowledge of sociology so that they can learn and understand human nature, society and social institutions. They can make successful nurses if they know their surroundings and know how to deal with people individually and in groups.

Nurses who have knowledge about rituals and customs of different people can handle patients who are superstitious or believe in witch doctors. Since nurses generally work among illiterate society, they can educate the community by correcting wrong beliefs, practices etc. among the people. Trained nurses can help patients who are irritated during illness psychologically or by attending to their social needs.

Checkpoint Question Test 5

Indicate whether True (T) or False (F) against the following statements

1. Trained nurses can help patients who are irritated during illness psychologically or by attending to their social needs.
2. Nurses who have knowledge about rituals and customs of different people cannot handle patients who are superstitious and believe in witch doctors better.

Answers to self Assessment Test 5

What do you think about the questions? Here are the possible answers.

1. True   2. False

You have now come to the end of our introductory unit. We hope you have learnt the meaning of sociology and other terms that are used in this course. Let us now review what you have learnt.

1.8 Summary

In this unit we have looked at the introduction to sociology where we first defined sociology according to the three perspectives

1.Historical perspective

2.Empirical perspective

3.Analytical perspective

We have also defined sociological concepts such as Socialization, Society, Culture, Sub culture, Norms, Beliefs, Values, Custom, Practice, Social system, Tradition and myths, which are of great importance when learning how society functions.

In addition, we have looked at Health Beliefs and Practices and their Influence on health. We noted that traditional beliefs regarding specific health behaviours have a profound effect on the behaviour of the people who believe in them.

We also looked at the relationship between the nurse and the patient, family and other members of the health care team and concluded that, **t**he nurse-patient relationship sets the tone of the care experience and has a powerful impact on patient satisfaction.   Also that patients see the nurse's interaction with other members of the health care team and are able to draw conclusions about the hospital based on their observations.   Finally, we concluded by looking at the relevancy of sociology to nursing, as nurses are members of an interdisciplinary team of health professionals (healthcare team) who spend most of their time with patients.

In the next unit, we will be looking at Social Systems or the characteristics of traditional and modern societies and their impact on societies, health and services.

1.9 References

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2 Bertrand, A.L., (1973). *Basic Biology*, Appleton-century crafts: New York

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7 MoH., (2009). *Integrated Technical Guidelines for Frontline Health Workers*. (3rded). Ndeke House: Lusaka

8 Van Staden, S.J., (1998). *Nursing Sociology.* National book printers: Western Cape.

Unit 2: Social Systems

2.1 Unit Introduction

Welcome to unit two of this course. We believe that you found unit one informative and helpful. The new terms you learnt will enrich your professional vocabulary and help you communicate using the right terminologies with your fellow social scientists.

In the last unit we looked at definitions of sociology, its concepts and we discussed health beliefs and how they influence health practice. In this unit we will be looking at social systems. Social Systems are made up of people and the structures in a society that are organized in a characteristic pattern of relationships.   Let us start by reviewing our unit objectives

2.2 Unit Objectives

By the end of this unit you should be able to:
- Define the social system
- Explain the characteristics of traditional and modern societies
- Discuss the factors that have an impact on the health and services of a society

2.3 Definition of Social System

What is a social system? Think about it for 2 minutes and then complete the following activity.

Activity 2.1
Using your own words, write the meaning of social system in your notebook.

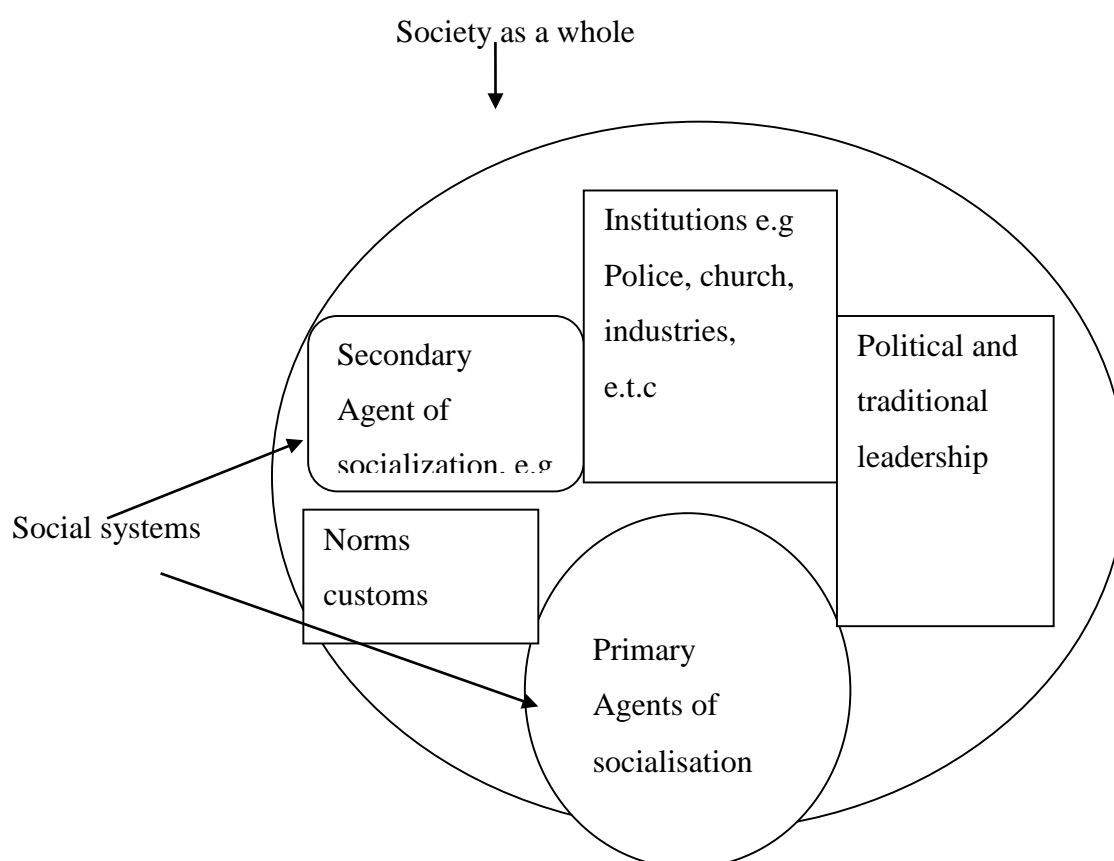Now compare your answer with the information in our discussion below.

Social System can be defined as a system organized by a characteristic pattern of

relationships. It is also defined as a set of people bound in a society.

In sociology, the most prominent systems are influenced by the functionalism approach developed by Emile Durkheim (1893), which views a social system as a society that is made up of interdependent sections working together to fill the "functions" of society's survival. Structural functionalism, or simply functionalism, is a theoretical approach that sees society as a complex system whose parts work together to promote solidarity and stability. This approach looks at society through a broad focus on the social structures that shape society as a whole, and believes that society has evolved like organisms. This approach looks at both social structure and social functions. Functionalism addresses society as a whole in terms of the function of its constituent elements; namely norms, customs, traditions, and institutions. These parts of society, also known as "organs" work towards the proper functioning of the "body" as a whole. Functionalism sees society as a system made up of interconnected parts which together form a whole. There is a relationship between all these parts and agents of socialisation and together they all contribute to the maintenance of society as a whole.

Social consensus, order and integration are key beliefs as these allow society to continue and progress.   The shared norms and values mean that all individuals have a common goal and have a vested interest in conforming and this in turn reduces conflict. Figure 2 shows the relationship between society and social functions.

Society as a whole

Social systems

Secondary Agent of socialization. e.g

Institutions e.g Police, church, industries, e.t.c

Political and traditional leadership

Norms customs

Primary Agents of socialisation

Figure 2: Society and Social Systems

Checkpoint Question

Multiple choice questions. You are required to choose the most appropriate answer.

1. A Social system can be defined as………………………………..
A. a system organized by a characteristic pattern of relationships
B. a system organized by traditional characteristics
C. a set of beliefs bound in a society.
D. A set of cultural practices bound by a society.
2. A framework for building a theory that sees society as a complex system whose parts work together to promote solidarity and stability is referred to as…………..
A. Socialism exchange
B. Analytical
C. structural functionalism
D. structural conflict

Answers to self Assessment 6

What do you think about the questions? Here are the possible answers.

A. a system organized by a characteristic pattern of relationships
B. structural functionalism

2.4 Characteristics of Traditional and Modern Societies

There are two types of societies, namely: *traditional* and **modern.** You might have heard someone say we are a modern society. What do they mean?

A traditional society refers to those elements of a society that are small-scale and are derived from indigenous and often ancient cultural practices.   While a **Modern** society refers to those practices that relate to the industrial mode of production or the development of large-scale societies.

These two societies co-exist in the world today, even though there is no such thing as a completely traditional or completely modern society. The merging between the two forms of systems has great significance on health.

,

Well done! Let us now compare your answers by looking at the characteristics of both tradition and modern societies below.

Characteristics of Traditional Societies

Traditional societies can be distinguished from modern societies by the character of the people who live in them. People in traditional societies tend to live in extended families and share deep long-lasting patterns of interactions and interdependence with neighbours or primary relationships or organic solidarity. These people spend most of their time in leisure as time means 'lived life". The people live in rural areas or communities and have highly traditional attitudes and beliefs. There is simple division of labour according to age and sex and transportation is mainly by human or animal energy. Traditional societies have sacred land and common land and have a limited but very nutritious diet. Unfortunately they reject new ideas. They have fewer contacts with the outside world hence culture is stable but backwards. Finally, they receive relatively low education and only the more ambitious and aggressive succeed in life. This is because an individual may fill multiple roles. Rural communities always include some families who engage in farming and some of these supply services needed by the farmer or work in nearby cities.

Characteristics of Modern Societies

Modern societies have their own distinctive characteristics. In modern societies families are more nuclear and the communities are urban. People tend to be very busy and so social interaction is very superficial and transitory as time is money. There is a complex division of labour according to one's specialization and it is individualized and mechanized. Modern societies have a high degree of transport, dependence on others' skills and knowledge. Modern society people are more open to new ideas and therefore are aware of the things happening in the world. The society has big populations in in urban areas because of locality, availability of resources and the particular function of the city, for example mining areas, factories etc.

In conclusion, most life patterns are influenced by the characteristics of the community in which individual lives.

Checkpoint Question

Multiple choice questions. You are required to choose the most appropriate answer.

1.A characteristic of a society where people are more open to new ideas and are aware of the things happening in the world is said to be…..

    A. Scientific

    B. Tradition

    C. Cultural

    D. Modern

2. A characteristic of a society where people share deep long-lasting patterns of interactions and interdependence with neighbours or primary relationships or organic solidality is said to be…

        A. Traditional

        B. Cultural

        C. Modern

        D. social system

Answers to self Assessment 7

What do you think about the questions? Here are the possible answers.

      1.A   2.B

2.5 Factors That Impact on Society's Health and Services

There are many factors that impact on a society's health and services. These factors are:

- Socio-economic Factors
- Religious factors
- Cultural factors
- Legal Factors
- Political factors
- Beliefs
- Taboos

- Folklores
- Customs

2.5.1 Socio-economic Factors

Socio- economic factors may impact on a society's health and services either in a positive or negative way. A society's economic system provides for the production and distribution of all the necessities and luxury it uses. The necessities and luxuries it uses are:

a. Housing

With urbanization, more people are migrating into towns in order to work in factories and industries. This has led to high density areas within communities leading to over-crowding and mushrooming of shanty compounds. Inadequate shelter and overcrowding are major factors in the transmission of diseases with epidemic potential such as acute respiratory infections, typhoid, cholera, scabies, etc. Outbreaks of disease are more frequent and more severe when the population density is high.

b. Sanitation and Water supply

With the mushrooming of unplanned shanty compounds, there is no proper water supply and refuse disposal. This has led to poor sanitation and outbreaks of water borne diseases, for example, cholera.

c. Education

Urbanization has caused high population in urban areas, hence the need for more schools to cater for children. Lack of education gives rise to ignorance on the importance of hygiene among other health related problems.

d. Medical care

There are now more people using few health facilities and this has caused over-crowding in hospitals. This in turn leads to shortage of drugs, bed spaces and linen. The most affected are people with low income who find it difficult to access affordable health care.

e. Transport System and Communication

Urbanization has led to an increase in production, thereby increasing demand for roads and vehicles. This has led to overcrowding at bus stops and poor sitting, which can predispose

people to accidents. Increase in production also results in an increase in fuel consumption, which results in increased carbon monoxide fumes into the atmosphere which are hazardous to health.

f. Prostitution

Some people have gone into prostitution due to poverty. Others have indulged into prostitution due to peer pressure in cities as a form of identity or a way of conforming to the rules of a group. This has fuelled the spread of sexually transmitted infections including HIV.

g. Unemployment

Lack of employment or insufficient income violates the status and wellbeing of people in a society. This may lead to alcoholism and reduced access to health care and other necessary services. In order to overcome poverty some resort to prostitution and those in unemployment may resort to crime and delinquent behaviour.

h. Nutrition

Due to low income people cannot afford nutritious foods. This has led to poor health and nutritional status which predispose people to diseases.

