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Research Journal*

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## INTRODUCTION TO HEALTH AND SOCIAL WORK

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**Abstract:-**The present Article deals with the various concepts of health and its practice in the fields and social work perspectives of health services.

“Health is the basis of Virtue (Dharma), Wealth (Artha), Desires(Kama), and Emancipation(Moksha)”. These words from Charaka Samhita speak to the attributes behind building good health for making a complete human. According to Hindu Shastra, a complete man is a person, who is loyal to every stage of his life till death. By maintaining good health, human beings can reach their optimum goals. Sages in ancient India, emphasized that good health is an essential prerequisite to do good for one’s self or society.

**Keywords:** Health , Social Work, Wealth.

### INTRODUCTION:-

Swami Vivekananda the social activist and reformer of the Hindu religion also recognized good health as a part of the ‘Sadhana’ process. The Hindu Shastra states that good health is the symbol of a good nation.

It is known that good health is the backbone of success of every human being. The questions that arise are, what are the steps for the making of a good health and how can good health be achieved and maintained. Among the various responses to the question, the community cited answer pertained to regular exercise, free from addictions and the proper consumption of diet. In recent years of social work, social work educators believe that the profession of social work is an important tool capable of maintaining the general good health of every society.

#### 1.1 Meaning:

Health is much more than an absence of disease, just because you are not sick, does not mean you are healthy, nor does being healthy mean attaining a certain pre-determined height or weight.

Health is a feeling of fitness, which leaves us free to discover our potential far beyond our present imagination. Health is a state of optimal physical, mental, social and spiritual well being. In short, we look good, we feel good and we think good. We have all the energy that we need. We are at the peace with our self; we are able to handle the swing of life without much stress or strain. We enjoy life, people and all that we are surrounded by.

Nature designed us to be healthy, for as long as we breathed. Health is not only our birthright; it is also our only right through which all our other dreams can be achieved.

#### 1.2 Concept of Health.

The Oxford dictionary speaks of health as a total concept. It says; a person’s physical and mental condition, the state of being well in body or mind, soundness especially financial or morale. Besides this, health is not only the absence of illness, rather the prevalence of congenial, social, psychological and physical conditions where a person can achieve his optimum and enjoy life peacefully and successfully. As defined by the WHO, health is not the mere absence of disease but it essentially conforms to the social, physical and mental well-being.<sup>3</sup>

Malfunctioning of the social system occurs due to poverty, ignorance, population explosion, unemployment, old age, unhygienic conditions, poor housing, malnutrition, poor quality drinking water and lack of proper sanitary facilities. Thus, it may be said that ill health is a symptom of social disequilibria. Health is always related to treatment but it must be remembered that health involves education, prevention, rehabilitation and a number of other interventions in terms of social services, which ensures the vitality of human health.

### 1.3 Definitions of health:

“The condition of being sound in body, mind or spirit, especially freedom from physical disease or pain”.

“Soundness of body or mind; that condition in which its functions are duly and efficiently discharged”.

The widely accepted definition of health is that given by the World Health Organization (1948) in the preamble of its constitution.

“Health is a state of complete physical, mental and social wellbeing and not merely an absence of disease or infirmity”

In recent years, this statement has been amplified to include the ability to lead a “Socially and economically productive life”.

### 1.4 Concepts- Physical, Mental, Community and Social Health.

#### Physical Health

Physical health is the overall condition of a living organism at a given time, the soundness of the body, freedom from disease or abnormality, and the condition of optimal well-being. People want to function as designed, but environmental forces can attack the body or the person may have genetic malfunctions. The main concern in health is preventing injury and healing damage caused by injuries and biological attacks.

Physical Health is when our body functions as it is supposed to. We need nutrition and exercise to maintain our health. Our body defends against illness and disease, but we must be cautious to avoid injury and poison. If we are healthy, we will heal quicker.

#### Mental Health:

Mental health is the capacity of the individual, the group and the environment to interact with one another in ways that promote subjective well being, the optimal development and use of mental abilities(cognitive, affective and rational), the achievement of individual and collective goals consistent with justice, and the attainment and preservation of conditions of fundamental equality.

Emotional well being is a very personal and subjective experience. It is a way of experiencing oneself, one's relationship and one's world. This state of well being can be the result of various external factors such as good physical and nutritional health, forward looking ways of responding to conflict and stress, equality in personal and social relationships, and an overall nurturing environment. Mental health is a positive balance between individuals, communities, and their natural as well as social environment. A notion of equality and justice is integrated to mental health.