2.5.2 Religious Factors

Emile Durkheim defines religion as a unified system of beliefs and practices relative to sacred things, that is, things set apart and forbidden. Religion may have a positive or negative effect on a society's health and services.. Below are some examples of religion affiliations**.**

a) Christianity

Teachings in Christianity forbid premarital sex, sexually related violence, extramarital sex, polygamy, sexual cleansing, etc.   These reduce the risk of contracting sexually transmitted diseases. Abortion, traditional medicine, drug abuse and alcoholism are also discouraged.
On the other hand, some doctrines within Christianity are detrimental to health. For instance, some sections of Christianity forbid blood transfusion. Still, some believe the sick only need

to be prayed and should not receive any medical intervention. These negative aspects can worsen the condition or even cost the lives of the sick.

b. Islam

In Islam male dominance and polygamy are encouraged which may contribute to the spread of sexually transmitted diseases. Islamic fasting, unlike Medical fasting, has numerous adverse or harmful effects on health.

c. Hinduism

In the Hindu context the river Ganges is considered sacred. The river, personified as a goddess, is worshipped by Hindus, who believe that bathing in the river causes the remission of sins and facilitates liberation from the cycle of life and death.   However this river contains human waste from sewers that predispose people to life threatening diseases such as cholera and bilharzias.

d. Buddhism

This is a religion indigenous to the Indian subcontinent that encompasses a variety of traditions, beliefs and practices largely based on the teachings attributed to Siddhartha Gautama, who is commonly known as the Buddha. Budha means "the awakened one". Buddha lived and taught in the eastern part of the Indian subcontinent sometime between the 6th and 4th centuries. Buddhism has five main teachings, namely: not to take the life of anything living, not to take anything which is not freely given, to abstain from sexual misconduct and sensual overindulgence, to refrain from untrue speech, and to avoid intoxication, that is, losing mindfulness.

2.5.3 Cultural factors

Before you continue reading, complete the following activity.

Activity 2.3

In your note book, write down at least three cultural practices found in your area and how each practice impacts the health and service in the community.

Well done! I am sure you had various answers. Let us now discuss some of the cultural practices and their impact on society's health and services below.

Some cultural practices like sexual cleansing, polygamy, circumcision, forbidding women and children from eating certain foods, can compromise the health of a society either negatively or positively.

For example, traditional circumcision was a unsafe practice because they used the same set of equipment for all clients being circumcised, thus increasing the chances of contracting infections such as HIV. However, male circumcision is a good practice as it minimizes the chances of contracting sexually transmitted infections such as HIV/AIDS, if it is done in health facility where antiseptic procedures are observed. In some other cultures, female circumcision is performed. This practice has impacted on society's health negatively because it causes haemorrhage and leads to anaemia and may cause complications during child birth. Sexual cleansing is another cultural practice that is meant to remove the dead spouse's spirit from haunting the living spouse. The practice allows the widow or widower to have sexual intercourse with one of the relatives of the dead spouse. This practice has a negative impact on the health of the society as it increases the risk of contracting and transmitting sexually transmitted infections including HIV.

2.5.4 Legal Factors

The procedure of having to acquire a police report after an accident or assault before receiving treatment at a health facility, may delay treatment and cause complications.
The strictness of the law may provide adequate punishment for those who misuse/steal drugs and other hospital equipment thereby preventing thefts.

2.5.5 Political Factors

Political concerns are those that use power to affect governmental activity (Sociology, 2010)
The political philosophy of a particular country affects the life of a society. Therefore a government committed to abolishing class differences, may provide equal education opportunities for all. For example, during the UNIP era in Zambia, their philosophy of humanism entailed equal opportunities through education. Communist countries like Russia and China have equal opportunities for all. A capitalist economy like the USA has policies that support the private ownership of the means of production rather than state ownership.

This provides no limitation for individual and/ or success. A political system has a strongly impact on the economic system.

2.5.6. Beliefs

These are norms that people accept as true or as conveying a truth. For example, if a woman falls pregnant whilst breastfeeding, some myths have it that she should not continue breastfeeding her baby because the milk is contaminated and hence the baby will have malnutrition.

2.5.7 Taboos

Taboos are rituals or acts which are prohibited by a community or which restrict association with a person or place.   Taboos were created by elders to protect the people from themselves. For example, it was a taboo to swim upstream.   Anyone who did that could suffer from leprosy.

2.5.8 Folklores

These are traditional stories, sayings and beliefs found in communities, which have a moral or health teaching.   For example, a story is told of a rabbit that falsely claimed to be a traditional doctor and treated people with dirty water, which made them sick.

Purpose of Beliefs, Taboos And Folklores

The following are some of the purposes for beliefs, taboos and folklores
- to maintain order and peace among the people;
- to protect the people;
- to stop selfish men from taking advantage of the rest.
- to preserve culture.
- for planning, for example, groundnuts meant for relish would be safe only through taboos.
- for guidance and teaching.

2.5.8 Customs

Customs are a group or pattern of habitual activity usually transmitted from one generation to another. They give identity to a group and every member of that group is expected to practice the customs. Usually customs are accepted as part of tradition.

Checkpoint Question

Multiple choice questions. You are required to choose the most appropriate answer.

1.A Religion which believes that bathing in the river causes the remission of sins and facilitates liberation from the cycle of life and death is called?

        A. Islam

        B. Buddhism

        C. Hinduism

        D. Christianity

2. The following are Socio-Economic factors that impact on society's health and services except…

        A. Prostitution

        B. Folklore

        C. unemployment

        D. Transport and communication

Answers to self Assessment 8

What do you think about the questions? Here are the possible answers

1. C. Hinduism
2. B. Folklore

You have now come to the end of this unit on social systems. We hope you have found it interesting and inforamative. Let us now review what you have learnt.

2.6 Summary

In this unit, we started by defining the term 'social system'. We said that it is an organised system characteristic by patterns of relationships or a set of people bound in a society. We discussed the Funcitonalism system approach which was developed by Emile Durkheim in 1893. We saw that it views a social system as society made up of interdependent sections which work together to fulfill the "functions" of society's survival. We have also looked

at the two types of societies, namely: Traditional and Modern and their respective characteristics. Lastly we have looked at the factors that impact on Society's health and services, such as, Socio-Economic, Religion, Cultural, Legal and others.

In the next unit, we shall look at social units. We shall discuss the family as a social unit, the different types of, marriages, the characteristics of a group and the different ethnic groupings.

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Unit 3: Social Units

3.1 Unit Introduction

Welcome to the third unit in our course on sociology and nursing. In the last unit, you spent time looking at people and the structures in a society fashioned in a characteristic pattern of relationships. Many of us have used words like "this is my family", or "I am married", or "that is my group". In this unit you will learn a lot about these terms. This unit will look at the family, its responsibilities and roles. It will also discuss the meaning and types of marriage and the concept of a group and group dynamics. Out of the six units, this is the longest unit and probably most interesting too because most of the information you will learn in this unit relates to your own life. Let us start by looking at our objectives for this unit.

3.2 Unit Objectives

By the end of this unit you should be able to:

- Describe the Family as a unit
- Describe the meaning and types marriage
- Explain the concept of the group

3.3 The Family

3.3.1 Definition

A family is a group of two or more people related by blood, marriage or adoption who usually live together more or less permanently.

The family is the social unit that brings children into the world. All societies, whether traditional or modern, have some form of marriage among men and women. Marriage is the approved setting for bearing children. Children born to a couple are expected to be raised within the family setting.

3.3.2 Types of Families

In sociology, a family is classified based on a number of factors. These factors are:

- On the basis of marriage
- On the basis of the nature of residence
- On the basis of ancestry or family descent
- On the basis of size or structure
- On the basis of the nature of relations

Let us look at each factor in further detail.

On the basis of marriage

Based on marriage, there are three types of families:

- Polygamous or polygamous family
- Polyandrous family
- Monogamous family

On the basis of the nature of residence

Based on the nature of residence, the family can be classified into three main forms.

- Family of matrilocal residence – husband goes to live in wive's community
- Family of patrilocal residence – wife goes to live in husbands community
- Family of changing residence - the married couple changes their residence, i.e. sometimes the wife joins her husband at his residence and vice versa.
-

On the basis of ancestry or descent family

On the basis of ancestry or descent, the family can be classified into two main types

- Matrilineal family

- Patrilineal family

On the basis of size or structure

On the basis of size or structure and the depth of generations, the family can be classified into two main types.

- Nuclear or the single unit family
- Extended family

On the basis of the nature of relations

On the basis of the nature of relations among the family members, the family can be classified into two main types.

1 The conjugal family is made up of two adult partners and their children.
2 Consanguine family which consists of members among whom there exists blood relationship- brother and sister, father and son etc.

3.3.3 Functions of the Family

There are two main reasons for the existence of the family. These are to:

1. control sexual behaviour in the society
2. ensure children will be born and reared to preserve the society.

Other many functions include:

> **Economic function:** this is observed in some agricultural or rural societies.   The family is involved in the production of food, clothing, cooking utensils and even medicine. It is like a business organization where division of labour is promoted. The tasks for men, or women and even children are clearly identified. Mothers take care of home chores, brings up children, cook food and make clothing. Father tends the farm with the help of male children while female children stay at home with the mothers.

- **Protective function:** Before the advent of the police force/service and government run social services, parents protected their family from violence and economic hardship. Food, shelter or warmth was provided for the old and the young. Also the family protected members from illness by treating their sick with traditional medicine. Traditional Birth Attendants looked after pregnant mothers. This remains an important function of the family even today.

- **Socializing function:** A universal function of families to teach children norms, beliefs rules, values and attitudes, or the culture of the society. The family is an agent of socialization..

- **Educational functions:** before the white man/ or western civilization, people did not go to school. Learning was done at home. Knowledge and skills were passed on to children to equip them with survival skills.. Even today, the family plays a major role in educating children. Formal education now begins early.

- **Reproduction:** this is the process of replacing those who die or leave the group through immigration or else the society may die out.

- **Sexual regulation:** this is related to the reproductive function. It controls sexual behaviour in the society. Sexual contact is approved between married couples in all societies, an important reason for marriage. STI's are common in unmarried women and men hence the protection.

- **Religious function**: this is important in every society. In Africa before Christianity and Islam, communities worshipped many gods. Sacrifices were offered to different gods responsible for different aspects of their life. (good harvest, disease prevention, fertility, victory in wars etc.). Religion provides a framework for living based on principles, such as love and honesty, which influence the values, morals and boundaries of a family.

- viii. **Recreational function:** Family members depend on each other for recreational. The family serves as the centre of all recreational activities such as playing, dancing

and singing. However, nowadays modern families do few things together as a group. Parents often go out as a couple without their children. Fun is by audio-visual aids like radio, TVs and cinema and by the public recreational facilities such as hotels and sports stadiums

- **Legal Function:** the family gives its members membership by birth right. Parents have a legal responsibility to take care of their children until they are old enough to live home. In America and Britain if you do not take such responsibility you can be arrested and prosecuted for offences committed by children.

3.3.4 Roles and Relationships of Family Members

This section looks at the different roles played by family members and how some of them are now shared equally. The role that a person has in the family usually affects that person's health. Let us now see how one's role in the family affects their health

Men

The life expectancy of a man is always shorter than that of a woman. This is so because men usually do work which is stressful and harder than women. Men also have a shorter life span because they use alcohol, drugs and cigarettes. The lifestyle of businessmen, directors and other career and successful men usually contributes to heart diseases and other health complications. Men in low income groups again have problems with obesity, smoking, limited free time and finances for recreation and exercise. Together with poor diet, worry and tension over a lifestyle of poverty also cause a higher incidence of heart disease. Men are more subjected to accidents than women. Accidents also cause more deaths among men.

Women

Women appear healthier than men because they readily admit that they are ill and visit a doctor and take care of themselves. Women usually die from complications of pregnancy and childbirth. When a woman reaches menopause, the female sex hormones protect her against heart diseases.

Children

A male foetus has a 10% higher chance of dying before birth than the female foetus. Male newly born babies die more frequently than female. This is due to complications of breathing, blood circulation and other biological defects.   Girls are less prone to leukaemia than boys. If the children's parents are unable to provide for their economic needs this may affect their health.

Take Note:

It is important to note that although males die much earlier than females, one's health status plays a bigger role. A male whose immunity is high may survive longer than a female with low immunity.

Checkpoint Questions

Below are some questions to help you revise:

1. Which one of the following is not an important element in the definition of a family?

    a.   A group of two or more people

    b.   Related by blood

    c.   Related by Adoption

    d.   Related by Tribe

2. Which one of the following is not true regarding classification of a family

    a.   On the basis of Marriage

    b.   On basis of faith

    c.   On the basis of Residence

    d.   On the basis of ancestry

3. Which of the following is not true regarding the functions of a family

    a.   Socialization of children i.e. companionship, interaction to cause a sense of belonging and self-esteem.

    b.   Socialization of pets

    c.   Economic cooperation & division of labour

    d.   Care, supervision, monitoring, and interaction

Answers

1. d

2. b

3. c

3.4 Marriage

Marriage is a socially acknowledged and approved sexual union between two adult individuals.

Classification of Marriage

Marriage is classified according to the following criteria:

- The number of persons united in the marriage
- The manner in which descent of the married pair is recorded
- The place of residence
- Norms of authority
- The choice of marriage partner

Let us look at each classification in further detail.

1. The number of persons united in the marriage

Under this classification we have the following:

- *Monogamy*: this is where one man marries one woman. It is the most universally accepted though other types exist.
- *Serial monogamy*: this is where one marries and divorces after, it is done in sequence and not simultaneously.
- *Polygamy*: this is where one marries more than one spouse. Polygamy is classified into two:
  - *Polygene*: this is where one marries more than one wife.
  - *Polyandry*: this is where one woman marries more than one husband

2. The manner in which the descent of the married pair is recorded

Under this we have;

- *Patrilineal*:   inheriting or determining descent through the male line.

- *Matrilineal*: inheriting or determining descent through the female line. (dictionary.reference.com)
- *Bilineal*: the privileges and duties of descent follow both lines.

3. The Place of Residence

Under this we have;

- *Patrilocal*: husband and wife reside with the parents of the husband.
- *Matrilocal*: husband and wife reside with the parents of the wife.
- *Neolocal*: husband and wife reside by themselves.

4. **Norms of authority**

Under this we have:

- *Patriarchal*: this is where the man has the authority and dominance.
- *Matriarcal*: this is where the woman has the authority and dominance.
- *Egalitarian*: this is where authority and dominance are equally divided between husband and wife.

Choice of Marriage Partner

There are many factors that influence the choice of a partner. These include:

- *Exogamy*: this is where people must marry outside of their own group or sex.
- *Endogamy*: this is where people must marry within the same tribal religion, age, race or sex though it is forbidden in most societies.
- *Incest*: this is marrying your own relative.

Advantages of endogamy

In endogamy, there are fewer marital conflicts because similar groups share similar values, roles, and attitude. Other advantages are:

- People from similar age groups share similar developmental interests and tasks.

- Marriage between people of of similar social economic groups keeps wealth and power within the social class.

- Marriage between people of the same religious orientation makes agreement on child rearing practices and beliefs easier.
- Marriage within the same race maintains pure genetic traits.

Disadvantages of endogamy

Marriage within similar groups can lead to conflicts and jealousy.

3.5   The Group

You use the word group all the time. What does it mean?. Before you read the following section complete the activity below.

Activity 3.2.

In your own words, write down in your notebook what you think the word 'group' means.

A group is two or more people linked by a common characteristic, goal or belief.

3.5.1 Characteristics of a Group

 Groups are characterized by the following:

- Interaction
- Structure.
- Size:
    - Dyad- 2 members
    - Triad-3 members
    - Small group- 4-20 members
    - Society- 20- 30 members
    - Large group-more than 40 members
- Cohesiveness in groups which relates to group strength, group bonds and power

Let us now discuss these characteristics in further detail.

Interaction

This is the key feature of group life, be it physical, verbal, non-verbal or emotional. The behaviour of each member can affect the other members. Behaviour is influenced by the atmosphere e.g. solidarity, understanding, agreement in positive behaviour, disagreement, withdrawal, antagonism in negative behaviour.

Structure

All groups develop stable patterns of relationships among their members. Forsyth (1990) uses the terms 'role' 'status' and 'attention relation' to describe the group structure. For example, the behaviour expected by group members of ,roles such as supporters, defenders, abstainers, critics, is defined by these roles.

Size

 Groups occur in different sizes and these were classified by Simmel (1990) as:

- Dyad: 2 members
- Triad: 3 members
- Small group: 4-20 members
- Society: 20- 30 members
- Large group: more than 40 members

Throughout history, people have used groups to achieve common goals. Groups of humans gather for protection, business and commercial practices, legal and religious reasons, to achieve military and strategic objectives and to achieve technological accomplishments. Much of the world's work is done by groups rather than by individuals. Groups, therefore make it easier to attain goals.

Cohesiveness

Cohesiveness in groups relates to group strength, group bonds and the power of the network holding the group members together and sustaining them.

Temporal change refers to change in groups over time because they are made up of interdependent human beings.

3.5.2 Group Dynamics

This refers to the way people behave towards each other both within a group and between one group and another.

Stages of Group Development

During group development which is also called team building, there stages a group goes through before they can finally work together in harmony. These stages are:

- Forming stage
- Storming stage
- Norming stage
- Performing stage
- Termination or mourning stage

Let us examine these stages in turn.

Forming stage

This is the initial stage where the group identifies the task and boundaries regarding it, there is anxiety about being accepted and there is guarding against self-disclosure.

Storming stage

There is a lot of group influence which may affect control, power and authority which is of prime importance in this stage. There is competition for positions. Sub- grouping is likely to occur. There is a lot of investing in the leader and there is no initiative on the part of subordinates. It is a time of testing limits and exploring. It is usually an uncomfortable phase for a group.

Norming stage

The group members have tested each other and the leader. They have been able to contain any conflict and work through it. The group now agrees on the norms that will guide them through collective behaviour towards effective performance. Members begin to take responsibility or roles.

Performing stage

Creative problem solving is done. Solutions emerge from group energy and there is a lot of energy directed toward achieving group goals. Responsibility is shared equally among themselves regardless of appointed leaders. Anxiety is decreased and tolerated to a working level. The group becomes stable and realistic, matures and members participate fully and freely.

Termination/mourning stage

The work of termination begins during the first stage of formation. It brings about fresh anxieties to group individuals. Termination has to be done gradually. . It may be painful in a successful group. There may be regression. Termination must be discussed fully, in ample time and by all members. It is important for members to clear up any unfinished issues to be able to celebrate before leaving.

> *Activity:3.3*
> *What are the effects a group that stays long at the storming stage?*

3.5.3 Ethnic Groups

Groups can also be based on ethnic affiliation. What is an ethnic group?

An ethnic group is a group of individuals who share a common, unique self-identity. An ethnic group is also called a "people" or a "people group." Some words used to refer to an ethnic group are: tribe, clan, nation, lineage, family, society, community and heritage.

Language and Culture

 A common technical term for an ethnic group is "ethno-linguistic." There are two parts to that word: "ethno" and "linguistic."

The "linguistic" part indicates that language is always a part of ethnic identity. Language is a primary characteristic that separates groups of humans who speak different languages and identifies speakers of the same language as related in some way. The language we speak is always an important part of our cultural identity.

But language is not always the determining factor between two different groups of people. There are many other factors that determine ethnicity. The term 'ethno' is a prefix indicating race, people, or culture (free dictionary 2012)

Self-identity

The "ethno" in "ethno-linguistic" refers to other aspects of culture that make up "ethnicity." Usually there is a common self-name and a sense of common identity of individuals identified with the group. Some other common ethnic factors that define or distinguish a people are:

- a common history,
- customs,
- family and clan identities, as well as
- marriage rules and practices,
- age-grades and other obligation covenants, and
- Inheritance patterns and rules.

What they call themselves may vary at different levels of identity, or among various sub-groups.

How do we determine ethnicity?

Determining ethnicity is a process of discovery. There are many factors involved in the concept of "ethnicity." Each society or tribe of humans gives different value to the various aspects of relationships and social order. Each entry in a list of ethnic groups (or "peoples") has a name. In our people list we prefer to use the name the people themselves call themselves. But a name by itself does not tell you anything, because many people use the same name for themselves.

Sometimes there is one group name for several related peoples or who share a dialect. That name refers to the largest grouping of individuals that still consider themselves related through actual kinship, a shared history, or similar customs and self-identity. They might speak one or more languages. Here are some of the main factors that make up ethnicity.

Language and Location

We have already talked about languages as a basic part of ethnicity. A ethnic group's description includes at least one language and at least one location, such as a country, a district, or a town where they live.

Religion

Religion is one primary ethnic characteristic that may be so strong that it causes a definite boundary within a group of persons that are otherwise identical. In this case, religion is a sufficient reason to list a group as a separate ethnic group.

National borders

Sometimes state borders (frontiers) cause political, social, or economic differences that make two related groups gradually more and more different. When the differences grow great enough, the people may not relate to each other across the country frontier anymore. The segment on each side of the border may become more like their neighbours on that side of the border.

Language and ethnicity

The relationship between language and ethnic self-identity is sometimes hard to discover. Let's look at some examples of the relationship between language and other cultural characteristics.

- *Multi-lingual ethnic groups*: there are many groups of people who speak multiple languages but still consider themselves one ethnic group. There are several in China, Nepal and India.
- **Multi-ethnic language groups:** we also find that there are different peoples who speak the same language but think of themselves as separate peoples. This may be because they do not share the same history or one or both groups may allow marriage only within their own group. They may be allied with different other groups for political or military purposes. We sometimes find that as a parent group grows larger, each of the smaller family groups take a different name as they moved to new land. Maybe each group maintains some sense of loyalty or heritage from different common ancestors.

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- ***Enemies who speak the same language:*** some people groups find their worst enemies in other ethnic groups speaking the same mother tongue. Sometimes they are actual cousin peoples. One example is found in Bosnia. Three traditional enemies there, the Serbs, the Croats, and the Muslims, all speak Serbo-Croatian. Yet they are separated by clear boundaries of culture, history, religion, and self-identity.

In summary, ethnic identity largely depends on a people's self-identity. Ethnic groups represent relational and social groupings, not just names. Further, language is a key factor in this group self-identity.

Inductive investigation of Ethnicity

It is more productive to start with a group of people and learn how they identify themselves. Ask who these individuals feel they are related to. This approach begins with concrete relationships and natural social groupings of individuals, families, and the larger society.

Ask these kinds of questions about broader relationships:

- What other families, villages, or tribes does the family relate to?
- What other groups speak their language?
- What other families, villages, or tribes are they allowed to intermarry?

Then organize your findings to see what groupings you get.

So the type of question is "Who does this individual, family, or social group feel related to?" What other families or groups do they consider themselves related to and in what ways?

There are two main methods used to find out how individuals or smaller communities identify themselves. These are:

- By observation,
- By reading other research.

Self-Assessment
1. Which one of the following is not part of the team building blocks

You have now come to the end of this unit on social units. Let us now review what you have learnt.

3.6 Summary

In this unit we have discussed the family as a social unit. We have noted the various types and functions of a family and the roles of different members of a family. Next, we have learnt about marriage as a social unit and how it is classified. Lastly, we have looked at the group, its characteristics, stages of development and the nature of ethnic groups.

In the next unit we will discuss gender and health.

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Unit Four: Gender and Health

4.1 Unit Introduction

Welcome to unit four which discusses issues of gender and Health. In the last unit we discussed the types, characteristics and nature of Social Units, that is, the family, marriage and ethnic groups. In this unit we will discuss in some detail, the meaning of gender, and common terminologies used when people are discussing gender issues. We will also discuss one of the most important issues that has attracted both national and International attention: Gender Based Violence (GBV). As a nurse, you will come across people that have been victims of GBV and it is your responsibility to sensitize the community against GBV and link the victims to appropriate facilities that render assistance.

Let us start with our objectives for this unit.

1.2 Unit Objectives

By the end of this unit you should be able to:

- Discuss the meaning of Gender and its relationship with health
- Describe the factors that contribute to Gender Based violence and its effects on society

4.3 Gender and Health

Having looked at the objectives that we are supposed to cover, we are now going to discuss Gender and Health. Before we go into the details of our discussion, let us defines some terms related to gender and health.

Activity 4.1

Write the definition of the following terms in your notebook:
- Gender,
- Gender equality,
- Gender equity,

- Gender sensitive.

Well done! Now compare your definitions with the ones we discuss in the following section.

4.3.1 Definition of Key Terms

Gender:

Gender is defined as socially constructed roles, activities, and responsibilities assigned to men and women in a given culture, location or time. It refers to everything women and men do and everything expected of them, with the exception of sexually distinct functions (such as childbirth) (MoH, 2009).

Gender has also been defined as socially learned roles and responsibilities assigned to women and men in a given culture and the societal structures that support these roles.

Gender Equality:

This is a transformational development goal. It is understood to mean that women and men enjoy the same status in political, social, economic and cultural levels. It exists when women and men have equal rights, opportunities and status.

Gender equity

This is the process of being fair to women and men in the distribution of resources and benefits. This involves recognition of inequality and requires measures to work towards equality of women and men.

Gender Sensitive

This is being aware of differences between the needs, roles, responsibilities and constraints or women and men.

Gender Analysis

This is an organized approach for considering gender issues through the entire process of a programme or organisational development. The purpose of gender analysis is to ensure that development projects and programmes fully incorporate roles, needs and participation of women and men. Gender analysis requires separating data and information by sex (known as disaggregated data) and understanding how labour, rules, needs and participation are divided

and valued according to sex (whether one is a man or a woman). Gender analysis is done at all stages of development projects.

Gender Integration

Gender integration is an organic process, akin to a living tree. At the root of the process is political will. An organization with strong political will, like a tree with strong roots, can support three vital branches: technical capacity, accountability, and a positive organizational culture. Integrating gender into an organization's activities and structures has both external and internal implications. Externally, gender integration fosters participation of and benefits to women and men in an organization's initiatives or services. Internally, gender integration promotes women's leadership and equality in an organization's own policies and structures.

Gender Blind Policies

These are policies, which do not take into account how they will impact on the lives of men and women. Such policies often tend to be male-biased. They implicitly draw on male activities and male experiences as the basis of their design. They explicitly targeted male heads of households on the assumption that such benefits will trickle across to women and children within households.

Gender-aware policies

These are based on assumption and practices, which recognize that women and men are differently positioned in relation to production and reproduction and have different and conflicting needs and interests.

Gender aware policies result in:

- Gender –neutral intervention
- Gender –specific policies
- Gender –redistribution policies

Health

WHO defines Health as "a state of physical, psychological, mental, spiritual and emotional wellbeing and not merely the absence of disease and infirmity".