#### Community and Social Health.

The term “Community health” has replaced in some countries, the terms public health, preventive medicine and social medicine. A EURO symposium in 1966 defined community health as including “all the personal health and environmental services in any human community, irrespective of whether such services were public or private ones.” In some instances, community health is used as a synonym for “environmental health”. It is also used to refer to “community health care.” Therefore, a WHO Expert Committee in 1973 observed that without further qualification, the term “community health” is ambiguous, and suggested caution in the use of the term.

### 1.5 Historical Background of Health-Problems and Diseases. History of Human

#### Disease

#### Disease in Primitive Peoples

Primitive humans were hunters and gatherers. They lived in small groups and moved from one location to another following the availability of resources. Their population size was necessarily small and they made infrequent contact with other groups.

This particular lifestyle is consistent with a low incidence of non-communicable disease which is often associated with high fat, low fibre and sedentary ways as in many of our contemporary cultures. Therefore, it is likely that few individuals suffered from high blood pressure, heart disease, atherosclerosis and organ cancers, although there is evidence that such

diseases did exist. The small population size and infrequent inter group contact is consistent with a relatively low incidence of acute infectious disease.

Recent studies have indicated that local population sizes must range from about 100,000 to 500,000 to begin to support such acute infectious diseases as measles. Therefore, it is most likely that the kinds of infectious disease suffered more often by primitive cultures was of the chronic and recurrent type such as herpes virus diseases like cold sores and chicken pox, tuberculosis, syphilis, leprosy.

As cultures progressed from hunting and gathering and primitive agriculture to irrigated agriculture and animal domestication, disease patterns changed. About 6000 years ago, city states of Mesopotamia, Egypt and the Indus Valley began to reach critical sizes. Along with thriving cities came problems with food storage, hygiene and waste disposal. Domesticated animals, including those domesticated as beasts of burden and those 'domesticated' as a result of concentration of human resources such as rats and mice became a factor in disease transmission to humans.

Problems were exacerbated in times of flood and drought which brought famine to the agriculture-dependent city. Reduced nutrition led to reduced disease resistance in the population. Rats which happily had been eating crops in the field invaded the city walls. These conditions along with crowding increased the prevalence of lice and fleas. From this time in history through very recent times, acute infectious diseases such as those discussed below had a major impact on humanity.

## CONCLUSION

This paper has provided a brief overview of a number of evaluated initiatives which take action to address the social determinants of Indigenous health in order to improve Indigenous outcomes in the relevant determinant and ultimately, promote Indigenous wellbeing, health and improved quality of life.

## REFERENCE=

1. World Health Assembly of the World Health Organization. Reducing health inequities through action on the social determinants of health. Resolution WHA62.14. Geneva, World Health Organization, 2009:21–25 ([http://apps.who.int/gb/ebwha/pdf\\_files/WHA62-REC1/WHA62\\_REC1-en-P2.pdf](http://apps.who.int/gb/ebwha/pdf_files/WHA62-REC1/WHA62_REC1-en-P2.pdf), accessed 20 October 2009).
2. Blas E. 1990–2000: a decade of health sector reform in developing countries – why and what did we learn? Göteborg, Nordic School of Public Health, 2005.
3. Kelly PM et al. The social determinants of health: developing an evidence base for political action. Final Report of the Measurement and Evidence Knowledge Network to the Commission on Social Determinants of Health. Geneva, World Health Organization, 2007.
4. Marmot M. Health in an unequal world. *Lancet*, 2006, 368(9552):2081–2094.
5. Gilson L et al., with inputs and contributions from the members of the Health Systems Knowledge Network. Final report of the Health Systems Knowledge Network to the Commission on Social Determinants of Health. Geneva, World Health Organization, 2007.
6. Dahlgren G, Whitehead M. Levelling up: a discussion paper on European strategies for tackling social inequities in health (part 2). WHO Regional Office for Europe, 2006.
7. Diderichsen F, Evans T, Whitehead M. The social basis of disparities in health. In: Evans T et al., eds. *Challenging inequities in health*. New York, Oxford UP, 2001.
8. Solar O, Irwin A. A conceptual framework for action on the social determinants of health. Discussion paper for the Commission on Social Determinants of Health. Geneva, World Health Organization, 2007.
9. Blankenship KM, Bray SJ, Merson MH. Structural interventions in public health. *AIDS*, 2000, 14(1):S11–S21.
10. Tanahashi T. Health service coverage and its evaluation. *Bulletin of the World Health Organization*, 1978, 56(2):295–303.

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