Checkpoint Question

INDICATE TRUE (T) OR FALSE (F) AGAINST THE FOLLOWING STATEMENTS
1. Gender is defined as socially constructed roles, activities, and responsibilities assigned to men and women in a given culture, location or time.
2. Gender Equity is understood to mean that women and men enjoy the same status on political, social, economic and cultural levels. It exists when women and men have equal rights, opportunities and status
3. Health as "a state of physical, psychological, mental, spiritual and emotional wellbeing and not merely the absence of disease and infirmity".
4. Gender blind policies are an organic process, akin to a living tree.
ANSWER 1. T   2. F   3. T   4.F

Now let us discuss the National legal and Policy framework, Gender analysis in health sector and Gender based violence.

4.3.2 National Legal and Policy Framework

The National Gender Policy (NGP) was adopted in the year 2000 and is focused on removing gender imbalances at all levels of national development. The policy also aims at facilitating the repealing and amendment of legislation that discriminates against, limited women's access to and control over productive resources such as land, credit facilities, information and technology as well as ensuring that all socio-economic policies, programmes, plans, projects and the national budgets were gender responsive.

It became necessary to review the policy because of the following issues:

- Feminization of poverty,
- HIV and AIDS,
- climate change,
- Gender Based Violence (GBV),
- Human trafficking,

- Increased involvement of women in drug trafficking
- Harmful cultural practices

The gender policy recognises the important role of the health sector in operationalization of the policy. It also recognizes the need to mainstream gender in the health sector. This is so because gender inequality among men and women has a lot of effect on reproductive health as well as other health needs of woman and children

4.3.3 Gender Analysis in Health Sector

Gender analysis is an organized approach for considering gender issues through the entire process of programme or organizational development. The purpose of gender analysis is to ensure that development projects and programmes fully incorporate roles, needs and participation of women and men.

Gender analysis requires separating data and information by sex (known as disaggregated data) and understanding how labour, roles, needs and participation are divided and valued according to sex (whether one is a man or a woman). Gender analysis is done at all stages of development projects.

4.4 Gender Based Violence (GBV)

According to Anti GBV Act of 2011, gender-based violence means "any physical, mental, social or economic abuse against a person because of that person's gender, and includes—

(a) violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to the person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life; and

(b) actual or threatened physical, mental, social or economic abuse that occurs in a domestic relationship;

4.4.1 Types of Gender Based Violence

The most common types of gender based violence are:

- Physical
- Psychological;
- Economic abuse
- Sexual harassment
- Sexual abuse
- Sexual violence

Let us study each type in further detail.

- **Physical**: involves inflicting pain or causing physical harm to a person usually considered of a weaker sex. This type usually occurs in women, e.g. wife battering.
- **Psychological**: involves demeaning a person's self-worth by telling them hurtful things and acting in an offensive way towards them, e.g. death threats.
- **Economic Abuse:** according to Anti GBV Act of 2011, economic abuse means the unreasonable deprivation of any economic or financial resources to which a victim, or a family member or dependant of the victim is entitled under any law. It includes anything that the person requires out of necessity or has a reasonable expectation of use, including household necessities, medical expenses or school fees and mortgage bond repayments or rent payments in respect of a shared household. It also includes the following:

  – denying a person the right to seek employment or to engage in an income- generating activity;

  – unreasonably depriving a victim, a family member or dependant of the victim, of property in which the victim, family member or dependant of the victim has an

interest or a reasonable expectation of use, or unreasonably disposing of such property; or

- intentionally destroying or damaging property in which the victim of gender-based violence, a family member or a dependant of the victim of gender-based violence has an interest or a reasonable expectation of use.

- **Sexual Harassment**

According to Anti GBV Act of 2011, harassment means engaging in a pattern of conduct that induces in a person the fear of imminent harm or feelings of annoyance and aggravation, including:

- sexual contact without the consent of the person with whom the contact is made and making unwanted sexual advances;
- following, pursuing or accosting a person or making persistent, unwelcome communication with a person, including:
  - watching, loitering outside or near a building where the harassed person resides, works, carries on business, studies or happens to be;
  - repeatedly making phone calls or using a third party to make phone calls to the person, whether or not a conversation ensues.

- **Sexual Abuse**

This includes the engagement of another person in a sexual contact (whether married or not), that abuses, humiliates or degrades the other person or otherwise violates another person's sexual integrity. Or sexual contact by a person aware of being infected with HIV or any other sexually transmitted infection with another person without that other person being given prior information of the infection (According to Anti GBV Act of 2011).

- **Sexual Violence**

Violent behaviour and/or unwanted sexual comments or advances or conduct of a sexual nature directed against women and children. It includes the use of sexual contact by one person to another against his or her will and may include acts such as forced penetration of

the vagina or anus with a penis or other objects.   The Zambian penal code defines each of these offences in detail.

> *Take Note:*
>
> *Gender-based violence not only affects women and girls; it also affects men and boys and society at large and retards development. It also has a negative impact on children living in an abusive household. Studies show that some children who grow up in such an environment are likely to resort to violent behaviour as adults.*

Checkpoint Question

CIRCLE THE MOST APPROPRIATE ANSWER
1. The following are types of gender based violence except: (a) Sexual harassment (b) House chores (c) Economic abuse 2. Violence that results in, or is likely to result in, physical, sexual or psychological harm or suffering to the person, including threats of such acts, coercion or arbitrary deprivation of liberty, whether occurring in public or private life is known as (a) gender analysis in health sector (b) legal framework (c) gender based violence
ANSWER 1. B   2. D

a

4.4.2 Multidisciplinary Approach to Managing GBV

The Multidisciplinary approach looks at how various key stakeholders work together in the fight against GBV and what each organization is mandated to do in providing assistance to victims of GBV. Before you continue reading, complete the following activity.

Activity 4.3

List down in your notebook at least 3 stakeholders that are involved in the fight against gender-based violence in our country.

Now compare your answers with what you read in the following section.

Below is a summary of the various stakeholders involved in the fight against GBV and what they are mandated to do:

- **Health services:** health care providers are responsible for identifying, delivering medical services, collecting forensic evidence and offering counselling services in cases of GBV.

- **Police: p**olice are responsible for thoroughly investigating allegations of GBV to determine if reasonable grounds exist to lay charges. They also respond to the survivor's needs through counselling, referral to health facilities and provision of emergency contraception, when applicable.

- **Judiciary:** the role of the judiciary is to adjudicate over all cases without bias and therefore deliver sound judgment. The judiciary is expected to create a conducive environment for the survivors, including the use of child friendly courtrooms.

- **Para-Legal:** they provide information to community members seeking legal advice, as well as survivors of abuse. They are non-lawyers who do legal work.

- **Community services:** community service providers are responsible for first line services: identifying, counselling, referral and follow up services including reintegration of survivors/perpetrators as well as community education on GBV.

- **Media:** the media has the responsibility of creating awareness among both the community and policy makers about GBV and the importance of eliminating it.

- **Social services:** these place survivors in a place of safety where there is need. They also act as escorts, apply for committal order, provide transport, monitor and inspect places of

safety and children's homes and aftercare centres. The Ministry of Community Development and Social Services is mandated to coordinate effective provision of social services to survivors and their families. The ministry, where need be, can refer a survivor to a relevant organizations available in the district.

4.4.3 Effects of GBV on Social Sectors and Culture

Before we go into the details of this discussion, complete the following activity.

Activity 4.4

What are the effects of gender based violence in your community? List at least three effects in your notebook.

Now compare what you have written with what you read in the following section.

While women are usually the immediate victims of gender violence, the consequences of gender violence extend beyond the victim to the society as a whole.

Gender violence threatens family structures. Children suffer emotional damage when they watch their mothers and sisters being battered. Two-parent homes may break up, leaving the new female heads of household to struggle against increased poverty and negative social repercussions.

Gender based violence also causes psychological scars which impede the establishment of healthy and rewarding relationships in the future. Victims of gender violence may vent their frustrations on their children and others, thereby transmitting and intensifying the negative experiences of those around them. Children, on the other hand, may come to accept violence as an alternative means of conflict resolution and communication. This reproduces and perpetuates a culture of violence.

Let us look at the impact of GBV on women's' health, perpetrators, family and dependants, society and its economic and social impact.

The impact of gender-based violence on women's health

Gender-based violence has been linked to many serious health problems, both immediate and long-term. These include physical and psychological health problems:

- Physical injury,
- disability,
- chronic health problems (irritable bowel syndrome
- gastrointestinal disorders
- various chronic pain syndromes,
- Hypertension, etc.)
- Sexual and reproductive health problems (contracting sexually transmitted diseases, spread of HIV/AIDS, high-risk pregnancies, etc.) death

Psychological Effects of Gender based violence:
These can be either direct or indirect.

The direct effects include:
- Anxiety
- Fear
- mistrust of others
- inability to concentrate
- loneliness
- post-traumatic stress disorder,
- depression,
- Suicide, etc.

The indirect effects include:
- psychosomatic illnesses,
- withdrawal,
- Alcohol or drug use.

Economic and social impact:
The economic and social effects include:

- Rejection, ostracism and social stigma at community level;
- Reduced ability to participate in social and economic activities;
- Acute fear of future violence, which extends beyond the individual survivors to other members in community;
- Damage to women's confidence resulting in fear of venturing into public spaces (this can often curtail women's education, which in turn can limit their income-generating opportunities);
- Increased vulnerability to other types of gender-based violence;
- Job loss due to absenteeism as a result of violence;
- Negative impact on women's income generating power.

The impact on womens' families and dependants:

The direct impact on womens' families and dependants are:

- divorce, or broken families;
- jeopardized family's economic and emotional development;
- babies born with health disorders as a result of violence experienced by the mother during pregnancy (i.e. premature birth or low birth weight);
- increased likelihood of violence against children growing up in households where there is domestic violence;
- collateral effects on children who witness violence at home (emotional and behavioural disturbances, e.g. withdrawal, low self-esteem, nightmares, self-blame, aggression against peers, family members, and property;
- increased risk of growing up to be either a perpetrator or a victim of violence)

The indirect effects include the following:

- Compromised ability of survivor to care for her children (e.g. child malnutrition and neglect due to constraining effect of violence on women's livelihood strategies and their bargaining position in marriage);
- Ambivalent or negative attitudes of a rape survivor towards the resulting child.

The impact of violence on the perpetrators

The main effects of violence on the perpetrators include the following:

- Sanctioning by community, facing arrest and imprisonment;
- legal restrictions on seeing their families, divorce, or the breakup of their families;
- feeling of alienation from their families;
- minimizing the significance of violence for which they are responsible;
- deflecting the responsibility for violence onto their partner and failing to associate it with their relationship;
- increased tension in the home

The impact of violence on society

Violence on the society has the following effects:

1. Burden on health and judicial systems

2. Reduced economic stability and growth through women's lost productivity

3. Hindrance to women's participation in the development process and lessening of their contribution to social and economic development.

4. Constrained ability of women to respond to rapid social, political, or economic change.

5.Breakdown of trust in social relationships

6. Weakened support networks on which people's survival strategies depend

7. Strained and fragmented networks that are of vital importance in strengthening the capabilities of communities in times of stress and upheaval

4.4.4 Minimum Standards for Management of GBV cases

In the fight against GBV, minimum standards have been established. Below is a summary showing who should provide the response and the minimum services that should be provided.

RESPONSE	MINIMUM SERVICES
Health provider	- Active screen, examine, treat injuries, assess for pre-existing pregnancies and prevent unwanted pregnancy; - Prevent and/or treat sexually transmitted infections; - Reduce the likelihood of the survivor contracting HIV by administering pot-exposure prophylaxs (PEP); - Provide information on (ECP) administer emergency contraceptive pills (ECP) as per MOH procedures - Inoculate for Hepatitis B and tetanus as per MOH procedures; - Provide basic emotional support and document medical evidence for legal proceedings, as requested and required; - Testify in court about medical finding, if the survivor chooses legal action as per requirement by Zambian law; - Refer the survivor for further specialized medical treatment and to other services providers, as per need or as requested.
Psycho-social counsellor	- Coordinate all service delivery through an agreed case management systems ensuring that survivors have all relevant information and options on other available services - Provide basic emotional supportive counselling, one-on-one or in a group settings, for the survivor and her family or friends and address safety needs and provide

	follow up care and assistance, as requested by the survivor.
Police Victim Support Unit Officer	• Respond in a friendly way when a survivor reports and take statements in a professional manner • Provide counselling and address immediate safety needs such as, relocation to a safe house, where available • Provide survivor with information (e.g. treatment) and assist in making information available to other police officers, investigators, prosecutors • Prepare reports and arrest perpetrators as per need and refer to another police desk as per police procedures • Assist in preparing the survivor for court appearances and follow up on court cases • Refer the survivor to other service providers, as per need or request

Para-legal	• Assist survivors to make informed choices on legal issues and refer to legal experts as per need
	
	• Provide information about aspects of the legal process by consulting the police including:
	
	   – How the legal system works and what happens during a court case, expected date of when the survivor's case may be heard in court; and any actions that may be required from the survivor:
	
	   – Any interactions the survivor may need to have with the perpetrator during the adjudication of the survivor's case;
	
	   – Assist in preparing the survivor for court appearances; supporting the VSU officer
	
	• Support the survivor during any meeting with the police or court official if necessary and accompany and support the survivor during any court proceedings, including pre-trial sessions, and trials

	• Refer the survivor to other service providers, as per need or as requested
Social Worker	• Facilitate survivor participation in group activities including income generation and micro-credit projects, which focus on building support networks, facilitating reintegration into communities, building confidence and skills, and promoting economic empowerment and reintegration in the community, family or around support groups; • Refer the survivor to other service providers, as per need or request as part of case management system.
Other sectors	• Receive survivors • Provide immediate counselling • Make referrals • Practice confidentiality, respect for survivor choices, documentation, mentoring, evaluation • Follow – up with other service provider on the status of the case

4.4.5 Advocacy Role of a Nurse

Having read in detail the problems related to GBV and its effects on the communities in which we live, it is very important that nurses should join hands with other stakeholders in advocating against GBV. You role should be to:

work with opinion leaders in the community, such as chiefs, members of parliament, interest groups, teachers and law enforcement officers to fight GBV;

play the role of a community facilitator in assisting the community to identify some of the main factors that contribute to GBV in a community.

work with school teachers in sensitizing children against violence. This way you will be stopping GBV before it starts.

work with the media to sensitize the community in which you work.

Engage faith based audiences through the church and clergy to fight against GBV and educate their members against GBV.

Self Assessment

1. Which of the terms mentioned below is not an example of GBV
   a. Sociological
   b. Psychological Economical
   c. Physiological
   d. Economical
2. Which of the following is not an example of part of the Multidisciplinary approach
   a.   Police
   b.   Health Services
   c.   Judiciary
   d.   d Prison

Answers:
1. **A**
2. **D**

You have come to the end of this unit on gender based violence.   We hope you are now well equipped to fight this vice in the community where you work. Let us now review what you have learnt.

4.5 Summary

In this unit we started by looking at the relationship between gender and health. We defined key terms used in gender and looked at the national gender policy of 2000. We also considered how gender analysis is done. Next we discussed the issue of gender based and its effects on the individual, family, and society. We also looked at its impact, the need for a multidisciplinary approach in its fight and the minimum standards in the management of GBV. We concluded by looking at your role as an advocate against GBV in the community where you work.

In the next unit we shall discuss patterns of care for illness.

4.6 Reference

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UNIT 5: PARTTERNS OF CARE FOR ILLNESS

5.1 Unit Introduction

Welcome to unit five which discusses patterns of care for illness. In the last unit, we discussed the relationship between gender and health and the issue of gender based violence. In this unit we shall discuss the traditional and modern patterns of care. You might be aware that traditionally, the responsibility of looking after the sick was left to the diviner and older members of society. In present day it is different and the responsibility of caring for illness is a public concern for the government. Health or lack of health was once merely attributed to biological or natural conditions. Today 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. Further, that caring is central to nursing practice.

5.2 Objectives

By the end of this unit you should be able to:

1. Define key terms
2. Explain the tradition patterns of care
3. Explain the modern patterns of care

5.3 Definition of Terms

Patterns of care: refers to ways or measures used to manage a person with sickness or illness.

Modern: this term refers to use of the latest, most advanced equipment and technique available or the latest styles, ideas that have only been recently developed or are still considered experimental (Encarta dictionary 2009).

Tradition: refers to long established action or patterns of behaviour in a community or group of people often one that has been handed down from generation to generation. It also refers to handing down of patterns of behaviour, practices and beliefs that are valued by culture (Encarta dictionary 2009).

Caring: is a universal phenomenon that influences the ways in which people think, feel and behave in relation to one another. (Potter & Perry 2005)

Checkpoint Question.

You are require to answer the following multiple choice questions by circling the most appropriate answers below

    1.   A universal phenomenon that influences the ways in which people think, feel and behave in relation to one another is referred to as;

        a.   Caring

        b.   Tradition

        c.   Patterns of care

        d.   Modern

    2.   The term referring to use of the latest, most advanced equipment and technique available is called…………….

        a. Tradition

        b. Modern

        c. Caring

        d. Patterns of care

Answers to self Assessment Test

Here are the possible answers

    1.   **a**.

    2.   b.

5.4 Traditional

Traditional healing practice has been and still exists in one form or another in many societies. In Africa, a traditional healer is a combination of a herbalist, psychologist, psychiatrist, priest, and historian. The patients are viewed within the context of culture. There is a belief among the traditional healers that supernatural causation explains extraordinary illness. Therefore traditional beliefs must be recognized and appreciated and taken into account by modern professionals because these beliefs have meaning within the socio-cultural and environmental context of African people.

In the African tradition, a human being is viewed as a collective being i.e. a person is a person through other people. A human being is seen as part of the family which includes the extended family; part of the community and also part of an ethnic group. Therefore humanity is based on collectivism and is interpreted as a collective concept of mercy, care, compassion, tolerance and fairness. The collective perspective of humanity means that one member of the family may consult a traditional healer on behalf of all family members. It is also worth noting that many people consult both the western/modern and African/traditional health care providers concurrently. Natural and supernatural exist in the African context and both healthcare systems are consulted to clarify the 'how', 'where', 'when' and 'who' of an illness. Since we have looked at the traditional perspective of illness, what do you think are the causes of illness in the traditional societies?

Causes of Illness

Illness is believed to be caused intentionally by certain agents, resulting in disequilibrium. People believe illness has a cause (why and who) and that the causes differ. Some of the causes of illness are discussed below:

- *Ancestors and God:*

  Ancestors are seen as spirits of forefathers who still take care of people on earth. God is seen as the unknown superbeing while the ancestors are seen as intermediaries. These ancestors are honoured and when they are not happy with individual life styles they cause illness, for example bad luck and depression. When God is displeased he also sends illness as punishment.

- *Evil spirits:*

  An evil spirit possesses a person and causes mental derangement that result in destructive, mischievous and malevolent behaviour, psychotic behaviour from modern perspective. Evil spirits are often associated with witches and sorcerers who use antisocial medicine and curses to get people to act antisocially. People believe witches and sorcerers cause strained relationship and misfortune and sorcery makes use of medicine or magical substances to harm people. Since sorcerers are believed to be in direct or indirect contact with supernatural forces of evil and practicing negative medicine, they are feared and generally disliked.

- *Witchcraft:*

Witchcraft involves manipulation of psychic powers, usually through the medium of mythical monsters called familiars (Ngubane1977). The commonly used familiars include: cats, birds, baboons zombies etc. If a patient says "I know I have been bewitched" that person is expressing an unshakeable belief that is as certain as a scientific medical diagnosis of the illness to him. Witchcraft and sorcery are seen to be the evil work of human being driven by envy and malice to harm fellow human beings

- *Pollution and taboos:*

Pollution occurs when a person acquires a state of ritual impurity through no fault of their own, for example, a widow or a woman who has miscarried. Ceremonial cleansing must take place to purify the person. Sometimes taboos can lead to mental illness, for example, a man having sexual intercourse with a woman who is menstruating will experience delirium.

- *Poisons*

Some Africans believe that one of the many ways in which illness can be caused is by slipping poisonous substance in food. These poisons can kill a person or cause mental illness or misfortune. It is also believed that some of these poisons when added to food can intensify someone's feelings of love towards a partner (love portions). Some poisonous substances used to cause illness are spread across the doorway of a house in the night. When a person steps out of the house in the morning, the medicine strikes through his foot and cause sickness or paralysis.

Well, these are some of the causes of illness traditionally, so now let us look at the treatment of illnesses with such causes.

Treatment

Traditional medicine also known as folk medicine, native healing, ethno-medicine, or complementary and alternative medicine, is the oldest form of health care system that has stood the test of time. It is an ancient and culture-bound method of healing that humans have used to cope and deal with various illnesses that have threatened their existence and survival. The ultimate intention of occurrence of illness must be sought and it is through the process of divination that the spiritual forces behind a calamity can be determined.

Humans have long sought after advice from those with the knowledge or skill in healing. Historical records in Africa point at Egyptians as people who kept records on how ancient societies dealt with **illness** and **outbreak**. In addition to divination and rituals, in Africa, traditional herbs, roots, leaves and barks of trees were used in the management of certain illness. Some societies used drums to drive away the evil spirits from the patients.

Those who could not be healed, instead their conditions were worsening were isolated by dropping them in the wilderness, as such lead to an increased mortality rate especially in Africa.

Control of epidemics

During Ancient age the world population was small, hence stopping the spread of infectious disease was of utmost importance for maintaining a healthy society. People with infectious illnesses like leprosy isolated from the rest of the community. Reference can be made to the Mosaic law and the children of Israel where everyone with an infectious condition was sent outside the city i.e. isolated from the rest of community members to avoid spreading the disease to the whole community.

Throughout the world, ancient medical systems stressed the importance of reducing disease and illness through divination and ritual.

Summary of different methods of treatment that were used to cure diseases or alleviate suffering were as follows:

- Use of witch finders to locate the cause of the disease on a sick person
- Casting out of evil spirit from a sick community member
- Beating of drums to cast evil spirits
- Tattooing on the site of the suspected problem
- Drinking herbal medicine
- Bathing in medicine

Checkpoint Question

Write true or false against the following statement.
1. Use of a witch doctor is a tradition pattern of care.
2. Bathing a patient with herbal medicine is modern pattern of care.
3. According to African tradition poisons can kill a person or cause mental illness or misfortune.
4. Tattooing of the affected area/site is traditional pattern of care.

5.5 Modern Patterns of Care

The present day sense of caring for illness is a public concern for the state and this began in the middle Ages. In sociology, illness focuses on the interaction between society and health. This aspect of sociology discusses health and illness in relation to social institutions such as family, employment, and school. In nursing, the current pattern of caring for illness is based on modern medicine. Nurses may be differentiated from other health care providers by their approach to patient care, training, and scope of practice. The sociology of nursing 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. The current trend is that most patients are either cared for at health centres, hospitals, hospices, nursing homes and some on home based care. In all these set-ups, different types of nurses provide nursing care for the sick. In modern societies, Sociology has demonstrated that the spread of diseases is heavily influenced by the socioeconomic status of individuals, ethnic traditions or beliefs, and other cultural factors.

Control of Epidemics

In modern world the outbreak of diseases is controlled by quarantine. The patients are nursed in specialized areas and isolation wards. They are separated from the rest of the population up to time the disease is brought under control. . For example, Ebola patients are nursed in special Ebola centres and patients with measles are nursed in isolation wards within the hospital.

Causes of illness

Causes of illness in modern patterns of care include poisons, microorganisms, environmental pollution, stress, allergy etc. The modern patterns of care use modern technology to detect

the cause of illness and modern medicine to treat illness. The following are some of the modern patterns of care:

- Examination of specimen in the laboratory to find the cause of illness;
- Use of modern equipment such as x-ray, ultra sound scan, Magnetic Resonance Imaging;
- Use of medicines like tablets, parental (injections), Topical applications
- Admission of sick people to the health facility.

Checkpoint Question

Write true or false against the following statement.

1. Taking a patient for x-ray is a modern pattern……..

2. Drinking panadol is traditional pattern of care…….

3. Use of ultra sound machine to detect a problem is modern pattern of care…….

4. Employing nurses to take care of patients in health facilities is traditional pattern of care…….

Answers for self test

1.True

2. False

3.True

4. False

That brings us to the end of this unit. We hope the difference between traditional and modern patterns of care is now clear to you. Let us now review what you have learnt.

5.6 Summary

Unit five discussed traditional and modern patterns of care for illness. The traditional patterns of care attribute the causes of illness to God, evil spirits, witchcraft, pollution and taboos. In the traditional patterns of care, people hold the view that sickness, accidents or misfortune are intentionally caused by persons or personified being. The unit also discussed that in modern patterns of care the state or government plays a major role in the care of patients with illnesses. The causes of illness in modern patterns are caused by chance or accident as

opposed to traditional patterns where illness is seen to be intentionally caused by certain agents. In modern patterns of care patients are cared for in health facilities such as health centers, hospitals, Nursing homes and some in their own homes under home based care. The unit further highlighted that modern patterns of care use modern equipment to diagnose and treat illnesses such as x-ray and laboratory services. Furthermore this unit pointed out that modern medicine such as panadol, Amoxyl, Coaterm and many others are used to cure diseases.

5.7 References

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UNIT 6: URBANIZATION AND INDUSTRIALIZATION

6.1 Introduction

Welcome to the sixth unit in our course on sociology and nursing. I hope you have enjoyed reading the previous five units and are now ready to proceed as you come to the end of this course. In the last unit we described patterns of care for illness and compared traditional and modern patterns of care. In this unit we will discuss the influence of urbanization and industrialization on health. We will be looking at the social problems which may arise due to urbanization. We will also address the issue of child abuse and 'streetism' and their causes. Let's start by reviewing our objectives for this unit.

6.2 Unit Objectives

By the end of this unit you should be able to:

- Define the key terms
- Identify the social effects of migration
- Explain the housing issues related to urbanization
- Explain the influence of social stratification on health
- Describe the social problems related to health

Before you read the first topic of this unit, complete the following activity.

Activity 6.1

Write down in you notebook the meaning of the following terms:
- Urbanization,
- Modernization, and
- Industrialization.

Well done! Now compare what you answers with what you read in the following section.

6.3 Definition of Terms

You must have heard alot about some of the terms that you will be covering in this section from your geography lesson in high school. Can you remember the factors that contribute to urbanization? How about the challenges facing Zambia as a result of urbanization and industrialization? Well, let us start by looking at the key terms so that we can remind ourselves what they mean. In later sections we shall discuss the factors and challenges of urbanization and industrialisation.

Urbanization

Urbanization is the shift from a rural to an urban society. Urbanization brings a large concentration of people into towns and cities. This process usually occurs when a nation is still developing. The trend toward urbanization is a worldwide phenomenon. The chief cause of global urbanization is the new economic opportunities it brings to people and governments; however, it has both positive and negative effects on society.

Causes of Urbanization

The causes of urbanization are mainly economic in nature. People move to urban centers to find better economic opportunities. There is often a severe lack of resources in rural areas, such as medicines, technology, including employment. This drives people to the cities. The movement of people from one place to another (migration) causes population density. If you look at Zambia there are more people living in towns such as Lusaka, Kitwe, Ndola, Chingola and now Solwezi because of job opportunities. Some of the causes are:

- Population density
- Migration from rural to urban areas
- Poverty
- Unemployment

What are the effects of urbanization?

The effects of urbanization are both positive and negative. The positive effects of urbanisation are that it creates demand for more shops, schools, and hospitals, as well as opportunities for people to run small businesses (tutemba). It also creates social places like clubs and bars. All these institutions create employment for people.

Therefore the positive effects of urbanisation include:

- Economic growth
- Job creation.
- Availability of social amenities

However, for every positive development, there is bound to be a negative effect.. The negative effects of urbanisation are an increase in population resulting in many people competing for limited resources. This results in electricity rationing (power cuts) and poor water supply, among others. Migration often results in the mushrooming of shanty compounds or slums with poor sanitation and increased crime rate. The crime rate is mainly due to lack of employment opportunities, which also leads to poverty. Prostitution is another negative development of urbanization which predisposes people to sexual transmitted infection including HIV/AIDS.

Therefore the negative effects of Urbanization are:

- Competition for limited resources
- Overcrowding as a result of rapid housing construction and slums
- Poor sanitation
- Unemployment
- Increased crime rates
- Homelessness
- Prostitution
- poverty

Modernization

In sociology, this is the transformation from a traditional, rural, agrarian society to a secular, urban, industrial society. (Encyclopedia Britannica 2015).

Industrialization

Industrialization is the process in which a society or country (or world) transforms itself from a primarily agricultural society into one based on the manufacturing of goods and services.

Characteristics of industrialization

Characteristics of industrialization include the use of technological innovation to solve problems as opposed to superstition or dependency upon conditions outside human control such as the weather, as well as more efficient division of labour and economic growth.

6.4 Migration

This is physical movement by humans from one area to another (rural to urban areas).

Causes of Migration

Migration is caused by a number of factors which are either economic, such as employment opportunities, or non-economic, such as security. The ability to migrate is affected by distances to potential destinations, communications and transportation connections and education levels (which affect access to information). The factors that influence migration can be divided into *push* and *pull* factors.

Push factors are those factors that push people from their original areas of residence to new ones. These factors include social unrest like civil wars. Zambia currently hosts a lot of refugees from neighbouring countries where there is war or deplorable economic life.

Lack of employment may push people to areas where they can find employment. In Zambia when the prices of copper declined and more people were thrown out of employment, some people shifted to rural areas while others moved to Lusaka in search of land and jobs..

The push factors can therefore be summarized as:

- Lack of employment opportunities
- Social unrest or civil war
- Decline in copper prices on world market resulting in closure of mines, causing people to move to rural areas.

Pull factors are those factors that attract people to a place, thus making them to leave their place of residence. These factors include good roads, good prices for their produce and availability of foreign markets for export. This is why so many people have been attracted to towns like Lusaka, copper-belt and Solwezi. The pull factors can be summarized as:

- Good road networks
- High local market value of agriculture and forest products
- Foreign markets for products

Effects of migration

Migration like any other process has both advantages and disadvantages. The effects of migration are as follows:

- Changes in population distribution: these lead to more people in the area where the people are migrating to, in turn leaving few people in the areas where they are coming from.
- Demographic consequences: most migrants tend to be young, vibrant and in their productive age. This means that the productive capacity of where they are coming will be low because most of the times only old people are left behind with little or no strength to earn a living of their own.
- Migration brings social interaction with different people leading to intermarriages, which further results into new cultures and practices and new ways of doing things.

6.5 Housing

This refers to the buildings we live in or a dwelling place for people. Housing relates to the health and safety outcomes of the occupants both physically and mentally. The relationship between housing and health is multi-faceted. A healthy home needs to have sound structure, to be free of hazards, to provide adequate facilities for sleeping, personal hygiene, the preparation and storage of food, to be an environment for comfortable relaxation, for privacy and quiet, and to provide the facility for social exchange with friends, family and others.
 The local environment is also important in determining such factors as fear of crime, access to local services and facilities and in promoting social interaction.

Housing is another social problem in the cities. Most people who migrate to cities remain unemployed and poor and are forced to live in shanty compounds. Shanty compounds are overcrowded areas with poor living conditions which result in diseases such as tuberculosis and other highly infectious diseases. Rodents and other health hazards tend to infect the water supplies. Garbage disposal and sanitation facilities are poor. This leads to outbreaks of diseases such as cholera, dysentery and typhoid because the hygiene standards are poor. Inadequate ventilation is also associated with a higher risk of airborne infectious disease transmission, including tuberculosis, as well as the accumulation of indoor pollutants and dampness, which are factors in the development of allergies and asthma.

6.6 Social Stratification and Health

Social stratification is defined as the social structures which divide riches, power and status unequally among members of different social classes.

Stratification is therefore a process in the sense that communities are continuously classifying their members into different status groups and allotting riches, power and prestige to them.

A social class can be defined as a stratum or layer/level of people who are more or less similar with regard to factors such as family prestige, wealth, influence, education, status, and social etiquette.

Types of Social Classes

According to Cliffsnotes (2014), sociologists typically use three methods to determine social class. However, most sociologists agree that there are at least four (4) basic classes, with a number of subclasses. The four (4) social classes are:

The lower class
People of this class, few of whom have finished high school, suffer from lack of medical care, adequate housing and food, decent clothing, safety, and vocational training. This lower class is characterized by poverty, homelessness, and unemployment. The media often stigmatize the lower class as "the underclass," inaccurately typifying poor people as welfare

mothers who abuse the system by having more and more babies, or welfare fathers who are able to work but do not, or drug abusers, criminals, and societal "trash."(Cliffs notes 2014).

The Working Class

The working class is made up of people of average education who engage in "manual labour" with little or no prestige. They include unskilled workers such as, dishwashers, cashiers, maids, and waitresses, who are usually underpaid and have no opportunity for career advancement. They are often called the **working poor**. Skilled workers in this class include carpenters, plumbers, and electricians, who are also known as **blue collar workers**. They may make more money than workers in the middle class, such as secretaries, teachers, and computer technicians; however, their jobs are usually more physically taxing, and in some cases quite dangerous.

The Middle Class

The middle class are the "sandwich" class. These **white collar workers** have more money than those below them on the "social ladder," but less than those above them. They are divided into two levels according to wealth, education, and prestige. The **lower middle class** is often made up of less educated people with lower incomes, such as managers, small business owners, teachers, and secretaries. The **upper middle class** is often made up of highly educated business and professional people with high incomes, such as doctors, lawyers, stockbrokers, and CEOs.

The Upper Class

This class comprises only 1 to 3 percent of the population, but they holds more than 25 percent of the nation's wealth. This class can be divided into two groups: *lower-upper* and *upper-upper*. The **lower-upper class** includes those with "new money," or money made from investments, business ventures, and so forth. The **upper-upper class** includes those aristocratic and "high-society" families with "old money" who have been rich for generations. These extremely wealthy people live off the income from their inherited riches. The upper-upper class is more prestigious than the lower-upper class. Wherever their money comes from, both segments of the upper class are exceptionally rich. Both groups have more money than they could possibly spend, which leaves them with much leisure time for cultivating a variety of interests. They live in exclusive neighbourhoods, gather at expensive

social clubs, and send their children to the finest schools. As might be expected, they also exercise a great deal of influence and power both nationally and globally.

The Basis of Social Stratification

In one of the most influential analyses on social stratification, Max Weber (1946) highlighted three categories of desirable items which are of particular importance namely: wealth, power and prestige. Let us look at each category in turn.

Wealth refers to the total collection of assets of an individual or family. It includes all possible types of possessions e.g. cash, investments, movable fixed property, shares etc. Stratification takes place mainly on the basis of wealth and income, people are placed in various categories according to their wealth of income. You should however note that it is not enough, however to simply classify people on this basis. It is common knowledge that for example, some drivers or policemen earn just as much or more than professors and attorneys. Most people, however, have a higher regard for professors and lawyers than for drivers and policemen.

Power: sociologists use the term power to refer to the ability of an individual or group to influence the actions of others with or without their cooperation. However, power is more difficult to identify and measure than wealth because people with power do not always use it. The fact remains, however, that power is also unequally divided in all societies. Most of the power in a society is usually concentrated in the relatively the various arms of government. However, its important to bear in mind that power is not limited only to those in government, but also occurs in the business sector and organizations such as trade unions etc.

Prestige: there is a difference between prestige on one hand and wealth on the other. People may have power and wealth irrespective of what others may think of them. Prestige, however, is subjective and personal. Prestige is the favourable evaluation and social respect that a person receives from others. If somebody is rich and powerful but does not have the respect of others, his prestige is rated low. The managing director of a powerful organization may be extremely wealthy and exercise enormous power but other people may not necessarily have a high opinion of him. On the other hand, professors may not be rich and

influential but they enjoy more prestige. This also emphasizes the correlation between a high level of education and high prestige.

In spite of these distinctions among people in the community, you the nurse should never devote less attention and care to patients from lower classes of the population. Parsons (1967) emphasizes that all patients have the right to be treated as equals.

Checkpoint Question

Match the items in column I with their meaning in column II

Column 1	Column 2
Urbanization---	a. Transformation from traditional rural to secular urban industrial society
Modernization	b. relates to the building or dwelling place for people
Industrialization	c. physical movement of people from one area to another
Migration	d. the shift of people from rural to urban society bringing a large concentration of people into towns and cities.
Housing	e. social structures which divide riches, power, and status unequally among its members in social class
Social Stratification	f. the process in which a society or country (or world) transforms itself from a primarily agricultural society into one based on the manufacturing of goods and services.

Answers to assessment

1.   D
2.   A
3.   F
4.   C
5.   B

6.   E

6.7 Social Problems and Health

In this section we will be looking at the influence of social problems on health. We will be addressing issues related to drug and substance abuse, prostitution and suicide. We will examine the effects of these social problems on the society and a country as a whole.

6.7.1 Substance and Drug Abuse

I am sure you are a good listener to the radio and television and have seen and heard the alarming number of people that are arrested for drug trafficking in Zambia. You may also have seen how the "street kids" are almost always looking drowsy due to consumption of drugs. As a nurse it is important that you learn the effects of illicit drugs on the general public as you will from time to time nurse clients who may be addicted to drugs.

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Substance abuse, also known as **drug abuse**, is the use of drugs in amounts or with methods not condoned by medical professionals. Substance abuse/drug abuse is not limited to mood-altering or psycho-active drugs. Activity is also considered substance abuse when there is inappropriate use (such as use of performance enhancing drugs in sports). Therefore, mood-altering and psychoactive substances are not the only drugs of abuse. Substance abuse often includes problems with impulse control and impulsivity.

The term "drug abuse" does not exclude dependency, but is otherwise used in a similar manner in non-medical contexts. The term has a huge range of definitions related to taking a psychoactive drug or performance enhancing drug for a non-therapeutic or non-medical effect. All of these definitions imply a negative judgment of the drug in question. Some of the drugs most often associated with this term include alcohol, amphetamines, barbiturates, benzodiazepines (particularly temazepam, nimetazepam, and flunitrazepam), cocaine, methaqualone, and opioids.   Use of these drugs may lead to criminal penalty in addition to possible physical, social, and psychological harm, both strongly depending on local jurisdiction. Other definitions of drug abuse fall into four main categories: public health

definitions, mass communication and vernacular usage, medical definitions, and political and criminal justice definitions. Substance abuse is prevalent with an estimated 120 million users in the world of hard drugs such as cocaine, heroin and other synthetic drugs. Substance abuse is a form of substance-related disorder.

Substance abuse can simply be defined as a pattern of harmful use of any substance for mood-altering purposes. Medline's medical encyclopedia defines drug abuse as "the use of illicit drugs or the abuse of prescription or over-the-counter drugs for purposes other than those for which they are indicated or in a manner or in quantities other than directed."

A drug is a substance which changes the normal functioning of the body. This may cause some degree of addiction and dependency depending on the use and frequency. People use drugs for various reasons and some of the reasons are basically social while other reasons are related to economy. The social reasons are many and could include experimentation or out of curiosity. Most boys try cannabis ('ifyamba) out of curiosity and to have a good time or to easy their stress or anxiety. You may have heard of famous athletes who were banned due to drug abuse.

As a nurse you will be required to administer certain drugs to patients who may be in severe pain. These drugs if not properly administered may cause the patient to become dependent on them for life. The reasons why people abuse drugs can be listed as follows:

- Many first try drugs out of curiosity
- To have a good time alone as well as with friends in the case of peer pressure.
- In an effort to improve athletic performance
- To ease another problem such as stress, anxiety and depression
- In order to improve mood and alertness

In order to understand how drugs work, we have to put them in groups depending on how they work.

Classification of Drugs

Drugs are classified according to the effects felt when they are taken or the routes of administration. Here are some of the classification of the abused drugs:

- **Stimulants**: a class of drugs that boost the alertness and increases activity of the central nervous system. For example, nicotine and cocaine which are both highly addictive.
- **Depressants**: types of drugs that work by reducing the function of the central nervous system. Examples include barbiturates, benzodiazepines
- **Inhalant**s: refers to a group of drugs that are inhaled in form of gas or solvent. Examples include nail polish (acetone), gasoline, glue and aerosol cans.
- **Narcotics**: these illicit drugs are derived from opium opiates and they include cocaine, morphine, heroin and they are highly addictive.

Now that you know how different drugs work on individuals, let us look at how drug abuse affects the society at different levels. Before we go into the details of our discussion, here is an activity for you.

ACTIVITY 6.2

 How does drug abuse affects the society at the following levels:
- Individual?
- Family?
- Society?

Write you answers in your note book

Well done! Now compare your answers as you read the following section.

 1. **Effects of drug abuse on the individual**

People who use drugs experience a wide array of physical effects other than those expected. The excitement of a cocaine effect, for instance, is followed by a "crash":. This is a period of anxiety, fatigue, depression, and a strong desire to use more cocaine to alleviate the feelings of the crash. Marijuana and alcohol interfere with motor control and are factors in many automobile accidents. Users of marijuana and hallucinogenic drugs may experience flashbacks and unwanted recurrences of the effects of the drugs weeks or months after use.

Abrupt abstinence from certain drugs results in withdrawal symptoms. For example, heroin withdrawal symptoms cause vomiting, muscle cramps, convulsions, and delirium. With the continued use of a physically addictive drug, tolerance develops, i.e., one needs to constantly increase the amounts of the drug in order to duplicate the initial effect.

Sharing hypodermic needles used to inject some drugs dramatically increases the risk of contracting AIDS and some types of hepatitis. In addition, increased sexual activity among drug users, both in prostitution and from the disinhibiting effect of some drugs, also puts them at a higher risk of AIDS and other sexually transmitted diseases. Because the purity and dosage of illegal drugs such as heroin are uncontrolled, drug overdose is a constant risk. Many drug users engage in criminal activities, such as burglary and prostitution, to raise the money to buy drugs. Some drugs, especially alcohol, are associated with violent behaviour.

2. Effects of drug abuse on the family

The user's pre-occupation with the substance, plus its effects on mood and performance, can lead to marital problems and poor work performance or dismissal. Drug use can disrupt family life and create destructive patterns of co-dependency, that is, the spouse or whole family, out of love or fear of consequences, inadvertently enables the user to continue using drugs by covering up, supplying money, or denying there is a problem.

Pregnant drug users, bear a much higher rate of low birth-weight babies than the average. Many drugs (e.g., crack and heroin) cross the placental barrier, resulting in addicted babies who go through withdrawal symptoms soon after birth. Foetal alcohol syndrome can affect children of mothers who consume alcohol during pregnancy. Pregnant women who acquire the AIDS virus through intravenous drug use pass the virus to their infant.

3. Effects drug abuse on society

Drug abuse affects society in many ways. In the workplace it is costly in terms of lost work time and inefficiency. Drug users are more likely than non-users to have occupational accidents, endangering themselves and those around them. A lot of the highway deaths worldwide involve alcohol.

Drug-related crime can disrupt neighborhoods due to violence among drug dealers, threats to residents, and the crimes of the addicts themselves. The great majority of homeless people have either a drug or alcohol problem or a mental illness.

Checkpoint Questions

Here are some questions to help you revise

1.Substance abuse is also known as

    a. Maladjustment

    b. Mood alteration

    c. Drug abuse

    d. Impulsive control

2.All of the following are drugs abused by drug abusers except

    a. Temazepam

    b. Cocain

    c. Marijuana

    d. Panadol

3. The following are reasons for abusing drugs except

    a. Wanting to experiment or out of curiosity

    b. To easy stress and anxiety

    c. To improve mood

    d. To cure diseases

4. Which of the following is not an effect a drug on the family

    a. Marital problems

    b. Poor work performance and dismissal-poverty

    c. Disruption of family life

    d. Addiction to the user

5. All of the following are effects of drug abuse to society except

    a. It improves performance

    b. It is cost in terms of loss of work time

    c. It increases occupational accidents

    d. It disrupts neighbourhood due to violence among drug users as they are a threat to society.

Answers

1.C

2.D

3.D

4. D

5. A

The other social problem which has an impact on health is prostitution. If you live in a town you would have probably seen young ladies lining up the streets at night looking for sex clients. So what then is prostitution? Before you read about it in the next section, complete the following activity.

Activity 6.3

In your own words, write down in your note book what prostitution is?

Now compare your answer with what you read in the following section.

6.7.2 Prostitution

Prostitution is as old as human kind. This term is rarely used nowadays but instead much more polite terms are used such as Commercial Sex Workers (CSW) when referring to a prostitute.

Prostitution is the act of providing sexual services to another person in exchange for money. Some people resort to prostitution to make quick money, while others for fun. It is slowly becoming a common practice in cities.

A **prostitute** is someone involved in sexual activities with strangers without affection but for money.

Types of prostitutes

There are four types of prostitutes, namely:

- **Street walker**: this is the oldest and most common form of prostitution which involves parading on streets and meeting clients from there.
- **Brothel prostitutes**: these meet their clients in brothel and bars, guesthouses and their ages range from 18 to 28 years.

- **Call girls**: these are prestigious, elite of the group whose services are much higher to attain. They can be accessed by phoning them and making an appointment. They also pose as escorts for wealthy men.
- **Gigolo**: this is a male prostitute. It is mostly practiced by younger men, for older women.

Effects of Prostitution

Prostitution has its effects on the actual prostitute, the client, clients' family and the society as a whole. It is well known that each forced sexual act has the same mental impact on a girl as rape. If a girl has had 5 clients, the mental impact is the same as 5 rapes. Prostitution can expose the prostitute and the client to infections such as sexually transmitted infections, including HIV and cervical cancer which is due to Human Papilloma Virus (a virus that is passed on by men who are not circumcised). Due to repeated and untreated infections such as gonorrhoea, a prostitute can develop infertility. Most prostitutes are in the child bearing age and do not use any contraceptive. They therefore get unwanted pregnancies which lead to criminal abortions and dumping of babies in the bush rubbish dumping sites. Some of these ladies are usually involved in fights with clients resulting in injuries. The effects of prostitution can therefore be grouped into three:

- Infections
- Gynaecological problems
- Trauma

The other effect of prostitution on the prostitute is **emotional** which is exhibited in the form of stress, depression, anxiety and eating disorders. After leaving the life of prostitution, girls often suffer from post-traumatic disorder i.e. severe depression, acute anxiety, insomnia, irritability, flashbacks and emotional numbness. Eventually a prostitute can develop distrust and hatred for men, deep emotional pain and grief. Some prostitutes develop feeling of humiliation and dirtiness and shame.

As one stays longer in prostitution, they tend to experience **social effects** and find it difficulty in establishing intimate relationship. They also lose out on career development. Some of

them miss out on normal socialisation process since they spend all their time in secret kind of business.

Prostitution also predisposes the individual to **drug abuse**. Most prostitutes are on drugs and some take to a lot of alcohol. The use of alcohol predisposes them to rape by men resulting in infections and trauma.   You might have heard of girls who were lured to another country with the promise of jobs, only to end up as sexual slaves. After every sexual act, their owners collect the money leaving the girls frustrated and depressed. Some of these girls commit suicide and die.

A Canadian Report on Prostitution and Pornography concluded that girls and women in prostitution have a mortality rate 40 times higher than the national average.   Prostitution also has effects on the clients. Most clients are married men who pick up infections and pass them on to their wives. Many times these men deprive their families of proper financial support as most of their money goes into paying for prostitutes.

That brings us to the end of our topic on prostitution. In this section we have seen that suicide is one of the effects of prostitution. In the following section we will be looking at suicide, types of suicide and causes of suicide.

6.7.3 Suicide

Suicide is defined as a process of purposely ending one's own life.

There are four types of suicides and these are:

- Egoistic suicide
- Anomic suicide
- Altruistic suicide
- Fatalistic suicide

Let us consider each type of suicide in further detail.

Egoistic suicide

This type of suicide is a result of excessive "individuation", or isolation from the social group as a whole. A lack of social integration may lead an individual to possibly take his/her life as a last ditch resort from depression and isolation. Durkheim found out that males, usually the single ones, were much more likely to commit suicide than those with better social connections (i.e. customs, jobs, families, etc.). Males are more likely, as well, to seek out an individual life away from a community, which can lead to depression and (consequently) killing oneself (Emily 2014).

Anomic suicide

Anomic suicides are the result of a lack of meaning with one's life. In other words, the person is unable to establish his or her own place in the universe. A meaningless world leaves a man confused, and makes them think that life is as a mystery, and worthless (Emily 2014).

Altruistic suicide

Altruistic suicides are caused by high integration of society. This is the opposite of Egoistic suicide. These people will die for the common good, as their personal needs do not seem important compared to the group as a whole. An example would be military service, where a soldier is expected to die for his/her country; or where a mother pushes her child, who is in front of a moving car, away while hurting herself in the process (Emily 2014).

Fatalistic suicide

This is the last type that we will cover. It is due to excessive social restraint. A good example of this would be a man who kills himself before the police take him to jail. Jail might be seen as oppressive and would prohibit the man from fulfilling his dreams. These generally occur in highly conservative countries or strict, traditionalistic societies (Emily, 2014).

After looking at the types of suicides, let us now discuss the causes of suicides. According Lickerman (2010).

Causes of Suicide

In general, people try to kill themselves for six reasons and these are:

- Depression
- Psychosis
- Impulsive ideas:
- Crying out for help:
- Philosophical desire to die
- Disappointment:

Let us now explain each cause of suicide:

Depression

This is without question the most common reason people commit suicide. Severe depression is always accompanied by a pervasive sense of suffering as well as the belief that has no hope. The pain of existence often becomes too much for severely depressed people to bear. The state of depression wraps their thinking, allowing ideas like "Everyone would be better off without me" to make rational sense. They shouldn't be blamed for falling prey to such distorted thoughts any more than a heart patient should be blamed for experiencing chest pain; it's simply the nature of their disease. Because depression, as we all know, is almost always treatable, we should all seek to recognize its presence in our close friends and loved ones. Often people suffer with it silently, planning suicide without anyone ever knowing. Despite making both parties uncomfortable, inquiring directly about suicidal thoughts almost always yields an honest response. If you suspect someone might be depressed, don't allow your tendency to deny the possibility of suicidal ideation prevent you from asking about it.

Psychosis

Malevolent inner voices often command self-destruction for unintelligible reasons. Psychosis is much harder to mask than depression, and is arguably even more tragic. The worldwide incidence of schizophrenia is 1% and often strikes otherwise healthy, high-performing individuals, whose lives, though manageable with medication, never fulfil their original promise. Schizophrenics are just as likely to talk freely about the voices commanding them to kill themselves as not, and also, in my experience, give honest answers about thoughts of suicide when asked directly. Psychosis, too, is treatable, and usually must be treated for a schizophrenic to be able to function at all. Untreated or poorly treated psychosis almost

always requires hospital admission to a locked ward until the voices lose their commanding power.

Impulsive ideas

Often related to drugs and alcohol, some people engage in self pity and impulsively attempt to end their own lives. Once sobered and calmed, these people usually feel emphatically ashamed. The remorse is often genuine, but whether or not they'll ever attempt suicide again is unpredictable. They may try it again the very next time they become drunk or high, or never again in their lifetime. Hospital admission is therefore not usually indicated. Substance abuse and the underlying reasons for it are generally a greater concern in these people and should be addressed as aggressively as possible.

Crying out for help

These are people who cry out for help and don't know how else to get it. These people don't usually want to die but do want to alert those around them that something is seriously wrong. They often don't believe they will die, frequently choosing methods they don't think can kill them in order to strike out at someone who's hurt them, but they are sometimes tragically misinformed. A good example is that of a young teenage girl who swallows a bottle of pills because of a relationship problem with either with a friend, boyfriend, or parent, not realizing that in high enough doses the pills cause irreversible liver damage.

Philosophical desire to die

The decision to commit suicide for some is based on a reasoned decision, often motivated by the presence of a painful terminal illness from which little to no hope of reprieve exists. These people aren't depressed, psychotic, full or self pity, or crying out for help. They're trying to take control of their destiny and alleviating their own suffering, which usually can only be done in death. They often look at their choice to commit suicide as a way to shorten a dying that will happen regardless. Such people should be evaluated by a qualified professional who can reliably exclude the other possibilities for why suicide is desired and be linked with a hospice..

Disappointment

This is a recent, tragic phenomenon in which typically young people flirt with oxygen deprivation for the high it brings and simply go too far. The only defence against this is education.

The wounds suicide leaves in the lives of those left behind by it are often deep and long lasting. The apparent senselessness of suicide often fuels the most significant pain.   In conclusion, the four categories of suicide all represent social problems taken to an extreme by those who, unfortunately, take their lives. The problems are not the people, but the specific situation they are put in.

Checkpoint Question

Instructions: Write true or false against each statement

1. Altruistic suicides are from high integration of society.

2. Anomic suicides are the result of a lack of meaning with one's life.

3. Egoistic suicide: This type of suicide is a result of excessive "individuation", or isolation from the social group as a whole.

4.Fatalistic suicides: these are due to excessive social restraint.

5. Depression is a type suicide.

6.Crying for help is not a type of suicide

Answer to activity

1. True
2. True
3. True
4. False
5. False
6. False

We have discussed suicide as a social problems.   Let us now look at poverty.

6.7.4 Poverty

Poverty is the state of lacking a certain amount of material possession or   money. Poverty varies from one society to another. There are different types of poverty, namely:

- **Absolute poverty** or destitution is an inability to afford basic human needs which may include clean water, nutrition, healthcare, education, clothing and shelter.
- **Relative poverty** refers to lack of a socially acceptable level of resources or income as compared with others within a society.

Causes Of Poverty

Poverty is generally caused by many factors and some of these are:

Natural disasters:

These include hurricanes and earthquakes which devastate communities throughout the world. Developing countries often suffer more after natural disasters. This is because limited resources inhibit the construction of adequate housing, infrastructure and mechanisms for responding to crises. Natural disasters can be further classified as:

- *Droughts and Flooding*: besides immediate destruction caused by natural disasters such as hurricanes, environmental forces cause acute periods of crisis by destroying crops and animals.

- *Agriculture and Cycles:* people who rely on agricultural foodstuffs that they grow often go through cycles of relative abundance and scarcity. During scarcity such families lack sufficient resources to meet their minimal needs.

Centralization of Power

 In many developing countries, political power is disproportionately centralized. There is no network of political representatives distributed equally throughout society. In centralized systems of governance, one major party, politician or religion is responsible for decision-making throughout the country.

Colonial Histories

One of the most important barriers to development in poor countries is lack of uniform, basic infrastructure such as roads and means of communication.

Just like prostitution, poverty also affects health in the following ways:

- Children who grow up in poverty suffer more persistent and frequent health problems than children who grow up under better financial circumstances. Examples of ways in which children are affected by poverty are:
  - Many infants born into poverty have low birth weight which is associated with many preventable mental and physical disabilities. Not only are the infants more likely to be irritable or sickly, they are also more likely to die before their first birthday
  - Children raised in poverty tend to miss school more often because of illness.
- Homelessness: poverty leads to homelessness and homeless children are less likely to receive proper nutrition and immunization hence they experience more health problems.
- Crime: due to poverty, people may resort to criminal activities to make ends meet.
- Prostitution: with little to do and no source of food, girls resort to prostitution to earn a living.

We have discussed poverty and its effects on health especially on children, let us now move on to another prevalent problem in our society, that is, child abuse.

6.7.5 Child Abuse

What is child abuse? Think about it for 2 minutes and then complete the following activity.

Activity 6.4

In your own words write down the meaning of child abuse in your notebook

Well done! Now compare your answer with the definition of child abuse below.

Child abuse is when a parent or caregiver, whether by acting or failing to act, causes injury, death, emotional harm, or risk of serious harm to a child. There are many forms of child abuse, including neglect, physical abuse, sexual abuse, exploitation, and emotional abuse. (United Nations 2005)

Child Abuse is also defined as the physical, emotional, or psychological mistreatment or neglect of a child (Minnet1994).

There are four major categories of child abuse, namely:

- **Neglect**: this is where the guardian or person responsible for a child does not provide adequately for various needs including physical (not providing adequate food, clothing or hygiene), emotional (not providing nurturing or affection), educational (not enrolling a child or taking them to school), medical (not taking care of the health needs of the child or taking them to the doctor).

- **Physical abuse**: it is physical aggression directed at a child by an adult. It can involve punching, striking, kicking, shoving, slapping, pulling ears or hairs or stabbing, belting or shaking a child.

- **Psychological and emotional abuse:** this could include name calling, ridicule, degrading, destruction of personal belonging, torture, destruction of a pet, or excessive criticism. Other forms include inappropriate or excessive demands, withholding communication and routine labelling or humiliation.

- **Child sexual abuse:** this is where an adult or older adolescent abuses a child for sexual stimulation. Forms of child sexual abuse include:
  – Asking or pressuring a child to engage in sexual activities (regardless of the outcome)
  – Indecent exposure of the genitals to a child
  – Displaying pornographic material to a child
  – Physical contact with the child's genitals

Consequences of Child Abuse

Whenever a child is abused there are far reaching consequences which are detrimental to the health of the child. These consequences can be itemized as follows:

- Physical health consequences
- Shaking baby syndrome
- Impaired brain development
- Poor physical health
- Psychological consequences
- Social Difficulties

Let us explain each in detail as this information is not only important for as nurse but also your personal life.

- ***Physical health consequences***

The immediate physical effects of abuse or neglect can be minor, for example, bruises or cuts, or severe, for example, broken bones. In some cases however, the physical effects are temporary but pain and suffering is an integral feature.

- ***Shaking baby syndrome***

Shaking a baby is a common form of child abuse. The injuries caused by shaking a baby may not be immediately noticeable and may include bleeding in the eye or brain, damage to the spinal code and neck and the rib or bone fractures.

- ***Impaired brain development***

Child abuse and neglected have been shown in some cases to cause important regions of the brain to fail to develop or grow properly, resulting in impaired development.

- ***Poor physical health***

Adults who experienced abuse or neglect during childhood are more likely to suffer from physical ailments such as allergies, arthritis, asthma, bronchitis, high blood pressure and ulcer.

- ***Psychological consequences***

The immediate emotional effects of abuse and neglect and isolation, fear and an inability to trust can translate into lifelong consequences which include low self -esteem, depression and relationship difficulties.

- *Social Difficulties*

Children who experience rejection or neglect are more likely to develop anti-social traits as they grow up.

Activity 6.5

In your study groups, List five signs that can tell that a child is being abused:

Well we have come to the end of this topic on child abuse. In the next section we shall discuss juvenile delinquency which is also a major problem in society

6.7.6 Juvenile Delinquency

The term delinquency is usually used or applied loosely in our day to day conversations in Zambia without a good understand of its meaning.   It is very important for nurses to understand juvenile delinquency because time and again you will be called upon to participate in national strategies that aim at reducing or ending this problem.

Who is Juvenile delinquent?

This is a person who is typically under the age of 18 and who commits an act that otherwise would have been charged as a crime if they were an adult. Juvenile delinquent may sometimes suffer from mental disorders and/or behavioural issues, such as, traumatic stress disorder or bipolar disorder. They are sometimes diagnosed with conduct disorder.

Juvenile delinquency can be defined as an antisocial or illegal behaviour by children or adolescents.   This behaviour is common among children who resulted from unintended pregnancy and as a result suffer from poor mother-child relationship. It is also a behaviour

that is common among children who lack parental supervision, children who have been abused at home or those who are exposed to alcohol and drugs. In Zambia we also see juvenile delinquency among children that have fallen out of school and are bored. The causes of Juvenile Delinquency can therefore be summarised as follows:

- Lack of supervision, at home as in the case of single-parent homes.
- Child abuse and neglect at home after parent demise or separation
- Exposure to alcohol and drugs
- Failing school and boredom

So what then should we do to prevent Juvenile Delinquency in our communities? Let us look at that next.

Prevention of Juvenile Delinquency

The aim of prevention is to stop youths from becoming involved in criminal and other anti-social activities. Increasingly, governments are recognizing the importance of allocating resources for the prevention of delinquency. Prevention services include:

- activities such as substance abuse education and treatment,
- family counselling,
- youth mentoring,
- parenting education,
- educational support, and
- youth sheltering.

Increasing availability of family planning services, including education and contraceptives helps to reduce unintended pregnancies and unwanted births which are risk factor for delinquency.

We have come to the end of this section on delinquency. In the next section we will be dealing with issues of street kids. This is generally a problem found in urban areas. It is not there in rural areas. However, in rural areas you still will find neglected children. I am sure

you have heard of child-headed households. These are homes manned by children who have no parents and who look after themselves.

6.7.7 Street Kids

A **street kid** is a child who lives on the street of the city, deprived of family care and protection.   The term street kid also refers to children for whom the street more than the family has become their real home. It includes children who might not necessarily be homeless or without families but who live in situations where there is no protection, supervision or direction from responsible adults (Human Rights Watch 2002).

Most children on the street are between the ages of 5 and 17 years and their population varies from city to city.   Streets kids are not all the same. There are different types of street kids and these are:

- **Beggars**: these go into the streets to seek food and money and have a place to live;
- **Piece workers**: these help carry bags and any items and later ask for food or money and earn a living through this;
- **Pick-pockets**: these go in the streets to steal money or anything from people to earn a living;
- **Vagabond**: a vagabond is a person without a permanent home who moves from place to place following the whim of the moment. Vagabonds may lack residence, a job, and even citizenship. Historically, Nazis regarded vagabonds as "individuals who were not socially accepted," and forced them to wear a black triangle badge on their jackets, following a sentence on the grounds of vagabondage, "work shyness" and homelessness.

The term *vagabond* is derived from the Latin word *vagabundus*, from *vagari* which means to 'wander.' In the Middle ages, the term originally denoted a criminal.

So what really is the cause of '*streetism*' in Zambia?

- Lack of parental guidance. Children, whose parents are too busy for them, tend to do what they want without their parents bothering to ask.

- Some parents abuse their children by sending them to the streets to ask for food and benefit from it.

- Lack of employment hence they take to the streets for solution.

- Poverty is yet another cause of streetism

- Orphaned children became vulnerable

- Broken homes

Streetism does have a lot of effects on both the child and the community where these street kids live. These children are usually sexually abused by bigger children, resulting in sexually transmitted diseases and unwanted pregnancies. They resort to drug abuse to feel high and be able to sleep outside in the cold. As these kids grow up, they start committing crimes in order to find money to buy food. The effects of streetism are:

- Sexually transmitted diseases
- Abuse by rich men at a fee
- Unwanted pregnancies
- Vandalism
- Drug abuse
- High crime rate
- Increased rape cases

6.7.8 Orphan and Vulnerable Children

The pandemic of HIV/AIDS has contributed to a large number of orphans and vulnerable children in Sub-Sahara Africa.

Orphans are defined as *children left behind by dead parent/s*.

There are two types:
- Single orphan where one parent is dead
- Double orphan where both parents are dead.

Vulnerable children are children who live under abject poverty due to the early demise of parents and who are raised by old guardians or grandparents. These children tend to lack food, money, shelter and other social needs of an average citizen. Those from child headed households lack guardians and depend on one another for survival through prostitution or criminal activities.

Earlier in this unit we saw that unemployment is one of the consequences of Urbanization and industrialization. Unemployment has a lot of repercussions on the health of a country. Let us now look at it.

6.7.9 Unemployment

Unemployment is a situation whereby a person does not have a job despite actively seeking for one.

The unemployment rate is a measure of the prevalence of unemployment and it is calculated as a percentage, by dividing the number of unemployed individuals by all individuals currently in the labour force.

There are many factors that contribute to unemployment. These are:

- *Rapid changes in technology*: when industries install equipment which replace the people who were doing the work, thus creating unemployment. An example is when bakeries install robots to mix flour for baking bread.
- *Disability*: when one has been involved in an accident and can no longer perform the job he was able to, they may end up losing employment.
- *Recession:* when a country goes through an economic recession (decline) a lot of companies lay off people. For example, when the price of copper goes down and the mines make little profit, miners are laid off.
- *Inflation*: when the price of goods and services go up, some companies that depend on imported raw materials find it difficult to make profit as such they lay off employees.

- *Discrimination factors* in the place of work (may include discrimination on the basis of age, class, ethnicity, colour and race).

What effects do the factors above have on health?

Social

An Economy with high unemployment does not use all of the resources, specifically labour, available to it since it's operating below its production possibility frontier. It could have higher output if the entire workforce were usefully employed.

High unemployment can encourage xenophobia and protectionism as workers fear that foreigners are stealing their jobs.

Crime is another social problem if people don't have as much disposable income as before then it is very likely that crime levels within the economy will increase.

Social- political

Unemployment can cause civil unrest, in some cases leading to revolution and particularly totalitarianism. (Political system where the state recognizes no limits to its authority and strives to regulate every aspect of public and private life where ever feasible).

In 1991 Zambia embarked on selling all the companies that were owned by the government in an exercise called privatization resulting in many people losing jobs.

Following what you have learned in Sociology and nursing, explain in not more than 200 words what social problems this brought on affected people

Self-Assessment Test

1. The state of lacking material possession or money is called;
    a). Poverty
    b). Crime
    c). Disability
    d). Vulnerability
 2. Children left behind by dead parent are known as;
 a). Juvenile delinquent
 b). Street children
 c). Orphans
 d). Abused child

3. The effects of streetism include all of the following except;

a). Sexually transmitted diseases

b). proper education

c). Unwanted pregnancies

d). Vandalism

4). The consequences of child abuse include all of the following except:

a).visual impairment

b). Physical health consequences

c). Shaking baby syndrome

d). Impaired brain development

answer for self assessment

1.   A
2.   C
3.   B
4.   A

Well you have come to the end of unit 6. We hope you have found the topics interesting and informative. Let us now review what you have learnt.

6.8 Summary

In this unit we have discussed urbanization, industrialization, migration and modernization and their effects on society. We have further considered the social problems which may arise due to urbanization. In addition, we have looked at the concept of social stratification and noted how people are divided into classes according to wealth, power, status and prestige. Lastly, we have examined the common social problems and their effects on health. These include problems such as substance and drug abuse, poverty and child abuse among others.

Congratulations! You have now come to the end of this course on sociology in nursing. You can now take a well deserved break before you move on to the next course on psychology.

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